



# AREA PLAN 2009-2012

El Dorado County Area Agency on Aging

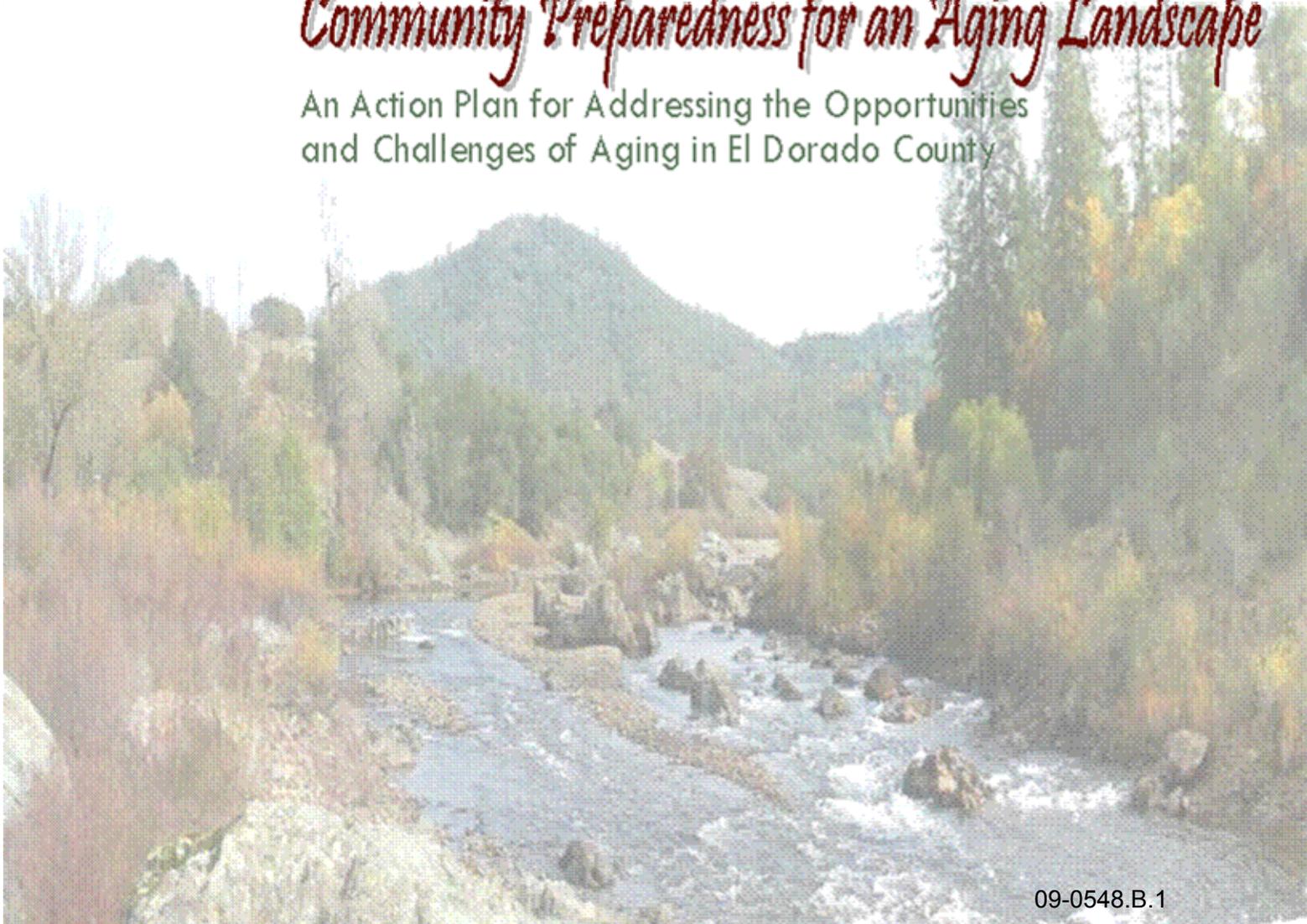


Apple Hill



## *Community Preparedness for an Aging Landscape*

An Action Plan for Addressing the Opportunities and Challenges of Aging in El Dorado County



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## **El Dorado County Board of Supervisors**

John Knight	District 1
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Ron Briggs	District 4
Norma Santiago	District 5

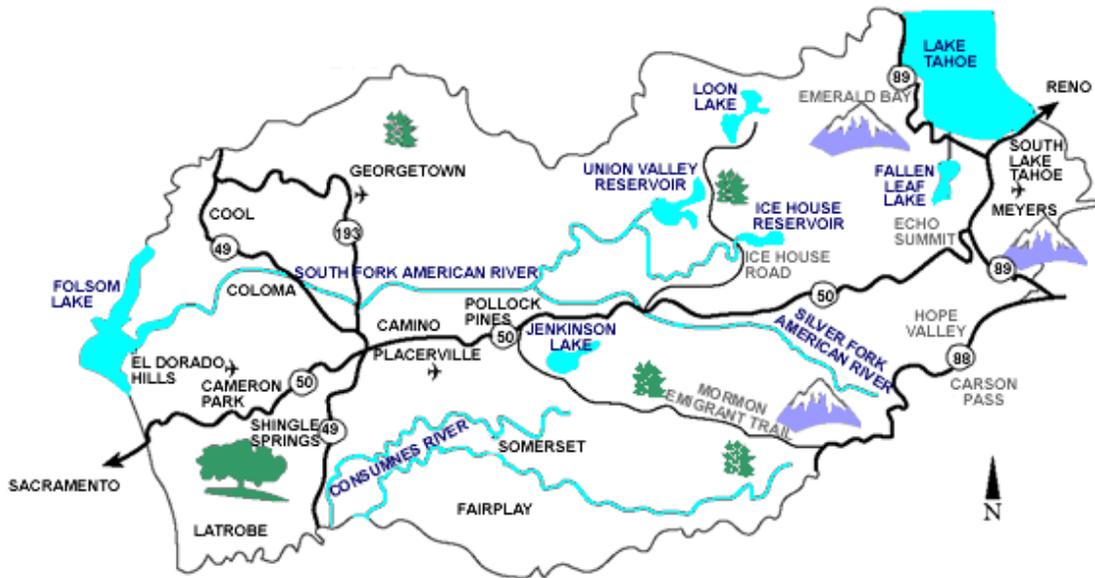


## **El Dorado County Commission on Aging**

Irene Arnold	Vicki Ludwig-Divittorio
Marlene Back	Barbara Plexico
John Collins	Susan Rayburn
Connie Eaton	Cindy Rice
Horace Holmes Jr.	Suibham Stevens
Kathi Lishman	Jane Thomas

# El Dorado County Area Agency on Aging Planning and Service Area 29

Janet Walker-Conroy, Director



The El Dorado County Area Agency on Aging (AAA) is the official planning agency for the single county region that includes the incorporated cities of Placerville and South Lake Tahoe. The AAA serves as a catalyst for regional progress by focusing leadership, attention, and planning resources on key local issues. The AAA is charged with planning for the needs of the County's older and disabled adult population. The AAA manages state and federal dollars to leverage local support and leads a community-based aging network that targets populations with special needs.



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## LIST OF ACRONYMS

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AAA	Area Agency on Aging
APS	Adult Protective Services
CAPE	Citizen Advocates for the Protection of Elders
CDA	California Department of Aging
CSL	California Senior Legislator
COA	Commission on Aging
EPU	Elder Protection Unit
FCSP	Family Caregiver Support Program
HDM	Home-Delivered Meals
HEART	Home of Elder and Adult Resource Team
HICAP	Health Insurance Counseling and Advocacy Program
I&A	Information and Assistance
IHSS	In-Home Supportive Services
LGBT	Lesbian, Gay, Bisexual, Transgender
MAST	Multidisciplinary Adult Services Team
MSSP	Multipurpose Senior Services Program
OAA	Older Americans Act
OCA	Older Californians Act
OES	Office of Emergency Services
PSA	Planning and Service Area
SHEP	Senior Health Education Program
SUP	Service Unit Plan
YANA	You Are Not Alone

## AREA PLAN CHECKLIST

Section	Three-Year Area Plan Components	3-Year Plan	Annual Update
	All Area Plan documents are on single-sided paper	X	<input type="checkbox"/>
	Original Area Plan and two copies are enclosed	X	<input checked="" type="checkbox"/>
	Transmittal Letter with Original signatures: <i>To be submitted by May 29, 2009</i>	<input type="checkbox"/>	<input type="checkbox"/>
1	Older Americans Act Assurances	X	N/A
2	Description of the Planning and Service Area (PSA)*	X	<input type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)*	X	<input type="checkbox"/>
4	Mission Statement	X	N/A
5	Organization Chart	X	<input type="checkbox"/>
6	Planning Process*	X	<input type="checkbox"/>
7	Needs Assessment*	X	<input type="checkbox"/>
8	Targeting	X	<input type="checkbox"/>
9	Public Hearings	X	<input type="checkbox"/>
10	Identification of Priorities*	X	<input type="checkbox"/>
11	Goals and Objectives:		
	Title III B Funded Program Development (PD) Objectives**	<input type="checkbox"/>	<input type="checkbox"/>
	Title III B Funded Coordination (C) Objectives	<input type="checkbox"/>	<input type="checkbox"/>
	System-Building and Administrative Goals & Objectives**	X	<input type="checkbox"/>
	Title IIIB/VIIA Long-Term Care Ombudsman Objectives**	X	<input type="checkbox"/>
	Title VII B Elder Abuse Prevention Objectives**	X	<input type="checkbox"/>
12	Service Unit Plan (SUP) Objectives**	X	<input type="checkbox"/>
13	Focal Points*	X	<input type="checkbox"/>
14	Priority Services*	X	<input type="checkbox"/>
15	Notice of Intent to Provide	X	<input type="checkbox"/>
16	Request for Approval to Provide Direct Services	X	<input type="checkbox"/>
17	Governing Board*	X	<input type="checkbox"/>
18	Advisory Council*	X	<input type="checkbox"/>
19	Legal Assistance*	X	<input type="checkbox"/>
20	Multipurpose Senior Center (MPSC) Acquisition or Construction Compliance Review	X	<input type="checkbox"/>
21	Title III E Family Caregiver Support Program	X	<input type="checkbox"/>

\* Required during first year of the Area Plan Cycle. However, updates only need to be included if changes occur in subsequent years of the cycle.

\*\* Objectives may be updated at any time and need not conform to a twelve-month time frame.

^ If the AAA funds PD and/or C with Title III B.

# TRANSMITTAL LETTER

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## Three-Year Area Plan 2009-2012

**AAA Name:** El Dorado County

**PSA Number:** 29

This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director actively support the planning and development of community-based systems of care and will ensure compliance with the assurances set forth in this Area Plan. The undersigned recognize the responsibility within each community to establish systems in order to address the care needs of older individuals and their family caregivers in this planning and service area.

1. Ron Briggs

\_\_\_\_\_  
Chair, Governing Board

\_\_\_\_\_  
Date

2. Vicki Ludwig-Divittorio

\_\_\_\_\_  
Chair, Advisory Council

\_\_\_\_\_  
Date

3. Janet Walker-Conroy

\_\_\_\_\_  
Director, Area Agency on Aging

\_\_\_\_\_  
Date

## ACKNOWLEDGEMENT

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Composing the 2009-2012 Area Plan, "*Community Preparedness for an Aging Landscape*," required a diligent and dedicated effort from volunteers, AAA staff, and community organizations. We extend our gratitude to many community members and multiple sources that made this Plan possible, too numerous to thank individually:

- The service providers, key informants, and the older adults who participated in the numerous community needs assessments and provided invaluable insight to the aging experience for older adults and their caregivers in our county. In particular, we are grateful to the thousands of older adults who completed individual surveys and shared their personal experiences, opinions, and concerns for the benefits of others.
- The El Dorado Community Foundation for their leadership and efforts in conducting a comprehensive older adult needs assessment and providing the opportunity for the AAA to be involved in the collaborative process in examining the aging experience in El Dorado County.
- AAA staff, who as direct service providers of Older Americans Act programs, contributed significant input regarding the existing aging service delivery system and suggestions for creating a more responsive and coordinated infrastructure that supports an aging population.
- Commission on Aging members who provided expertise, guidance, and assistance to the development of this Plan.
- A special thank you for the valuable input and support provided by the El Dorado County Board of Supervisors and their staff.



Vicki Ludwig-Divittorio  
Chair, Commission on Aging



Janet Walker-Conroy  
Director, Area Agency on Aging

## LETTER FROM THE DIRECTOR

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April 2009

Dear Community Member,

The El Dorado County Area Agency on Aging (AAA) is pleased to present the 2009-2012 Area Plan, *Community Preparedness for an Aging Landscape*, as mandated by the federal Older Americans Act and the Older Californians Act. This Plan updates the 2005-2009 Area Plan, which identified trends and issues relevant to today's older adults and aging boomers. Most importantly, the 2009-2012 Plan is the AAA's response to the opportunities and challenges of the growing older adult population in a diverse and multi-faceted way. By developing local strategies to support an aging community, this Plan is instrumental in building community capacity to serve our older residents. The Plan provides a flexible and dynamic framework that builds awareness, encourages action, fosters collaborative efforts, and improves access to information.

We are proud of El Dorado County's accomplishments benefiting older adults and their families since 2005. During this four-year period since the previous Area Plan, the AAA and the aging network have through coordination and advocacy been providing needed services and implementing programs aimed at maintaining and improving quality of life, safety, and dignity for older residents and their families.

We developed the 2009-2012 Area Plan with a particular focus on improving the efficiency and effectiveness of the planning and delivery of a continuum of aging services. The 73 objectives for the coming three years are presented within the context of eight goals for the agency: aging in place, caring for the caregiver, preparing for the boomers, focus on hidden populations, safety and well-being, elder abuse prevention, awareness of services, and improving quality and capacity of care.

