







CARING FOR THOSE WHO CARE

What we learned from four years of caregiving collaboration in Santa Barbara County

Final Report on the Community Caregiving Initiative 2016 to 2020

Appendices

SANTA BARBARA FOUNDATION

EVALUATION SPECIALISTS

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APPENDIX A: LIST OF CCI PARTNER ORGANIZATIONS

Since its inception, more than 30 organizations and entities, representing a broad range of service providers throughout Santa Barbara County, have participated in the CCI as partners and stakeholders. The following list includes only organizations that participated in the Partner survey one or more times. Contributions to this work were made by additional organizations not listed here. SBF owes each of these organizations and their staff a debt of gratitude for their contributions.

The CCI represents a broad range of service providers throughout Santa Barbara County. SBF is proud to list the following organizations and entities as CCI partners and stakeholders who contributed to and participated in this initiative:

- Adult and Aging Network
- Alzheimer's Association - California Central Chapter
- Antioch University
- Area Agency on Aging
- Atlas of Caregiving
- Atterdag Village of Solvang/Atterdag at Home
- Coast Caregiver Resource Center
- Community Action Commission
- Community Counseling and Education Center
- Cottage Rehabilitation Hospital
- Dick DeWees Community and Senior Center
- Family Service Agency
- Friendship Center
- Life Steps Foundation - Santa Maria Wisdom Center
- Lompoc Valley Community Healthcare Organization
- Lompoc Valley Medical Center/Lompoc Family Caregiver Support Center
- Marian Regional Medical Center
- Partners in Caring Foundation
- Ridley Tree Cancer Center
- Rona Barret Foundation
- Sansum Clinic
- Santa Barbara County Adult Protective Services
- Santa Barbara County Coalition in Support of Promotores de Salud
- Santa Barbara Cottage Hospital
- Santa Barbara County Public Health Department
- Solvang Friendship House
- Valley Haven
- Visiting Nurse & Hospice Care

APPENDIX B: CCI THEORY OF CHANGE

Activities	Short-Term Outcomes	Medium-Term Outcomes	Long-Term Outcomes/Vision
Community Caregiving Initiative (CCI)	Improve caregiver appreciation of their role and access to information Generate partner organization commitment and buy-in to CCI as a mechanism to improve system of care for caregivers	Improve caregiver skills and capacity to care for self and care recipient(s) Create systems that support effective communication, collaboration, and referrals across CCI partners as a mechanism to develop a system of care for caregivers.	Improve the wellbeing of caregivers and the care of their care recipient(s) Develop a sustainable system of care to support caregivers in their work.
· Public Awareness and Engagement Campaign to encourage self-identification and appreciation of role of caregiver. · Regular meetings to bring partner organizations together. · Caregiver Navigators, Centralized Caregiver "Hub", Promotores, caregiver access to information, training and skill-building, and other support. · Bring together partner organizations to coordinate efforts and referrals at regional and initiative levels. · Introduction of Care Maps to enhance self-identification and caregiver needs. · Integrating the caregiver as a member of the healthcare team.	· Partner organization staff are committed and buy-in to CCI goals. · Partner organization staff are committed to working towards more effective communication, collaboration, and referrals among partner organizations. · Partner organizations are committed to expanding staff knowledge of patient and caregiver services available at other partner organizations. · Partner organization staff understand and work to meet a wide range of caregiver needs. · Caregivers receive information they need about caring for their care recipients. · Caregivers see the importance of their role and feel appreciated for the work they do. · Caregivers receive information they need about caring for themselves in the role of caregiver. · Caregivers know about a range of relevant services and supports available for themselves and their care recipients.	· There is effective communication, collaboration, and referrals among partner organizations. · Caregivers use a range of needed services and supports for themselves and their care recipients; and gain needed skills and capacity to care for themselves and their care recipients. · Caregivers can navigate the system of care with ease. · Caregivers are integrated into medical teams of care for themselves and their care recipients. · Partner organization staff participate in efforts to improve the CCI network.	· Caregivers do not feel overly burdened or stressed by their caregiving responsibilities. · Caregivers and their care recipients receive needed care. · Caregivers are able to provide (and ensure provision of) the best possible care for their care recipients. · Partner organizations are committed to sustaining and improving a developed and effective system and network of communication, collaboration, and referrals. · Caregivers and their care recipients experience improved well-being.

