

# **2012 – 2016 AREA PLAN**

Items that have not yet been updated are in **Pink**

**WORKING DRAFT**

**February 2, 2012**

**AREA 4 AGENCY ON AGING**

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### AREA PLAN REQUIRED COMPONENTS CHECKLIST

**To ensure all required components are included, "X" mark the far-right column boxes.  
Enclose a copy of the checklist with your Area Plan**

Section	Four-Year Area Plan Components	4-Year Plan
	Transmittal Letter – must have original signatures or official signature stamps	<input type="checkbox"/>
1	Mission Statement	<input type="checkbox"/>
2	Description of the Planning and Service Area (PSA)	<input type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)	<input type="checkbox"/>
4	Planning Process / Establishing Priorities	<input type="checkbox"/>
5	Needs Assessment	<input type="checkbox"/>
6	Targeting	<input type="checkbox"/>
7	Public Hearings	<input type="checkbox"/>
8	Identification of Priorities	<input type="checkbox"/>
9	Area Plan Narrative Goals and Objectives:	
	Title III B Funded Program Development (PD) Objectives	<input type="checkbox"/>
	Title III B Funded Coordination (C) Objectives	<input type="checkbox"/>
	System-Building and Administrative Goals & Objectives	<input type="checkbox"/>
	Title III B/VII A Long-Term Care Ombudsman Objectives	<input type="checkbox"/>
	Title VII B Elder Abuse Prevention Objectives	<input type="checkbox"/>
10	Service Unit Plan (SUP) Objectives	<input type="checkbox"/>
11	Focal Points	<input type="checkbox"/>
12	Disaster Preparedness	<input type="checkbox"/>
13	Priority Services	<input type="checkbox"/>
14	Notice of Intent to Provide Direct Services	<input type="checkbox"/>
15	Request for Approval to Provide Direct Services	<input type="checkbox"/>
16	Governing Board	<input type="checkbox"/>
17	Advisory Council	<input type="checkbox"/>
18	Legal Assistance	<input type="checkbox"/>
19	Multipurpose Senior Center Acquisition or Construction Compliance Review	<input type="checkbox"/>
20	Title III E Family Caregiver Support Program	<input type="checkbox"/>
21	Organization Chart	<input type="checkbox"/>
22	Assurances	<input type="checkbox"/>

## **SECTION 1. MISSION STATEMENT**

The mission of all Area Agencies on Aging is:

*To provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.*

The mission of Area 4 Agency on Aging is:

**To provide leadership on issues which affect the quality of life for all older persons, and to promote citizen involvement in the planning and delivery of programs and services necessary to ensure maximum independence and dignity for older individuals and functionally impaired adults.**

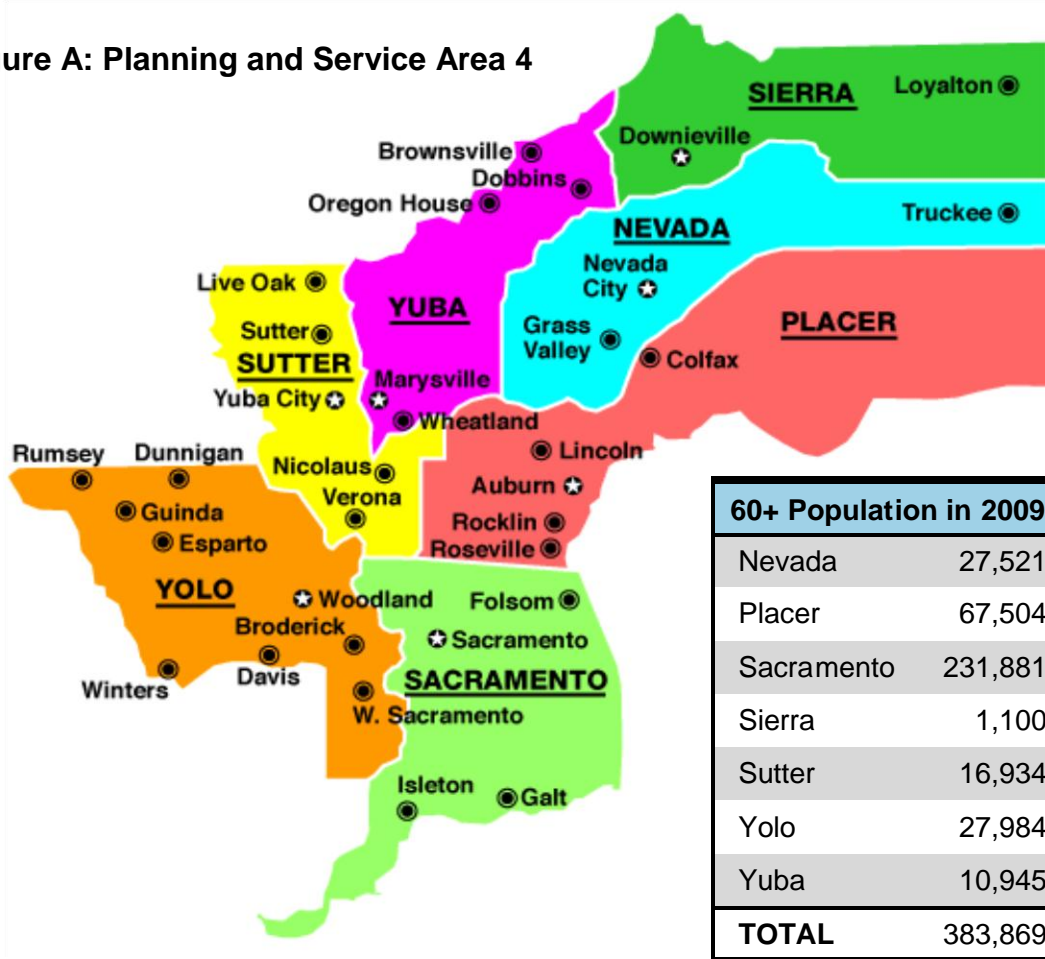
## SECTION 2: DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA)

### Physical Characteristics

With its main office located just 10 miles from the State Capitol, Area 4 Agency on Aging is one of thirty-three Area Agencies on Aging (AAAs) in California. Area 4 refers to Planning and Service Area (PSA) 4, which includes seven counties in Northern California: Nevada, Placer, Sacramento, Sierra, Sutter, Yolo and Yuba (see Figure A below). While eleven other AAAs in the state have multi-county service areas, none contain as many counties as Area 4.

The growing Greater Sacramento region overlaps two neighboring counties (Yolo and Placer) and contains more than a dozen cities. This continuous urban area extends to Folsom and Lincoln in the east, North Highlands in the north, West Sacramento in the west and Elk Grove in the South.

Figure A: Planning and Service Area 4



In addition, Area 4 includes several distinct urban and bedroom communities outside the Greater Sacramento region, including Auburn, Truckee, and Grass Valley/Nevada City to the east, the Yuba City/Marysville area to the north, Woodland and Davis to the west and Galt to the south. Finally, there are dozens of smaller townships and unincorporated areas scattered across the service area. In fact, there are more seniors living in rural areas in Area 4 than in any other PSA in California.

## **Geography and Its Impact on Planning**

Covering 6,578 square miles, Area 4 is one of the largest PSAs in the state. It is also among the most geographically varied. Sacramento, Sutter, Yolo and Western Placer and Yuba Counties are fertile lowlands where agriculture thrives; Nevada and Eastern Placer and Yuba Counties are in the foothills and mountainous areas of the Sierra-Nevada Mountain Range. The western half of Sierra County is mountainous while the eastern half is high desert.

With varied geography comes varied weather patterns. In the summer, wildfires often threaten homes in the Sierras, and extreme heat is a concern for elderly people in the valley, particularly those unable to afford air conditioning. In the winter, lowland areas are subject to flooding, dense patchy fog is often a hazard in the foothills, and heavy snow in the high country makes roads impassable at times. The extreme geographic isolation of Downieville and Loyalton in Sierra County and of North San Juan in Nevada County make access a challenge regardless of weather.

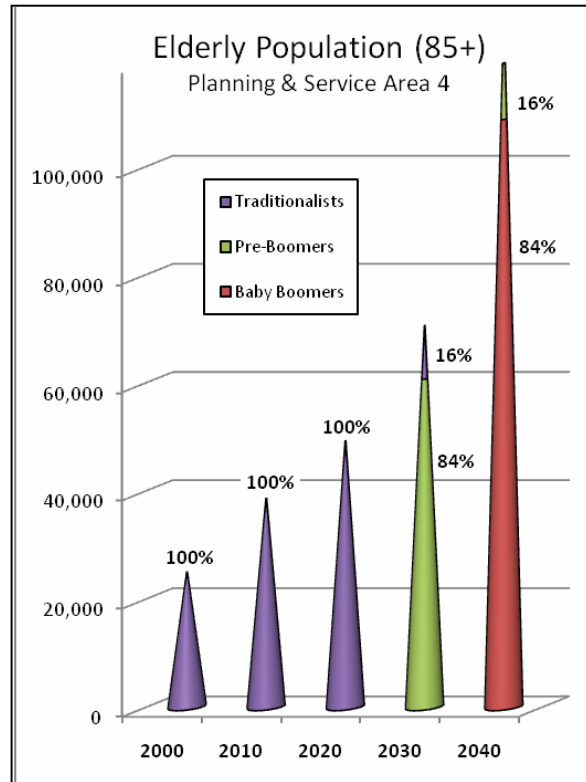
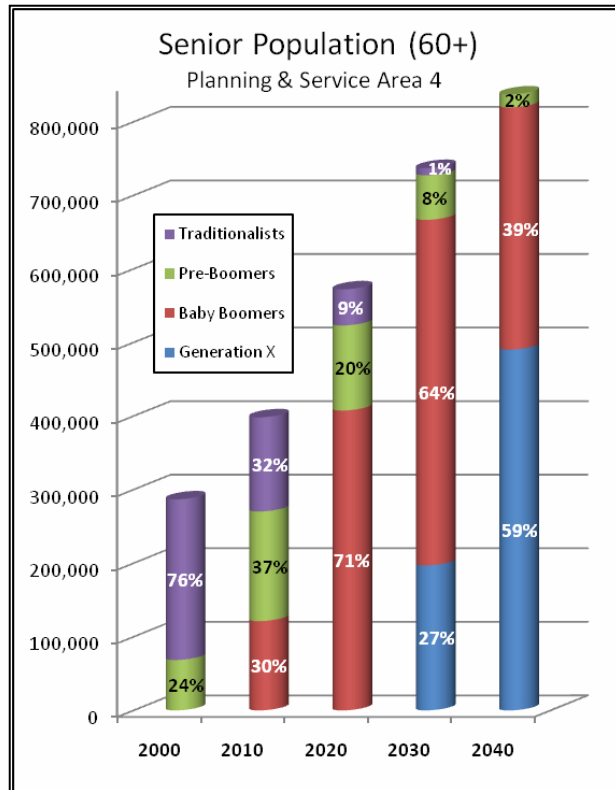
## **Demographics**

We are witnessing a dramatic and unprecedented increase in senior population, and it is driven largely by the aging of the Baby Boomers (shown in red in the charts below).

By 2040, more than 800,000 people age 60 and older are projected to be living in our seven county region known as Planning and Service Area 4. This is nearly three times the number of seniors in 2000; it also represents an astounding growth rate of 192% for the forty year period. In comparison, California's expected senior growth rate over those four decades is 170%.

Why is the senior population in our region growing faster than it is statewide? Migration is a significant factor. An influx of retirees and others has caused surges in recent years and is expected to do so in the future. In 2006, Lincoln was the sixth fastest growing small city in California. There, the presence of a relatively new Del Webb community continues to draw a substantial number of older people from the Bay Area and elsewhere in the state. Other local cities that are growing exceptionally quickly are Live Oak, Rancho Cordova, Elk Grove (also with a new Del Webb development) and West Sacramento.

The *proportion* of older people will also rise substantially. In 2000, 15.2% of all local residents were 60 or older; in 2040, it is estimated to be 24.3%. As a result, senior citizens will play an even greater role in every aspect of society: education, government, health care, community, religion, business and especially the family.



*Planning & Service Area 4 (PSA 4) = Nevada, Placer, Sacramento, Sierra, Sutter, Yolo and Yuba Counties*

*Traditionalists (born 1900-1935); Pre-Boomers (born 1936-1945); Baby Boomers (born 1946-1964); Generation X (born 1965-1980)*

The 85 and older population is of particular concern, for they represent the most frail and vulnerable age group, and they utilize a sizeable share of all elder care services. Here, the situation is even more alarming. The number of elderly people in the seven county region is projected to grow exponentially, resulting in a five-fold increase in frail persons (from about 25,000 to over 125,000).

How is this possible? Traditionalists (shown in purple) are living longer than previous generations, and their children (the Boomers) will live longer still. In 2031 the first Boomers will turn 85, causing the elder population to nearly double during the 10 years that follow (shown in red). During this period, the “wave” of elderly Baby Boomers will first reach the shore, and the impact of their “arrival” will be felt most strongly.

When the Baby Boom began in 1946, life expectancy at birth was 66.7 years. According to the Center for Disease Control (2005), a man turning 65 today can expect, on average, to reach age 82, while a woman can plan to see her 85<sup>th</sup> birthday. Those who do live to age 85 can expect to reach their nineties (91 for men; 92 for women).

In PSA 4, the Department of Finance data suggests most of the Baby Boomers alive today (54.7%) will live to age 85, and 20.8% of them will live to age 95. The implications of these trends are epic. In 2030 a fair number of 80 year old Baby Boomers will likely still be caring for their parents who, by then, will be near or beyond 100 years of age.

Sound outlandish? Today, there are an estimated 281 centenarians in Planning and Service Area 4 (PSA 4). By 2040, the Department of Finance projects that over 4,200 people in our area will have been living a full century or longer. That is an unfathomable fifteen-fold increase!

**Table B: Characteristics of Persons Age 60 and Older**

	PSA 4 Population (2000 Census)	Percent of PSA 4 Population	Percent of California Population
Male	123,545	43.4%	43.2%
Female	160,695	56.4%	56.6%
Ethnic (Minority)	60,198	21.1%	32.1%
Limited English-Speaking Ability	17,195	6.0%	11.3%
Below 100% of Poverty	19,305	6.8%	8.2%
Live in Rural Area	31,210	11.0%	7.3%
Live Alone	67,326	23.6%	22.5%
Homebound	47,225	16.6%	18.4%
Institutionalized	8,810	3.1%	2.9%
Any Disability	108,145	38.0%	38.2%
Self-Care Disability	22,275	7.8%	8.5%
Grandparents Raising Children	5,310	1.9%	2.1%
Veteran	82,730	29.1%	24.6%

*Data taken from the 2000 Census Special Tabulation on Aging (STA)*

Table B shows how Area 4 compares with the rest of the state with regard to several key demographic variables. The ratio of males to females, the number of seniors who live alone, the number of institutionalized seniors (those in skilled nursing, psychiatric or correctional facilities), the number of seniors with disabilities, and the number of grandparents raising grandchildren is about the same here as it is elsewhere.

There are smaller proportions of ethnic seniors, of seniors with limited English-speaking ability, of seniors in poverty and of homebound seniors in PSA 4 than there are in California as a whole. On the other hand, Area 4 has a larger proportion of rural seniors

(more than any other PSA as mentioned previously) and of veterans. The latter is to be expected given that McClellan Park and Mather Field in Sacramento County are former military bases; also, a number of veterans who served at Beale Air Force Base in rural Yuba County have settled in the area.

According to the National Family Caregiver Association, a caregiver can be found in 1 out of every 4 households. Therefore, it is estimated that there are 3.2 million caregivers in California and 176,000 caregivers in PSA 4. If this is true, a majority of those who need help with daily activities are receiving some support from one or more family members. Such assistance is critical in prolonging a frail individual's ability to continue living in the community.

### **Unique Resources and Constraints**

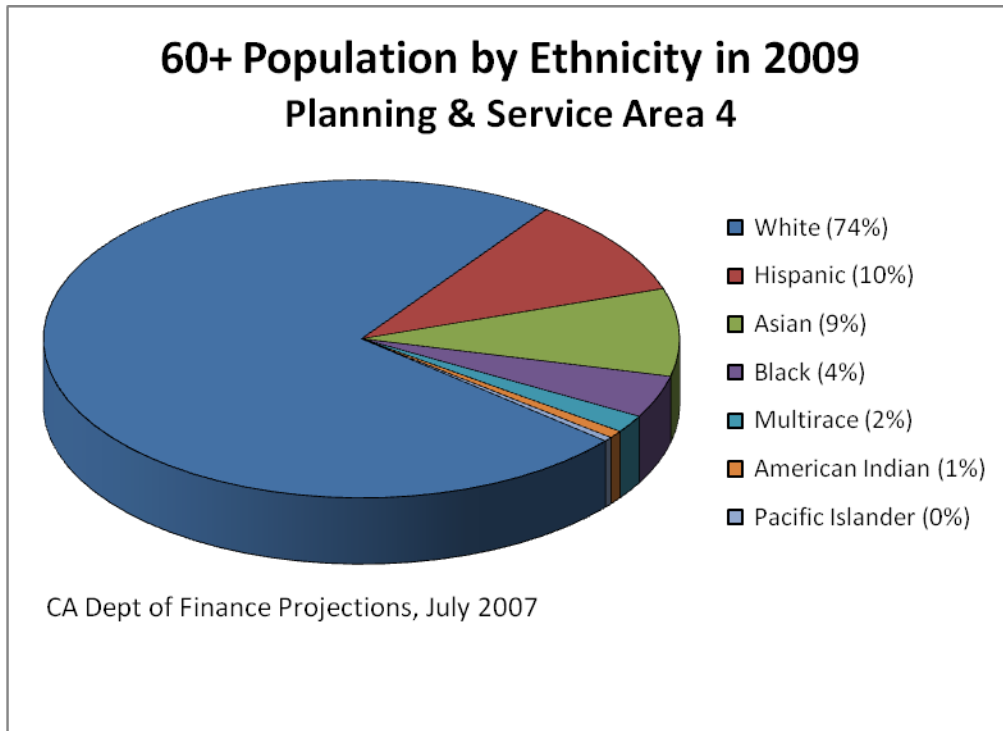
Area 4 benefits from its proximity to the State Capitol. Not only can Area 4 Agency on Aging (A4AA) staff, Advisory Council and Governing Board members easily attend important legislative hearings on aging issues, but the offices of statewide representatives from numerous agencies, departments, commissions and other groups are accessible as well.