While the authorizing State and federal legislation require the AAA to develop this Area Plan, we sought wide input from local experts and key community partners and invited participation from consumers, service providers, and interested parties. I extend my gratitude to the many individuals and groups who contributed valuable information and ideas for action. The AAA acknowledges and supports the efforts of individuals, families, and the communities in our County to prepare and provide for our most needy and vulnerable older adults.

We are confident that our coordination across service systems will continue to make the El Dorado County region a great place to live for people of all ages.

Sincerely,

  
Janet Walker-Conroy  
Director, Area Agency on Aging

## **INTRODUCTION**

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### **THE AGING LANDSCAPE**

Older people are a significant and growing part of our community. They offer rich life experience, well-honed skills, knowledge, and wisdom. These qualities significantly contribute to the social fabric of our community. An important dimension of the growing older population is the diversity of needs, interests, and backgrounds. Older adults and their experience of aging is influenced by a range of inter-related factors such as gender, lifestyle, socioeconomic circumstances, cultural background, education level, general health, and proximity and awareness of supportive services.

El Dorado County is experiencing an extraordinary increase in its older adult population. Between 2000 and 2020, the aging population is expected to more than double and 25% of our total population will be over the age of 60. Given increased longevity, a steady migration of retirees to the area, and the aging of the boomers, a dramatic demographic shift is inevitable. This change in demographics requires proactive and innovative, but also compassionate, sensitive, and inclusive policy responses from local government.

Our aging population also affects the planning and service delivery system, bringing about real and emergent challenges for the aging network in our County. Despite these challenges, the rapidly increasing older adult population offers the El Dorado County region the opportunity to re-imagine what it means to live as a rural community and recognize that preparing for the future older adult population will improve the quality of life for all residents, no matter their age.

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### **THE OLDER AMERICANS ACT AND THE AREA PLAN**

The Area Agency on Aging (AAA) was created by the federal Older Americans Act (OAA) of 1965 to serve as a visible and effective advocate for older adults and to provide local leadership in accomplishing the goals of the State and federal programs. These OAA goals, as broadly defined, are:

- Securing and maintaining maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services;
- To remove individual and social barriers to economic and personal independence for older individuals; and
- Provide a continuum of care for frail and vulnerable older individuals to prevent unnecessary or premature institutionalization.

The 1996 revision of the Older Californians Act (OCA) moved the primary focus for the delivery of services from the State to the local level. It identified area agencies on aging as the local units in California to administer programs in compliance with the OAA, OCA, and other applicable regulations.

This Area Plan is a document submitted by the AAA to the California Department of Aging (CDA) in compliance with the OAA. Its format was developed to facilitate a quality, long-range, needs-driven planning process that meets goals set forth in the OAA. The AAA is mandated by CDA to develop a local Area Plan every four years and to submit annual updates. This latest one-time only Three-Year Plan is for the period July 1, 2009 through June 30, 2012.

The Area Plan for 2009-2012 will direct the focus of the AAA with regards to policy decisions, program development, and advocacy for those years. The specific objectives of the Area Plan for the AAA services include:

- Serve as an informational tool for educating and informing the public, policy makers, local officials, and service providers;
- Serve as a management tool to guide local initiatives, decision making, and budget development;
- Coordinate local services with those provided by other organizations to assist them in their planning efforts;
- Communicate the needs of older adults in El Dorado County with CDA; and
- Serve as a tool for self-evaluating and monitoring AAA efforts to address the ever-burgeoning needs of older adults in El Dorado County.

The Area Plan, as a planning document, includes a compilation of identified needs from various assessment tools and description of agency goals and subsequent activities that the AAA will undertake relative to programs for older persons in El Dorado County. It represents a formal commitment to CDA, in that it describes the manner in which the AAA plans to utilize the OAA funds, including how it will carry out its administrative responsibilities. The Area Plan also confirms the AAA's responsibility to fulfill its role as the planner, catalyst, and advocate on behalf of older persons in El Dorado County.

## EXECUTIVE SUMMARY

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The El Dorado County Area Agency on Aging (AAA) has developed the 2009-2012 Area Plan, *Community Preparedness for an Aging Landscape*, for submittal to the California Department of Aging (CDA) as required by the federal Older Americans Act and in accordance with direction from CDA. The Area Plan is designed to report on the status of older adults, develop and prioritize goals based on a comprehensive evaluation of needs, and propose actions to enhance the aging experience of local residents at home and in the community. Historically, the Area Plan has been submitted on a four-year cycle. This one-time-only Three-Year Plan covers the period July 1, 2009 through June 30, 2012. The Plan outlines a strategy that builds awareness, encourages action, fosters collaborative efforts, and improves resident access to information in the aging network. This strategy provides guidance to help the AAA meet the challenges of and create opportunities for a growing older adult population during the next three years. As part of the Area Plan process, CDA requires an Annual Report on progress made in meeting goals and objectives and an Annual Update, which provides an opportunity for the AAA to modify the Area Plan as necessary to accommodate changing service needs as well as increases or decreases in grant funding levels and availability of other resources.

El Dorado County is experiencing an extraordinary increase in its older adult population. In 2000, there were 26,023 residents in our County who were age 60 and over, representing 16.7% of the total population. The U.S. Census Bureau reported a 25% growth in the 60+ population in the County between 1990 and 2000, more than two times the rate of growth at the state level and more than three times the rate of growth at the national level. The size of the 85+ population group grew 43%, which is greater than the 25% increase at the state level. The projected growth rate in the 60+ population in the County between 2000 and 2010 is 58%, more than twice the national rate. Between 2000 and 2020, the aging population is expected to more than double, with one in four residents over the age of 60. Over the last few generations, there has been a significant increase in the percentage of Americans aged 65 who are expected to survive to age 90. From 1940 to 2050 there is a projected six-fold increase in older adults expected to survive to age 90. To meet the growing demands that will result from escalating numbers of older adults in El Dorado County, the AAA will need to improve its organizational capacity to plan for and develop a long-term continuum of care system that identifies and addresses unmet needs, improves service coordination and eliminates duplication of services.

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### CONTENT OF THE AREA PLAN

This Plan, which provides the format and the structure to identify and address older adult needs, consists of three parts:

- **Part One: Background** provides an overview of the older adult population in El Dorado County, the programs and services available and regional collaboratives. This section also includes a review of the planning process, assessment of older adult needs and consequent identified priorities for aging services in the community.

- **Part Two: Goals and Objectives** describes the model that best captures our aspirations for the future... that El Dorado County will be recognized as a community that addresses basic needs and maximizes the independence of older adults and supports the well-being of all its residents. This section sets out our specific goals under eight priority areas. In each area, there is the introduction of principal objectives, with a brief rationale, list of responsible parties and potential collaborators and plans for action over the next three years.
  
- **Part Three: Appendices** summarizes the plan for allocating funds for access, in-home, legal assistance and community-based services received under Title III of the Older Americans Act and State funding allocations. This section also includes administrative information, assurances made by the AAA, and other pertinent information as required by the California Department of Aging.

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## **DEVELOPMENT OF THE AREA PLAN**

In order to plan and develop a comprehensive and coordinated service delivery system for the increasing number of older adults and the large number of “baby boomers” (boomers) who are beginning to need and qualify for aging services in El Dorado County, systematic assessments of their needs must be conducted. A community needs assessment of the aging experience in El Dorado County was conducted over a two-year period in 2007-2008. The process of the study included both quantitative and qualitative analysis methods. AAA staff conducted a thorough analysis of data from the U.S. Census Bureau and California Department of Finance, supplemented with other pertinent national, state and local research data. To enhance community-planning input, staff also conducted numerous key informant interviews, roundtable discussions and surveys of both consumers and service providers.

The Plan focuses on eight critical issues that address identified needs of older residents in the County. The issues of most concern were those regarding quality of life and access to health and social services needed to remain at home. Supporting informal caregivers who provide long-term care to vulnerable older adults who need help to remain at home and in the community, as well as targeting underserved populations that may not be adequately served or assessed during the planning and development of programs, was of paramount concern, particularly to key informants. Insufficient awareness of and accessibility to long-term supportive services remains a community concern among older adults. Service providers expressed the need for an improved, well-coordinated network of long-term care services for older adults, one that is also adequately prepared for the sheer number of boomers who are beginning to need and qualify for aging services.

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## THREE-YEAR GOALS AND OBJECTIVES

The 2009-2012 Area Plan was developed with a particular focus on improving the efficiency and effectiveness of the planning and delivery of a continuum of aging services. The eight goals and seventy-three objectives of the three-year Plan, with accompanying outcomes and evaluation measures, address the following priority areas of need:

**Goal 1 - Aging in Place** *Assist older adults in accessing needed services that will promote and sustain their health, independence and self-reliance.* Objectives focus on encouraging healthy lifestyles, teaching older adults to access public benefits that support their health and planning for long-term care. Objectives include providing educational opportunities relative to Medicare, chronic disease prevention and management and legal issues of interest; hosting a community health fair and medication management “brown bag check-ups” with a local pharmacist; designating a key staff person to serve as a Medi-Cal specialist for older adults; exploring the feasibility of opening a second Senior Day Care Center; pursuing the provision of training and employment opportunities through a cooperative agreement with the American Association of Retired Persons; advocating for enhanced transportation services and hosting an annual celebration of Older Americans Month.

**Goal 2 - Caring for the Caregiver** *Support, supplement and enhance the role of informal, unpaid caregivers who provide home care assistance to individuals who are-incapacitated to some degree and in need of help to remain at home.* Improving informal caregiver and care recipient outcomes can be achieved through Family Caregiver Support Program activities such as: assessing the needs of employed caregivers and educating employers about the issues of working caregivers; developing an educational series of workshops on strategies to cope with caregiver burden and conducting community outreach to the medical community, home health agencies and faith-based organizations.

**Goal 3 - Preparing for the Boomers** *Focus on the impending needs of the growing older adult and emerging target populations, with particular emphasis on the growing needs of the boomers.* Strategies focused on appealing to the boomer generation include: advocating for a new senior center in the Placerville area; exploring the feasibility of a congregate nutrition site at the Cameron Park Community Center; promoting innovative activities and annually assessing service preferences and boomers’ knowledge of and need for resources; developing a class to help boomers understand the long-term care system; establishing a focus group on changing trends in the volunteer workforce and hosting a volunteer/job fair in collaboration with the OneStop Employment Resource Center.

**Goal 4 - Focus on Hidden Populations** *Plan for the long-term care needs of underserved target populations, including low-income minorities, isolated residents of remote areas of the County, persons with dementia and lesbian, gay, bisexual or transgender persons.* Objectives that focus on increasing access to programs for underserved populations include: participation in National Memory Screening Day and hosting an Alzheimer’s conference; establishing affiliations and collaborative efforts with stakeholder groups representing the interests of target populations to assess needs and providing cultural competency/sensitivity training for AAA program staff.

**Goal 5 - Safety and Well-Being** *Optimize safety and well-being of older adults in El Dorado County by enhancing the provision of critically-needed goods and services.* Addressing the adequate provision of the most basic needs of food and shelter and disaster preparedness will be accomplished through the following objectives: expanding and enhancing home-delivered nutritional services by starting new meal routes in locations not currently served and implementing a depression screening and early intervention component; promoting the availability of food resources; exploring the feasibility of an elder shelter; conducting a needs assessment of affordable housing; providing education about universal design to ensure home safety, property tax relief and sheltering in place; developing an AAA emergency operations plan and conducting a pilot survey to better ascertain community preparedness for disaster among faith-based and community-based organizations.

**Goal 6 - Elder Abuse Prevention** *Promote elder rights by providing information and resources for individuals to protect themselves against elder abuse, neglect, and exploitation.* The range of elder abuse protection efforts will include enhancing crime prevention e-mail notification services; arranging for the provision of mandated reporter training for AAA program staff and volunteers; hosting an elder abuse conference; training additional Long-Term Care Ombudsman volunteers to provide advocacy for facility residents and conducting quarterly Senior Legal Services presentations.

**Goal 7 - Awareness of Services** *Increase awareness of services to improve access and choice of community resources and enhance the ability of older adults to advocate for benefits and needed support services on their own behalf.* Strategies to enhance accessibility to necessary supportive services include developing AAA marketing materials and an interactive web page; conducting more targeted information and assistance outreach to hospital discharge planners, veterans' representatives and related personnel and providing community education on employment assistance available through the OneStop Employment Resource Center as well as education on the nutritional, educational and recreational opportunities available at the local senior centers.

**Goal 8 - Improving Quality and Capacity of Care** *Promote effective, efficient and responsive delivery of aging services by enhancing the quality and capacity of Older Americans Act-funded in-home and community-based services.* Quality assurance activities and professional development include the following objectives: implementing a comprehensive older adult needs assessment, consumer satisfaction and performance feedback process; assessing AAA program employee training needs; enhancing the effectiveness of the Information and Assistance Program by improving data management and staff proficiency and regularly reviewing unmet needs data to assist in the determination of program and funding priorities.

Review of goal objectives will be conducted during each annual Area Plan Update process. As development and implementation of organizational activities evolve, revisions will be made as necessary in response to the ever-changing landscape of our community and the persons we serve.

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## **CONCLUSION**

*Community Preparedness for an Aging Landscape* celebrates successful aging in El Dorado County and provides direction to the AAA and the Commission on Aging in addressing the identified needs of older adults and their caregivers. We are confident that our coordination across service systems will continue to make El Dorado County a desirable place in which to live and age with dignity.





# Background



## DESCRIPTION OF THE PLANNING AND SERVICE AREA

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The Older Americans Act (OAA) was the enabling federal legislation that created services specifically for older Americans. The Act directed States to create state agencies to provide administration for services at the state level, and required that services be planned, coordinated and administered by local agencies. The State of California designated 33 Planning and Service Areas (PSAs) to carry out these tasks on the local level. Area Agencies on Aging are the administrative entities for these PSAs.