APPENDIX C: CCI EVALUATIVE RUBRIC

CCI IMPACTS ON THE DEVELOPMENT OF A CAREGIVER SUPPORT SYSTEM IN SANTA BARBARA COUNTY – Evaluative Rubric 1				
	Not Successful	**Approaching Success**	**Successful**	**Highly Successful**
Goal 1A	Few caregivers report that the CCI-related services they received improved their opinions of their role as caregiver, and their perception that others recognize and value their role. Few CCI-staff and related stakeholders report that their organizational practices improve these caregiver opinions and perceptions.	Some caregivers report that the CCI-related services they received improved their opinions of their role as caregiver, and their perception that others recognize and value their role. Some CCI-staff and related stakeholders report that their organizational practices improve these caregiver opinions and perceptions.	Many caregivers report that the CCI-related services they received improved their opinions of their role as caregiver, and their perception that others recognize and value their role. Many CCI-staff and related stakeholders report that their organizational practices improve these caregiver opinions and perceptions.	Nearly all caregivers report that the CCI-related services they received improved their opinions of their role as caregiver, and their perception that others recognize and value their role. Most CCI-staff and related stakeholders report that their organizational practices improve these caregiver opinions and perceptions.
Goal 1B Create systems that support effective communication, collaboration, and referrals across Partner organizations to develop a system of care for caregivers.	A system of communication, collaboration, and referrals has not been developed across the CCI partner organizations.	A system of communication, collaboration, and referrals has been developed across CCI partner organizations, but may not be effective or practical. The system may or may not be easing caregivers' integration into and navigation of the system of care for their care recipients.	An effective and practical system of communication, collaboration, and referrals has been developed across CCI Partner organizations. This system has eased caregivers' integration into and navigation of the system of care for their care recipients.	An effective and practical system of communication, collaboration, and referrals has been developed across CCI Partner organizations. Many partner organizations report that amounts of communication, collaboration, and referrals with others are ideal. This system has eased caregivers' integration into and navigation of the system of care for their care recipients. It has also eased partner organizations' experiences in providing cross-organization care to the caregivers.
Goal 1C Develop a sustainable system of care to support caregivers in their work.	The work for the CCI cannot be sustained without SBF funding and is not positioned to evolve as community needs shift.	The work of the CCI may be sustained without SBF funding, but partner organizations are not currently aware of how to ensure this happens. The work may or may not be positioned to evolve as needs shift.	The system of communication, collaboration, and referrals across Partner organizations can be sustained beyond SBF funding, and is positioned to evolve in response to the caregiving community's needs.	New funding streams and/or strategic plans have been tapped into and/or created to ensure that the system of communication, collaboration, and referrals across Partner organizations will be sustained beyond SBF funding, and is positioned to evolve in response to the caregiving community's needs.