As a direct result of being near the Capitol, there are a large number of very highly educated seniors in Area 4 who have retired from careers in government and lobbying. A4AA is proud to have Board and Council members as well as volunteers who have distinguished themselves as leaders in the field of aging. A4AA also benefits directly from higher education by partnering with UC Davis, CSU Sacramento and American River College in the form of service contracts, special projects and student internships.

Area 4 is unique in that it includes more counties than any other PSA in the state. This truth brings benefits as well as challenges. When the interests of individual counties coincide, strong alliances can be made. When those interests conflict, on the other hand, energies and resources may become divided.

The regional diversity of Area 4 makes it an ideal testing ground for new programs and services; if it works in diverse downtown Sacramento, in isolated small-town Sierra County and everywhere in-between, then it ought to work just about anywhere in the country. At the same time, resources must be spread thin if services are to be provided to all seven counties (and to the individual communities within those counties) in an equitable way. Serving frail elders who live in remote rural areas poses the greatest challenge; providing home-based programs far from town is often impossible, and bringing people into town for community-based services is often impractical.

In terms of ethnic diversity, PSA 4 is unusual. In 2004, Time Magazine named Sacramento the most diverse, integrated city in the U.S. According to the most recent Department of Finance projections, 26% of the seniors in PSA 4 are people of color. Of these, Hispanic has now surpassed Asian as the largest ethnic group. African Americans represent the third largest ethnic group. The recent arrival of new immigrant groups, particularly of Hmong and Russian-speaking families, continues to challenge the service system.



### **SECTION 3. DESCRIPTION OF THE AREA AGENCY ON AGING (AAA)**

#### **Characteristics of Area 4 Agency on Aging (A4AA)**

A4AA was established in 1973, and it was one of the six original agencies on aging in the state of California. Ten years later the agency was restructured as a non-profit Joint Powers Authority (JPA) and subsequently received non-profit status. Area 4 has a 17 member Governing Board composed of County Boards of Supervisors or their appointees representing their respective counties of Nevada, Placer, Sacramento, Sierra, Sutter, Yolo and Yuba. There is also a 35 member Advisory Council with representatives from each county. They are appointed by County Boards of Supervisors, commissions on aging and nutrition project councils.

The Governing Board sets agency policy and is responsible for insuring that A4AA fulfills the mandates of the Older Americans and Older Californians Acts. The Advisory Council advises the Board on matters relating to the planning, delivery and monitoring of services for seniors and caregivers. The Council also serves as an independent, non-partisan advocacy body on behalf of all older persons residing in the planning and service area.

Standing Governing Board committees include executive, bylaws, ethnic and cultural concerns, finance, nominating and personnel. Standing Advisory Council committees include executive, finance, legislative, nominating, public relations and rules of procedure. Standing joint Board-Council committees include area plan, grants review and program evaluation. Ad hoc and task force committees are appointed as needed.

The A4AA office is located in Sacramento and is under the direction of the Executive Director, the Assistant Director and the Director of Financial Management. The agency is organized into four departments: direct services, fiscal, program (oversight of contracted services), and support (clerical). The Direct Services Department includes Senior Employment Program staff, In-House Senior I&A staff and the Grass Valley office where four staff members operate RSVP of Nevada County and HelpLine Senior Information and Assistance (see A4AA's organizational chart in Section 21).

Area 4 contracts with almost 30 different organizations to provide senior and caregiver services in the seven county region. The agency employs 27 staff (18 full-time and 9 part-time) to administer these Older Americans and Older Californians Act programs. The primary function of program staff is to monitor the service contracts and provide technical assistance. This department includes the Assistant Director, Planner, Senior Program Manager, four Program Managers, the Information Systems Administrator and the Dietitian. The Fiscal Department consists of the Director of Financial Management, the Accounting Manager, the Contracts Administrator, two Accountants and two Accounting Technicians. Finally, an Office Manager and Administrative Assistants comprise the Support Department.

## Organizational Strengths and Challenges

Area 4 Agency on Aging differs from many other AAAs in that it is a stand-alone Joint Powers Authority with nonprofit status; it is not positioned inside a county department. Consequently, A4AA enjoys greater flexibility in its operations, attracts a different type of employee and is viewed somewhat differently in the community. At the same time, the agency's joint powers status ties it directly to the county supervisors, adding strength and credibility while also assuring organizational accountability.

As mentioned in the previous section, A4AA's Governing Board and Advisory Council have members with distinguished careers in the field of aging services, including County Boards of Supervisors, chairpersons of local commissions on aging, California Senior Legislators, a former director of the California Commission on Aging and a former director of the Department of Aging.

A4AA retains a good mixture of staff in terms of age, ethnicity and background, all of whom are well qualified and committed to the task. They are also highly experienced; the average employee at Area 4 has 7.5 years of experience in their position. The Executive Director, Deanna Lea, has guided Area 4 since 1973 which lends great continuity to the agency.

## Coordinated Care Systems

It is an ongoing goal of A4AA to work toward a comprehensive and coordinated system of home and community-based care for older adults in PSA 4. Such a system should be comprehensive in so far as a range of services is available to everyone regardless of income and older persons receive individualized assistance and referrals to other agencies where appropriate. Systems of care should be coordinated to ensure that all available public and private resources are maximized and that services are easily accessible through visible points of contact. AAAs are called upon to provide leadership in this area, facilitating collaboration among key stakeholders to meet the particular needs of the local community.

PSA 4 does not have just one community; it has many. And, each one is geographically and/or politically distinct and separate from the others. With the exception of Sierra, each county has its own Commission on Aging or equivalent body which advises the Board of Supervisors on senior issues. These commissions provide a vital link between A4AA and the concerns of older people and caregivers at the local level. These organizations are the local advocates for coordinated systems of care.

In cooperation with local commissions on aging, A4AA designates "focal points" within each county. Focal points are the hubs of activity; they are the major senior or community centers where older adults can access programs and services, including core services (information and assistance, transportation, and senior nutrition). All A4AA-funded providers are expected to coordinate with the focal points in their area, and some have their offices and programs on-site.

In addition to providing Senior Information and Assistance (I&A) both in-house and as a direct service in Nevada County, A4AA contracts with five organizations to provide this service in the other six counties. Assistance is available in Auburn, Davis, Loyalton, Marysville, Sacramento, Woodland and West Sacramento. Local Senior I&A programs are intended to be single entry points not only for people 60 and older but for anyone with questions about senior services. The I&A providers also maintain directories which raise consumer awareness and help other agencies make appropriate referrals.

A4AA funds a wide array of services from Congregate Meals to Senior Employment. The core services of Senior I&A, senior legal services, senior nutrition, transportation, ombudsman services and health insurance counseling (HICAP) are provided in every county. Beyond that, the variety of options available in particular counties is related to population, local need and the availability of comparable services. Altogether, Area 4 supports programs in 31 different service categories, including 10 categories specifically for family caregivers. (A complete listing of A4AA's objectives appears in the Goals and Objectives section. Tables E and F below show services funded in each county.)

The great majority of these services are supported with federal funds under the Older Americans Act (OAA). By regulation, OAA programs are open to anyone age 60 or older, regardless of income; means testing is prohibited. State funded programs are generally free to eligible seniors as well; however, requirements vary. Providers may request voluntary donations, and they are encouraged to do so to help offset program costs.

### Description of the Elderly Nutrition Program (ENP)

A4AA contracts with six service providers to supply congregate and home delivered meals in the seven county service area. Congregate meals are prepared and served hot at a total of 12 sites in Nevada, Sierra, Sutter, Yolo and Yuba Counties. More specifically, these meals are cooked on site in Nevada and Sierra County; in the other counties, the meals are cooked at a central kitchen then delivered hot to the nearby sites. Premade frozen meals are reheated and served at a total of 31 congregate sites in Placer and Sacramento Counties. Home delivered meals are delivered hot in Sierra, Sutter and Yuba Counties. A combination of hot and frozen meals are delivered in Nevada, Placer, Sacramento and Yolo Counties.

### Leadership Challenges

While A4AA's goal is the same in every community, the approach Area 4 must take in each one is as varied as the local landscape. In Sacramento County where California politics take center stage, A4AA is challenged to capture the attention of key stakeholders who are all tracking differing combinations of state, regional, and local issues simultaneously. In an environment where Area 4's resources are dwarfed by those of other advocacy groups, other funding agencies, and other providers of senior services, system-building energies are best spent collaborating with other organizations on specific issues or projects and endeavoring to fill service gaps.

In the smaller surrounding counties, however, Area 4 is a key player whose leadership and assistance is often sought out when local issues arise, and the agency's funding decisions have a greater impact on the community.

**Table E. A4AA-Funded Senior Services by County**

Senior Services to be Provided in PSA 4, FY 2012-13	Nevada	Placer	Sacramento	Sierra	Sutter	Yolo	Yuba
A4AA Information & Assistance*	X	X	X	X	X	X	X
Congregate Meals	X	X	X	X	X	X	X
Driving Wellness* & CarFit*	X	X	X	X	X	X	X
Elder Abuse Prevention	X	X	X	X	X	X	X
Fall Prevention Program*	X	X	X	X	X	X	X
Health Promotion		X	X				
Health Services	X						
HelpLine Information & Assistance*	X						
HICAP	X	X	X	X	X	X	X
Home Delivered Meals	X	X	X	X	X	X	X
Homemaker		X	X				
Information & Assistance	X	X	X	X	X	X	X
Legal Assistance	X	X	X	X	X	X	X
Medication Management		X			X	X	X
Mental Health Services			X				
Nutrition Education	X	X	X	X	X	X	X
Ombudsman Services	X	X	X	X	X	X	X
Personal Care		X	X				
Residential Repairs/Modifications	X	X	X	X	X	X	X
RSVP*	X						
Senior Companion (Visiting)			X				
Senior Employment*		X	X				
Transportation	X	X	X		X	X	X

\* Direct Services

**Table F. A4AA-Funded Caregiver Services by County**

Caregiver Services to be Provided in PSA 4, FY 2012-13	Nevada	Placer	Sacramento	Sierra	Sutter	Yolo	Yuba
A4AA Caregiver Information & Assistance*	X	X	X	X	X	X	X
A4AA Caregiver Training*	X	X	X	X	X	X	X
A4AA Kinship Program*	X	X	X	X	X	X	X
A4AA Public Information*	X	X	X	X	X	X	X
Caregiver Assessment		X	X	X	X	X	X
Caregiver Case Management			X			X	
Caregiver Information & Assistance		X	X	X	X	X	X
Caregiver Legal Resources	X	X	X		X	X	X
Community Education		X	X	X	X	X	X
Kinship Legal Resources	X	X	X	X	X	X	X
Respite Care Services	X	X	X		X		X

*\* Direct Services*

## **SECTION 4: PLANNING PROCESS / ESTABLISHING PRIORITIES**

### **The Planning Process**

All Area Agencies on Aging (AAAs) employ a planning process that normally operates on a 4-year cycle. The process begins with a Needs Assessment, a study to determine the service needs of older adults in a given area. This information provides the foundation for the Area Plan, a document which outlines the major goals and activities to be accomplished over the next 4 years. Finally, for those programs the AAA does not itself provide, Requests for Proposals (RFPs) are issued to establish contracts with external organizations that can provide the necessary services. Planning is ongoing in the sense that services are regularly evaluated to ensure they are meeting the intended needs. Planning may also be ongoing if survey activities are conducted more frequently than every four years.

### **Needs Assessment Overview**

During both the 2008 and 2009 calendar years, Area 4 Agency on Aging conducted a thorough assessment of the needs of persons 60 and older in the seven county service area. This Needs Assessment involved the use of several different data-gathering methods, including a senior survey, a senior service provider survey, town hall meetings, key informant interviews, a focus group and analysis of Senior Information and Assistance data. Preliminary results of this needs assessment study were then presented at public meetings, one in all seven counties.

Area 4 regularly partners with other organizations on projects affecting seniors, and the 2008-09 Needs Assessment was no exception. Numerous outside agencies and individuals were included in the design and distribution of the senior surveys and many also offered their direct input as key informants or as town hall meeting participants.

### **Planning Overview**

The Needs Assessment provides critical information on the needs of the senior population in PSA 4. This 2012-16 Area Plan describes A4AA's response to those needs, as well as the resources and abilities of the agency to address the needs either through contracting for services, providing the services directly, collaborating with other entities in order to assist in the development of services, or advocating for policies that will improve, expand, or enhance services.

It is the responsibility of the A4AA Planner to work with the Area Plan Committee to conduct the Needs Assessment and to draft the Area Plan. Following review and approval by the Advisory Council and Governing Board, the Planner disseminates the results of the Needs Assessment and copies of the Area Plan to public entities, including advocacy groups, faith-based groups, city and county officials and agencies, foundations and other appropriate non-profit and for-profit organizations.

Following recommendation for approval of the Area Plan by the A4AA Advisory Council, and the approval of the Plan by the Governing Board, A4AA will develop and issue a

series of Requests for Proposals (RFPs). Unless a specific service has been waived from the RFP process by the Department of Aging or it has been determined that there will be only one applicant in a particular service category, all proposals will go through a full review process that includes review by staff, by the Grants Review Committee, and by local community review teams. These steps occur prior to recommendation for funding by the Advisory Council and final approval by the A4AA Governing Board. The entire process from issue of an RFP to approval for contracting typically takes four to five months.

Ultimately, the delivery of services is contingent not only upon the availability of funding but upon the presence of suitable providers willing and able to execute the contracts. Past performance, financial solvency, administrative efficiency and other factors are weighed carefully when two or more agencies vie for a single grant. AAAs must also be mindful of how the long-term goal of building a coordinated care system may be impacted by short-term funding decisions.

## **SECTION 5. NEEDS ASSESSMENT**

### **Methods**

As stated above, a variety of methods were used to measure the needs of people age 60 and older in the service area. A focus group was held to discuss concerns specific to gay and lesbian seniors. Service provider surveys were used to give other A4AA-funded agencies the opportunity to give direct input regarding the met and unmet needs of the clients they serve. Key informant interviews were used to gather insight from local leaders on senior issues. Town hall meetings were used to solicit feedback from other interested parties from the general public. Senior surveys were used to collect a broad range of data from a large enough sample to allow reasonable projections about the entire senior population. Additionally, unmet need data from the Senior Information & Assistance providers were analyzed, and findings from Area 4's *Dual Challenge* report were considered.

Area 4 was pleased to reach or exceed our goals in every phase of the 2008-09 Needs Assessment. The primary data gathering methods used yielded:

- 1 focus group attended by 10 people
- 30 service provider surveys collected
- 56 key informant interviews conducted
- 233 attendees at 10 town hall meetings, and
- 5,160 senior surveys returned to A4AA.

The foundation of A4AA's needs assessment is the senior survey. As in 2004, the survey tool was an 8-page booklet, with instructions on the cover page and return instructions on the back. A group of 34 individuals assisted with a complete revision of the basic tool. With the exception of Placer County which had done a separate survey in 2007, each county commission on aging was then invited to help customize the last page of the survey and to help distribute and promote the final product. In each of those six counties, a workgroup was established to help with this effort. In all, the survey workgroup members included 59 people.

For the first time, the survey was also available online from our website. A4AA thanks UC Davis and the Counties of Nevada, Sutter and Yolo for sharing a link to the survey with all of their employees via e-mail. All of our promotional efforts highlighted the online option.

Overall, Area 4 was able to achieve the best survey sample to date. Efforts were made to mirror the true senior population with respect to five key variables: sex, ethnicity, age, income and place of residence. Therefore, we feel confident that the results do provide a good estimation of the true characteristics and concerns of older people in each county. At the same time, readers should understand that across the board, male

seniors, Hispanic/Latino seniors, and rural seniors were under-represented to some degree while low-income seniors were somewhat over-represented.