El Dorado County is PSA 29, a single county PSA. The County boundaries and the PSA boundaries are the same. El Dorado County is located in the Sierra Nevada Mountain Range between Sacramento and the State of Nevada. The County is bounded to the North by Placer County, on the East by the State of Nevada, to the South by Amador and Alpine Counties, and on the West by Sacramento County. The entire county is designated as rural since no incorporated area within has more than 50,000 residents.

The County is 1,711 square miles in size. More than 50 percent of this area is owned or controlled by various governmental agencies, the largest of which is the U.S. Forest Service that manages the vast El Dorado National Forest, Desolation Wilderness Area, and Lake Tahoe, all of which grace this area with their abundant natural resources.

The elevation of El Dorado County ranges from 200 feet above sea level on the western fringes, to a high of 10,881 feet at Freel Peak on the southeast border of the county. Traditionally, the County has been geographically separated into four regions, one on the east slope (consisting of the South Lake Tahoe Basin) and three on the west slope (consisting of the balance of the County from Echo Summit to the western border).

### ■ The West Slope County Region

The far west slope tends to have milder weather than the South Lake Tahoe Region, with occasional snow in the winter and hot summers. This region of the County is the fastest growing and serves as a “bedroom community” to the greater Sacramento region, with a large number of residents commuting to the Sacramento region for employment. The area closest to Sacramento, El Dorado Hills area has several active adult communities and a new full service Senior Center. Besides containing many affluent neighborhoods, this area also contains low-income apartments and an industrial business center.

■ The Placerville Region

Placerville is one of the two incorporated cities within the County and is the county seat. It serves as the “hub” of services and activities for the west slope. Most County offices are located within the Placerville region. There is also a County-maintained Senior Center located within the City limits. This region, while on a much smaller scale, offers many of the services that are found in bigger cities such as set public bus routes and taxi services. Several senior apartment complexes and low-income housing are located within this region, as well as the major hospital for the County.

■ The West Slope Mountain Region

The higher elevations of the west slope, from Placerville eastward, lie in the 3,000 to 7,000 foot elevation range and sometimes experience severe winter storms but enjoy milder summers than the Placerville and West Slope County regions. This region is also mountainous but is populated by several small towns that are geographically isolated. Public transportation and medical facilities are limited or non-existent.

■ The South Lake Tahoe Region

The east slope has mild summers but often has severe winter weather that limits travel, at the same time providing an excellent winter recreational season. The City of South Lake Tahoe is the largest incorporated city in the County, attracting a large number of visitors throughout the year. Located within the City of South Lake Tahoe is a dedicated Senior Center that is a collaboration between the County and the City. There are also satellite offices of the County Services located in the Placerville Region.

The geography of the County includes many natural boundaries. While enhancing the beauty of the region, these boundaries present one of the biggest constraints to service delivery in our rural community, especially for older adults with limited access to transportation or for whom little informal support is available.

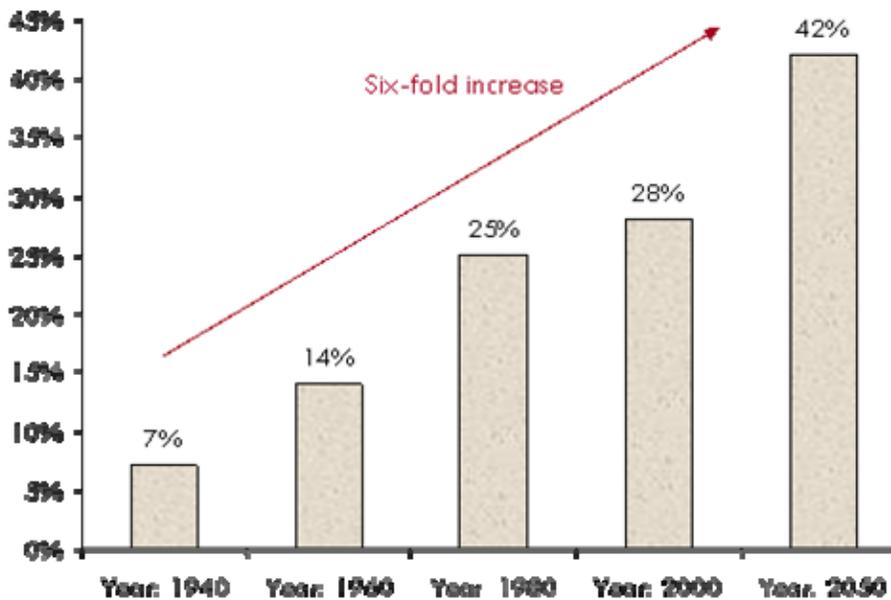
# **THE DEMOGRAPHIC CHARACTERISTICS OF EL DORADO COUNTY**

## **Demographics**

Given increased longevity, a steady migration of retirees to the area, and the aging of the boomers, a dramatic demographic shift in El Dorado County is inevitable. This trend presents both challenges and real opportunities for our community. The following is a thumbnail review of the great shift in the age structure of our County that will influence all we do for the next 25 to 30 years. All data has been extracted from 2000 Census data unless otherwise noted.

As Figure 1 illustrates, there was a significant increase in the percentage of Americans aged 65 who were expected to survive age 90 over the last few generations. From 1940 to 2050 there is a projected six-fold increase in older adults expected to survive age 90.

**Figure 1**  
**Percentage of Americans Aged 65 Expected to Survive Age 90**



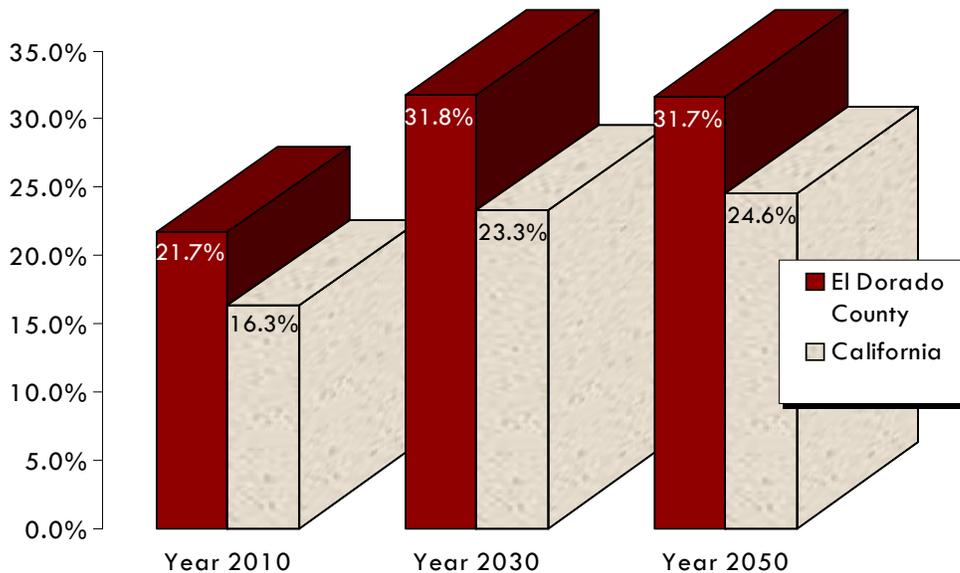
The 60+ population is far from homogeneous. It consists of several generations of individuals with significant differences in outlook, values, and aspirations. As a result, programs and policies designed for our older community members must take into account the needs of at least three different cohorts of older adults:

- Most “young-old” adults (often defined as ages 60-74) are active, healthy, and independent.
- Those in the “older-old” cohort (ages 75-84) may be starting to experience disabling conditions.
- Members of the “oldest-old” group (85 years and older) are more likely to be living with physical or mental disabilities.

El Dorado County is experiencing an extraordinary increase in its older adult population. In 2000, there were 26,023 residents in our County who were age 60 and over, representing 16.7% of the total population. Between 2000 and 2020, the aging population is expected to more than double and one in four residents will be over the age of 60. While the oldest-old age group accounts for little more than 1% of the population in El Dorado County, the size of that cohort grew 43% between 1990 and 2000. That is greater than the 25% increase at the state level.

Figure 1 illustrates the consistently higher projected growth of the 60+ population in the County compared to the State level over the next 40 years.

**Figure 2**  
**Projected Growth of 60+ Population Comparison**  
**El Dorado County and California**

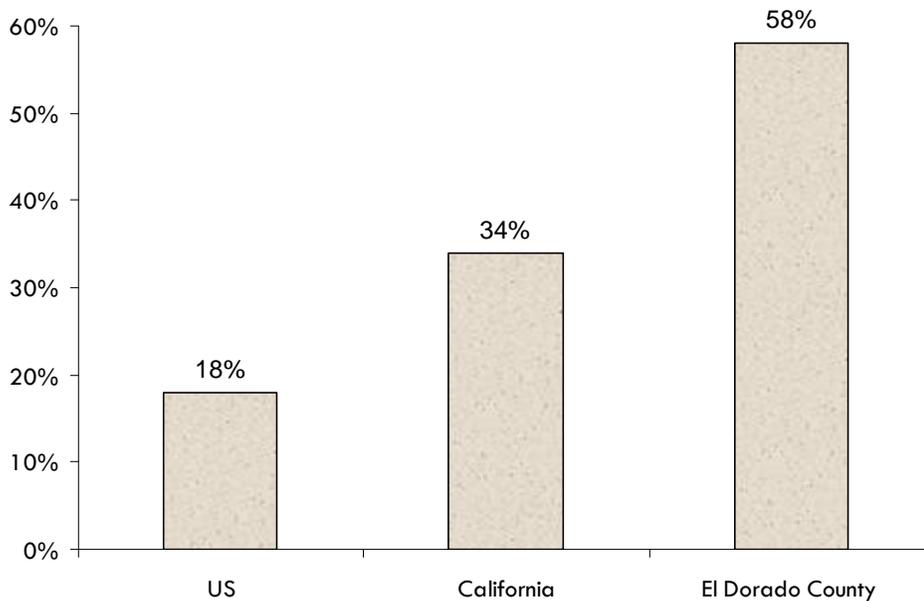


## Projected Senior Population

Retirees have come to El Dorado County in growing numbers, leading to a greater increase in the older population than the general population. The U.S. Census Bureau reported a 25 percent growth in the 60+ population in the County between 1990 and 2000, more than two times the rate of growth at the state level and more than three times the rate of growth at the national level. The projected growth rate in the 60+ population in the County between 2000 and 2010 is 58%, more than twice the national rate (see Figure 3). The 85+ population in the County is expected to increase by 86% between 2000 and 2010, which is greater than the 48% increase at the state level.

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**Figure 3**  
**Projected Growth Rate 2000-2010 (60+ Years)**  
**El Dorado County, California, and the United States**



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Between 2010 and 2050, El Dorado County's 60+ population is projected to increase by 198 percent resulting in almost 78,000 residents over the age of 60 by 2050. Table 1 details this extraordinary increase in the older adult population.

**Table 1**  
**Projections for the 60+ Population**  
**El Dorado County and California**

<b>Year</b>	<b>California</b>	<b>El Dorado County</b>
<b>2000</b>	4,742,499	26,023
<b>2010</b>	6,410,789	39,278
<b>2020</b>	8,742,797	58,629
<b>2030</b>	10,982,518	70,901
<b>2040</b>	12,043,391	71,503
<b>2050</b>	13,832,268	77,598

Table 2 specifies the population growth rates of the County compared to the State as projected per decade from 1990 to 2020. The County's growth rate for total population as well as for the 60+ and 85+ populations is consistently higher than the state level.

**Table 2**  
**Growth in the Older Adult Population**  
**El Dorado County and California**

	<b>Population Growth Rate 1990-2000</b>	<b>Projected Growth Rate 2000-2010</b>	<b>Projected Growth Rate 2010-2020</b>
<b>El Dorado County</b>			
<b>Total County</b>	24%	19%	17%
<b>60+ Years</b>	25%	58%	52%
<b>85+ Years</b>	77%	86%	31%
<b>California</b>			
<b>Total State</b>	14%	14%	13%
<b>60+ Years</b>	12%	34%	40%
<b>85+ Years</b>	42%	48%	21%

## Regional Growth in El Dorado County

The distributions by population in the different regions within the County vary considerably. The following table shows the population change by regions for the years 1990 and 2000:

**Table 3**  
**Regional Growth in El Dorado County**

Region	1990	2000	Increase	% Increase Per Year
El Dorado County	125,995	156,299	30,304	2.4
Lake Tahoe	29,652	34,042	4,390	1.5
West Slope	96,343	122,257	25,914	2.7
Georgetown	10,899	13,180	2,281	2.1
El Dorado Hills	10,160	20,172	10,012	9.9
Cameron Park	28,829	36,731	7,902	2.7
Placerville	14,105	15,658	1,553	1.1
Pollock Pines	15,967	18,118	2,151	1.3
South County	3,931	4,847	916	2.3
Diamond Springs	12,452	13,551	1,099	0.9

Now consider the population increase for those 60 years and over by region. It is notable that in all cases, with the exception of Placerville, the percent growth per year for the 60+ population is greater than the growth per year for all ages.

**Table 4**  
**Increase in 60+ Population by Region**

Region	1990	2000	Increase	% Increase Per Year	Mean % Increase Per Year
El Dorado County	20,757	26,023	5,266	25.4	2.5
Lake Tahoe	3,387	3,964	577	17.0	1.7
West Slope	17,370	22,059	4,689	27.1	2.7
Georgetown	2,019	2,477	458	22.7	2.3
El Dorado Hills	979	2,186	1,207	123.3	12.3
Cameron Park	3,944	5,909	1,965	49.8	5.0
Placerville	3,389	3,388	-1	0.0	0.0
Pollock Pines	3,292	3,817	525	15.9	1.6
South County	734	964	230	31.3	3.1

Diamond Springs	3,013	3,318	305	10.1	1.0
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The greatest percentage of seniors 60+ reside in Diamond Springs, which may be attributable to the availability of mobile home sites in the area. Cameron Park has the greatest number of seniors 60+ residing in the area. It is somewhat surprising to note the similarity in the areas of the County that are bedroom communities for the Sacramento Area. El Dorado Hills and Cameron Park are located closest to Sacramento and each has fewer percentage of 60+ population (11% and 16% respectively).