CCI IMPACTS ON CAREGIVERS – Evaluative Rubric 2				
	Not Successful	**Approaching Success**	**Successful**	**Highly Successful**
Goal 2A Improve caregiver appreciation of their role	Few caregivers report that the CCI-related services they received improved their opinions of their role as caregiver, and their perception that others recognize and value their role. Few CCI-staff and related stakeholders report that their organizational practices improve these caregiver opinions and perceptions.	Some caregivers report that the CCI-related services they received improved their opinions of their role as caregiver, and their perception that others recognize and value their role. Some CCI-staff and related stakeholders report that their organizational practices improve these caregiver opinions and perceptions.	Many caregivers report that the CCI-related services they received improved their opinions of their role as caregiver, and their perception that others recognize and value their role. Many CCI-staff and related stakeholders report that their organizational practices improve these caregiver opinions and perceptions.	Nearly all caregivers report that the CCI-related services they received improved their opinions of their role as caregiver, and their perception that others recognize and value their role. Most CCI-staff and related stakeholders report that their organizational practices improve these caregiver opinions and perceptions.
Goal 2B Improve caregiver access to information needed to care for themselves	Few caregivers received the information they needed and were aware of services they needed to properly care for themselves. Few report that services received were helpful in improving their understanding of the challenges related to their role, and increasing their awareness of relevant community resources.	Some caregivers received the information they needed and were aware of services they needed to properly care for themselves. Some report that services received were helpful in improving their understanding of the challenges related to their role, and increasing their awareness of relevant community resources.	Many caregivers received the information they needed and were aware of services they needed to properly care for themselves. Most report that services received were helpful in improving their understanding of the challenges related to their role, and increasing their awareness of relevant community resources.	Nearly all caregivers received the information they needed and were aware of services they needed to properly care for themselves. They also report that services received were helpful in improving their understanding of the challenges related to their role, and increasing their awareness of relevant community resources.
Goal 2C Improve caregiver skills and capacity to care for themselves.	Few caregivers are able to access services they need to ensure appropriate self-care, and few felt that CCI services were helpful in improving their capacity to care for themselves.	Some caregivers are able to access services they need to ensure appropriate care for themselves, and some feel that CCI services were helpful in improving their capacity to care for themselves.	Many caregivers are able to access services they need to ensure appropriate care for themselves, and many feel CCI services were helpful in improving their capacity to care for themselves.	Nearly all caregivers are able to access services they need to ensure appropriate care for themselves, and nearly all feel that CCI services were helpful in improving their capacity to care for themselves.
Goal 2D Improve the well-being of caregivers	Few caregivers are able to regularly take care of their own physical and emotional needs and improve their own overall well-being. Few feel the CCI has been helpful in their efforts to do so.	Some caregivers are able to regularly take care of their own physical and emotional needs and improve their own overall well-being. Some feel the CCI has been helpful in their efforts to do so.	Many caregivers are able to regularly take care of their own physical and emotional needs and improve their own overall well-being. Many feel the CCI has been helpful in their efforts to do so.	Nearly all caregivers are able to regularly take care of their own physical and emotional needs and improve their own overall well-being. Nearly all feel the CCI has been helpful in their efforts to do so.

CCI IMPACTS ON CAREGIVING AND CARE RECIPIENTS – Evaluative Rubric 3				
	Not Successful	**Approaching Success**	**Successful**	**Highly Successful**
Goal 3A Improve caregiver access to information needed to care for their care recipient(s).	Few caregivers received the information they needed, and were aware of services they needed, to properly care for their care recipient(s). Few report that services received were helpful in increasing their awareness of relevant community resources.	Some caregivers received the information they needed and were aware of services they needed to properly care for their care recipient(s). Many report that services received were helpful in increasing their awareness of relevant community resources.	Many caregivers received the information they needed and were aware of services they needed to properly care for their care recipient(s). Many report that services received were helpful in increasing their awareness of relevant community resources.	Nearly all caregivers received the information they needed and were aware of services they needed to properly care for their care recipient(s). They report that services received were helpful in increasing their awareness of relevant community resources.
Goal 3B Improve caregiver skills and capacity to care for their care recipient(s).	Few caregivers are able to access services they need to provide appropriate care to their care recipient(s), and few report that the CCI improved their capacity to provide care.	Some caregivers are able to access services they need to provide appropriate care to their care recipient(s), and some report that the CCI improved their capacity to provide care.	Many caregivers are able to access services they need to provide appropriate care to their care recipient(s), and many report that the CCI improved their capacity to provide care.	Nearly all caregivers are able to access services they need to provide appropriate care to their care recipient(s), and nearly all report that the CCI improved their capacity to provide care.
Goal 3C Caregivers are able to provide (and ensure provision of) the best possible care for their care recipients.	Few caregivers are able to take care of all of the needs of their care recipient(s), advocate for their care, improve their care recipients' overall well-being. Few caregivers feel the CCI helped them in their efforts to do this work.	Some caregivers are able to take care of all of the needs of their care recipient(s) advocate for their care, improve their care recipients' overall well-being. Some caregivers feel the CCI helped them in their efforts to do this work.	Many caregivers are able to take care of all of the needs of their care recipient(s) advocate for their care, improve their care recipients' overall well-being. Many caregivers feel the CCI helped them in their efforts to do this work.	Nearly all caregivers are able to take care of all of the needs of their care recipient(s) advocate for their care, improve their care recipients' overall well-being. Nearly all caregivers feel the CCI helped them in their efforts to do this work.