## **Unmet Needs**

Issues identified through the needs assessment are, by definition, unmet needs. Why are seniors' needs unmet? There are a variety of reasons. In some cases, no community resources exist to meet the need; here, service gaps are said to exist. When programs intended to meet a particular need do exist, a number of barriers may come into play. First and foremost, the program simply may not have enough resources to serve everyone in need. Other types of barriers include situations where the program may not be reaching those who would like assistance, or those in need may themselves be choosing not to access the program for any number of reasons.

Older people who are having trouble with daily activities are sometimes difficult to serve. Some deny that they need help at all. Others feel that if they accept help it means they have become helpless; they may see assistance as a threat to their independence. Some see public services as welfare and are insulted by the offer. Others feel they are not deserving of help; they say it should be given to more needy people. Some reject help because they perceive it to be too much of a hassle – too costly, inconvenient or complicated. Others fail to see how using services can make their lives better. Those who experience communication barriers due to culture or language differences, socio-economic differences or physical or mental health problems are even more difficult to serve. Providers of senior services must be properly trained to overcome all of these obstacles.

## Findings

Social scientists consider the best research projects to be those that use a variety of methods, and they consider the most reliable findings to be those that emerge from all of the methods used. This principle, known as convergence, was applied to the 2008-09 Needs Assessment. For that reason, A4AA is confident that the major issues identified in this report are a good estimation of the true top concerns of older adults in the seven county service area.

The “Senior Needs Chart” on the following page lists the top concerns in rank order (the letter “T” indicates a tie). The Chart is a compilation of the seven, separate county senior needs charts (To download a Senior Needs Chart for a single county in our service area, go to: [www.a4aa.com](http://www.a4aa.com)). The county needs charts were constructed with first-hand information from the following sources:

- 1) The “Things that Concern Seniors” table from the 2008-09 Senior Survey,
- 2) Hand-written answers to “What concerns you the most?” from the 2008-09 Senior Survey,
- 3) Responses to “What single issue should leaders focus on?” from the Town Hall Meetings,
- 4) Unmet senior needs from Senior Information & Assistance call data,
- 5) Perceptions of seniors’ greatest unmet needs from the Service Provider Survey, and
- 6) Perspectives on seniors’ most significant problems from the Key Informant Interviews.

The rankings from each of the counties were combined using a simple reverse point system (from 1 to 10) in which issues with the lowest rankings receive the most points and those with the highest rankings receive the fewest points. The issue with the most points then becomes the top-ranked issue; it is followed by the next highest point-getting issue, and so on. This particular technique was used because it is fairly easy to apply and to understand; no complex statistical knowledge is required.

The goal of this project was to determine the needs of older adults as a whole. This is different from assessing individual senior needs. From the perspective of an older person whose son is violent towards them, for example, elder abuse is clearly their greatest concern. Yet, elder abuse does not appear on the list of top senior needs because a very small percentage of seniors are in abusive situations. So, the reader should note that the needs chart measures the scope and frequency of needs not necessarily the severity or importance of those needs.

Regarding the issues themselves, many of the topics are clearly interrelated, yet with just a couple of exceptions, we have intentionally refrained from consolidating the list. Doing so would involve a fair amount of subjectivity; it would also obscure some of the finer details that may be important in the delivery of services. For example, home repair appears in two different categories because Area 4 (and other agencies) can provide

dollars for *minor* fixes but not for major ones. The two exceptions apply to transportation (merging “rides for errands” with “rides for medical appointments”) and to health costs (joining “paying for medical care” and “paying for medicines”). In both cases, we felt the nature of the assistance that is implied was similar enough to warrant combining the individual items.

When all data gathering methods are considered together, there are five issues that rise to the top of the list and stand above the others. Clearly, the need for better transportation services is the top need in our seven county service area. In particular, many older adults are lacking convenient, reliable, door-to-door transportation for medical appointments and routine errands such as going to the bank or grocery store. The second ranked need is for minor home repairs and modifications such as the installation of grab bars in a bathroom to reduce the risk of falling. A sense of concern about one’s finances or about the economy in general is the third highest ranking issue. This specific topic arose from the results rather than being defined in advance, but it seems to imply a need for monetary assistance in one form or another, basic cash aid for some – perhaps financial advising for others. The fourth ranking need is for major home repairs such as replacing a roof or a septic system. In the fifth position is the need to pay for medical care or medicines.

These five issues rank highest because they are each universal challenges for older people. They arise from the aging experience itself. It is now estimated that most of us will outlive our ability to safely drive a car by about 8 years, thus the need to have a range of transportation options is inescapable. As we age in place, the ever-present need for home maintenance inevitably becomes a major senior issue when we arrive at an age where we can no longer paint the house or climb up on the roof without alarming the neighbors. And, no matter which income bracket we fall into when we retire, steadily swelling costs of living (especially the costs of health care) erode our buying power over time.

# Planning & Service Area 4

Overall Rank	Senior Needs Chart	Nevada County	Placer County	Sacramento County	Sierra County	Sutter County	Yolo County	Yuba County
	For each data-gathering method used, the most frequently cited needs/concerns are shown in rank order.  The overall rankings are computed using a simple point system.*  (The letter "T" indicates a tie in the rankings)							
1	Getting transportation for errands <u>or</u> medical appointments	1	1	2	4	1	1	1
2	Getting minor home repairs and/or modifications	4	3	4	1	2	6	T-3
3	OTHER: Having economic/financial concerns	T-7	T-7	1	5	T-4	T-3	2
4	Getting someone to do major home repairs	3	10	T-5	2	3	5	T-3
5	Paying for medical care <u>or</u> medicines	2	4	T-5	T-7	T-4	T-9	T-3
6	Paying for housing and other housing issues	T-10	2	3	T-10		2	
T-7	Finding a reliable person to do in-home care	5	T-5		T-7	T-9	T-9	
T-7	Finding services or benefits that could help me		T-7	T-5	T-10	6		7
9	Getting the kind of medical care that I/we need	T-7				7	8	6
10	Planning for future long term care needs	6					T-3	
11	Having a serious fall				T-10	8	7	T-9
T-12	Getting someone to do yard work	T-10			3			
T-12	OTHER: Coping with health problems		9		6			T-9
14	OTHER: Improving the network of available services		T-5	T-9				
15	Paying for dental care			T-5				
16	OTHER: Social isolation/need for friendly visiting					T-9		8
T-17	Getting help with wills, trusts, powers of attorney				T-7			
T-17	OTHER: Supporting family caregivers (especially with respite care)	T-7						
T-19	Dealing with dementia/Alzheimer's disease						T-9	
T-19	Dealing with loneliness or depression			T-9				
T-19	Understanding my health care options					T-9		
22	Having enough food to eat				T-10			

\* A rank of "1" equals ten points, 2= nine, 3= eight, 4= seven, 5= six, 6= five, 7= four, 8= three, 9= two, and 10= one point.

### Consideration of Other Needs

A4AA recognizes that individuals sometimes have needs and concerns that, for a variety of reasons, they do not express.

A4AA has found that local seniors are very concerned about being able to continue driving. This is a critical issue because the loss of one's driver's license often means the loss of independence. For some, it means becoming homebound and relying on others for the first time. Isolation may trigger depression, which in turn, leads to physical health problems.

Local seniors are also concerned about falling down and hurting themselves at home. For frail seniors, a fall resulting in a broken bone can erase one's independence in an instant. Because it takes longer for older people to heal, injuries from a fall may mean many months of rehabilitation in a skilled nursing facility. Area 4 considers falls prevention a key issue.

Another area of concern is isolation and depression. As people reach their 80s and 90s they tend to have fewer opportunities for socialization. Relationships with friends and neighbors and ties to churches and other community groups often dwindle over time. Men, in particular, seem less likely to seek out and maintain social relationships as they age. Because isolated elders are vulnerable to both physical and mental health problems, Area 4 also considers this an important issue.

## **SECTION 6. TARGETING**

The Older Americans Act (OAA) defines a number of “target populations” which Area Agencies on Aging should make special efforts to include in the planning and delivery of community-based services. These targeted groups consist of older individuals with any of the following characteristics:

- Native American
- Isolated, Neglected, and/or Exploited
- Frailty
- Reside in Rural Areas
- Have Limited English-Speaking Ability
- Have Alzheimer’s Disease and Related Disorders
- Have Disabilities, especially Severe Disabilities
- Unemployed Low-income Seniors
- Caregivers (as Defined in Title III-E)
- Area 4 also recognizes that lesbian, gay, bisexual and transgender seniors have unique needs.

In addition, OAA defines two special categories of targeted individuals. Those with the “greatest economic need” are seniors, particularly minority seniors, with need resulting from an income level at or below the federal poverty line. Second, older adults with the “greatest social need” have a need caused by non-economic factors such as physical or mental disability, language barriers, or cultural, social or geographic isolation that either restricts the ability of an individual to perform daily tasks or threatens their capacity to live independently.

The 2008-09 Senior Survey contained several demographic and other questions to assess respondents’ ethnic background, English speaking ability, income, employment status, disability status, health condition, functional ability and zip code and to determine whether they are a caregiver. Therefore, Area 4 has the ability to assess the needs of each targeted group. Generally speaking, those with ethnic and linguistic differences were more likely to want culturally-oriented informational materials; those with low incomes were more likely to need basic services like financial assistance and food and were more likely to express concern about crime; those with health problems were more likely to need in-home assistance; those in rural areas were more likely to need transportation; and, caregivers were more likely to need respite care.

## Greatest Need

Among the targeted populations, A4AA places the most emphasis on serving older adults with the greatest economic and greatest social need. Area 4 requires contracted service providers to reach minimum goals, and provides special training and technical assistance to facilitate this effort. The Agency also endeavors to recruit and retain Advisory Council members who represent the interests of targeted populations. Compared to the entire senior population, the older adults served by A4AA and A4AA-funded programs are disproportionately more likely to be ethnic, to be low-income, to have functional limitations and to live in rural areas.

**Table C: Greatest Economic Need by County**

Older Adults in Greatest Economic Need (100% Poverty)	PSA 4	Nevada	Placer	Sacramento	Sierra	Sutter	Yolo	Yuba
TOTAL (count)	19,305	1,005	1,685	12,880	30	1,150	1,640	910
Poverty Rate 60+ Population	6.8%	4.9%	3.9%	7.2%	3.5%	8.9%	7.9%	10.6%
Poverty Rate by Ethnic Group	-	-	-	-	-	-	-	-
American Indian	16.7	14.5%	5.6%	18.1%	0%	16.3%	8.6%	30.2%
Asian	10.4	0%	3.9%	10.4%	0%	16.5%	11.4%	8.1%
Black	13.4	0%	7.3%	13.4%	0%	9.6%	20.3%	11.0%
Hispanic/Latino	12.7	5.8%	7.0%	13.0%	13.8%	14.6%	16.0%	10.6%
Pacific Islander	9.3	0%	34.5%	5.4%	0%	100%	0%	0%
Multi-Racial	13.0	11.4%	7.4%	13.2%	0%	23.0%	17.5%	8.8%
White	5.4	4.8%	3.7%	5.5%	3.1%	6.9%	5.8%	10.4%

2000 Census Data

Table C above illustrates the number and proportion of older adults with greatest economic need in each of the seven counties. At 10.6% Yuba County has the highest poverty rate among older adults in PSA 4; it is followed by the valley counties of Sutter (8.9%) and Yolo (7.9%). The rural mountain counties have the lowest proportions of impoverished seniors. This is likely because there are fewer subsidized housing units, fewer public services for low income people and less ethnic diversity in the high country.

The reader will note that the data in Tables C and D come from the 2000 Census. At that time, the federal government defined poverty as \$8,350 for a single person, \$11,250 for a couple. Presently (2009), the poverty level for a single person is \$10,830; for a couple it is \$14,570.

As is true in the general population, a disproportionate number of ethnic elders are in poverty. Table C shows that White seniors are less than half as likely as non-White seniors to be impoverished. American Indian elders are the most likely to be low income (16.7%). Asians and Pacific Islanders have lower poverty rates than their Black, Latino and multi-racial peers.

#### A New Measure of Economic Need

In February 2008, the Insight Center for Community and Economic Development released findings from their California Elder Economic Security Initiative which used a new method to determine how much income people age 65 and older need to meet their basic living costs. A condensed table for Sacramento County is shown below.

**Sacramento County, Elder Economic Security Standard™ Index, 2007**

Monthly Expenses	Elder Person		Elder Couple	
	Owner with Mortgage	Renter, 1 Bedroom	Owner, No Mortgage	Owner with Mortgage
Housing	\$1,333	\$813	\$412	\$1,333
Food	263	263	486	486
Transportation	202	202	323	323
Health Care (Good Health)	283	283	566	566
Miscellaneous @ 20%	232	232	357	357
<b>Monthly Elder Standard</b>	<b>\$2,313</b>	<b>\$1,793</b>	<b>\$2,144</b>	<b>\$3,064</b>
<b>Annual Elder Standard</b>	<b>\$27,752</b>	<b>\$21,517</b>	<b>\$25,723</b>	<b>\$36,773</b>

(Adapted from Insight: California Elder Economic Security Initiative, 2007)

Examination of the Elder Economic Security Standard reveals that the amount of money needed to meet one's basic needs varies widely based upon the size of the household (single person vs. couple), the housing type (owner vs. renter), and housing costs (mortgage vs. no mortgage). The last of these, housing costs, are the single largest expense for everyone except those without a mortgage, and the housing item accounts for all of the cost variation within the "person" and the "couple" categories. Thus having affordable housing is really the key to economic security.

Insight utilizes the Elder Standard figures to demonstrate, in actual dollars, that older adults across the state fall well short of the average costs of living when their only source of income is either SSI or standard Social Security benefits. In fact, the data shows that the FPL covers less than half of the basic living costs for people 65 and older in California. Thus seniors must have additional sources of retirement income to make ends meet, according to this modest budget.

The chart below shows that over 94,000 older adults in PSA 4 are estimated to fall into the “eligibility gap,” meaning their earnings are above the federal poverty level but below the elder standard.

COUNTY	Estimated Percentage of Persons 65+ in the Eligibility Gap	Projected Number of Persons 65+ in the Eligibility Gap in 2010
Nevada	35%	6,942
Placer	33%	16,691
Sacramento	34%	56,153
Sierra	35%	283
Sutter	35%	4,432
Yolo	35%	6,947
Yuba	35%	2,847
<b>AVG/TOTAL</b>	<b>34%</b>	<b>94,295</b>

### Measures of Social Need

The number and proportion of older adults with the greatest social need is shown in Table D below. Because the characteristics are not mutually exclusive, a total figure cannot be calculated from the data presented.

**Table D: Greatest Social Need by County**

Older Adults in Greatest Social Need	PSA 4	Nevada	Placer	Sacramento	Sierra	Sutter	Yolo	Yuba
With Disabilities	108,145	6,530	14,390	69,820	265	4,820	8,095	4,225
% of Population	38.0%	31.5%	33.7%	39.2%	31.0%	37.1%	39.0%	49.3%
Ethnicity	60,198	866	3,939	46,434	50	2,727	4,699	1,483
% of Population	21.1%	4.2%	9.2%	26.1%	5.8%	21.0%	22.6%	17.3%
Limited English	17,193	109	710	13,525	4	985	1,455	405
% of Population	6.0%	0.5%	1.7%	7.6%	0.5%	7.6%	7.0%	4.7%
Rural Area	31,210	6,935	10,105	5,335	830	2,015	2,395	3,590
% of Population	11.0%	33.5%	23.7%	3.0%	97.1%	15.5%	11.5%	41.9%

*2000 Census Special Tabulation on Aging*

Thirty-eight percent of the seniors living in the service area have one or more disabilities. Lower percentages occur in the rural mountain counties of Nevada and Sierra. Yuba County, in contrast, has an unusually high concentration of older adults with a disability. This may partially explain the inflated poverty rate found there as well.

In 2000, the rural mountain counties had relatively low proportions of ethnic elders. In contrast, more than one-quarter of the seniors in Sacramento County were people of color; most of these, 37.7%, were of Asian descent, 27.3% were Latino and 24.6% were Black. The valley counties also have significant ethnic populations. Latinos comprised the largest group in both Yolo (61%) and Yuba (38.3%) Counties. The majority of ethnic seniors in Sutter County were Asians (44.5%).

Data for older individuals with limited English-speaking ability is also presented in Table D. Members of recent immigrant groups are most likely to have difficulty with English. Again, rural mountain counties have low percentages while Sacramento and the valley counties have higher ones. The highest proportion of ethnic elders with limited English skills (36.0%) is found in Sutter County; this is likely due to the arrival of Hmong, East Indian and Pakistani families there. Russian and Ukrainian immigrants also contribute to these limited English-speaking figures, especially in Sacramento and Yolo Counties.

Finally, Table D contains rural population figures by county. Because Sacramento County's population is so much larger than that of the surrounding counties, it accounts for 17.1% of the rural seniors in PSA 4 even though only 3% of all seniors in that county live in rural areas. At the other extreme, just 2.7% of the rural seniors reside in sparsely populated Sierra County though it is essentially all rural.

## **Targeting Priorities**

Above and beyond the commitment to serve those with the greatest economic and social needs, Area 4 also makes special efforts to help other targeted populations. The idea that frail elders who are at risk of institutionalization should be prioritized is central to the Agency's mission. All A4AA-funded programs are expected to adopt this approach. Also central to the role of AAAs is protection from abuse, neglect and exploitation. This is done primarily through administration of ombudsman and elder abuse prevention services.