**Table 5**  
**60+ Population by Region**

Region	2000 60+ Population	Percentage 60+ of Total Population
El Dorado County	26,023	17%
Lake Tahoe	3,924	12%
West Slope	22,059	18%
Georgetown	2,477	19%
El Dorado Hills	2,186	11%
Cameron Park	5,909	16%
Placerville	3,388	22%
Pollock Pines	3,817	21%
South County	964	20%
Diamond Springs	3,318	24%

### Racial and Ethnic Composition

Compared to California's older adult population, the population of El Dorado County is predominately white. In 2000, about 93% of older adults were White.

**Table 6**  
**60+ Population by Race**

Year	60+ Population	White	Minority
2000	26,023	24,127 92.7%	1,896 7.3%

Data from the Census 2000 provides information about the older minority population living at or below the poverty level. The proportion of older adults

varies considerably within different races and categories of ethnic origin. The proportion of American Indian older adults living at or below 100% of the poverty level was higher than other races at 21.2%. Approximately 19% of older adults who were of two or more races, 6.2% of Blacks, 5.0% of Hispanics, and 4.8% of Whites were living at or below 100% of the poverty level.

**Table 7**  
**60+ Population At or Below Poverty**  
**Comparison by Race**

Race		<100% Poverty	<125% Poverty
<b>Total 60+ Population</b>	26,023	1,300	955
<b>White</b>	24,127	1,150	865
<b>Minorities</b>	1,896	149	89
<b>Hispanic/Latino</b>	896	45	25
<b>Black</b>	65	4	4
<b>Asian</b>	441	10	-
<b>Pacific Islander</b>	9	-	-
<b>American Indian</b>	118	25	15
<b>Multi-race</b>	341	65	45

The Hispanic/Latino population ages 60 and older is expected to increase from 896 in 2000 (3.4% of the older adult population) to 1,672 in 2010 (4.3% of the older adult population)—nearly an 87% increase in one decade.

**Table 8**  
**Projected Growth 60+ Population 2010**  
**Comparison by Race**

Race	Number	Percent
<b>Total 60+ Population</b>	39,278	100.0%
<b>White</b>	35,204	89.6%
<b>Minorities</b>	4,074	10.4%
<b>Hispanic/Latino</b>	1,672	4.3%
<b>Black</b>	181	<1%
<b>Asian</b>	1,068	2.7%
<b>Pacific Islander</b>	42	<1%
<b>American Indian</b>	578	1.5%
<b>Multi-race</b>	533	1.4%

The minority population is projected to steadily increase over the next four decades. By 2050, the minority population is expected to account for 23.8% of the older adult population. One out of eight older adults will most likely identify themselves as Hispanic/Latino.

This anticipated increase in diversity will create a rich cultural community for older adults choosing to spend their later years in El Dorado County. However, significant disparities exist among these groups in terms of health, social, and economic status. Addressing these inequalities will be one of the major challenges facing the aging network in our County.

### Language Spoken at Home and Ability to Speak English

The ability to speak and understand English can affect how easy or difficult it is for an older adult to access needed services. The majority of El Dorado County’s older adults speak exclusively English at home. Less than one percent reported speaking only a language other than English at home.

**Table 9**  
**Ability to Speak English for the 60+ Population**

Age Group	Speaks only English		Speaks Well or Very Well		Speaks Limited English		Speaks No English	
<b>60 to 64 Years</b>	6,160	91%	515	8%	55	1%	15	<1%
<b>65 to 74 Years</b>	10,170	92%	825	7%	75	1%	35	<1%
<b>75 to 84 Years</b>	6,145	93%	445	7%	25	<1%	20	<1%
<b>85 Years &amp; Over</b>	1,630	92%	125	7%	10	<1%	0	0%

### Rural

The Census Bureau defines a rural area as, essentially, any territory that is not “urban.” The Census classified 10,895, or 42% of the El Dorado County region’s older adults as “rural” in 2000. The proportion of minorities living in rural areas is similar to that represented in the total older adult population, or about 7%.

**Table 10**  
**60+ Population in Rural Areas**  
**Comparison by Race**

Race	Number	Percent
<b>Total 60+ Population in Rural Areas</b>	10,895	100.0%
<b>White</b>	10,125	92.9%
<b>Minorities</b>	770	7.1%
<b>Hispanic/Latino</b>	355	3.3%
<b>Black</b>	30	.3%
<b>Asian</b>	60	.6%
<b>Pacific Islander</b>	-	-
<b>American Indian</b>	60	.6%
<b>Multi-race</b>	265	2.4%

### Older Adults Living Alone

The number of older adults living alone has increased significantly, a 39% increase from 1990 to 2000 (see Table 11). This represents nearly 30% of the total households in the County with persons 60 years and older. Those who live alone are often at a greater risk of isolation and subsequent institutionalization. The availability and the provision of services to this population will continue to be a priority of this agency.

**Table 11**  
**Older Adults Living Alone**  
**El Dorado County**

Year	One-Person 60+ Households	% Increase
<b>1990</b>	3,711	-
<b>2000</b>	5,151	39%

## Disability

The number of individuals 65 years and older in El Dorado County who are living with some type of long-lasting condition or disability is 7,982 (41%). The County's 65+ disability distribution is close to the national distribution. The likelihood of having a disability varied with age in the County: from 5% of people 5 to 15 years old, to 11% of people 16 to 64 year old, and to 40% of those 65 and older. Nearly 41% of older adults at least 65 years old in the County are living with some type of disability. Approximately 250 of those residents are on Medicare due to a disability.

Of older adults that reported some type of disabling condition, physical disability was reported as the most common. Twenty-eight percent are living with a condition limiting basic physical activities (such as walking, climbing stairs, reaching, lifting, or carrying) and 19% are living with a sensory disability involving sight or hearing. Restricted mobility outside the home due to a disabling condition affected 14% of older adults, followed by 11% reporting that a physical, mental, or emotional condition causes difficulty in learning, remembering, or concentrating.

Females were slightly more likely to report a disability than males, with the exception of living with a sensory disability. Women were nearly twice as likely to be living with a condition that made it difficult to go outside of the home to shop or visit a doctor than their counterparts. Table 12 lists the specific disabilities for the older adult population.

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**Table 12**  
**65+ Population Living with Disabilities**  
**Comparison by Gender**

Disability	Total	Male	Female
With any disability	40.6%	40.6%	40.7%
With a sensory disability	19.2%	24.4%	14.8%
With a physical disability	31.5%	28.5%	34.1%
With a mental disability	10.7%	10.6%	10.8%
With a self-care disability	7.5%	5.7%	9.1%
With a go-outside-home disability	14.3%	9.4%	18.5%

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The majority of older adults 60 years or older who report to be living with some type of condition or disability are white. Among the minority racial and ethnic

groups in the County, the highest overall estimated disability rate, three percent, was reported among Latino older adults (see Table 13).

**Table 13**  
**60+ Population Living with Disabilities**  
**Comparison by Race**

Race	Number with a Disability	Percent with a Disability
Total County	8,625	33%
White	7,980	31%
Hispanic or Latino	255	3%
Black or African American	20	<1%
American Indian & Native Alaskan	30	<1%
Asian	160	2%
Native Hawaiian & Other Pacific Islander	0	0%
Two or More Races	180	2%

Five percent of older adults are living with the disadvantages associated with a disabling condition as well as a lack of income.

**Table 14**  
**60+ Population Living with Disabilities by Income in 1999**  
**El Dorado County and California**

	Total	With Income	No Income
California	1,810,876	1,682,530 93%	128,345 7%
El Dorado County	8,631	8,205 95%	425 5%

### Disabled Persons under 60 Years of Age

Like most organizations serving older adults today, the AAA is increasingly working with older adults who have disabling conditions and/or are responsible for other family members, including their own adult children, with disabilities. Identifying and accessing needed resources is especially difficult for these individuals, who frequently need assistance and supportive services for themselves and a loved one across multiple social agencies. Coordination of public benefits and services for families with a variety of self-help needs can best be provided when services are managed through a single entity. The Area Agency on Aging is able to provide

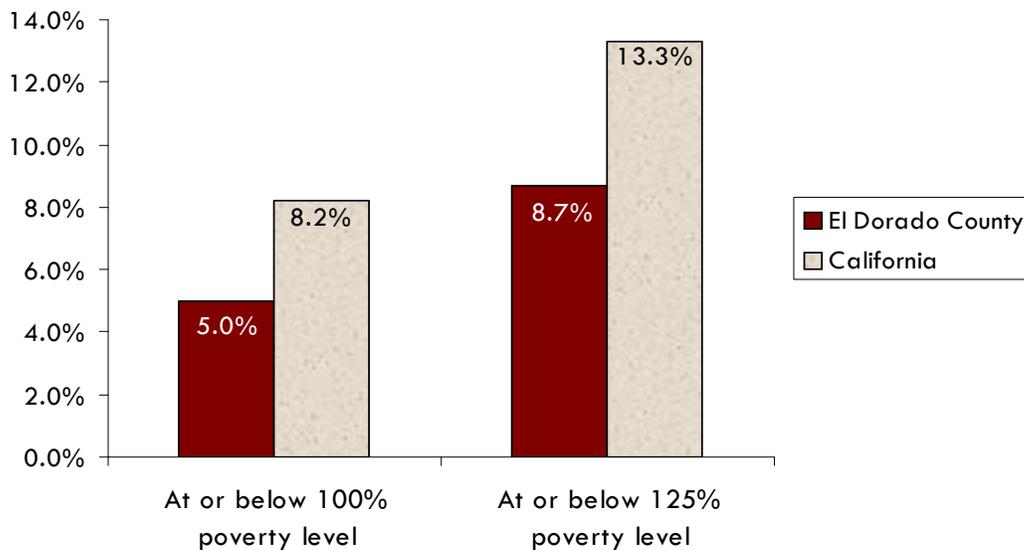
information and access to needed services to any El Dorado County resident with long-term care needs, whether due to age or disability.

### Income and Poverty

The incidence of poverty varies considerably across regions of California. On the whole, many of the counties in the State with the highest poverty levels are located in the Central Valley, while many of the counties with the lowest poverty levels are in the Sacramento Metropolitan and San Francisco Bay Area regions. El Dorado County ranks as the fourth lowest percentage of the total population below poverty level at 7.1%, with Marin, San Mateo, and Placer counties reporting lower incidences of poverty.

An indicator of economic well-being is the portion of older adults near or below the federally designated poverty level. El Dorado County has a lower poverty rate than California. Statewide, approximately eight percent of individuals 60 years of age and older live at or below the federal poverty level, while in El Dorado County, only five percent of those in that age group reported family incomes that were below the poverty thresholds. Figure 4 shows the percentage of those 60 and older who are at or below 100% and 125% poverty levels in the County compared to the State. At both levels, the County remains consistently lower than the State.

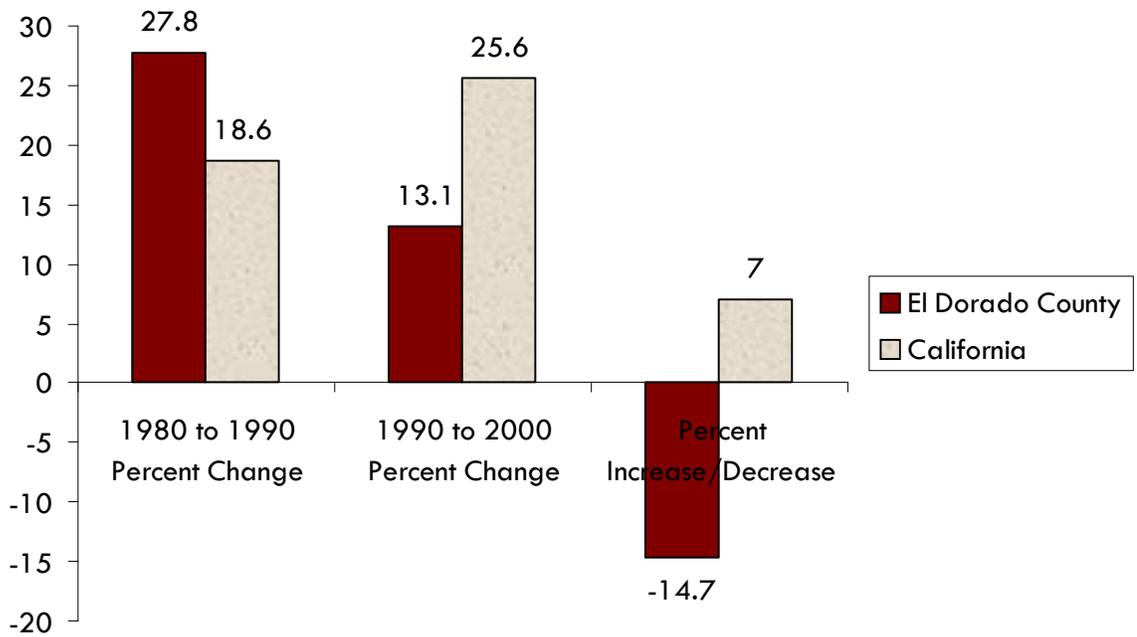
**Figure 4**  
**60+ Population Below 100% and 125% Poverty Levels**  
**El Dorado County and California**



The 2009 Federal Poverty Guidelines define poverty level for El Dorado County residents as having an annual income equal to or less than \$29,173 for an individual or \$38,149 for a couple. The guidelines are used to determine financial eligibility for certain federally funded programs.