APPENDIX D: MEET TRACI REGRESSION RESULTS

Methods

We combined data from a total of 461 caregivers who participated in one of our three past surveys in 2017, 2018, or 2019. We carried out multiple regression using SPSS (version 19) statistical analysis software to determine how well our caregiver characteristics variables – age group, gender, racial-ethnic identity, employment status, and relationship with the person cared for – predicted variation in caregiving experiences.

Because our predictor variables were categorical, we used the dummy variable approach recommended in these circumstances. In selecting reference categories for our dummy variables, we based our choices on preliminary analyses showing which characteristics (such as being female and white) were the most common in our caregiver group. This allowed us to make the "reference caregiver" typical of the majority of caregivers surveyed. To present these somewhat complex findings in an engaging way, we decided to name this "reference caregiver," who we call Typical Traci (or just Traci) in the report.

So that each variable was controlled for by the others, and to produce the most "real-life" model possible, we entered all the caregiver characteristics variables into the model simultaneously. We conducted one regression for each of our caregiving experiences outcomes: Need for Caregiver-Related Services, Caregiving Stress, Caregiver Self-Care, Ability to Meet Own Practical & Physical Needs, Ability to Meet Own Emotional Needs, and Ability to Meet Needs of Person Receiving Care.

First, we looked at each regression's overall statistical significance. If a regression model was significant, we took the next step of examining each caregiver characteristic variable. This allowed us to determine which of them was associated with each caregiving experience outcome in a statistically significant way, as well as the size and direction of this effect.

Regression Results

Detailed regression results appear in Table 1. In this table, the value in the B column denotes the unstandardized regression coefficient. It indicates how different the average score on the outcome variable is for a case in this category of the predictor variable, compared to the average score for a case in the reference category. The SE column for each B is this coefficient's standard error, a measure of how much it varies across cases.

The overall regression of caregiver characteristics on the Caregiver Self-Care outcome variable was nonsignificant ($F=1.51$ (df 14), $p = 0.09$), so this model is not listed in the table. Five regressions were statistically significant overall: Need for Caregiver-Related Services, Caregiving Stress, Ability to Meet Own Practical & Physical Needs, Ability to Meet Own Emotional Needs, and Ability to Meet Needs of Person Receiving Care. Coefficients for modeled variables where at least one category is different from the reference in a statistically significant way ($p < 0.05$) are listed in the table. Complete regression tables with all coefficients, standard errors, and significance tests are available on request.

Statistically significant regression coefficients from multivariate models predicting differences in caregiving experience outcomes based on caregiver characteristics