Furthermore, Area 4 has developed in-house programs to serve caregivers and seniors re-entering the workforce. Family caregivers play a crucial role in allowing functionally impaired adults to continue living in their own homes for as long as possible. A4AA supports their efforts through recognition events and special workshops and training opportunities, including support services for grandparents raising grandchildren. Area 4's Senior Employment Program helps older people realize financial security on a one-on-one basis by helping them find meaningful jobs.

**SECTION 7: PUBLIC HEARINGS**

**PSA 4**

At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, OAA 2006 306(a)

<b>Fiscal Year</b>	<b>Date</b>	<b>Location</b>	<b>Number of Attendees</b>	<b>Presented in languages other than English? <sup>1</sup> Yes or No</b>	<b>Was hearing held at a Long-Term Care Facility? <sup>2</sup> Yes or No</b>
<b>2012-13</b>					
<b>2013-14</b>					
<b>2014-15</b>					
<b>2015-16</b>					

**The following must be discussed at each Public Hearing conducted during the planning cycle:**

1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.

2. Were proposed expenditures for Program Development (PD) and Coordination (C) discussed?

Yes. Go to question #3

Not applicable, PD and C funds are not used. Go to question #4

3. Summarize the comments received concerning proposed expenditures for PD and C

4. Attendees were provided the opportunity to testify regarding setting of minimum percentages of Title III B program funds to meet the adequate proportion funding for Priority Services

Yes. Go to question #5

No, Explain:

5. Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services.

6. List any other issues discussed or raised at the public hearing.

2 A translator is not required unless the AAA determines a significant number of attendees require translation services.

3 AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

7. Note any changes to the Area Plan which were a result of input by attendees.

## **SECTION 8. IDENTIFICATION OF PRIORITIES**

A4AA's administrative priorities are reflected in the Goals and Objectives portion of this Area Plan (section 11). The Agency's five major goals are as follows:

- Goal 1: Directly Promote Financial Security
- Goal 2: Directly Promote Health and Wellness
- Goal 3: Fund and Support Home and Community-Based Services
- Goal 4: Work to Improve the Aging Network
- Goal 5: Understanding the Dual Challenge

Over the next three years, the Agency will utilize a combination of direct and contracted programs to meet the needs of older adults and caregivers in the areas of supportive services (Title III-B), nutrition (Title III-C), disease prevention and health promotion (Title III-D), ombudsman services (Title VII), caregiver services (Title III-E) and community based services and programs (CBSP).

During the first year of the new planning cycle, A4AA develops the new Requests for Proposal. It is through this process that the Agency's funding *priorities* are evidenced. Before these decisions can be made, two key funding parameters must be applied: adequate proportion and parity.

To ensure an equitable distribution of funds among the seven counties, A4AA applies the Intrastate Funding Formula (IFF). It is the same formula used by the Department of Aging to distribute funds to the AAAs. This "parity" system is based upon Census figures and grants special allowances for ethnic, low-income and rural populations. These factors are weighted as follows:

<u>Weight</u>	<u>Factor</u>
1.0	Non-Minority 60+ Population
2.0	Minority 60+ Population
2.0	Low Income 60+ Population
1.5	Geographically Isolated 60+ Population

When a county's population (especially its minority and low-income population) increases in relation to the others, there is a corresponding increase in service dollars. Parity is recalculated regularly as new population figures become available. A4AA makes efforts to approximate parity during the 4 year contract cycle as fluctuations occur, but Area 4 generally does not reduce grants that have already been awarded to do so.

Once the county funding levels are established, Area 4 can begin to determine how program dollars can best be used to meet the needs of local seniors. In doing so, several steps must be taken. A4AA must first fulfill its obligation to support the core services of Senior Information & Assistance, nutrition, transportation and legal services. Next, appropriate in-home services should be selected to maintain adequate proportion. Third, special funding considerations related to targeted populations within and between

county lines need to be considered. All of these decisions are made, of course, with meaningful outcomes in mind. The central question in each county is: Where will investments of limited resources yield the best results possible for elders and their caregivers?

**SECTION 9. AREA PLAN NARRATIVE GOALS AND OBJECTIVES**

**GOAL #1: DIRECTLY PROMOTE FINANCIAL SECURITY AMONG OLDER ADULTS IN PLANNING & SERVICE AREA 4.**

Rationale: More and more, people in PSA 4 reach their 60<sup>th</sup> birthdays without sufficient financial resources, and except for the wealthy few, unexpectedly long lifespans among the oldest old tend to erode retirement nest eggs. In order to maximize older adults’ economic well-being, A4AA will work with other public and private agencies to actively promote financial security for senior citizens of every age.

Objectives	Start/End	Type <sup>1</sup>	Status
<p><b>1.1 Coordination Activities</b></p> <p>a) Elder Economic Security Standard Index            Coordinate with governmental agencies, advocacy groups, media outlets and other appropriate organizations to raise awareness about the Elder Index and its implications for local communities. <i>Planner &amp; Program Managers.</i></p> <p>b) Financial Survival Faire            In coordination with Legal Services of Northern California and other appropriate organizations, host an event to inform, educate, and promote resources to assist elders to maintain and improve economic security. <i>FT Program Manager &amp; Assistant Director, Employment Specialist, Executive Director, <del>HF</del> HM Program Manager, I&amp;A Program Manager, Program Specialist, Senior Employment Program Manager, Senior Program Manager.</i></p> <p>c) Mobile Produce Market            Coordinate with a local senior center (TBD) to establish a biweekly “Mobile Produce Market” to make fresh fruits and vegetables available to older adults at below wholesale prices. <i>Dietitian &amp; Assistant Director.</i></p>	<p>7/13 to 6/15</p> <p>7/14 to 6/15</p> <p>7/12 to 10/13</p>	<p>C</p> <p>C</p> <p>C</p>	<p>New</p> <p>New</p> <p>New</p>

Objectives	Start/End	Type <sup>1</sup>	Status
<p>1.1 Coordination Activities (<i>continued</i>)</p> <p>d) Nutrition Activities</p> <p>Coordinate with the California Department of Agriculture, food suppliers, service organizations and other appropriate groups in the service area to promote wellness among vulnerable older adults through the expansion of nutritional services and healthier options in a variety of ways, including but not limited to facilitating the distribution of Farmers' Market Coupons. <i>Dietitian &amp; Assistant Director, Employment Specialist, FT Program Manager, Planner, Program Specialist, Senior Employment Program Manager, Senior Program Manager.</i></p>	7/09 to 6/12	C	New
<p>1.2 Direct Service Activities</p> <p>a) Medicare Low Income Subsidy (LIS) Outreach</p> <p>Provide and coordinate outreach activities to individuals and groups to raise awareness and encourage enrollment in the Medicare Part D Low Income Subsidy Program. <i>Program Specialist &amp; Assistant Director, Executive Director, HelpLine Program Manager, Medicare Outreach Specialist, Senior Employment Program Manager.</i></p> <p>b) Senior Employment</p> <p>Provide job readiness workshops, resume assistance and job referral assistance to individuals age 60 and over in Placer and Sacramento Counties who are seeking paid employment with an emphasis on those seniors with limited financial resources. <i>Senior Employment Program Manager &amp; Assistant Director, Employment Specialist, Office Assistant.</i></p>	7/12 to 6/13	DS	New
<p>1.3 Administrative Activities</p> <p>a) Social Security Issues</p> <p>Monitor proposed changes to Social Security. <i>Planner &amp; All Program Managers, Asst. Director, Executive Director.</i></p>	7/12 to 6/16	A	New

**GOAL #2: DIRECTLY PROMOTE HEALTH AND WELLNESS  
AMONG OLDER ADULTS IN PLANNING & SERVICE AREA 4.**

Rationale: As the senior population continues to grow due to natural aging and longevity, the population of seniors with chronic diseases, obesity, and disabilities is expanding proportionately. In order to maximize older adults' ability to live independently, A4AA must actively promote healthy aging for both the youngest and the eldest senior citizens.

Objectives	Start/End	Type <sup>1</sup>	Status
<p><b>2.1 Coordination Activities</b></p> <p>a) Advance Care Planning Project</p> <p>Coordinate with legal services providers and other appropriate organizations to provide education regarding advance health care directives and end of life issues such as the POLST (physician ordered life-sustaining treatments) and to encourage older adults and caregivers throughout the service area to complete and maintain these documents. <i>Program Specialist &amp; Assistant Director, FT Program Manager, I&amp;A Program Manager.</i></p> <p>b) Chronic Disease Conference</p> <p>Coordinate with appropriate organizations to host a conference for professionals and interested members of the public on the subject of supporting the patient's role in self-management of chronic diseases such as hypertension, diabetes, asthma, and arthritis. <i>Assistant Director &amp; Program Managers.</i></p> <p>c) Health Promotion Activities</p> <p>Participate in health fairs, special projects and other appropriate activities (such as the Script Your Future campaign) which directly promote healthy aging among older adults in PSA 4. <i>Assistant Director &amp; Information Systems Administrator, Program Managers.</i></p>	<p>7/12 to 6/16</p> <p>7/13 to 6/14</p> <p>7/12 to 6/16</p>	<p>C</p> <p>C</p> <p>C</p>	<p>New</p> <p>NEW</p> <p>New</p>

Objectives	Start/End	Type <sup>1</sup>	Status
<p>2.1 Coordination Activities (<i>continued</i>)</p> <p>d) Lifelong Learning Participate in coordination efforts with educational institutions to enhance lifelong learning opportunities for older adults, including the Gerontology programs at California State University, Sacramento (CSUS) and American River College. <i>Assistant Director.</i></p> <p>e) Mental Health Conference Coordinate with the Sacramento County Mental Health Department and other appropriate organizations in planning the Mental Health and Aging Conference in October 2011. <i>FT Program Manager &amp; Senior Program Manager.</i></p> <p>f) Northern California Fall Prevention Coalition Primarily during Fall Prevention Awareness Week, work with coalition members and others on appropriate activities including but not limited to fall prevention community events, workshops, walkability audits, displays, and proclamations by county Boards of Supervisors. <i>Planner &amp; Assistant Director, HM Program Manager.</i></p> <p>g) Nevada County Fall Prevention Coalition Work with coalition members and others to empower seniors and people with disabilities and depression to reduce their risk of falling. <i>Assistant Director &amp; RSVP Project Director.</i></p> <p>h) Veterans Activities Support and collaborate with the Veterans Administration and with local veterans' organizations to improve awareness and utilization of home and community-based services, including participation in the annual Stand Down event in Marysville. <i>FT Program Manager &amp; Assistant Director, Executive Director, Planner.</i></p>	<p>7/12 to 6/16</p> <p>7/12 to 6/16</p> <p>7/12 to 6/16</p> <p>7/12 to 6/16</p> <p>7/12 to 6/16</p>	<p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p>	<p>New</p> <p>New</p> <p>New</p> <p>New</p> <p>New</p>

Objectives	Start/End	Type <sup>1</sup>	Status
<p><b>2.2 Direct Service Activities</b></p> <p>a) Caregiver Training (Caregiver Support Day)</p> <p>In partnership with the Del Oro Caregiver Resource Center and other appropriate organizations, conduct a special training event for family caregivers that is designed to enhance their skills or knowledge. <i>I&amp;A Program Manager &amp; FT Program Manager, Program Specialist.</i></p> <p>b) Driving Wellness Program</p> <p>1) A4AA will conduct at least two Driving Wellness and two Car Fit workshops for the purpose of providing older adults with health promotion information specific to safe driving practices. Workshops vary in length and are typically offered at a variety of locations throughout the service area.</p> <p>2) Implement a pilot program for a one-on-one CarFit Check-up at Area 4's Grass Valley and Sacramento offices. One morning a month would be designated for screening up to 3 drivers.</p> <p><i>Program Specialist &amp; Assistant Director, I&amp;A Program Manager, Senior Program Manager.</i></p> <p>c) Fall Prevention Program</p> <p>A4AA will conduct Falls Prevention Workshops at senior centers, nutrition sites and community events for the purpose of providing older adults with health promotion information specific to reducing the risk of falls and fall-related injuries in the home or elsewhere. <i>HM Program Manager &amp; Assistant Director, Dietitian, Program Specialist, FT Program Manager.</i></p>	<p>7/12 to 6/16</p> <p>7/12 to 6/16</p> <p>7/12 to 6/13</p> <p>7/12 to 6/16</p>	<p>DS</p> <p>DS</p> <p>DS</p> <p>DS</p>	<p>New</p> <p>New</p> <p>New</p> <p>New</p>

Objectives	Start/End	Type <sup>1</sup>	Status
<p>2.2 Direct Service Activities (<i>continued</i>)</p> <p>d) Kinship Care Services (Grandparent Information Service)</p> <p>1) Provide resource information to grandparents and other senior caregivers of relative children at multi-generational community events.</p> <p>2) Develop and conduct an educational forum for grandparents and other senior caregivers of relative children.</p> <p>3) Update resource information on the A4AA Grandparents Raising Grandchildren website, including statistics, kinship support groups, and newsletters.</p> <p><i>FT Program Manager &amp; Assistant Director, I&amp;A Program Manager, Information Systems Administrator.</i></p> <p>e) Nutrition Education</p> <p>In conjunction with contracted nutrition service providers, work to complement and expand nutrition education efforts throughout PSA 4 which promote better health by providing accurate and culturally sensitive nutrition, physical fitness or health information and instruction. <i>Dietitian &amp; Assistant Director, FT Program Manager, Program Specialist, Senior Program Manager.</i></p>	<p>7/12 to 6/16</p> <p>7/12 to 6/16</p>	<p>DS</p> <p>DS</p>	<p>New</p> <p>New</p>
<p>2.3 Administrative Activities</p> <p>a) Medicare Issues</p> <p>Monitor proposed changes to Medicare. <i>Program Specialist &amp; All Program Managers, Assistant Director, Executive Director.</i></p>	<p>7/12 to 6/16</p>	<p>A</p>	<p>New</p>

**GOAL #3: FUND AND SUPPORT LOCAL ORGANIZATIONS THAT PROVIDE HOME AND COMMUNITY-BASED SERVICES TO OLDER ADULTS AND/OR THEIR CAREGIVERS THROUGHOUT PLANNING & SERVICE AREA 4.**

Rationale: The primary function of Area 4 Agency on Aging is to fund and support Older Americans and Older Californians Act services. In doing so, emphasis is placed upon reaching those with the greatest social and economic needs. Special efforts are also made to reach older people whose access to services may be limited as a result of their ethnicity, culture, language, sexual orientation, ability level, or physical location.

Objectives	Start/End	Type <sup>1</sup>	Status
<p><b>3.1 Direct Service Activities</b></p> <p>a) Senior Information &amp; Assistance (I&amp;A) Provide Senior Information and Assistance services in Nevada County (the Helpline program) and provide basic information and referral to callers and walk-ins from A4AA’s Sacramento office. <i>I&amp;A Program Manager &amp; Executive Director, HelpLine Program Manager, I&amp;A Specialist.</i></p> <p>b) Caregiver Information &amp; Assistance (I&amp;A) Provide basic information and referral to callers and walk-ins from A4AA’s Sacramento office. <i>I&amp;A Program Manager &amp; Assistant Director, Executive Director.</i></p>	<p>7/12 to 6/16</p> <p>7/12 to 6/16</p>	<p>DS</p> <p>DS</p>	<p>New</p> <p>New</p>
<p><b>3.2 Administrative Activities</b></p> <p>a) Service Provider Meetings</p> <p>1) Host nutrition provider meetings for the purposes of training, networking and improved delivery of services. <i>Dietitian &amp; FT Program Manager, Planner, Program Specialist, Senior Program Manager.</i></p> <p>2) Host home modification provider meetings for the purposes of training, networking and improved delivery of services. <i>HM Program Manager.</i></p>	<p>7/12 to 6/16</p> <p>7/12 to 6/16</p>	<p>A</p> <p>A</p>	<p>New</p> <p>New</p>

Objectives	Start/End	Type <sup>1</sup>	Status
<p>3.2 Administrative Activities (<i>continued</i>)</p> <p>a) Service Provider Meetings (<i>continued</i>)</p> <p>3) Host I&amp;A provider meetings for the purposes of training, networking and improved delivery of services, including the consideration of incorporating new technologies. <i>I&amp;A Program Manager.</i></p> <p>4) Host caregiver provider meetings for the purposes of training, networking and improved delivery of services. <i>I&amp;A Program Manager &amp; Assistant Director, FT Program Manager, Planner, Program Specialist, Senior Program Manager.</i></p> <p>b) Program Enhancement</p> <p>1) Work with mental health providers to develop active community education programs regarding mental disorders and services and help providers expand outreach to diverse populations. <i>Senior Program Manager &amp; FT Program Manager.</i></p> <p>c) Technical Assistance</p> <p>1) On an as-needed basis, conduct online and onsite CARS (California Aging Reporting System) training support on advanced data entry and reporting techniques. <i>Information Systems Administrator &amp; Planner.</i></p>	<p>7/12 to 6/16</p> <p>7/12 to 6/16</p> <p>7/12 to 6/16</p> <p>7/12 to 6/16</p>	<p>A</p> <p>A</p> <p>A</p> <p>A</p>	<p>New</p> <p>New</p> <p>New</p> <p>New</p>