Figure 5 illustrates the percent change of incomes reported for the 60+ population that were below the poverty threshold from the two previous decades.

**Figure 5**  
**60+ Population Below 100% Poverty**  
**Comparison of 1980, 1990, and 2000 Percent Change**  
**El Dorado County and California**



Race and ethnicity are related to poverty among older adults. Approximately 88.5% of all persons age 60 and older below the poverty level in the County were white and 11.5% were racial/ethnic minorities. Table 15 details the percentages of the 60+ population living in poverty. Reviewing percentages of specific races/ethnicities at or below 100% poverty level, those who identified themselves as American Indian or of more than one race were more likely to report

to be living under the poverty threshold. At 125% poverty level, the trend is similar. Older Asians and Pacific Islanders were far less likely to be living in poverty.

**Table 15**  
**60+ Population At or Below Poverty Level**  
**Comparison by Race**

<b>Race</b>		<b>&lt;100% Poverty</b>	<b>&lt;125% Poverty</b>
<b>Total 60+ Population</b>	26,023	5%	8.7%
<b>White</b>	24,127	4.8%	8.4%
<b>Minorities</b>	1,896	8%	12.1%
<b>Hispanic/Latino</b>	896	3.5%	6.7%
<b>Black</b>	65	6.2%	6.2%
<b>Asian</b>	441	2.3%	5.7%
<b>Pacific Islander</b>	9	-	-
<b>American Indian</b>	118	21.2%	21.2%
<b>Multi-race</b>	341	19.1%	33.7%

A 2007 study conducted by the UCLA Center for Health Policy Research determined economic security for California counties using the Elder Economic Security Standard Index, which is an estimation tool based on the actual cost in each county of the basic expenses needed by older adults to age independently with dignity in their own homes. Those with incomes below the Elder Index are economically insecure. Although only 7.4% of adults age 65 and older were below the federal poverty level, 33% of adults age 65 and older were below the Elder Index. Those who were identified as being unable to make ends meet, lacking sufficient income to pay for a minimum level of housing, food, health care, transportation, and other basic expenses, included 41.8% of older adults living alone and 19.1% of older couples. Only three other counties in the State had lower percentages of older adult living alone with incomes below the Elder Index: Marin, San Mateo, and Sonoma. Four other counties had lower percentages of older couples living with incomes below the Index: Humboldt, Marin, Sonoma, and Ventura.

The 2007 California Health Interview Survey reported on food security, or the ability to afford enough food. In El Dorado County, 76.9% of older adults age 60 and above are food secure and 23.1% are not able to afford enough food. This represents an increase in food insecurity over the previous six years of 69%.

## **Boomers**

The “baby boom” propelled the largest percentage increases of any age group in the 1990-2000 decade, according to the Census 2000 data (the baby boom refers to people born in the post-World War II period from 1946 through 1964). The boomers represent the largest cohort yet to reach retirement age, as well the healthiest and best-educated generation. This Area Plan covers an especially important period in which the first big wave of boomers—those born in the late 1940s—celebrating their sixtieth birthdays will be more pronounced. The peak of the baby boom—those born in the mid-1950s—will not reach their sixtieth birthday until after 2012.

The total number of boomers in El Dorado County in 2000 was 25,652. Assuming our County’s usual 2.4 growth rate per year (from 1990 to 2000 Census data), the total number of boomers in 2008 would have been 30,577. The sheer size of the boomer generation has understandably caused concern for the social and fiscal implications on the aging service delivery system in the County. The large number of boomers who are beginning to need and qualify for aging services mandates an examination of service delivery models for innovative and appealing programming.

## **Caregivers**

According to the Family Caregiver Alliance, 16% of California’s households are caring for someone aged 50 or older. The majority of caregivers are women, married, an average age of over 50, and most often providing assistance to a parent or spouse/significant other. These caregiver characteristics are similar to those identified through the analysis of the El Dorado County Family Caregiver Support Program (FCSP) recipients (see Establishing Priorities Section—Needs Assessment).

The actual numbers of caregivers in the County is unknown, primarily due to the fact that most caregivers do not identify themselves as such. The 2000 Census was the first time in history to inquire about grandparents who lived with and cared for their grandchildren under the age of 18. In El Dorado County there were 1,189 such grandparents. More than one-third of these grandparents had been responsible for a grandchild for 5 or more years.

## Census Tracts

For the purposes of this document, this PSA has been divided into the following Planning Areas by census tracts:

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**Table 16**  
**Planning Areas by Census Tracts**

<b>Planning Area</b>	<b>Census Tracts</b>
El Dorado Hills	307
Cameron Park/Rescue/Shingle Springs	308, 309
Placerville	310, 311, 312
Diamond Springs/El Dorado	315
Pollock Pines/Camino	313, 314.01, 314.03
South County (includes Mt. Aukum, Somerset, Grizzly Flat)	314.02
Georgetown Divide (includes Greenwood, Cool, Garden Valley)	306
South Lake Tahoe (includes Meyers)	301, 302, 303, 304, 305

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## **DESCRIPTION OF THE AREA AGENCY ON AGING**

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### **ADMINISTRATION AND STRUCTURE**

The El Dorado County Board of Supervisors was officially designated the governing body of the Planning and Service Area (PSA) 29 of El Dorado County by the California Department of Aging in December 1979.

The El Dorado County Area Agency on Aging (AAA) is the office designated by the Board of Supervisors to carry out the daily functions and activities required under the Older Americans Act and the Older Californians Act. The El Dorado County AAA is a unit of local County government and operates within the Department of Human Services. The Department of Human Services has two divisions: Division of Community Services and Division of Social Services. The Community Services Division's main office, from which most senior services are delivered and the AAA is housed, is located at the Senior Center in Placerville.

To maximize resources and save costs, the Human Services Department has streamlined administrative, fiscal, and contracting functions for their two divisions, Social Services and Community Services. Many of the administrative functions for the AAA are housed in the Social Services Division's main office. The Home of Elder and Adult Resource Team (HEART), which includes Public Guardian, Adult Protective Services, In-Home Supportive Services, Linkages and MSSP care management programs, and Information and Assistance (a satellite office), is also located in the main office of the Social Services Division. In addition, the Department maintains satellite offices in South Lake Tahoe.

There are seven County-operated Senior Nutrition meal sites within the PSA, including two in cooperative ventures with the City of South Lake Tahoe and the El Dorado Hills Community Services District.

The Assistant Director of the Department of Human Services also serves as the AAA Director. Other staff positions of the AAA and senior services include Program Manager, Administrative Technician, Department Analyst, Activity Coordinator, Senior Day Care Supervisor, Information and Assistance Coordinator, Senior Nutrition Services Program Coordinator, Senior Legal Attorney, Paralegal, MSSP/Linkages Program Manager, Family Caregiver Support Program Coordinator, Care Management Counselors, and other support staff.

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### **ASSETS**

El Dorado County Area Agency on Aging  
Area Plan 2009-2012

The El Dorado County AAA enjoys a unique relationship in the community through its association with County government. This relationship strengthens and supports the AAA in maintaining a leadership role in the community, and makes it possible for older adults, disabled adults, and caregivers to access an array of services. In addition to this, the El Dorado County AAA is a direct service provider. This role heightens the awareness of older adult needs and reinforces the commitment to meet those needs. Further, the organizational restructuring of Community Services with Social Services into a unified Department continues to provide opportunities for more effective collaboration with existing programs serving older adults, such as Adult Protective Services, In-Home Supportive Services, Medi-Cal Program, and Employment Services. The overall effect of this integration has been a more efficient and effective planning and delivery of a continuum of aging services.

**Single Point of Entry.** The efficiency and effectiveness of the older adult service delivery system is widely acknowledged in the County. Through the consolidation of Information and Assistance program services into a single coordinated system, the AAA acts as a single point of entry referral source and advocate for older adults throughout the county, linking those in need with information, education, and access to home and community-based services.

**Improving Quality and Capacity of Care.** As administrator of OAA programs to support aging community members to remain at home, providing quality service to older adults, their families, and caregivers is a high priority for the AAA. Changing and emerging needs of the aging population require continuing education and training for all staff. Promoting effective, efficient, and responsive delivery of aging services by enhancing the quality and capacity of OAA-funded home and community-based services is an ongoing activity of the agency. Providing opportunities for quality assurance activities and for professional development maximizes the service delivery system for compliance and change. Please see *Part II, Goals and Objectives*, for detail of the proposed initiatives.

**Identification, Prioritization, and Resolution of Community Needs.** The AAA has developed a progressive three-year needs assessment list of activities to provide continual evaluation of the needs and issues facing older adults and their caregivers in our community in preparation for the 2012-2016 contracting cycle. Part II of this report, *Goals and Objectives*, details the proposed procedures. The AAA remains flexible with its resources and staff time in order to address critical areas of unmet need and to anticipate the impending demographic trends and future service needs of the boomers and other underserved target populations. Collection of both quantitative and qualitative data enables synthesis of information to better prepare service delivery and to respond more efficiently to service accessibility issues.

**System Coordination.** The AAA actively participates in various multidisciplinary committees, sustains representation in numerous community collaboratives, and maintains an open dialogue and engagement with our community partners of the aging network. These system coordination activities are described in further detail in the section, *Coordination and Advocacy*. Our alliances with a broad spectrum of community leaders, community-based service organizations, and other public entities provide the opportunity to network and respond to the needs of the community.

**Advocacy.** The AAA participates in a range of advocacy activities on behalf of older adults to support their ability to maintain independence and dignity in the least restrictive environment, which are described in further detail in the section, *Coordination and Advocacy*.

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## LIMITATIONS

The AAA strength of being part of the County government structure is also its weakness. County staffing levels are tied to budget constraints and the Community Services Division staff oftentimes allocated to several different programs and/or locations to maximize the utilization of funding sources.

**Limited OAA Funding.** While many excellent services are currently in place locally to meet the needs of our older population, we need to do much more to prepare for the profound demographic shift represented by aging Boomers. Funding levels are not keeping pace with the rapidly growing older adult population in the County. Inadequate funding inhibits the AAA's endeavors to advocate, plan, coordinate, and deliver a comprehensive range of home and community-based services for older adults and their caregivers who may be struggling in the pursuit to remain living independently at home. The fact that there are more needs than can be met with available funds will inevitably result in limited financial and human resources allocated to meet those needs. With increased demand, but fewer services available, waiting lists will be more prevalent.

**State of California's Budget Crisis.** Taking into consideration the national fiscal crisis as well as the fact that California is facing a state budget shortfall of billions of dollars, the system of aging services is susceptible to budget cuts. Our most vulnerable seniors in our County face reductions in services that often mean the difference between safely remaining at home and facing premature or inappropriate institutionalization. The impact of state and county budget changes this year has forced us to restructure service administration and has decreased our ability to enhance certain programs from which many older adults benefit.

**Lack of Service Coordination.** As lead advocate, systems planner, and facilitator of services for older adults, their families and caregivers, the AAA is challenged

with the task of tracking and coordinating with the programs offered by other agencies. Enhanced collaborative efforts and community outreach are imperative to ensure a seamless service delivery system. Furthermore, diverse individual and professional philosophies and practices influence implementation of various tasks including management, data tracking, and sharing of client information. Regular AAA staff meetings and trainings to enhance group cohesiveness and ensure consistency in protocol is necessary.

**Challenges in Delivery of Services.** The geography of the County presents unique challenges for service delivery. The ability to provide services to targeted populations in outlying areas is more challenging. This need to provide services to older adults in their own communities is critical, especially for those vulnerable populations who have limited access to transportation for needed services or those dependent on in-home provision of services and supports in the more isolated, rural areas of the County.

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## AAA'S FUNDING SOURCES

The AAA's funding sources derive from Federal, State, and County funds, with additional financial support from donations. Federal and State funding has not kept pace with the ever-increasing cost of providing services to older adults in the community. Historically, local funds have been used to help supplement the need and expand services.

With the current federal, state, and local budget crisis, the annual budget support for PSA 29 is unpredictable. Furthermore, while there is an increasing need for services, funding levels are decreasing. All efforts are being made to keep the core functions of each program intact and operating.

The Board of Supervisors allocates the most substantial supplemental financial support each year. Increases in the County's overmatch contributions to these programs over the years reflect tremendous support for the AAA's programs and services. Donations are the second greatest source of supplemental funding.