Caregiving Experience Outcomes										
	Need for Caregiver-Related Services		**Caregiving Stress**		**Ability to Meet Own Practical & Physical Needs**		**Ability to Meet Own Emotional Needs**		**Ability to Meet Needs of Person Receiving Care**	
Significance test for overall model	F=1.87 (df 14) p < 0.05		F=4.42 (df 14) p < 0.001		F=2.95 (df 14) p < 0.001		F=1.67 (df 14) p < 0.05		F=3.46 (df 14) p < 0.001	
Caregiver Characteristics	B	SE	B	SE	B	SE	B	SE	B	SE
Age 60 to 69 (reference)										0.07
Under 40 years old			-0.46*	0.18	-0.23	0.12			-0.18*	0.06
Age 40 to 49			-0.31*	0.15	-0.20*	0.10			-0.17*	0.05
Age 50 to 59			0.01	0.13	-0.21*	0.09			-0.13*	0.06
Age 70 and older	–	–	-0.12	0.15	0.18	0.10	–	–	-0.05	
Female (reference)										
Male	–	–	–	–	–	–	0.21*	0.10	-0.10*	0.05
White (reference)										
Latinx										
Other race/ethnicity	–	–	-0.23* -0.04	0.11 0.16	–	–	–	–	–	–
Employed full time (reference)										
Employed part time	0.08	0.27			0.10	0.09			0.07	0.06
Self-employed	0.17	0.38			-0.20	0.12			-0.20*	0.07
Unemployed	0.63*	0.29			-0.23*	0.10			-0.07	0.06
Retired	0.52	0.30	–	–	-0.03	0.10	–	–	-0.05	0.06
Caregiver for parent (reference)										
Caregiver for spouse									0.06	0.06
Caregiver for non-parent family member									-0.17*	0.06
Caregiver for other	–	–	–	–	–	–	–	–	-0.03	0.06

* p < 0.05

APPENDIX E: LATENT CLASS ANALYSIS HELPS US SEE SUBTYPES OF CAREGIVERS

Comparing LCA models to determine best fit (denoted in bold)					
Model	**BICssa**	**AIC**	**Entropy**	**Class Sizes**	**LMR**
2-class	4416	4406	0.82	120, 136	388**
3-class	4266	4251	0.89	88, 132, 36	181**
4-class	**4222**	**4201**	**0.88**	**83, 83, 58, 32**	**76**
5-class	4180	4154	0.93	70, 58, 93, 31, 4	74

* p < 0.05, ** p < 0.01, *** p < 0.001

BICssa = Sample-size adjusted Bayesian Information Criterion, AIC = Akaike Information Criterion, LMR = Lo-Mendell-Rubin adjusted likelihood ratio test.

Subgroups of caregivers based on their service use over the past 6 months, empirically identified using Latent Class Analysis (LCA)					
Service use indicator variables	**Service use subgroups**				**Full sample (n = 256)**
	Very low (n = 58, 23%)	Low moderate (n = 83, 32%)	High moderate with self-care	Class Sizes	
Number of services used (mean)	0.62	2.87	4.91	7.53	3.57
Likelihood used each service					
In-home health services	0.05	0.28	0.31	0.88	0.31
Delivered meals	0.12	0.26	0.23	0.19	0.21
Transportation	0.06	0.34	0.35	0.32	0.28
Adult day care	0.06	0.27	0.47	0.59	0.33
Home modifications	0.04	0.23	0.47	0.33	0.28
Respite care	0.07	0.13	0.26	0.65	0.22
Veterans Affairs services	0.06	0.11	0.23	0.19	0.15
Caregiving skill building	0.02	0.22	0.42	0.88	0.32
Navigator	0.03	0.12	0.50	0.80	0.31
Caregiver counseling	0.02	0.38	0.52	0.80	0.40
Caregiver self-care information	0.06	0.26	0.70	1.00	0.45
Caregiver support groups	0.08	0.30	0.50	0.93	0.39

Caregiver service use subgroups compared on how often (past 6 months) they were able to accomplish caregiving tasks						
Caregiving tasks	Chi-square	Service use subgroups				Full sample (n = 256)
		Very low (n = 58, 23%)	Low moderate (n = 83, 32%)	High moderate with self-care (n = 83, 32%)	High with self-care (n = 32, 13%)	
Figure out where to get services they need	7.87*	3.41	3.74	3.66	3.98	3.67
Make sure they get services they need	10.93*	3.56	3.66	3.79	4.19	3.74
Work with their medical providers	8.05*	3.67	4.06	3.94	4.32	3.96
Be actively involved in decisions about their care	8.77*	3.81	3.96	3.93	4.39	3.94
Help them with daily activities	5.24	No significant mean differences between groups on these caregiving tasks indicators All means in 2.90 to 4.02 range (equivalent to "sometimes" (3) to "often" (4) on 1 to 5 scale)				3.41
Organize their care and appointments	4.25					3.78
Determine the living situation that balances their needs and yours	3.14					3.75