Objectives	Start/End	Type <sup>1</sup>	Status
<p><b>3.3 Contracted Services</b></p> <p>a) Caregiver Services (Title III-E)</p> <p>Contract, monitor and support one or more of the following services in Nevada, Placer, Sacramento, Sierra, Sutter, Yolo and Yuba Counties.</p> <ul style="list-style-type: none"> <li>1) Community Education (Information)</li> <li>2) Caregiver I&amp;A (Access)</li> <li>3) Caregiver Legal Resources (Access)</li> <li>4) Caregiver Assessment (Support)</li> <li>5) Caregiver Case Management (Support)</li> <li>6) Homemaker Assistance (Respite)</li> <li>7) In-Home Personal Care (Respite)</li> <li>8) Out-of-Home Day Care (Respite)</li> <li>9) Out-of-Home Overnight Care (Respite)</li> <li>10) Grandparent Legal Resources (Access)</li> </ul> <p><i>I&amp;A Program Manager &amp; FT Program Manager, Planner, Program Specialist, Senior Program Manager.</i></p>	7/12 to 6/16	CS	New
<p>b) Congregate Meals</p> <p>Contract, monitor and support services in Nevada, Placer, Sacramento, Sierra, Sutter, Yolo and Yuba Counties. <i>Dietitian &amp; Assistant Director, Executive Director, FT Program Manager, Planner, Program Specialist, Senior Program Manager.</i></p>	7/12 to 6/16	CS	New
<p>c) Health Services</p> <p>Contract, monitor and support services in Nevada County. <i>Senior Program Manager.</i></p>	7/12 to 6/16	CS	New

Objectives	Start/End	Type <sup>1</sup>	Status
<p>3.3 Contracted Services (<i>continued</i>)</p> <p>d) Health Promotion (Title III-D)</p> <p>Contract, monitor and support services in Placer and Sacramento Counties. During FY 2012-13, contract with:</p> <ul style="list-style-type: none"> <li>• Placer Independent Resource Services (PIRS) to maintain or improve the physical health of older persons with a focus on controlling or preventing the advancement of chronic disease.</li> <li>• The City of Sacramento to provide the <i>Stand Up to Falls</i> program which includes balance assessments, exercise classes and Fall Prevention 101 classes.</li> </ul> <p><i>HM Program Manager.</i></p> <p>e) HICAP (Health Insurance Counseling &amp; Advocacy Program)</p> <p>Contract, monitor and support services in EL DORADO, Nevada, Placer, Sacramento, SAN JOAQUIN, Sierra, Sutter, Yolo and Yuba Counties. <i>Program Specialist.</i></p> <p>f) Home Delivered Meals (HDM)</p> <p>Contract, monitor and support services in Nevada, Placer, Sacramento, Sierra, Sutter, Yolo and Yuba Counties. <i>Dietitian &amp; FT Program Manager, Planner, Program Specialist, Senior Program Manager.</i></p> <p>g) Legal Services</p> <p>Contract, monitor and support services in Nevada, Placer, Sacramento, Sierra, Sutter, Yolo and Yuba Counties. <i>FT Program Manager.</i></p>	<p>7/12 to 6/16</p> <p>7/12 to 6/16</p> <p>7/12 to 6/16</p> <p>7/12 to 6/16</p>	<p>CS</p> <p>CS</p> <p>CS</p> <p>CS</p>	<p>New</p> <p>New</p> <p>New</p> <p>New</p>

Objectives	Start/End	Type <sup>1</sup>	Status
<p>3.3 Contracted Services (<i>continued</i>)</p> <p>h) Medication Management</p> <p>Contract, monitor and support services in Placer, Sutter, Yolo and Yuba Counties. A4AA will contract with a home health agency to place and maintain MD2 medication management machines in the homes of older adults who have difficulty taking their prescriptions correctly. <i>FT Program Manager.</i></p> <p>i) Mental Health Services</p> <p>Contract, monitor and support services in Sacramento County. <i>Senior Program Manager &amp; FT Program Manager.</i></p>	<p>7/12 to 6/16</p> <p>7/12 to 6/16</p>	<p>CS</p> <p>CS</p>	<p>New</p> <p>New</p>



Objectives	Start/End	Type <sup>1</sup>	Status
<p>3.3 Contracted Services (<i>continued</i>)</p> <p>k) Personal Care/Homemaker Services Contract, monitor and support services in Placer and Sacramento Counties. <i>Planner.</i></p> <p>l) Residential Repairs/Modifications Contract, monitor and support services in Nevada, Placer, Sacramento, Sierra, Yolo, Yuba and Sutter Counties. <i>HM Program Manager.</i></p> <p>m) Senior Companion (Visiting) Services Contract, monitor and support services in Sacramento County. <i>I&amp;A Program Manager.</i></p> <p>n) Senior Information &amp; Assistance (I&amp;A) Contract, monitor and support services in Placer, Sacramento, Sierra, Sutter, Yolo and Yuba Counties. <i>I&amp;A Program Manager.</i></p> <p>o) Transportation Services</p> <p>1) Contract, monitor and support services in Nevada, Placer, Sacramento, Sutter, Yolo and Yuba Counties.</p> <p>2) Contract, monitor and support transportation voucher programs in Nevada, Sutter, Yolo and Yuba Counties. <i>Senior Program Manager &amp; FT Program Manager, Program Specialist.</i></p>	<p>7/12 to 6/16</p> <p>7/12 to 6/16</p> <p>7/12 to 6/16</p> <p>7/12 to 6/16</p> <p>7/12 to 6/16</p> <p>7/12 to 6/16</p> <p>7/12 to 6/16</p> <p>7/12 to 6/16</p>	<p>CS</p> <p>CS</p> <p>CS</p> <p>CS</p> <p>CS</p> <p>CS</p> <p>CS</p>	<p>New</p> <p>New</p> <p>New</p> <p>New</p> <p>New</p> <p>New</p>

**GOAL #4: WORK TO IMPROVE THE AGING NETWORK AND PREPARE FOR THE AGING BOOM.**

Rationale: Today, the aging services network as a whole is poorly equipped to respond to the dual challenge of sustaining vital programs for the oldest old while simultaneously engineering new ones for the coming Baby Boomers. As a key member of the local aging network, it is crucial that A4AA work in partnership with other public and private agencies to improve the complex system of home and community-based services and to advance proven, innovative approaches.

Objectives	Start/End	Type <sup>1</sup>	Status
<p><b>4.1 Coordination Activities</b></p> <p>a) 2-1-1 Central Information System</p> <p>Participate in meetings related to the development and implementation of the 2-1-1 Central Information System in Nevada County to strive to ensure that programs and services for older adults and those who care for them will be included. <i>HelpLine Program Manager &amp; Assistant Director, Executive Director, HM Program Manager.</i></p> <p>b) Aging and Disability Resource Connection (ADRC)</p> <p>Coordinate with FREED Center for Independent Living and the Nevada County Long Term Care Integration Council to develop and implement an Aging and Disability Resource Connection (ADRC) in Nevada County. HelpLine will (1) enhance its I&amp;A services to include broader information about long term care options, (2) effectively link consumers to the LTC services they need, (3) conduct outreach to promote the new ADRC Program, and (4) provide other services and activities as deemed appropriate. <i>HelpLine Program Manager &amp; HM Program Manager, Assistant Director.</i></p>	<p>7/12 to 6/16</p> <p>7/12 to 6/16</p>	<p>C</p> <p>C</p>	<p>New</p> <p>New</p>

Objectives	Start/End	Type <sup>1</sup>	Status
<p>4.1 Coordination Activities (<i>continued</i>)</p> <p>c) Commissions on Aging</p> <p>Support and collaborate with local commissions on aging and equivalent organizations to improve awareness, utilization and delivery of services to older adults and those who care for them. <i>Assistant Director &amp; Executive Director, FT Program Manager, HM Program Manager, I&amp;A Program Manager, Planner, RSVP Project Director, Senior Program Manager.</i></p> <p>d) Focal Point Enhancement</p> <p>1) Coordinate with Focal Point Coordinating Councils and Commissions on Aging to promote improved awareness, utilization and delivery of services to seniors in the local communities with an emphasis on new sites. <i>Assistant Director &amp; FT Program Manager, HM Program Manager, I&amp;A Program Manager, Information Systems Administrator, Planner, Program Specialist, Senior Program Manager.</i></p> <p>e) Housing Advocacy</p> <p>Participate in coordination efforts with housing coalitions, housing providers, advocacy groups and other appropriate organizations to promote the development, enhancement and preservation of senior housing. <i>Planner &amp; Assistant Director, Executive Director, HM Program Manager.</i></p> <p>f) Legal Services Advocacy</p> <p>Participate in coordination efforts with the California Legal Standards development group and other appropriate organizations to promote improved delivery of legal services for seniors and adults with disabilities. <i>FT Program Manager.</i></p>	<p>7/12 to 6/16</p> <p>7/12 to 6/16</p> <p>7/12 to 6/16</p> <p>7/12 to 6/16</p>	<p>C</p> <p>C</p> <p>C</p> <p>C</p>	<p>New</p> <p>New</p> <p>New</p> <p>New</p>

Objectives	Start/End	Type <sup>1</sup>	Status
<p>4.1 Coordination Activities (<i>continued</i>)</p>			
<p>g) Long-Term Care Integration</p> <p>Coordinate and/or participate in meetings and provide input related to the development of integrated long-term care systems in PSA 4 that may become part of a statewide system of long-term care for older persons. <i>RSVP Project Director &amp; Executive Director.</i></p>	<p>7/12 to 6/16</p>	<p>C</p>	<p>New</p>
<p>h) Mental Health Advocacy</p> <p>Participate in coordination efforts with the Placer, Sacramento, and Yolo County Departments of Mental Health (and provide input as appropriate to Nevada, Yuba, Sutter and Sierra Counties) to assure that the needs of older adults are included in the planning and expenditure of Proposition 63, “Mental Health Services Act,” funds. <i>Senior Program Manager &amp; Assistant Director, Executive Director, FT Program Manager.</i></p>	<p>7/12 to 6/16</p>	<p>C</p>	<p>New</p>
<p>i) Olivehurst Senior Center Expansion</p> <p>Coordinate with Community Action Agency, the Yuba County Commission on Aging, the County of Yuba, the City of Marysville and other appropriate organizations to ensure the smooth transition of senior services, including the A4AA funded nutrition program to a new location in Yuba County. <i>FT Program Manager &amp; Assistant Director.</i></p>	<p>7/12 to 6/16</p>	<p>C</p>	<p>New</p>
<p>j) Planning for Aging Boomers</p> <p>In coordination with local advocacy groups, faith-based groups, ethnic and cultural groups, city and county officials and agencies, foundations and other appropriate nonprofit and for-profit organizations, plan for increased demands on home and community-based services that will result from the aging of the baby boomers. <i>Planner &amp; All Program Staff, Assistant Director, Executive Director.</i></p>	<p>7/12 to 6/16</p>	<p>C</p>	<p>New</p>

Objectives	Start/End	Type <sup>1</sup>	Status
<p>4.1 Coordination Activities (<i>continued</i>)</p> <p>k) Transportation Advocacy</p> <p>Participate in coordination efforts with the Sacramento Area Council of Governments (SACOG), local transit and paratransit providers, the Centers for Independent Living and other appropriate organizations to promote improved transportation services for seniors and adults with disabilities, particularly for vulnerable low-income and geographically isolated individuals. <i>Senior Program Manager &amp; Executive Director, FT Program Manager.</i></p>	<p>7/12 to 6/16</p>	<p>C</p>	<p>New</p>
<p>4.2 Direct Service Activities</p> <p>a) Emergency Preparedness (<i>for Organizations</i>)</p> <p>Ensure that Area 4 Agency on Aging (A4AA), organizations funded by A4AA and designated focal points develop and maintain written plans that describe how operations and services could be continued in the event of a disaster (e.g., a fire or flood) that impacted the use of critical facilities and/or access to clients in the field. <i>HM Program Manger &amp; Assistant Director, I&amp;A Program Manager.</i></p>	<p>7/12 to 7/16</p>	<p>DS</p>	<p>New</p>
<p>4.3 Administrative Activities</p> <p>a) Legislative Advocacy</p> <p>Work with the Legislative Committee to track and evaluate state and federal legislation that impacts the well-being of older adults in PSA 4 and issue letters of support as appropriate. <i>Planner &amp; Assistant Director.</i></p>	<p>7/12 to 6/16</p>	<p>A</p>	<p>New</p>

**GOAL #5: PROVIDE COMMUNITY LEADERSHIP IN UNDERSTANDING AND PREPARING FOR A DRAMATIC CHANGE IN THE SIZE AND COMPOSITION OF THE OLDER ADULT POPULATION WITHIN PLANNING & SERVICE AREA (PSA) 4 OVER THE NEXT SEVERAL DECADES.**

Rationale: The number of people age 60 and older who live in PSA 4 will double between 2010 and 2040. Furthermore, the aging of the Baby Boom Generation means that there are now two separate and distinct populations of older adults who increasingly need home and community-based services to maximize their independence: the Boomers themselves and their parents. It is imperative that A4AA understand and convey how these dual trends will impact the local aging services network, and therefore our entire service area.

<b>Objectives</b>	<b>Start/End</b>	<b>Type<sup>1</sup></b>	<b>Status</b>
<p><b>5.1 Coordination Activities</b></p> <p>a) Community Education Presentations</p> <p>In coordination with local advocacy groups, faith-based groups, city and county officials and agencies, foundations and other appropriate nonprofit and for-profit organizations, give educational presentations for the purposes of awareness, understanding and utilization of A4AA-funded programs and services with particular emphasis on reaching minority, ethnic and cultural groups. <i>Executive Director &amp; All Program Staff, Assistant Director, Employment Specialist, RSVP Project Director, Senior Employment Program Manager.</i></p> <p>b) 2012 Mini Needs Assessment</p> <p>Coordinate with County Commissions on Aging to co-host town hall meetings and to solicit additional input from local seniors regarding their unmet needs. <i>Planner &amp; Assistant Director, Program Managers, Administrative Assistant II.</i></p>	<p>7/12 to 6/16</p> <p>7/12 to 8/12</p>	<p>C</p> <p>C</p>	<p>New</p> <p>New</p>

Objectives	Start/End	Type <sup>1</sup>	Status
<p><b>5.2 Direct Service Activities</b></p> <p>a) Public Information on Caregiving</p> <p>Compile, publish and maintain materials (in print and/or electronically) about available support resources for family caregivers throughout PSA 4. <i>I&amp;A Program Manager &amp; FT Program Manager, Information Systems Administrator, Planner, Program Specialist, Senior Program Manager.</i></p> <p>b) “Strategies for Working Caregivers” Project</p> <p>In partnership with Senior Link of Yolo County and with the Caregiver Support Program, develop and disseminate key resource information to employees of the County of Yolo by linking materials on the County’s intranet, by sending an electronic news bulletin, and by organizing lunchtime “brown bag” presentations on subjects of interest to working family caregivers. <i>Planner &amp; Executive Director, Senior Program Manager.</i></p>	<p>7/12 to 6/16</p> <p>7/12 to 6/16</p>	<p>DS</p> <p>DS</p>	<p>New</p> <p>New</p>
<p><b>5.3 Administrative Activities</b></p> <p>a) A4AA Website</p> <p>Post current news and information regarding A4AA’s mission, its work and the services it provides on the A4AA website, and establish links with other appropriate sites. <i>Planner &amp; Information Systems Administrator.</i></p> <p>b) Media Stories</p> <p>Work with local media contacts as appropriate to place stories and public service announcements regarding A4AA’s mission, its work, and the services it provides, as well as creating opportunities for Agency personnel to give informational interviews. <i>Planner &amp; Assistant Director, RSVP Project Director, Senior Employment Program Manager.</i></p> <p>c) The 2014-15 Needs Assessment</p> <p>Determine the greatest needs of older adults in PSA 4 by conducting a Senior Survey, hosting town hall meetings, performing key informant interviews, surveying contracted service providers and by analyzing Senior Information &amp; Assistance data, then publish a summary report of the findings. <i>Planner &amp; Assistant Director, Program Managers.</i></p>	<p>7/12 to 6/16</p> <p>7/12 to 6/16</p> <p>7/13 to 12/15</p>	<p>A</p> <p>A</p> <p>A</p>	<p>New</p> <p>New</p> <p>New</p>

**SECTION 10. SERVICE UNIT PLAN (SUP) OBJECTIVES**

**PSA 4**

**TITLE III/VII SERVICE UNIT PLAN OBJECTIVES  
CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service. They are defined in the [NAPIS State Program Report](#).

For services not defined in NAPIS, refer to the [Service Categories and Data Dictionary](#).

Report the units of service to be provided with **ALL funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles III B, III C-1, III C-2, III D, VII (a) and VII (b).