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**Table 17**  
**AAA's Funding Sources**  
**Sources and Uses of Funds for Fiscal Year 2008-2009**

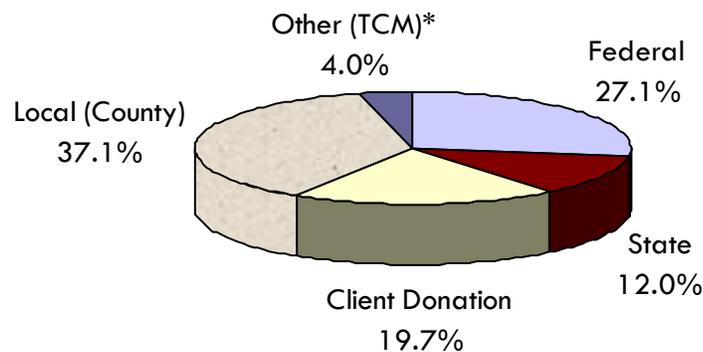
Source of Funds		
Federal	\$847,248	27.1%
State	\$376,181	12.0%
Client Donation	\$616,996	19.7%
Local (County)	\$1,159,553	37.1%

El Dorado County Area Agency on Aging  
Area Plan 2009-2012

Other (TCM)*	\$126,376	4.0%
<b>Total Revenue</b>	<b>\$3,126,354</b>	<b>100.0%</b>

\* Targeted Care Management

**Figure 6**  
**AAA's Funding Sources 2008-2009**



## UNIQUE RESOURCES AND CONSTRAINTS EXISTING WITHIN EL DORADO COUNTY

As a rural PSA, El Dorado County experiences some of the unique resources and constraints of a rural community. Specifically, the population of the County has:

- A strong regional identity
- An increasing desire to maintain control of its rural nature
- An increasingly and strong insistence upon local control
- A vast geographic service area that prohibits single, large service delivery systems that benefit from economies of scale and results in limited access to services in the very remote areas of the County
- A limited service delivery system, especially in areas of social and not-for-profit service delivery agencies
- A limited tax base—more than half of the County is public land which generates little financial support for social services
- An extremely limited resource base of businesses and private industries which could be accessed for financial support of services
- Limited affordable housing
- Limited public transportation especially in the more rural areas of the County

The County population has grown dramatically over the past twenty years, particularly in socially vulnerable populations, demonstrating:

- In increasing older adult minority population
- An increasing older adult low-income population
- A rapidly increasing older adult population, particularly the 85+ population
- A rapidly increasing older adult population living alone
- An increasing number of family caregivers providing home care

Further, the County has experienced an influx of boomers rapidly approaching retirement age as well as new residents relocating from more affluent urban areas. These residents are a more vocal and politically mature constituency who increasingly has an expectation that services be available and accessible. This group is self-sufficient and is seeking different ways in which to contribute to the community.

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## **SERVICE DELIVERY IN EL DORADO COUNTY**

Primarily health care providers, such as skilled nursing facilities, acute care hospitals, home health agencies, private physicians, multi-service retirement communities, and social service agencies, such as the County of El Dorado, the City of South Lake Tahoe, and community services districts, provide senior services.

The County of El Dorado is the primary provider of social services to the older adult population in this County. Lead by the AAA, all Older Americans Act and Older Californians Act services are provided by County government. The El Dorado County AAA serves as the local information and senior services clearinghouse for PSA 29. These services are augmented by some very good park and recreation services provided by the City of South Lake Tahoe and the El Dorado Hills Community Services District.

The Department of Health Services, Public Health Division and Mental Health Division, also provide various services to older adults, and their participation and willingness to cooperate and coordinate services with the AAA is invaluable. Outside of County government, the AAA works closely with other community organizations providing services/support to older adults. Such local agencies include faith-based organizations, the Latino community, hospitals, home-health agencies, health providers/clinics, the community college, public transit authority, and other service organizations. Further details on local coordination efforts are described in the next section, "Description of the Area Agency on Aging."

While the County would happily share its service responsibilities with other agencies, the lack of not-for-profit and profit making social service agencies prevents this at this time. As the County continues to grow, the economy improves,

and the population densities increase to a point at which services become more economically viable, community-based service agencies will certainly choose to develop services here.

### **Overview of Services**

The AAA provides the following services to older adults and disabled adults 18 years of age and older in El Dorado County:

- Citizen Advocates for the Protection of Elders (CAPE)
- Elder Protection Unit (EPU)
- Health Insurance Counseling and Advocacy Program (HICAP)\*
- Information and Assistance (I&A)
- Linkages Care Management Program
- Long-Term Care Ombudsman
- Multipurpose Senior Services Program (MSSP)
- National Family Caregiver Support Program (FCSP)
- Respite Care
- Senior Activities
- Senior Day Care/Alzheimer's Care Resource Center
- Senior Health Education Program (SHEP)
- Senior Farmers' Market Nutrition Program (SFMNP)
- Senior Legal Services
- Senior Nutrition Services, congregate and home-delivered meals
- Senior Peer Counseling
- Senior Shuttle
- Volunteer Services
- You Are Not Alone (YANA) Daily Telephone Reassurance Program

*\* HICAP services are integrated into the service delivery system and are administered by the Area Agency on Aging through a Memorandum of Understanding with Area 4 Agency on Aging.*

Additionally, the Department of Human Services provides the following services to residents of El Dorado County which older adults and disabled adults access:

- Adult Protective Services (APS)
- Child Protective Services (CPS)
- El Dorado County Housing Authority, including Section 8 Renters Assistance, CDBG Rehabilitation Loan Programs and First Time Home Buyers Assistance

- Food Assistance programs
- Home Energy Assistance Program (HEAP)
- In-Home Supportive Services (IHSS)
- Medi-Cal Insurance
- Public Guardian
- Supplemental Food Program for Women, Infants and Children (WIC)
- Weatherization Program

### **Service Delivery Changes**

**Information and Assistance Program.** The Information and Assistance (I&A) program serves a vital role in the community. The I&A Program is fully funded and now serves as the single point of entry for older adults, dependent adults, and caregivers to access services in the community. Information & Assistance also functions as the central intake for the care management programs of Linkages and MSSP and as back up for APS and IHSS. Improved outreach, follow-up, and short-term case monitoring are integral components of the program. Short-term case monitoring and care coordination is a supportive service that is provided on a limited basis to individuals either awaiting or transitioning from formal care management services. This temporary component entails the provision of needs assessment, eligibility determination for appropriate community-based programs, service arrangement, and more extensive care coordination that exceeds standard I&A follow-up. The I&A Program has also been enhanced with the addition of a bilingual Program Assistant. As well as being able to provide information and assistance to the Hispanic community, this position is utilized to translate aging service brochures into Spanish and enhance outreach into this community.

**Impact of Fiscal Crisis.** As a result of the current fiscal condition, program cuts have been unavoidable. The County has reviewed all departments and programs to ensure minimum level of staff to maintain core services.

- This past year, the Board of Supervisors deemed it necessary to close the Shingle Springs congregate meal site.
- Two extra-help positions in the Senior Health Education Program (SHEP), the health promotions and disease prevention program, were eliminated and those responsibilities were assigned to other AAA staff.
- The extra-help AAA Outreach Coordinator for elder abuse prevention was eliminated but will continue in a volunteer capacity.
- The Long-Term Care Ombudsman Coordinator position was eliminated. The Family Caregiver Support Program Coordinator assumed the management of the Ombudsman volunteer activities.

- The State of California cuts to the Linkages and MSSP case management programs resulted in the deletion of the Care Management Supervisor position. The Adult Services Program Manager assumed the supervisory duties for those two programs, and the current caseload is being maintained.
- The Senior Day Care Program staffing was reduced by 4.81 full-time equivalent positions to improve the fiscal integrity of the program and to help offset the state cut to the Alzheimer's Day Care Resource Center.
- The administration of the Friendly Visitor Program was transitioned from the AAA to the Mental Health Division of the Department of Health Services. The AAA could no longer supplement Mental Health Service Act (MHSA) dollars to fully fund the Friendly Visitor Program.

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## **COORDINATION AND ADVOCACY**

The AAA strives to be a leader in the community addressing needed services for older adults. This leadership is accomplished in a variety of ways including collaboration with community partners and in day-to-day contact with the older adult population as a result of being a direct service provider for the majority of aging services within the PSA. The Board of Supervisors, as the governing body, sets the policy in collaboration with aging services and community partners.

**Commission on Aging (COA).** The COA is an active voice that advises and represents local needs to County government officials and service providers. The Commission continues to envision and work towards a commitment by all sectors of county government, non-government organizations, caring professionals, and private organizations and individuals for the promotion of health and the protection, advocacy, and representation of older and disabled adults.

The COA, through the California Senior Legislature (CSL), supported Senate Bill 108 (SB 108), which became law on January 1, 2007. SB 108 provides California seniors new protection to help them avoid becoming victims of financial abuse. This new law requires that employees of financial institutions report any suspicious activity involving the accounts of seniors and other dependent adults. It places the financial employees in the category of "mandated reporters," who must report incidents of suspected elder abuse.

The COA wrote and submitted for consideration to the CSL a proposal that would increase the availability of affordable housing for older adults by a standardization and minimization of zoning and impact and permit fees for second dwelling units. Although the proposal was not picked up by a legislator, it has been and will continue to be a priority for which the COA will advocate. The CSL is pursuing a proposal to increase the annual home owner's exemption for older

adults from \$7,000 to \$27,000. A COA representative participates in the County's Housing Task Force and has testified at public hearings regarding the need for affordable housing for all ages. Another COA member is the Vice Chair of the Affordable Housing Coalition of El Dorado County, Inc. and recently attended the White House Office of Faith-Based and Community Initiatives Summit in Sacramento as an advocate for affordable senior housing.

The Placerville Senior Center has a new Computer Center thanks to a generous donation of six new computers and a color printer from the Placerville Rotary Club. The Computer Center is managed by volunteers under the direction of the Senior Activities program coordinator. One of the COA members is an instructor in the Computer Center in her quest to bring technology and opportunities of interest to the boomers.

Another COA member was instrumental in bringing forth the new Senior Center in the El Dorado Hills area. Without her advocacy and perseverance, this would not have been possible.

**Alert Community.** The AAA is dedicated to the prevention of elder abuse through awareness and education. The formal kick-off of Alert Community occurred August 31, 2006 at a community information forum, "Guarding Yourself from Fraud and Identify Theft." Alert Community is dedicated to crime prevention through awareness, with focus on the prevention and avoidance of scams, fraud, and financial abuse. Local service organizations, faith-based organizations, financial institutions, and others subscribe to Alert Community to receive the latest information about these crimes. Each subscriber is asked to "spread the word" within their network, thereby informing a broader segment of the community. A COA member developed and maintains Alert Community.

**Elder Protection Unit (EPU).** A demonstration of the AAA affecting change and outcomes in a service delivery system is the establishment of the Elder Protection Unit to ensure the safety and well-being of the County's older adult community. The COA spearheaded the important issue of elder abuse several years ago. On the heels of two well-attended elder abuse seminars hosted by the Commission, a local Superior Court Judge convened an Elder Abuse Task Force to examine the issue further. The Task Force (formerly known as the Elder Abuse and Protection Council) was comprised of a number of key community leaders, including the AAA and COA, and is now known as the Elder Protection Unit (EPU).

The EPU brought together the District Attorney's Office, Senior Legal Services, and County Counsel to pursue vigorous prosecution of physical, emotional, and fiscal abuse of older adults. The District Attorney's Office directs investigation and prosecution of criminal elder abuse cases. County Counsel prosecutes civil fraud and unfair business practices, and the addition of a second Senior Citizens Attorney provides for filing of civil lawsuits related to estates. Recovery of assets has been a

key effort of the unit, and the results have been significant. In the first six months of existence, twelve civil cases went into litigation (or pre-litigation) and were defended, for a total savings to older adults of \$1,664,000. In addition, the EPU holds monthly meetings with key community leaders to discuss current issues of abuse and ways to increase community awareness, prevention, and prosecution. The EPU received a California State Association of Counties (CSAC) Merit Award for 2007.

The AAA is actively involved in the community through a number of affiliations with local government entities, local community groups, inter-agency committees, and special task forces. The following is just a sample of some of those groups:

**Multidisciplinary Adult Services Team (MAST).** MAST is coordinated by Adult Protective Services to review elder and dependent adult abuse cases and to improve communication and coordination among agencies serving older and dependent adults. MAST provides a monthly forum where concerns are expressed about specific cases and ideas are exchanged to address the prevention of older and dependent adult abuse. Representatives of AAA, Health Services Department, Code Enforcement, Animal Control, Marshall Hospital, Public Guardian, the District Attorney's office, CAPE (Citizen Advocates for the Protection of Elders), and Senior Day Care are among those attending.

**Social Services Transportation Advisory Council.** As the administrator of Transportation Development Act (TDA) funds for El Dorado County, El Dorado County Transportation Commission (EDCTC) is charged with performing the annual Unmet Transit Needs process. As the recommending body to the Commission, the primary responsibility of the Social Service Transportation Advisory Council (SSTAC) is to review potential unmet transit needs in the County. The SSTAC's additional responsibilities are to identify potential transit needs and/or ways to improve the efficiency and effectiveness of existing transit service. AAA staff attend these meetings to advocate for transportation alternatives for at-risk populations. Human Services Department staff also participated in the development of the Coordinated Human Services Transportation Plan, which was adopted on August 28, 2008.

**Public Health Preparedness Workgroup.** This multi-agency workgroup identifies potential health preparedness concerns, prepares community alerts/warnings, and plans for a coordinated disaster response. This group meets bi-monthly and includes: Public Health's Communicable Disease and Emergency Preparedness, El Dorado Transit, Office of Emergency Services, Marshall Hospital, Barton Hospital, Area Agency on Aging, El Dorado Care Center, Environmental Management, Cal-Tahoe Fire, Office of Education, Mental Health, and Alpine County Public Health. AAA staff also attends ad-hoc meetings to address heat/cold emergencies. Members of the Commission on Aging also attend the bi-monthly Office of

Emergency Services (OES) Disaster Council Meeting, which brings together the key players in the community for disaster response.

**Make A Difference Coalition.** The coalition involves non-profit and governmental entities on the western slope of El Dorado County who are interested in making a difference in the community. Make A Difference Coalition provides a monthly forum to collaborate on ideas, coordinate activities, hear interesting speakers on volunteer management topics, and learn about available county services. Representatives of AAA, Community Health Library, Food Bank, Habitat for Humanity, Chamber of Commerce, Marshall Medical, Snowline Hospice, and H.E.L.P (Housing Emergency Lodging Program) are among those attending.

**Disaster Preparedness.** The AAA is an integral part of the disaster preparedness planning for the PSA. The El Dorado County Office of Emergency Services (OES) has lead responsibility if a disaster occurs locally. The El Dorado County Operational Area Emergency Operations Plan is the principal guide for the agencies of El Dorado County and other local government entities to prevent, prepare for, respond to, and recover from emergencies and disasters affecting the County. The roles of the AAA and Department of Human Services are clearly defined in this plan. Responsibilities of the AAA include: identifying and locating at-risk individuals who would need assistance in the event of an emergency, providing information on residential and skilled nursing facilities, providing trained volunteers, and providing information on vendors for food, medical supplies, etc. AAA staff has been instrumental in the development of the plan, and the AAA and COA sit on the Public Health Preparedness Workgroup and OES Disaster Council to ensure ongoing communication and planning between the AAA and the County's OES.