* p < 0.05, ** p < 0.01, *** p > 0.001

Caregiver service use subgroups compared on self-care and wellbeing over the past 6 months						
Caregiver self-care & wellbeing	Chi-square	Service use subgroups				Full sample (n = 256)
		Very low (n = 58, 23%)	Low moderate (n = 83, 32%)	High moderate with self-care (n = 83, 32%)	High with self-care (n = 32, 13%)	
How often felt stressed caring for your loved one	4.29	No significant mean differences between groups on any caregiver self-care and wellbeing indicators All means in 3.2 to 3.7 range (equivalent to "sometimes" on 1 to 5 scale)				3.45
Practical self-care (e.g., daily activities, medical, financial)	2.40					3.51
Meeting physical needs (e.g., eating right, sleeping, shelter)	1.32					3.63
Meeting emotional needs (e.g., feeling good about yourself)	2.60					3.37

Caregiver service use subgroups compared on characteristics of their caregiving experience						
Characteristics of caregiving experience	Chi-square (df)	Service use subgroups				Full sample (n = 256)
		Very low (n = 58, 23%)	Low moderate (n = 83, 32%)	High moderate with self-care (n = 83, 32%)	High with self-care (n = 32, 13%)	
Help with caregiving	15.81 (6)*					
No		0.36	0.29	0.30	0.66	0.36
Yes		0.62	0.70	0.66	0.34	0.62
Not sure		0.02	0.01	0.04	0	0.02
Time spent caregiving	11.71 (12)					
Less than 1 year		0.05	0.10	0.16	0.04	0.10
1-2 years	Differences	0.32	0.38	0.34	0.34	0.35
3-5 years	not significant	0.39	0.36	0.27	0.41	0.34
5-10 years		0.12	0.10	0.17	0.18	0.14
10 or more years		0.13	0.06	0.07	0.03	0.07
Care recipient	25.55 (9)**					
Spouse		0.29	0.33	0.25	0.40	0.30
Parent		0.59	0.54	0.54	0.57	0.56
Family member		0.07	0.08	0.13	0	0.09
Other person		0.05	0.05	0.07	0.03	0.05

* p < 0.05, ** p < 0.01, *** p > 0.001

APPENDIX F: 2020 BRIEF – COVID-19 ORGANIZATIONAL IMPACTS AND NEEDS

Early in the pandemic in March 2020, Evaluation Specialists assessed COVID-19's impact on 23 CCI partners, asking about its effects on their services and organizations, and about what they saw as caregivers' and care recipients' areas of greatest need.

Service delivery: All partners had changed service delivery, most dramatically by replacing face-to-face interactions with phone and internet. With in-person day programs on pause, staff answered questions and made referrals by phone. Other partners adapted services to meet current client needs, such as staying connected through phone trees and pen pal systems.

Organizational operations: Some partners expressed concern about the pandemic's long-term impact on organizations like theirs. Anticipated financial effects include decreased revenues from funders and income sources such as thrift stores. Many staff were laid off and told to file for unemployment. Some staff were working remotely, though many found this time-consuming and stressful. However, they reported working effectively with community partners; continuing to communicate, collaborate, and share resources; and working together to fill service gaps resulting from the pandemic.

Needs, service gaps, and potential solutions: The biggest need that confronted partners was a shortage of volunteers, as this senior-majority, high-risk group was forced to step back from in-person volunteering. Other major needs and gaps in services included transportation and delivery, food access, social and emotional support, daycare and respite services, safety and protection, and identifying those who were not connected. Specific innovative solutions were also sometimes apparent, and partners believed that they would continue to find new ways to address needs by leveraging current partnerships, continuing to communicate, and encouraging flexibility and creativity.