**1. Personal Care (In-Home) Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	6,240	3	3.3k
2013-2014			
2014-2015			
2015-2016			

**2. Homemaker Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	6,240	3	3.3k
2013-2014			
2014-2015			
2015-2016			

**3. Chore Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

**4. Home-Delivered Meal****Unit of Service = 1 meal**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	397,790	3	3.3f
2013-2014			
2014-2015			
2015-2016			

**5. Adult Day Care/Adult Day Health****Unit of Service = 1 hour**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

**6. Case Management****Unit of Service = 1 hour**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

**7. Assisted Transportation****Unit of Service = 1 one-way trip**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

**8. Congregate Meals****Unit of Service = 1 meal**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	220,962	3	3.3b
2013-2014			
2014-2015			
2015-2016			

**9. Nutrition Counseling****Unit of Service = 1 session per participant**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

**10. Transportation****Unit of Service = 1 one-way trip**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	65,491	3	3.3o
2013-2014			
2014-2015			
2015-2016			

**11. Legal Assistance****Unit of Service = 1 hour**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	9,353	3	3.3g
2013-2014			
2014-2015			
2015-2016			

**12. Nutrition Education****Unit of Service = 1 session per participant**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	23,185	2	2.2e
2013-2014			
2014-2015			
2015-2016			

**13. Information and Assistance****Unit of Service = 1 contact**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	34,672	3	3.1a & 3.3n
2013-2014			
2014-2015			
2015-2016			

**14. Outreach****Unit of Service = 1 contact**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

**15. NAPIS Service Category – “Other” Title III Services**

- Each **Title III B** “Other” service must be an approved NAPIS Program 15 service listed on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.
- Identify **Title III D**/Medication Management services (required) and all **Title III B** services to be funded that were not reported in NAPIS categories 1–14 and 16. (Identify the specific activity under the Service Category on the “Units of Service” line when applicable.)
- **Title III D/Health Promotion and Medication Management requires a narrative goal and objective.** The objective should clearly explain the service activity being provided to fulfill the service unit requirement.

**Title III B, Other Supportive Services** <sup>3</sup>

For all Title III B “Other” Supportive Services, use the appropriate Service Category name and Unit of Service (Unit Measure) listed in the CDA Service Categories and Data Dictionary. All “Other” services must be listed separately. Duplicate the table below as needed.

**Service Category:** Senior Employment

**Unit of Service:** Activities

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	486	1	1.2b
2013-2014			
2014-2015			
2015-2016			

**Service Category:** Health

**Unit of Service:** Hours

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	2,280	3	3.3c
2013-2014			
2014-2015			
2015-2016			

<sup>6</sup> Other Supportive Services: Visiting (In-Home) now includes telephoning (See Area Plan budget).

**Service Category:** Visiting

**Unit of Service:** Hours

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	17,748	3	3.3m
2013-2014			
2014-2015			
2015-2016			

**Service Category:** Mental Health

**Unit of Service:** Hours

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	900	3	3.3i
2013-2014			
2014-2015			
2015-2016			

**Service Category:** Residential Repairs/Modifications

**Unit of Service:** One Modification

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	384	3	3.3l
2013-2014			
2014-2015			
2015-2016			

**Instructions for Title III D /Health Promotion and Medication Management:** List number of contacts for unit of service being performed to fulfill the service unit requirement. If Title III D Health Promotion funds are designated to support Title III C Nutrition Education and/or Nutrition Counseling services, report the service units under Title III C NAPIS 9. Nutrition Counseling and/or NAPIS 12. Nutrition Education. Add an objective under Title III D Nutrition Education to identify if Title III D funds are used to pay for Title III C Nutrition Education service units.

- **Service Activity:** List all the specific allowable service activities provided in the definition of Title III D/Health Promotion in the CDA Service Categories and Data Dictionary, i.e., health risk assessments; routine health screening; nutrition counseling/education services; evidence-based health promotion; physical fitness, group exercise, music, art therapy, dance movement and programs for multigenerational participation; home injury control services; screening for the prevention of depression and coordination of other mental health services; gerontological and social service counseling; and education on preventive health services. Primary activities are normally on a one-to-one basis; if done as a group activity, each participant shall be counted as one contact unit.

**16. Title III D Health Promotion**

**Unit of Service = 1 contact**

**Service Activities:** Evidence-based health promotion

**Title III D/Health Promotion:** Enter program goal and objective numbers in the Title III D Service Plan Objective Table below.

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	5,450	2 & 3	2.2b, 2.2c & 3.3d
2013-2014			
2014-2015			
2015-2016			

**Title III D Medication Management <sup>4</sup>**

**Units of Service = 1 Contact**

**Service Activities:** Medication Management

- **Title III D/Medication Management:** Enter program goal and objective numbers in the Title III D Service Plan Objective Table below.

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2012-2013	40	3	3.3h
2013-2014			
2014-2015			
2015-2016			

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7 Refer to Program Memo 01-03

**TITLE III B and Title VII A:****LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES****2012–2016 Four-Year Planning Cycle**

As mandated by the Older Americans Act, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of enhancing the quality of life and care of residents.

Baseline numbers are obtained from the local LTC Ombudsman Program's FY 2010-2011 National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

Targets are to be established jointly by the AAA and the local LTC Ombudsman Program Coordinator. Use the baseline year data as the benchmark for determining FY 2012-2013 targets. For each subsequent FY target, use the most recent FY AoA data as the benchmark to determine realistic targets. Refer to your local LTC Ombudsman Program's last three years of AoA data for historical trends. Targets should be reasonable and attainable based on current program resources.

Complete all Measures and Targets for Outcomes 1-3.

**Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. [OAA Section 712(a)(3),(5)]**

**Measures and Targets:****A. Complaint Resolution Rate** (AoA Report, Part I-E, Actions on Complaints)

The average California complaint resolution rate for FY 2009-2010 was 73%.

1. FY 2010-2011 Baseline Resolution Rate: <u>88%</u> Number of complaints resolved <u>2,813</u> + Number of partially resolved complaints <u>385</u> divided by the Total Number of Complaints Received <u>3,198</u> = Baseline Resolution Rate <u>88%</u>
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2. FY 2012-2013 Target: Resolution Rate <u>90</u> %
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3. FY 2011-2012 AoA Resolution Rate <u>90</u> % FY 2013-2014 Target: Resolution Rate <u>   </u> %
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4. FY 2012-2013 AoA Resolution Rate <u>90</u> % FY 2014-2015 Target: Resolution Rate <u>   </u> %
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5. FY 2013-2014 AoA Resolution Rate <u>90</u> % FY 2015-2016 Target: Resolution Rate <u>   </u> %
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Program Goals and Objective Numbers: 3.3j
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**B. Work with Resident Councils** (AoA Report, Part III-D, #8)

FY 2010-2011 Baseline: number of meetings attended <u>48</u>
2. FY 2012-2013 Target: <u>50</u>
3. FY 2011-2012 AoA Data: <u>50</u> FY 2013-2014 Target: <u>50</u>
4. FY 2012-2013 AoA Data: <u>50</u> FY 2014-2015 Target: <u>50</u>
5. FY 2013-2014 AoA Data: <u>50</u> FY 2015-2016 Target: <u>50</u>
Program Goals and Objective Numbers: 3.3j

**C. Work with Family Councils** (AoA Report, Part III-D, #9)

1. FY 2010-2011 Baseline: number of meetings attended <u>9</u>
2. FY 2012-2013 Target: number <u>10</u>
3. FY 2011-2012 AoA Data: <u>10</u> FY 2013-2014 Target: <u>10</u>
4. FY 2012-2013 AoA Data: <u>10</u> FY 2014-2015 Target: <u>10</u>
5. FY 2013-2014 AoA Data: <u>10</u> FY 2015-2016 Target: <u>10</u>
Program Goals and Objective Numbers: 3.3j

**D. Consultation to Facilities** (AoA Report, Part III-D, #4) Count of instances of ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

1. FY 2010-2011 Baseline: number of consultations <u>129</u>
2. FY 2012-2013 Target: <u>220</u>
3. FY 2011-2012 AoA Data: <u>220</u> FY 2013-2014 Target: <u>220</u>
4. FY 2012-2013 AoA Data: <u>220</u> FY 2014-2015 Target: <u>220</u>
5. FY 2013-2014 AoA Data: <u>220</u> FY 2015-2016 Target: <u>220</u>
Program Goals and Objective Numbers: 3.3j

**E. Information and Consultation to Individuals** (AoA Report, Part III-D, #5) Count of instances of ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

1. FY 2010-2011 Baseline: number of consultations <u>250</u>
2. FY 2012-2013 Target: <u>260</u>
3. FY 2011-2012 AoA Data: <u>260</u> FY 2013-2014 Target: <u>260</u>
4. FY 2012-2013 AoA Data: <u>260</u> FY 2014-2015 Target: <u>260</u>
5. FY 2013-2014 AoA Data: <u>260</u> FY 2015-2016 Target: <u>260</u>
Program Goals and Objective Numbers: 3.3j

**F. Community Education** (AoA Report, Part III-D, #10) LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants.

1. FY 2010-2011 Baseline: number of sessions <u>17</u>
2. FY 2012-2013 Target: <u>17</u>
3. FY 2011-2012 AoA Data: <u>17</u> FY 2013-2014 Target: <u>17</u>
4. FY 2012-2013 AoA Data: <u>17</u> FY 2014-2015 Target: <u>17</u>
5. FY 2013-2014 AoA Data: <u>17</u> FY 2015-2016 Target: <u>17</u>
Program Goals and Objective Numbers: 3.3j

## G. Systems Advocacy

- FY 2012-2013 Activity: In the box below, in narrative format, please provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year.

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, State-wide, or even national in scope. (Examples: Work with LTC facilities to improve pain relief or increase access to oral health care, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.)

Enter information in the box below.

### **Systemic Advocacy Effort(s)**

- 1) Follow-up assessment of toxic drug usage in skilled nursing facilities. Comparison of use from 2010 to 2012. Develop follow-up in-service trainings and/or multi-county training event based on current data (2012 data from OSNC and DPH).
- 2) Follow-up assessment of 6-bed RCFEs with regards to implementing an exercise program. This is based on training resource distributed in 2012, January. Develop additional training tool/resource for care providers.

**Outcome 2. Residents have regular access to an Ombudsman. [(OAA Section 712(a)(3)(D), (5)(B)(ii)]**

**Measures and Targets:**

**A. Facility Coverage (other than in response to a complaint), (AoA Report, Part III-D, #6)**

Percentage of nursing facilities within the PSA that were visited by an ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not the total number of visits per year. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2010-2011 Baseline: <u>100</u> %  Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>69</u> divided by the number of Nursing Facilities <u>69</u> .
2. FY 2012-2013 Target: <u>100</u> %
3. FY 2011-2012 AoA Data: <u>100</u> % FY 2013-2014 Target: <u>100</u> %
4. FY 2012-2013 AoA Data: <u>100</u> % FY 2014-2015 Target: <u>100</u> %
5. FY 2013-2014 AoA Data: <u>100</u> % FY 2015-2016 Target: <u>100</u> %
Program Goals and Objective Numbers: 3.3j

**B. Facility Coverage (other than in response to a complaint) (AoA Report, Part III-D, #6)**

Percentage of RCFEs within the PSA that were visited by an ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not the total number of visits per year. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2010-2011 Baseline: <u>   </u> %  Number of RCFEs visited at least once a quarter not in response to a complaint <u>1,574</u> divided by the number of RCFEs <u>733</u>  <b>The OMB. MNGR V2-0 does not give access to this info. The data shows that there are 733 RCFEs and 1,574 visits were made.</b>
2. FY 2012-2013 Target: <u>70</u> %
3. FY 2011-2012 AoA Data: <u>   </u> % FY 2013-2014 Target: <u>70</u> %
4. FY 2012-2013 AoA Data: <u>   </u> % FY 2014-2015 Target: <u>70</u> %

5. FY 2013-2014 AoA Data: ___ % FY 2015-2016 Target: <u>70</u> %
Program Goals and Objective Numbers: 3.3j

**C. Number of Full-Time Equivalent (FTE) Staff** (AoA Report Part III. B.2. - Staff and Volunteers)  
 (One FTE generally equates to 40 hours per week or 1,760 hours per year) This number may only include staff time legitimately charged to the LTC Ombudsman Program. For example, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5. Time spent working for or in other programs may not be included in this number.

Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: FTEs <u>7.5</u>
2. FY 2012-2013 Target: <u>5.5</u> FTEs
3. FY 2011-2012 AoA Data: ___ FTEs FY 2013-2014 Target: <u>5.5</u> FTEs
4. FY 2012-2013 AoA Data: ___ FTEs FY 2014-2015 Target: <u>5.5</u> FTEs
5. FY 2013-2014 AoA Data: ___ FTEs FY 2015-2016 Target: <u>5.5</u> FTEs
Program Goals and Objective Numbers: 3.3j

**D. Number of Certified LTC Ombudsman Volunteers** (AoA Report Part III. B.2. – Staff and Volunteers)

Verify numbers of volunteers with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2010 <u>32</u>
2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2013 <u>40</u>
3. FY 2011-2012 AoA Data: ___ certified volunteers  FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2014 <u>45</u>
4. FY 2012-2013 AoA Data: ___ certified volunteers  FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2015 <u>45</u>

<p>5. FY 2013-2014 AoA Data: ___ certified volunteers</p> <p>FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2016 <u>45</u></p>
<p>Program Goals and Objective Numbers: 3.3j</p>

**Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [OAA Section 712(c)]**

**Measures and Targets:**

**A.** At least once each fiscal year, the Office of the State Long-Term Care Ombudsman sponsors free training on each of four modules covering the reporting process for the National Ombudsman Reporting System (NORS). These trainings are provided by telephone conference and are available to all certified staff and volunteers. Local LTC Ombudsman Programs retain documentation of attendance in order to meet annual training requirements.

<p>1. FY 2010-2011 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV _____</p> <p><b>Please obtain this information from the local LTC Ombudsman Program Coordinator.</b></p> <p><b><u>OSNC does not have capability to generate a report for NORS training.</u></b></p>
<p>2. FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV _____</p>
<p>3. FY 2011-2012 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____</p> <p>FY 2013-2014 Target _____</p>
<p>4. FY 2012-2013 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____</p> <p>FY 2014-2015 Target _____</p>
<p>5. FY 2013-2014 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____</p> <p>FY 2015-2016 Target: _____</p>
<p>Program Goals and Objective Numbers:</p>

**TITLE VII B ELDER ABUSE PREVENTION**  
**SERVICE UNIT PLAN OBJECTIVES**

<b>Fiscal Year</b>	<b>Total # of Public Education Sessions</b>
2012-13	
2013-14	
2014-15	
2015-16	

<b>Fiscal Year</b>	<b>Total # of Training Sessions for Professionals</b>
2012-13	20
2013-14	20
2014-15	20
2015-16	20

<b>Fiscal Year</b>	<b>Total # of Training Sessions for Caregivers served by Title III E</b>
2012-13	
2013-14	
2014-15	
2015-16	

<b>Fiscal Year</b>	<b>Total # of Hours Spent Developing a Coordinated System</b>
2012-13	80
2013-14	80
2014-15	80
2015-16	80

<b>Fiscal Year</b>	<b>Total # of Copies of Educational Materials to be Distributed</b>	<b>Description of Educational Materials</b>
2012-2013	200	Toxic Drugs Fact Sheet to SNFs
	550	Mandated Reporting Pocket Cards
2013-2014	200	Toxic Drugs Fact Sheet to SNFs
	550	Mandated Reporting Pocket Cards
2014-2015	200	Toxic Drugs Fact Sheet to SNFs
	550	Mandated Reporting Pocket Cards
2015-2016	200	Toxic Drugs Fact Sheet to SNFs
	550	Mandated Reporting Pocket Cards

<b>Fiscal Year</b>	<b>Total Number of Individuals Served</b>
2012-2013	1,000
2013-2014	1,000
2014-2015	1,000
2015-2016	1,000

**TITLE III E SERVICE UNIT PLAN OBJECTIVES**

CCR Article 3, Section 7300(d)

2012–2016 Four-Year Planning Period

This Service Unit Plan (SUP) utilizes the five broad federally-mandated service categories defined in PM 11-11. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 1, 2011 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

**Direct and/or Contracted III E Services**

<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Family Caregiver Services Caring for Elderly</b>	<b><i>Proposed Units of Service</i></b>	<b><i>Required Goal #(s)</i></b>	<b><i>Optional Objective #(s)</i></b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2012-2013	# of activities: 48 Total est. audience for above: 735	3 & 5	3.3a & 5.2a,b
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
2012-2013	675	3	3.1b & 3.3a
2013-2014			
2014-2015			
2015-2016			
<b>Support Services</b>	<b>Total hours</b>		
2012-2013	2,293	2 & 3	2.2a & 3.3a
2013-2014			
2014-2015			
2015-2016			

<b>Respite Care</b>	<b>Total hours</b>		
2012-2013	33,610	3	3.3a
2013-2014			
2014-2015			
2015-2016			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			

**Direct and/or Contracted III E Services**

<b>Grandparent Services Caring for Children</b>	<b><i>Proposed</i> Units of Service</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Optional</i> Objective #(s)</b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2012-2013	# of activities: 1 Total est. audience for above: 80	2	2.2d
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
2012-2013	120	3	3.3a
2013-2014			
2014-2015			
2015-2016			
<b>Support Services</b>	<b>Total hours</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
<b>Respite Care</b>	<b>Total hours</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			

**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)**

List all SCSEP monitor sites (contract or direct) where the AAA provides services within the PSA (Please add boxes as needed)

Location/Name (AAA office, One Stop, Agency, etc):
Street Address:
Name and title of all SCSEP staff members (paid and participant):
Number of paid staff _____ Number of participant staff _____
How many participants are served at this site?