The AAA has also been integral in preparing for local heat/cold emergencies. In a collaborative effort, the El Dorado County OES, Health Services Department, Human Services Department (AAA), and community partners developed a plan to provide temporary relief from extreme cold and heat for the most vulnerable residents of El Dorado County. The Placerville Senior Center was used as a Warming Center for older adult residents and their caregivers in January 2008. While more appropriate locations have been identified to provide overnight shelter from the extreme cold, the Department of Human Services and the AAA will assist staff, conduct outreach, and assist with locating vulnerable older and disabled adults. In July 2008, the local libraries were opened as Cooling Centers. Again, the AAA helped staff and assisted with locating vulnerable County residents. The Placerville Senior Center and El Dorado Hills Senior Center have also been designated cooling centers for older residents and their caregivers if needed.

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## **THE AAA'S ROLE IN A COMMUNITY-BASED SYSTEM OF CARE**

The 1988 regulations for the Older Americans Act emphasized the mission of the AAA to provide leadership in the development and enhancement of comprehensive and community-based systems of care within the local planning and service area. The AAA and the COA have focused much effort, energy, and work towards the development of an effective community-based system of care. The following are several examples that detail our endeavors.

**Senior Nutrition Program.** There is strong commitment and support from all sectors of the community for AAA programs and services. Even during these tough economic times, the Board of Supervisors continues to support the use of general fund dollars to ensure continued services of the Senior Nutrition Program. Senior Nutrition Services, both congregate and home-delivered meals, are provided at the following seven locations: Placerville, Diamond Springs, Greenwood, Pollock Pines, South Lake Tahoe, Pioneer Park, and El Dorado Hills. Home-delivered meals are also provided in the Cameron Park/Shingle Springs area even though the congregate meal site in Shingle Springs was closed. This approval publicly demonstrates recognition of a well-managed and vital program, not only insuring continued access to services, but also insuring an opportunity for recipients to access information and assistance about other community services from program staff. The County also operates a Senior Nutrition Site on the East Slope within the South Lake Tahoe Senior Center in a cooperative venture with the City of South Lake Tahoe. The City of South Lake Tahoe funds a full-time coordinator to direct all the activities at that Senior Center.

**Older Adult Research Project.** There is collaborative decision-making with regard to services in the community by concerned organizations and older and disabled adults. In 2006, a workgroup of 15 dedicated community members, five of whom were affiliated with the AAA, developed a comprehensive survey instrument to be utilized as part of the Older Adult Research Project conducted by the philanthropic El Dorado Community Foundation with support of the AAA. Ten thousand surveys were randomly distributed to residents 60 years of age and older throughout the County. In October 2007, using the 2,100-plus surveys that were completed as a springboard, a daylong community convening was held to review the data and evaluate both the assets and the needs represented by the older adult population. The report, "*A Focus on the Older Adults in El Dorado County: A Community Gathers and Sets a Course for Change*" was developed as a result of the convening. The El Dorado Community Foundation currently seeks proposals for projects that will enhance the lives of older adult residents of El Dorado County based on the survey findings.

**Home of Elder and Adult Resource Team (HEART).** When the Board of Supervisors directed the co-location of HEART services to a single location, the move effectively enhanced the service delivery system, a direct benefit to the public being served. The consolidation demonstrated the flexibility of County administrators and the AAA to identify ways to improve communication, to streamline intake, referral, and assessment, and to help staff determine the most

effective and appropriate level of care and service an older or dependent adult might need. The new service delivery system reduced duplication of services and established a continuum of care through a more efficient team approach. Working closely with the AAA, referrals are made to other AAA programs and appropriate agencies with follow-up to ensure that comprehensive assistance had been achieved or continues to be pursued.

Care Management staff at HEART field numerous requests for services. In creative and patient ways, they try to assist as many clients as possible. Care Management services such as Linkages, MSSP, In-Home Supportive Services, and the Family Caregiver Support Program play a key role in allowing older adults to remain in their homes for as long as possible. Each of these programs works with the client and their family to identify client needs, develop an individual care plan, and monitor services and progress. While motivated to be responsive, program staff also recognize client self-determination. To create the best environment possible, staff help develop formal and informal support systems utilizing community, volunteer, and program resources in order to attain a safer, healthier life at home.

**El Dorado Hills Senior Center.** An example of a public/private partnership is that which is between the County and the El Dorado Hills Community Services District to provide enhanced services to the older adults residing in the El Dorado Hills area. The County now owns the new El Dorado Hills Senior Center, which was previously leased. The El Dorado Hills Community Services District funds a full-time coordinator to direct the activities at the facility. The Senior Center offers numerous opportunities for older adults to learn, engage in recreation, socialize, and enjoy a hot, nutritionally-balanced lunch.

**Home-Delivered Meals Wellness Outreach Program.** Another example of community collaboration is the proposed Home-Delivered Meals Wellness Outreach Program. Funding received from the Mental Health Initiative Prevention & Early Intervention allocation would enable the AAA, in collaboration with the Mental Health Division of the Health Services Department, to start a pilot program to enhance the Home-Delivered Meals (HDM) program with a mental health emphasis for their frail, homebound older adult participants with signs of depression. This preventive program involves reducing risk factors or stressors, building protective factors and skills, and increasing support to those living with mental illness. Additionally, any participants who are identified as having symptoms of depression will be referred to appropriate community resources and assisted in linking with necessary support. The Wellness Outreach Program will be bringing mental health awareness into the lives of all HDM participants and their families/caregivers, thus reducing the potential for stigma and discrimination against individuals with depression or other mental health problems and concerns. The program will be instrumental in facilitating accessing support at the earliest possible signs of depression. This early intervention is cost effective in terms of financial commitment and the older adult's personal suffering, and recovery (the reduction or elimination of depressive symptoms) is expected. It will be integrated, accessible, culturally

competent, and effective at identifying older adults in need of support and referrals for treatment of depression. Development and implementation of the proposed program will be pursued in the upcoming contracting cycle.

**Community Focal Points.** The Placerville Senior Center, El Dorado Hills Senior Center, and South Lake Tahoe Senior Center serve as focal points for older adults and their families to turn to for information or to receive services. The statewide toll-free 800 number is advertised in every monthly issue of the Senior Times newsletter, a publication of the AAA with a distribution of 1400. The 800 number is also included in all press releases to the media and on all program brochures. The Information and Assistance program serves as the visible point of contact into the continuum of care for older and disabled adults in El Dorado County. In addition, HEART serves as a single point of entry for those inquiring about protective services for older and dependent adults. All seven of the Senior Nutrition Congregate Dining Centers also serve as points of contact for the public inquiring about services.

**Alzheimer's Disease Conference.** The Senior Day Care Program is a perfect example of a system committed to leadership in the community. With the support of a grant from Marshall Foundation for Community Health and under the leadership of the Senior Day Care Program, the "Alzheimer's...Navigating the Journey" conference was held at the Green Valley Community Church on May 2, 2008. The AAA and Family Caregiver Support Program, along with other community partners, presented this conference for family and professionals caring for individuals affected by Alzheimer's disease or other related dementia. Over 250 family members, caregivers, and health care professionals attended this well-received conference.

**Memory Screening Day.** Again, under the leadership of the Senior Day Care Program, El Dorado County held its first Memory Screening Day on November 18, 2007 and second event on November 18, 2008. National Memory Screening Day is a collaborative effort spearheaded by the Alzheimer's Foundation of America (AFA) to promote early detection of Alzheimer's disease and related illnesses, and to encourage appropriate intervention. The Senior Day Care Center trained qualified community professionals to administer a mental status examination used to screen for cognitive impairment. More than 100 participants were screened at each of the two events at various locations throughout the county. Individuals with scores indicative of a suspicion of cognitive impairment were encouraged to pursue further medical evaluation. The Senior Day Care Center plans to participate annually in this event.

**Seniors and Adults with Disabilities Health Fair.** On October 25, 2007, the Seniors and Adults with Disabilities Health Fair held at the El Dorado Fairgrounds attracted a record turn out of over 600 attendees and 42 governmental and non-profit organizations. This successful event was co-sponsored by the Senior Day

Care Program, IHSS Public Authority, Senior Health Education Program, and Family Caregiver Support Program. Those attending had the opportunity to receive information about local resources and to become educated on pertinent issues about aging, health maintenance, and general well-being. Also offered at the event were free health-care screenings for osteoporosis, glucose, cholesterol, and vision tests. The Health Services Department provided over 500 flu vaccinations. This event is held bi-annually.

**South Lake Tahoe Adult Day Care Program.** To meet the needs of caregivers in the Tahoe Basin, the El Dorado Community Foundation will assist in the planning and initial funding support for a South Lake Tahoe Adult Day Care Center. A potential location has been identified, and the Senior Day Care Program Supervisor will provide technical assistance to ensure their success and compliance with regulations.

**Family Caregiver Support Program (FCSP) Collaboratives.** The El Dorado County community is equipped with many effective programs and resources. As often as possible, AAA programs incorporate the use of these resources, whether in the South Lake Tahoe service area, Placerville, or other more remote regions. Resources are utilized to the best advantage possible for the benefit of the clients being served. FCSP strives to reach the more rural and outlying areas of our County. The program provides two on-going support groups and will complete 38 caregiver educational classes this year throughout the county. In many areas, FCSP provides the only continuing support services to caregivers available. FCSP participated and assisted with the organization of three large county-wide health fairs and numerous caregiver conferences which were attended by family caregivers and other allied health professionals. FCSP has also developed partnerships with numerous agencies such as the Alzheimer's Association of Northern Nevada and the IHSS/Public Authority to provide trainings for their caregivers. One of their new areas of focus will be the grandparent/kinship caregivers in collaboration with the Kinship Support Services Program (KSSP) offered by Lilliput Children's Services. The program is designed to help support grandparents and relative caregivers of children not more than 18 years of age.

**Securing Assistance to Minimize Gaps in Service.** Services are available to elderly and disabled adults regardless of income and/or level of dependency. When a program must adhere to specific age and/or income guidelines, such as MSSP (Multipurpose Senior Service Program) serving those 65 and older who are Medi-Cal eligible, every effort is made to suggest other options for assistance. In the case of MSSP, Linkages serves as a viable alternative. The Senior Nutrition Program has a long history of demonstrating its ability to serve older and disabled adults regardless of income and/or level of dependency. Congregate Dining meets the social and nutritional needs of those able to access a community dining center, while Home-Delivered Meals meets the needs of those challenged by frailty, declining health and limitations, and/or physical disability. The Nutrition Program suggests a donation per meal, but service is provided regardless of the donation.

Access is enhanced by the strategic location of seven dining centers throughout the County, serving a total of 600+ meals daily Monday through Friday. Referrals are received from hospitals, home health care agencies, Linkages, MSSP, family members, neighbors, and older adults themselves.

**Volunteer Support.** Volunteers remain one of the most valuable resources of the AAA. Volunteer commitment and support is demonstrated by the involvement of more than 300 volunteers throughout the year. This consistent volunteer base yields tremendous influence throughout the public and private sector of the community.

## **MISSION STATEMENT**

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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.



# EL DORADO COUNTY DEPARTMENT OF HUMAN SERVICES

## Department of Human Services (DHS)

### Current Organization

- DHS 1.0 Director (Vacant)
- DHS 1.0 Assistant Director (J Walker-Conroy, 10%)
- DHS 1.0 Chief Fiscal Officer (L Webb, 0%)

### Department Support Services

### Social Services Division

### Community Services Division

### Administrative

### Financial

#### Placerville

- 0.21 Sr. Accountant I/II (M Ganno)
- 0.26 Accountant I/II (D Waibel)
- 0.30 Fiscal Technician (M Paris)
- 0.56 Sr. Fiscal Assistant (S DeBiddle)

# Community Services Division

## Community Action Agency

Home Energy

Weatherization

Women, Infants & Children (WIC)

Workforce Investment Act (WIA)

### Senior Day Care / ADCRC

0.33 Senior Day Care Program Supervisor (W Demarest)  
 0.66 Program Assistant (L Vallerga .33, M Taylor .33)  
 0.89 Program Aide (S Angus .31, J Langford .30, J Whelan .28)  
*1.0 Public Health Nurse I/II (C Rice)*  
*2.0 Program Aide (J Bruno, S Pittman)*

## Housing, Community and Economic Development

Public Housing Authority  
 CDBG/EDBG

## IHSS Public Authority

## Area Agency on Aging Services

0.38 Program Manager (M Hunter)  
 0.25 Administrative Technician (A Higdon)  
 0.25 Program Assistant (M Miranda)  
 0.37 Care Management Counselor (D Johnston)

### Senior Legal Services / Elder Protection Unit

1.5 Senior Citizens Attorney I/II/III --  
 (A Hamilton .50, D Steele 1.0)  
 1.0 Paralegal I/II (J Byrne)  
*1.0 Legal Secretary II (J Zylman)*

### Senior Nutrition

0.4 Program Manager (M Hunter)  
 1.0 Program Coordinator (R Green)  
 1.0 Food Services Supervisor (C Coleman)  
 2.81 Cook I/II (K Bailey, J Filgo, L Mace)  
 6.0 Mealsite Coordinator (L George 1.0, S Muntz .95, R Reveile .81, S Rust .81, T Shaeffer .81, A Toner .81, L Warren .81)  
 1.19 Food Service Aide (C Lindstrom .63, D Pearce .56)  
*4 Mealsite Coordinator (S Doyle, K Eicher, A Rawlins, L Urban)*