Transportation: One need identified was transportation for errands such as picking up prescriptions. Delivery services for things like groceries and meals would also help the most vulnerable remain home and stay safe. Solutions proposed included setting up vendor accounts with app-based drivers; identifying volunteers from lower-risk groups to help; and identifying pharmacies that delivered.

Food: Partners reported a "huge increase in people needing food." Current food providers were unable to meet demand despite doubling or tripling their distributions in some cases. Among innovative solutions were identifying entities (such as restaurants) that met requirements to serve as new food providers; relaxing restrictive nutrition requirements; reserving products and controlling inventory to ensure more vulnerable groups had access; and using existing partner capacity, for example, Santa Maria Wisdom Center reported applying for a waiver to allow them to make and deliver food.

Social and Emotional Support: As social connection moved to the virtual word, this left many older adults with fewer opportunities for the emotional support needed to maintain mental health. One solution partners identified – mentioning that many seniors had been responsive to telehealth – was improving online and phone access to holistic behavioral health to address depression and anxiety and provide caregiver support and counseling. Another was developing phone trees or pen pal systems to help people stay connected. Using existing capacity could help here as well. Examples include Santa Marisa Wisdom Center using their social workers and social service interns, experienced with this population, to do calls; and the Center for Successful Aging's daily calls to seniors service, where if the call is not answered within an hour someone will go to their house to check on them.

Daycare and Respite: Daycare and respite needs were high pre-pandemic and remain so, partners reported. These services can allow caregivers to stay in the workforce as well as providing needed breaks from caregiving stress. One solution may be simply putting increased resources toward meeting this need, since paid helpers were still available and willing to work.

Safety: Two concerns partners mentioned were that vulnerable populations lacked access to accurate sources of information about COVID-19 and seniors, and that people in the Latinx communities were experiencing heightened stress about whether being undocumented would prevent them from accessing services or receiving aid. Information solutions included identifying accurate sources for caregivers and sharing them with partners, as well as with caregivers directly. For example, the Adult & Aging Network is developing a system to send key information out to network members, and Marian Regional Medical Center is offering phone support and information to caregivers dealing with COVID-19. Regarding the concerns of the Latinx community, one solution was using the Promotores Network to share facts about how to safely receive food and services with them via social media, texts, calls, and email.

Identifying the Unconnected: Partners reported concern about vulnerable seniors slipping through the cracks, such as "a real uptick" they had noted in seniors experiencing homelessness. They saw a need to identify seniors and caregivers who were not connected with a program but needed COVID-19 support and information about how to get help. Some solutions were reaching out to the unconnected to help them take advantage of available supports and linking volunteers with opportunities to help.



ACKNOWLEDGMENTS

The CCI Advisory Committee and staff members of the Santa Barbara Foundation (SBF) desired a rigorous evaluation of the CCI. Evaluation Specialists worked with them to actualize their vision, and to develop an evaluation plan, rubric, and associated measures. The critical thinking of the foundation and the community partners was paramount in developing the rubric and metrics for the work of the CCI and describing its impact. Deep gratitude goes out to the family caregivers in Santa Barbara County who participated in the caregiver survey. Additionally, staff at the many community organizations throughout Santa Barbara County who devoted time and energy to completing surveys for their own organizations and assisted in the distribution and gathering of the caregiver survey, deserve special recognition for making this work successful. The Community Caregiving Initiative and the development of a robust evaluation efforts were made possible by the donors of the Santa Barbara Foundation. Among them is AARP and we are grateful for their willingness to learn with the Santa Barbara County Community Caregiving Initiative about how to better serve family caregivers in a local context.

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For additional information please contact Rubayi Estes, Vice President, Programs, Santa Barbara Foundation, at restes@sbfoundation.org, or call Santa Barbara Foundation at (805) 963-1873.

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