Location/Name (AAA office, One Stop, Agency, etc):
Street Address:
Name and title of all SCSEP staff members (paid and participant):
Number of paid staff _____ Number of participant staff _____
How many participants are served at this site?

Location/Name (AAA office, One Stop, Agency, etc):
Street Address:
Name and title of all SCSEP staff members (paid and participant):
Number of paid staff _____ Number of participant staff _____
How many participants are served at this site?

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)  
SERVICE UNIT PLAN  
CCR Article 3, Section 7300(d)**

**MULTIPLE PSA HICAPs:** If you are a part of a multiple PSA HICAP where two or more AAAs enter into agreement with one “Managing AAA,” then each AAA must enter State and federal performance target numbers in each AAA’s respective SUP. Please do this in cooperation with the Managing AAA. The Managing AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

**HICAP PAID LEGAL SERVICES:** Complete Section 3 if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services.

**STATE & FEDERAL PERFORMANCE TARGETS:** The Centers for Medicare and Medicaid Services (CMS) requires all State Health Insurance Assistance Programs (SHIP) to meet certain targeted performance measures. To help AAAs complete the Service Unit Plan, CDA will annually provide AAAs with individual PSAstate and federal performance measure targets.

**Section 1. Primary HICAP Units of Service**

<b>Fiscal Year (FY)</b>	<b>1.1 Estimated Number of Unduplicated Clients Counseled</b>	<b>Goal Numbers</b>
2012-2013	1,974	3.3e
2013-2014		
2014-2015		
2015-2016		

**Note:** Clients Counseled equals the number of Intakes closed and finalized by the Program Manager.

<b>Fiscal Year (FY)</b>	<b>1.2 Estimated Number of Public and Media Events</b>	<b>Goal Numbers</b>
2012-2013	104	3.3e
2013-2014		
2014-2015		
2015-2016		

**Note:** Public and Media events include education/outreach presentations, booths/exhibits at health/senior fairs, and enrollment events, excluding public service announcements and printed outreach.

**Section 2: Federal Performance Benchmark Measures**

<b>Fiscal Year (FY)</b>	<b>2.1 Estimated Number of Contacts for all Clients Counseled</b>	<b>Goal Numbers</b>
2012-2013	6,772	3.3e
2013-2014		
2014-2015		
2015-2016		

**Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.) for duplicated client counts.**

<b>Fiscal Year (FY)</b>	<b>2.2 Estimated Number of Persons Reached at Public and Media Events</b>	<b>Goal Numbers</b>
2012-2013	51,926	3.3e
2013-2014		
2014-2015		
2015-2016		

**Note: This includes the estimated number of attendees (e.g., people actually attending the event, not just receiving a flyer) reached through presentations either in person or via webinars, TV shows or radio shows, and those reached through booths/exhibits at health/senior fairs, and those enrolled at enrollment events, excluding public service announcements (PSAs) and printed outreach materials.**

<b>Fiscal Year (FY)</b>	<b>2.3 Estimated Number of contacts with Medicare Status Due to a Disability Contacts</b>	<b>Goal Numbers</b>
2012-2013	1,028	3.3e
2013-2014		
2014-2015		
2015-2016		

**Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.), duplicated client counts with Medicare beneficiaries due to disability, and not yet age 65.**

<b>Fiscal Year (FY)</b>	<b>2.4 Estimated Number of contacts with Low Income Beneficiaries</b>	<b>Goal Numbers</b>
2012-2013	1,096	3.3e
2013-2014		
2014-2015		
2015-2016		

**Note: This is the number of unduplicated low-income Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS). Low income means 150 percent of the Federal Poverty Level (FPL).**

<b>Fiscal Year (FY)</b>	<b>2.5 Estimated Number of Enrollment Assistance Contacts</b>	<b>Goal Numbers</b>
2012-2013	1,704	3.3e
2013-2014		
2014-2015		
2015-2016		

**Note: This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed. This includes all enrollment assistance, not just Part D.**

<b>Fiscal Year (FY)</b>	<b>2.6 Estimated Part D and Enrollment Assistance Contacts</b>	<b>Goal Numbers</b>
2012-2013	1,036	3.3e
2013-2014		
2014-2015		
2015-2016		

**Note: This is a subset of all enrollment assistance in 2.5. It includes the number of Part D enrollment contacts during which one or more qualifying Part D enrollment topics were discussed.**

<b>Fiscal Year (FY)</b>	<b>2.7 Estimated Number of Counselor FTEs in PSA</b>	<b>Goal Numbers</b>
2012-2013	141.62	3.3e
2013-2014		
2014-2015		
2015-2016		

**Note: This is the total number of counseling hours divided by 2000 (considered annual fulltime hours), then multiplied by the total number of Medicare beneficiaries per 10K in PSA.**

**Section 3: HICAP Legal Services Units of Service (if applicable)<sup>5</sup>**

<b>State Fiscal Year (SFY)</b>	<b>3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2012-2013	173	3.3e
2013-2014		
2014-2015		
2015-2016		

<b>State Fiscal Year (SFY)</b>	<b>3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2012-2013	190.6	3.3e
2013-2014		
2014-2015		
2015-2016		

<b>State Fiscal Year (SFY)</b>	<b>3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2012-2013	152	3.3e
2013-2014		
2014-2015		
2015-2016		

<sup>5</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services.

## **SECTION 11. FOCAL POINTS**

**PSA 4**

### **COMMUNITY FOCAL POINTS LIST**

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), OAA 2006 306(a)

In the form below, provide the current list of designated community focal points and their addresses. This information must match the total number of focal points reported in the National Aging Program Information System (NAPIS) State Program Report (SPR), i.e., California Aging Reporting System, NAPISCare, Section III.D.

<b>Designated Community Focal Point</b>	<b>Address</b>
Gold Country Community Center	841 Old Tunnel Road, Grass Valley, CA 95945
North Gold Senior Mountaineers	29190 State Hwy 49, North San Juan, CA 95960
Sierra Senior Services	10040 Estates Drive, Truckee, CA 96161
Maidu Community Center	1550 Maidu Drive, Roseville, CA 95661
Asian Community Center of Sacramento Valley, Inc.	7375 Park City Dr., Sacramento, CA 95831
Cordova Senior Activities Center	3480 Routier Road, Rancho Cordova, CA 95827
Ethel McLeod Hart Multipurpose Senior Center	915 27th Street, Sacramento, CA 95816
Mission Oaks Community Center	4701 Gibbons Drive, Carmichael, CA 95608
Samuel C. Pannell Meadowview Community Center	2450 Meadowview Road, Sacramento, CA 95833
Senior Center of Elk Grove	8830 Sharkey Avenue, Elk Grove, CA 95624
Stanford Settlement Inc.	450 West El Camino Avenue, Sacramento, CA 95833
South County Services, Inc.	539 N. Lincoln Way, Galt, CA 95632
Inc. Seniors of Sierra County	302 First Street, Loyalton, CA 96118
Western Sierra Residential Center, Inc.	749 Main Street, Downieville, CA 95936
City of Yuba City Senior Center	777 Ainsley Avenue, Yuba City, CA 95991
Davis Senior Center	646 A Street, Davis, CA 95616
City of West Sacramento Senior Center	664 Cummins Way, West Sacramento, CA 95605
Woodland Community and Senior Center	2001 East Street, Woodland, CA 95776
Olivehurst Community Center	4979 Olivehurst Avenue, Olivehurst, CA 95961

## **SECTION 12 - DISASTER PREPAREDNESS**

**PSA: 4**

**Disaster Preparation Planning** Conducted for the 2012-2016 Planning Cycle OAA Title III, Sec. 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

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1. Describe how the AAA coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310: The disaster mission of A4AA is to maintain the continuity of critical services to older persons and to ensure, to the maximum extent possible, that the special needs of all older persons are adequately met for a safe and full recovery from a disaster. In order to fulfill our mission, A4AA has developed an Agency Emergency Plan to enable our organization to plan and prepare to meet the needs of our staff, subcontracted service providers, and the people we serve in the event of a disaster. This includes continuation of essential office functions (e.g., processing provider reimbursement checks). Additionally, subcontractors that provide these vital services are also required to maintain up-to-date disaster and emergency plans. The A4AA Disaster Response Coordinator (formerly Disaster Preparedness Coordinator) acts as the liaison between subcontractors and CDA.
2. Identify each of the local Office of Emergency Services (OES) contact person(s) within the PSA that the AAA will coordinate with in the event of a disaster (add additional information as needed for each OES within the PSA):

<b>Name</b>	<b>Title</b>	<b>Telephone</b>	<b>email</b>
Vic Ferrera	Nevada Co. OES: OES Manager	Office:530-265-1515 Cell:	victorferrera@co.nevada.ca.us
Rui Cunha	Placer Co. OES: Assistance Dtr. Emergency Services	Office:530-886-5300 Cell:	
Rick Martinez	Sacramento City and County OES: Director	Office:916-874-4670 Cell:	
Lee Brown	Sierra Co. OES: Coordinator	Office:530-289-2850 Cell:	scoes@sierraco.ws
John DeBeaux	Sutter Co. OES: Emergency Operations Manager	Office:530-882-7400 Cell:	

William Martin	Yolo Co. OES: Emergency Services Manager	Office:530-406-4930 Cell:	oes.yolocounty.org
Scott Bryan	Yuba Co. OES: Emergency Operations Mrg.	Office:530-749-7520 Cell:	

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Nancy Vasquez	Program Manager	Office: 916-486-1876 Cell: 916-337-2257	nvasquez@a4aa.com

4. List critical services the AAA will continue to provide after a disaster and describe how these services will be delivered: A4AA and its subcontractors are required to maintain an up-to-date Agency Emergency Plan. These written plans include goals for business continuity in the event of a disaster or emergency, as well as Site Emergency Resource Surveys to aid in resource allocation. At a minimum, if possible, services will continue based on existing scopes of service and funding levels. If additional funding is made available, A4AA will coordinate services and resources among our providers to maximize response levels to fit the need within our region.

**Critical Services**

**How Delivered?**

<b>a I&amp;A</b>	<b>a I&amp;A providers must have emergency procedures in place that include how they will coordinate up-to-date post-emergency information with organizations in order to provide critical referrals to needed services (e.g., shelter locations for people with special needs and animals, forms completion, financial assistance, mental health, etc.)</b>
<b>b Transportation</b>	<b>b Transportation providers are required to coordinate available automobiles with their correspondnig County agencies, when appropriate, for the purpose of evacuation, meal and supply delivery, etc.</b>
<b>c Nutrition</b>	<b>c Many of our nutrition providers maintain emergency meal inventories and/or have MOUs with alternate meal preparation sites in order to continue or expand food services.</b>
<b>d Legal</b>	<b>d Legal service providers are prepared to assist older adults with post-emergency forms completion (e.g., FEMA applications) and other related services.</b>

5. List any agencies with which the AAA has formal emergency preparation or response agreements. A4AA has no formal agreements with any preparation or response agencies. However, Nancy Vasquez is a member of the Sacramento County Volunteer Organizations Active in Disasters (VOAD) Steering Committee to ensure that the special needs older adults are included in all preparedness and response activities within the County.
6. Describe how the AAA will:
  - Identify vulnerable populations. A4AA requires all subcontractors to designate Disaster Coordinators and Alternate Coordinators and will coordinate information and services with those individuals affected by an emergency, including how older adults have been affected. This information is reported to CDA personnel.
  - Follow-up with these vulnerable populations after a disaster event. A4AA's Disaster Response Coordinator will follow-up with subcontractor Disaster Coordinators in affected areas to determine the outcomes, if applicable, at various intervals (e.g., 24, 48, 72 hours, and longer term if necessary) following an emergency.

**2012-2016 Four-Year Planning Cycle**

**Funding for Access, In-Home Services, and Legal Assistance**

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds<sup>6</sup> listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2012-13 through FY 2015-16

**Access:**

Transportation, Assisted Transportation, Case Management, Information and Assistance, Outreach, Comprehensive Assessment, Health, Mental Health, and Public Information

12-13 25%                      13-14 \_\_\_\_\_%                      14-15 \_\_\_\_\_%                      15-16 \_\_\_\_\_%

**In-Home Services:**

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer’s, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting

12-13 20%                      13-14 \_\_\_\_\_%                      14-15 \_\_\_\_\_%                      15-16 \_\_\_\_\_%

**Legal Assistance Required Activities:**<sup>7</sup>

Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar

12-13 8%                      13-14 \_\_\_\_\_%                      14-15 \_\_\_\_\_%                      15-16 \_\_\_\_\_%

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. The actual overall adequate proportion percentages arise from funding decisions made in each of our seven counties. Those decisions are based upon the planning process as described in Section 4 of this plan. The allocations are sufficient in the sense that each county receives one or more of the services in all three categories. A4AA does NOT receive sufficient III-B funds to fully meet the need for services in any of our counties, however.

10 Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

11 Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

**SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES**

**PSA 4**

CCR Article 3, Section 7320 (a)(b) and 42 USC Section 3027(a)(8)(C)

If an AAA plans to directly provide any of the following services, it is required to provide a description of the methods that will be used to assure that target populations throughout the PSA will be served.

Check if not providing any of the below listed direct services.

**Check applicable direct services**

**Check each applicable Fiscal Year**

	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<b>Title III B</b>				
<input type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Program Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title III D</b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<input type="checkbox"/> Health Promotion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medication Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title III E <sup>8</sup></b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<input type="checkbox"/> Information Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VII A</b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VIIB</b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<input type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the methods to be used to ensure target populations will be served throughout the PSA. Targeting is explained in detail in Section 6 of this plan. In short, many of the direct services provided by A4AA are designed to reach particular audiences that include one or more of the targeted groups. A4AA makes a concerted effort to reach out to organizations that serve targeted communities to be sure they are aware of Older Americans and Older Californians Act programs.

<sup>8</sup> Refer to PM 11-11 for definitions of Title III E categories.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

**PSA 4**

Older Americans Act, Section 307(a)(8)  
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: Employment (A4AA Senior Employment Program)**

Check applicable funding source:<sup>9</sup>

- III B
- III C-1
- III C-2
- III E
- VII A
- HICAP

**Request for Approval Justification:**

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

- 2012-13
- 2013-14
- 2014-15
- 2015-16

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>10</sup> :

A4AA received approval from the Department of Aging to provide a Title III-B senior employment program as a direct service in 2001. Area 4 plans to continue this activity throughout the 2012-16 planning cycle in Placer and Sacramento Counties.

<sup>13</sup> Section 15 does not apply to Title V (SCSEP).

<sup>14</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

The continued downturn in the economy has caused a steady increase in the number of older people contacting our program. At the same time, it is more challenging than ever for older workers to compete for an extremely limited supply of positions.

In addition to a “Job Search Orientation Class” which provides seniors with the tools needed to seek and find employment, the Senior Employment Program (SEP) provides counseling, job coaching, appropriate job referrals, and computer training referrals for seniors (without computer experience) seeking office positions. The SEP also works closely with area employers to market senior employees.

The Senior Employment Program is the only employment program for seniors in PSA 4 without income restrictions, and while there are many employment programs in the area, the SEP is the only employment program designed specifically to assist seniors sixty years of age and over.

A4AA can assure an economical delivery of services by charging only direct operation costs to the Senior Employment Program.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

**PSA 4**

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Older Americans Act, Section 307(a)(8)  
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: Nutrition Education**

Check applicable funding source:<sup>11</sup>

- III B
- III C-1
- III C-2
- III E
- VII A
- HICAP

**Request for Approval Justification:**

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

- 2012-13       2013-14       2014-15       2015-16

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>12</sup> :

A4AA received approval from the California Department of Aging (CDA) to provide Title III-C1 nutrition education activities in 2008.

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<sup>13</sup> Section 15 does not apply to Title V (SCSEP).

<sup>14</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

Nutrition education is mandated for both C1 and C2 programs. Under C1, Area 4 requires each of its nutrition providers to conduct four nutrition education sessions at each congregate site annually. With the national concern over obesity and high blood pressure, and recognition that chronic diseases such as diabetes and hypertension cause an immense financial toll on individuals and on the health care system, the Administration on Aging (AoA) has revised and enhanced the definition of nutrition education to the following:

*The purpose of nutrition education is to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction.*

The goals of the A4AA Nutrition Education Program will be to ensure that all three focus areas (culturally sensitive nutrition education, physical fitness and health) in the expanded definition are implemented in our planning and service area.

A4AA is uniquely equipped to provide this service in a cost efficient manner.

**SECTION 16. GOVERNING BOARD**

**PSA #4**

**2009-2012 Three-Year Area Plan Cycle**

CCR Article 3, Section 7302(a)(11)

**Number of Members on the Board:** **There are 17 seats and 9 alternates (26 total)**

<b>Names/Titles of Officers:</b>	<b>Term in Office Expires:</b>
Thomas Dahill – Chair (Sacramento County, Alternate)	12/31/11
Lynn Davis – 1 <sup>st</sup> Vice Chair (Sacramento County, Alternate)	12/31/11
Miko Sawamura – 2 <sup>nd</sup> Vice Chair (Sacramento County, Alternate)	12/31/11
Sue Dings – Secretary/Clerk (Placer County)	12/31/11
Alice Gonzales – Treasurer/Auditor (Placer County)	12/31/11

<b>Names/Titles of All Members:</b>	<b>Term on Board Expires:</b>
Supervisor Nate Beason (Nevada County)	12/31/11
Terry Boyer (Nevada County)	12/31/11
Supervisor Jim Holmes, Alternate (Placer County)	12/31/11
Supervisor Phil Serna (Sacramento County)	12/31/11
Supervisor Susan Peters (Sacramento County)	12/31/11
Supervisor Don Notolli (Sacramento County)	12/31/11
Supervisor Jimmie Yee (Sacramento County)	12/31/11
Supervisor Roberta MacGlashan (Sacramento County)	12/31/11
Greta Cannon, Alternate (Sacramento County)	12/31/11
Supervisor Scott Schlefstein (Sierra County)	12/31/11
Supervisor Dave Goicoechea, Alternate (Sierra County)	12/31/11
Teri Christensen (Sierra County)	12/31/11
Supervisor Stanley Cleveland, Jr. (Sutter County)	12/31/11
Tonya Rhoades, Alternate (Sutter County)	12/31/11
Arvid Crabtree (Sutter County)	12/31/11
Supervisor Jim Provenza (Yolo County)	12/31/11
Gina Daleiden, Alternate (Yolo County)	12/31/11
Peggy Goldstein (Yolo County)	12/31/11
Supervisor Andy Vasquez, Jr. (Yuba County)	12/31/11
Supervisor Hal Stocker, Alternate (Yuba County)	12/31/11
John Hollis (Yuba County)	12/31/11

**SECTION 17. ADVISORY COUNCIL**

PSA # 4

**ADVISORY COUNCIL MEMBERSHIP**

**2009-2012 Three-Year Planning Cycle**

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45 CFR, Section 1321.57  
 CCR Article 3, Section 7302(a)(12)

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**Total Council Membership (include vacancies)** 35 total seats; 21 currently occupied  
**Number of Council Members over age 60** 21 of 21

<b>Race/Ethnic Composition</b>	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
White	<u>73%</u>	<u>85.7%</u>
Hispanic	<u>10%</u>	<u>4.8%</u>
Black	<u>4%</u>	none
Asian/Pacific Islander	<u>9%</u>	<u>4.8%</u>
Native American/Alaskan Native	<u>1%</u>	none
Other*	<u>2%</u>	<u>4.8%</u>

*\*One individual identifies as being bi-racial*

**Attach a copy of the current advisory council membership roster that includes:**

- Names/Titles of officers and date term expires
- Names/Titles of other Advisory Council members and date term expires

**Indicate which member(s) represent each of the "Other Representation" categories listed below.**

	Yes	No
Low Income Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disabled Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supportive Services Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Care Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Elected Officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Individuals with Leadership Experience in the Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Explain any "No" answer**

Briefly describe the process designated by the local governing board to appoint Advisory Council members. **A4AA is a joint powers authority. The A4AA Governing Board is composed of members of each of the seven county Boards of Supervisors or their appointees. The 35-member A4AA Advisory Council is composed of representatives from each of the seven counties. Individual Advisory Council members may be appointed by County Boards of Supervisors, County Commissions on Aging (or their equivalents), or by Nutrition Project Council. Each County Board of Supervisors appoints at least two individuals to the Advisory Council; A4AA requests that at least one of these individuals be 60 years of age or older and that minority seniors are represented as well.**



**SECTION 18. LEGAL ASSISTANCE**

**2012-2016 Four-Year Area Planning Cycle**

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This section must be completed and submitted with the Four-Year Area Plan.  
Any changes to this Section must be documented on this form and remitted with Area Plan Updates.<sup>13</sup>

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1. Specific to Legal Services, what is your AAA’s Mission Statement or Purpose Statement? Statement must include Title III B requirements: The “planning and delivery of programs and services” may be assumed to include legal services given the federal minimum adequate proportion requirement to provide them.
2. Based on your local needs assessment, what percentage of Title III B funding is allocated to Legal Services? A4AA devotes at least 8% of its Title III-B funds to required legal assistance activities.

3. Specific to legal services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years).

4. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discussion:

5. How many legal assistance service providers are in your PSA? Complete table below.

Fiscal Year	# of Legal Assistance Services Providers
2012-2013	4
2013-2014	
2014-2015	
2015-2016	

6. Does your PSA have a hotline for legal services? Yes.

7. What methods of outreach are providers using? Discuss:

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<sup>13</sup> For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or COkwuosa@aging.ca.gov

8. What geographic regions are covered by each provider? Complete table below.

<b>Fiscal Year</b>	<b>Name of Provider</b>	<b>Geographic Region covered</b>
2012-2013	a. Legal Services of Northern California (LSNC) – Legal Assistance b. LSNC – Senior Legal Hotline c. Yuba-Sutter Legal Center for Seniors d. LSNC – Grandparent Services (funded with Title III-E dollars)	a. Nevada, Placer, Sierra, and Yolo Counties b. Sacramento County c. Sutter and Yuba Counties d. Nevada, Placer, Sacramento, Sierra, Sutter, Yolo and Yuba Counties
2013-2014	a. b. c.	a. b. c.
2014-2015	a. b. c.	a. b. c.
2015-2016	a. b. c.	a. b. c.

9. Discuss how older adults access Legal Services in your PSA: LSNC and the Yuba-Sutter Legal Center serve clients over the phone and have public offices where face-to-face appointments can be made. The Senior Legal Hotline is primarily a telephone assistance program but can handle walk-ins and may even do home visits in certain circumstances. Each program also conduct clinics at designated senior centers on a regular basis.

10. Identify the major types of legal issues that are handled by the TIII-B legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area):

11. In the past four years, has there been a change in the types of legal issues handled by the TIII-B legal provider(s) in your PSA? Discuss:

12. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss:

13. What other organizations or groups does your legal service provider coordinate services with? Discuss:



**SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW** <sup>14</sup>

**PSA 4**

CCR Title 22, Article 3, Section 7302(a)(15)  
**20-year tracking requirement**

No. Title III B funds not used for Acquisition or Construction.

Yes. Title III B funds used for Acquisition or Construction. **Complete the chart below.**

Title III Grantee and/or Senior Center	Type Acq/Const	III B Funds Awarded	% of Total Cost	Recapture Period		Compliance Verification (State Use Only)
				MM/DD/YY Begin	MM/DD/YY Ends	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

<sup>16</sup> Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

**SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM**

**PSA 4**

**Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services  
Older Americans Act Section 373(a) and (b)**

**2012–2016 Four-Year Planning Cycle**

Based on PSA review of current support needs and services for **family caregivers** and **grandparents** (or other older relative of a child), indicate what services the AAA **intends** to provide using Title III E and/or matching FCSP funds for both family caregivers and grandparents/older relative caregivers.

Check YES or NO for each of the services\* identified below and indicate if the service will be provided directly or contracted. Check only the current year and leave the previous year information intact. If the AAA will **not** provide a service, a justification for each service is required in the space below.

**Family Caregiver Services**

<b>Category</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>
Family Caregiver Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

## Grandparent Services

Category	2012-2013	2013-2014	2014-2015	2015-2016
Grandparent Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Grandparent Support Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Respite Care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

\*Refer to PM 11-11 for definitions for the above Title III E categories.

**Justification:** For each service category checked “no”, explain how it is being addressed within the PSA. The justification must include the following:

- Provider name and address of agency
- Description of the service
- Where the service be provided (entire PSA, certain counties, etc.)
- Information that influenced the decision not to provide the service (research, feedback from needs assessment, survey of senior population in PSA, etc.)
- How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds

### Caregiver Supplemental Services

We continue to fund legal services for caregivers; however, the service category we are using (Caregiver Legal Resources) is no longer classified as a supplemental service; it is now considered an access service.

### Grandparent Information Services

Information regarding public information on caregiving and/or community education on caregiving, including information about available services can also be found at the following sources:

1. Area 4 Agency on Aging web site at [www.a4aa.com](http://www.a4aa.com)
2. Lilliput Children’s Services web site at [www.lilliput.org](http://www.lilliput.org)
3. AARP Grandparent Information Center, web site at: [www.aarp.org/families/grandparents/gic](http://www.aarp.org/families/grandparents/gic)

4. The Child Abuse Prevention Council of Placer County, web site: [www.childresources.org](http://www.childresources.org)
5. American River College Foster and Kinship Care Education, web site: [www.arc.losrios.edu/foster](http://www.arc.losrios.edu/foster)
6. Woodland Community College Foster and Kinship Care Education, web site: [www.yolofostercare.com](http://www.yolofostercare.com)

### **Grandparent Access Assistance**

Caregiver Outreach is also provided by:

1. A4AA also has participated in the SETA/HeadStart Family Day. A4AA had a table with information regarding the issues faced by grandparents and relative caregivers raising their grandchildren. One on one contact was provided during the day's event.

### **Grandparent Respite Care**

Provided by:

Lilliput Children's Services in partnership with Sacramento County Department of Health and Human Services, has 2 new kinship support service centers in north and south Sacramento that are now available to help. The programs offer support groups, recreational activities, peer mentoring, respite care, and referrals for low-cost legal and counseling services.

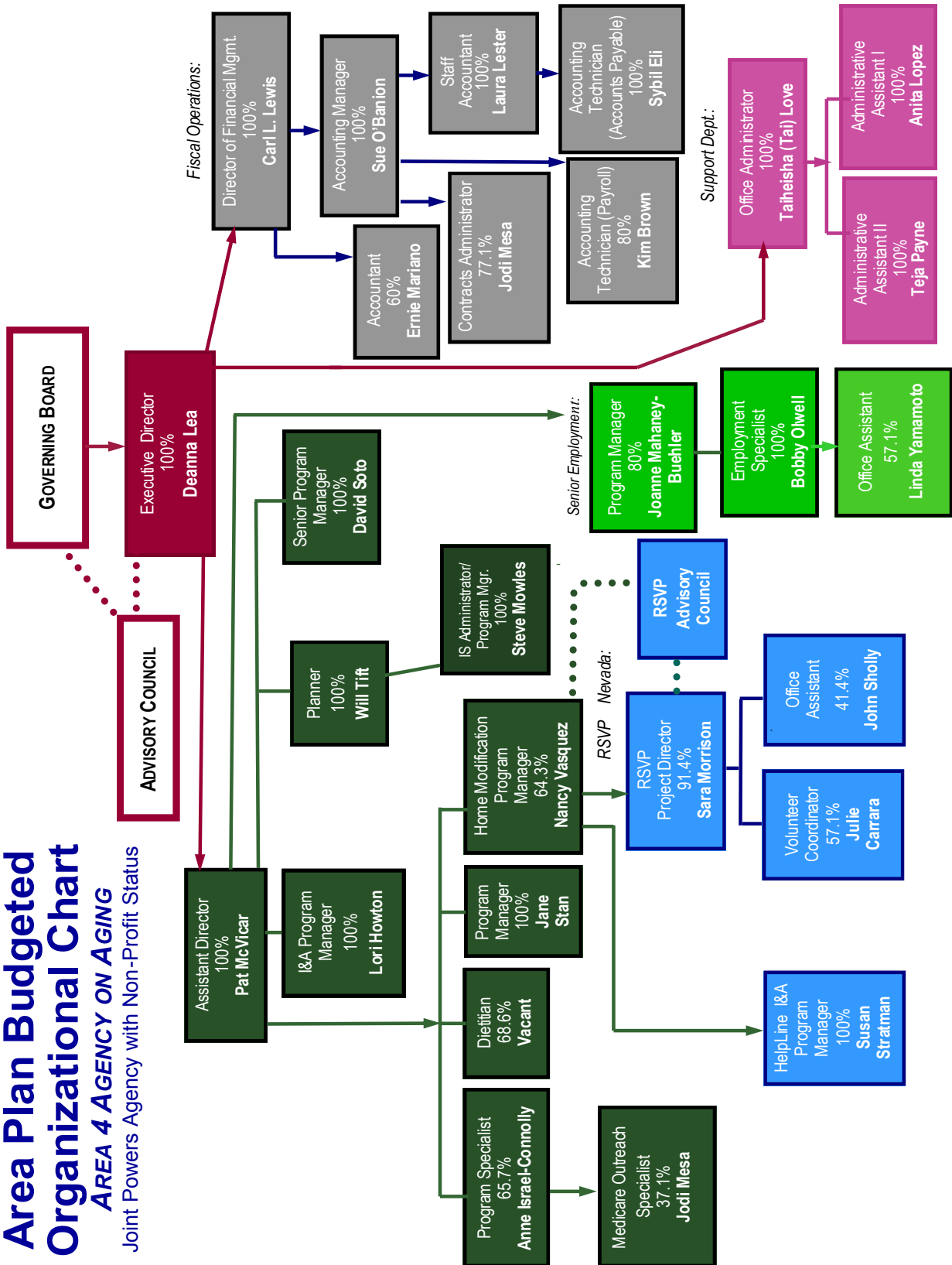
### **Grandparent Support and Supplemental Services**

Various additional services are provided by the organizations cited above.

**SECTION 21. ORGANIZATION CHART**

**Area Plan Budgeted  
Organizational Chart**  
**AREA 4 AGENCY ON AGING**

Joint Powers Agency with Non-Profit Status



## **SECTION 22. ASSURANCES**

Pursuant to the Older Americans Act Amendments of 2006 (OAA), the Area Agency on Aging assures that it will:

### A. Assurances

#### 1. OAA 306(a)(2)

Provide an adequate proportion, as required under OAA 2006 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

#### 2. OAA 306(a)(4)(A)(i)(I-II)

(I) provide assurances that the area agency on aging will -

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and;

(II) include proposed methods to achieve the objectives described in (aa) and (bb) of subclause (I);

#### 3. OAA 306(a)(4)(A)(ii)

Include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area;

4. OAA 306(a)(4)(A)(iii)  
With respect to the fiscal year preceding the fiscal year for which such plan is prepared—
  - (I) identify the number of low-income minority older individuals in the planning and service area;
  - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
  - (III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.
  
5. OAA 306(a)(4)(B)  
Use outreach efforts that —
  - (i) identify individuals eligible for assistance under this Act, with special emphasis on—
    - (I) older individuals residing in rural areas;
    - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
    - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
    - (IV) older individuals with severe disabilities;
    - (V) older individuals with limited English proficiency;
    - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
    - (VII) older individuals at risk for institutional placement; and
  - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;
  
6. OAA 306(a)(4)(C)  
Ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;
  
7. OAA 306(a)(5)  
Coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;
  
8. OAA 306(a)(9)  
Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;
  
9. OAA 306(a)(11)  
Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—
  - (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
  - (B) to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

10. OAA 306(a)(13)(A-E)

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

11. 306(a)(14)

Not give preference in receiving services to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

Funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in OAA 2006 306(a)(4)(A)(i); and

(B) in compliance with the assurances specified in OAA 2006 306(a)(13) and the limitations specified in OAA 2006 212;

B. Additional Assurances:

Requirement: OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

Requirement: OAA 307(a)(7)(B)

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

Requirement: OAA 307(a)(11)(A)

- (i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

Requirement: OAA 307(a)(11)(B)

That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

Requirement: OAA 307(a)(11)(D)

To the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

Requirement: OAA 307(a)(11)(E)

Give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Requirement: OAA 307(a)(12)(A)

In carrying out such services conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

- (i) public education to identify and prevent abuse of older individuals;
- (ii) receipt of reports of abuse of older individuals;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (iv) referral of complaints to law enforcement or public protective service agencies where appropriate.

Requirement: OAA 307(a)(15)

If a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area -

(A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.

(B) To designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:

- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

Requirement: OAA 307(a)(18)

Conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to Section 306(a)(7), for older individuals who -

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Requirement: OAA 307(a)(26)

That funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency, or an area agency on aging, to carry out a contract or commercial relationship that is not carried out to implement this title.

Requirement: OAA 307(a)(27)

Provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

#### C. Code of Federal Regulations (CFR), Title 45 Requirements:

CFR [1321.53(a)(b)]

(a) The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

(b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall:

- (1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
- (2) Provide a range of options;
- (3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;
- (4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
- (5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;
- (6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;

- (7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
- (8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
- (9) Have a unique character which is tailored to the specific nature of the community;
- (10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

CFR [1321.53(c)]

The resources made available to the area agency on aging under the Older Americans Act are to be used to finance those activities necessary to achieve elements of a community based system set forth in paragraph (b) of this section.

CFR [1321.53(c)]

Work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate.

CFR [1321.53(c)]

Assure access from designated focal points to services financed under the Older Americans Act.

CFR [1321.53(c)]

Work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with or access to other services and opportunities for the elderly from the designated community focal points.

CFR [1321.61(b)(4)]

Consult with and support the State's long-term care ombudsman program.

CFR [1321.61(d)]

No requirement in this section shall be deemed to supersede a prohibition contained in the Federal appropriation on the use of Federal funds to lobby the Congress; or the lobbying provision applicable to private nonprofit agencies and organizations contained in OMB Circular A-122.

CFR [1321.69(a)]

Persons age 60 and older who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part.

# **2012 – 2016 Area Plan**

## **Supplemental Information**