### Preventative Health

0.02 Program Manager (M Hunter)  
 0.1 Program Coordinator (S Walker)

### Family Caregiver Support Program

0.5 Program Coordinator (T Bragg)  
 0.5 Program Assistant (L Dean)

### Long-Term Care Ombudsman / Elder Abuse

0.5 Program Coordinator (T Bragg)

### Senior Activities

0.5 Program Coordinator (C Cooney)

## Home of Elder and Adult Resource Team (HEART)

Public Guardian

MSSP

MAA / TCM

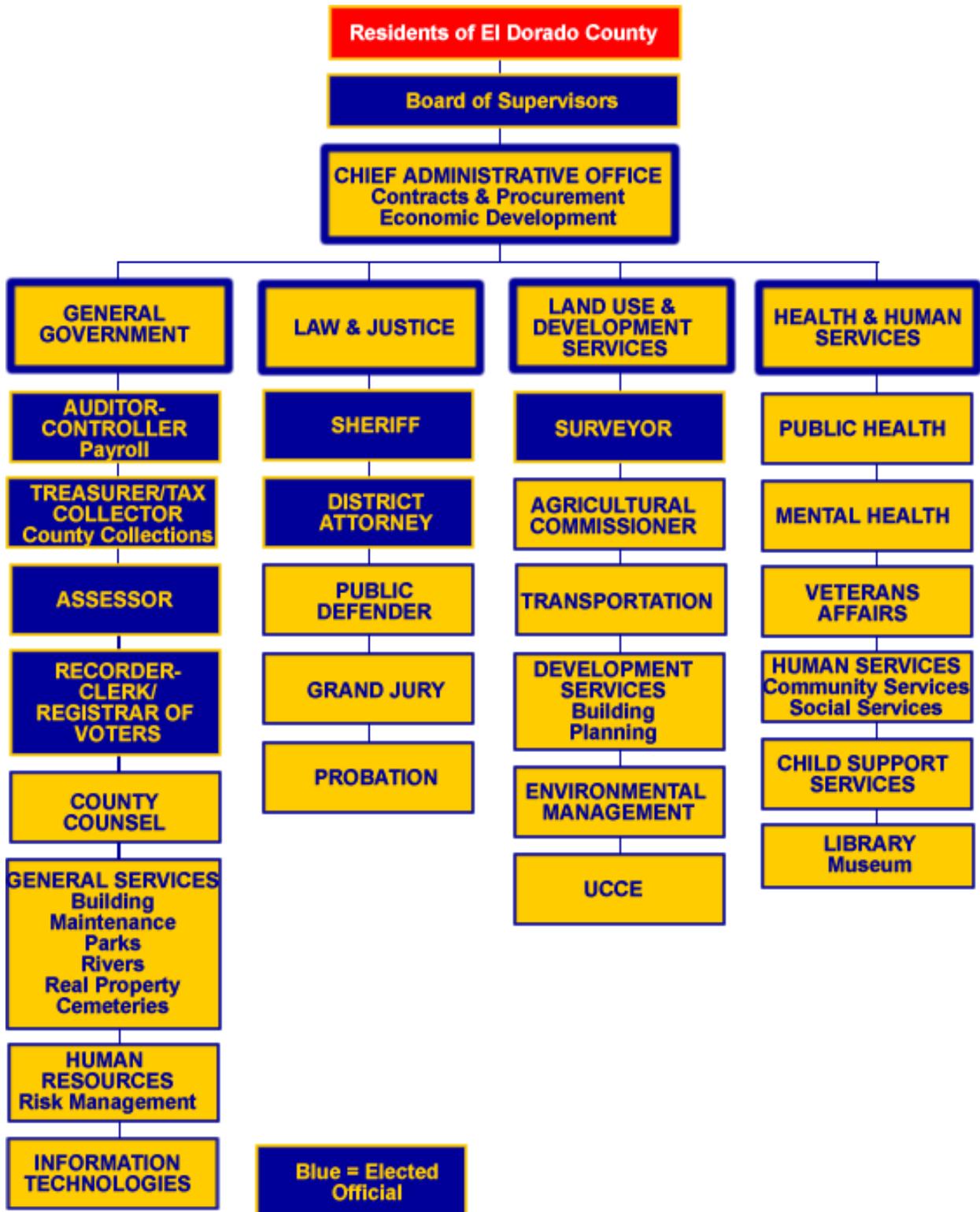
### Linkages

0.05 Program Manager (C Amey)  
 0.2 Public Health Nurse (M Markie)  
 2.25 Care Mgmt Counselor I/II (R Sterrett 1.0, T Warner 1.0, D. Johnston .25)  
 0.8 Program Coordinator (S Destefano)  
 0.7 Program Assistant (R Taylor)

### Intake and Assistance

0.35 Program Coordinator (S Destefano .05, S Walker .3)  
 0.38 Care Mgmt Counselor I/II (D Johnston)  
 1.3 Program Assistant (A Harbert .3, J Warden 1.0)

# EL DORADO COUNTY ORGANIZATION CHART



# Establishing Priorities

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## THE PLANNING PROCESS

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### COMMUNITY INVOLVEMENT

The AAA's relationship with county government and its working relationship in the community provides the opportunity for the broadest possible input from the entire planning and service area (PSA). The numerous local community groups, interagency committees, and task forces on which AAA staff and Commission on Aging (COA) members participate have been described earlier in this document. A high priority of the El Dorado County AAA is to work collaboratively with providers and advocates identifying and addressing the needs of El Dorado County older adults and disabled persons. The committees are an important vehicle used to collaborate on ideas and reach mutual goals. In addition to this, as a direct service provider, the AAA is acutely aware of older adult needs and gaps in services as we are met daily with the challenges of addressing the basic needs of our most vulnerable community members as they strive to remain in their own homes for as long and as safely as possible.

The COA has representation from the City of South Lake Tahoe, the City of Placerville, the five district supervisors, and eight community representatives. The COA has identified several areas of concern based upon the greatest needs and issues that affect older adults in the community. Housing, transportation, elder abuse, legislation, and health and wellness are among them. COA members adopt an issue(s) of concern and then are responsible for attending public meetings taking place in the community that relate to their concern. An update is provided to the entire COA at monthly meetings. This input provides great influence in the AAA planning process. COA members are also charged with keeping their communities informed about services available to older adults, and to serve as a liaison to the AAA and governing board regarding issues of concern.

The El Dorado County Board of Supervisors assists the AAA in planning for services for seniors and disabled adults on an on-going basis. Due to the rural nature of the County and the challenges this creates, the Board continues to provide technical assistance and financial support to ensure services are provided in all districts of the County.

Public entities are informed of the service needs in the PSA through the AAA's association with the Board of Supervisors, the Cities of Placerville and South Lake Tahoe, and other service providers. Outreach efforts and information are further disseminated through press releases, flyers, brochures, a monthly newsletter, and presentations to service groups, faith-based organizations, health care providers, and other interested parties.

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## **ASSESSMENT OF COMMUNITY NEED**

A community needs assessment of the aging experience in El Dorado County was conducted over a two-year period. The process of the study included both quantitative and qualitative analysis methods. Staff conducted a thorough analysis of data from the US Census Bureau and California Department of Finance, and supplemented it with other pertinent national, state, and local research. Staff also conducted numerous key informant interviews, roundtable discussions, and surveys of consumers, those not accessing aging services, and service providers.

A planning committee was convened to develop the 2009-2012 Area Plan, using the information from the needs assessment to identify the priorities for this planning period. The committee consisted of five COA members, AAA Program Manager, Family Caregiver Support Program Representatives, Long-Term Care Ombudsman, Department of Human Services Program Analyst, and AAA program consultant. Other aging programs, such as the Linkages Program, Alzheimer's Day Care Resource Center (ADCRC), Senior Legal Services, and Adult Protective Services were involved in the planning process on a less formal basis.

In conclusion, the process of planning and priority identification is more than an event that occurs every four years. The identification of priorities is an ongoing process that is formally discussed and reviewed in relationship to the annual update of the Area Plan. Each year the AAA staff and COA members review and evaluate the Area Plan objectives. Objectives are modified, deleted, or added based on the progress report and the determination of the COA as to feasibility and current community needs. The yearly update is used as the focus for the annual planning process. The goal of this process is to ensure that the AAA maintains ongoing planning development and, more importantly, a close connection to the issues and needs affecting older adults and adults with disabilities in El Dorado County.

The Older Americans Act (OAA) and the Older Californians Act (OCA) require that the AAA conduct a community needs assessment every four years to determine the need for services and to lay the foundation by which a plan for service delivery specific to the needs of older adults in our community is developed. The following section details the findings of the needs assessment process.

## **NEEDS ASSESSMENT**

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### **NEEDS ANALYSIS PROCESS**

In order to plan and develop a comprehensive and coordinated service delivery system for the increasing number of older adults and those rapidly approaching the age of retirement in El Dorado County, systematic assessments of their needs must be conducted by identifying deficiencies and gaps in senior services and by outlining solutions to meet these needs and bridge the gaps. This analysis documents the discrepancy between the current state of affairs and the desired state of affairs for older adults in the community. Needs assessment is a decision-aiding tool for resource re-allocation, program planning, and/or development of new services that has been utilized in the process of targeting and identifying priorities to be addressed in the Area Plan. This examination represents an effort on the part of the AAA to develop an in-depth understanding of the actual nature of the needs of older adults residing in El Dorado County and to prioritize these identified needs. The analysis process provides an opportunity to probe older adults and knowledgeable individuals in the community for their evaluation of the effectiveness of service providers and the service delivery system.

As the primary source of substantial data detailing the areas of concern and presenting issues, the needs assessment answers the questions of who, what, and why around which services will be established. By focusing on needs of older residents rather than existing services, the AAA has the flexibility to design the most effective and appropriate services. The timely information sought and compiled in the assessment regarding local service needs provided the fundamental basis for the initial development of the goals and rationale identified in the Plan and to recommend an implementation plan for the development of objectives to achieve the identified goals. The objectives generated from the analysis were instrumental in addressing the needs of the targeted populations and guiding aging services in the County over the next three years. The goals identified in the Plan were developed in response to the challenge that senior service providers face of decreasing financial and human resources, but increasing need and demand for home and community-based services to safeguard independence and dignity at home.

The needs analysis has two primary components: need identification and need assessment. For need identification, information was gathered on targeted populations in the County, their environments, problems confronting them, suggestions for service delivery, and possible solutions to the problems. For need assessment, the information was synthesized and data prioritized to establish the goals to be addressed in the Plan.

Identifying rank of issues of concern for which to establish objectives was achieved through the utilization of a convergent approach in which more than one type of

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measure and several sources of data were applied in the method of planning. This resulted in more representative input and comprehensive analysis. The primary source of data included an information base constructed with details from older residents themselves and input from service providers in the community. The secondary sources of data consisted of an analysis of demographics and population indicators utilizing information about older adults that was gathered from numerous federal, state, and local agencies.

The Commission on Aging had a particularly important role to play in the needs assessment process. The responsibilities included providing review and suggested amendments for several components of the needs assessment which consisted of the survey analysis and interpretation, prioritization of issues of concern, and development of the resultant goals and objectives for the agency.

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## **STUDY OBJECTIVES**

The 2008-2009 community needs assessment was guided by the primary goal of estimating the unmet needs for older adult services in El Dorado County, taking into consideration concrete quantitative estimates of and qualitative context for gaps in services and supports.

The objectives of this study were to identify the issues of aging, articulate the needs of older adults in our community, and to provide useful and timely information for planning, resources development, and advocacy efforts. The needs assessment was intended to enable the AAA, local governments, and other policymakers to understand more accurately and to anticipate the services and resources necessary to serve an increasingly mature population.

The AAA provided several opportunities for input from local experts, service providers, key community partners, and older adults including round table discussions, interviews, input from COA members, and comprehensive review of current strategic reports. Because of these meetings, themes emerged that helped shape the development of the Area Plan. Staff gathered information and feedback from a variety of sources:

- Traditional needs assessment using census, survey, and program data indicating current service utilization;
- Assessment of the future environment, changing client population, and development of the agency's desired outcomes;
- Community planning input through roundtable discussions, interviews, surveys, and Commission on Aging input; and
- Use of secondary data including current studies, reports, and assessments.

By using a convergent approach, information was aggregated and ranked, result comparisons were made, and resources targeted towards the emergent priorities.

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## **QUANTITATIVE ANALYSIS**

Quantitative analysis sought to explicitly describe the current aging landscape in our community without the subjective biases that are inherent to qualitative research. Data sources included:

### **US Census 2000**

The 2000 decennial census data provides an extensive dataset of population and housing information that allows for comprehensive demographic analysis.

### **American Community Survey 2005-2007**

American Community Survey (ACS) 2005-2007 three-year estimates were also used to augment the Decennial Census. Annual updates to data collection on a smaller sample provides more up-to-date information at the local community level throughout the decade.

### **California Health Interview Survey**

The California Health Interview Survey (CHIS) is a telephone survey conducted every two years on a wide range of health topics giving a detailed picture of the health and health care needs of California's population. Local-level data are available for El Dorado County and were included to supplement local research.

### **El Dorado County Department of Human Services Consumer Database**

Demographic information, intake data on presenting and identified issues of concern and appropriate referrals, assessment findings, and tracking of participation in OAA-funded programs is maintained for nearly all consumers in the Department's 4th Dimension Database.

### **El Dorado Community Foundation 2007 Older Adult Research Project**

The El Dorado Community Foundation, in collaboration with the AAA and other community partners, conducted an older adult research project to identify challenges facing older adults in El Dorado County and those providing care for them and coordinate or create resources to address those needs.

Survey of Older Adults in El Dorado County: A mail survey was distributed to 10,000 older adults. The survey was intended to elicit information from the growing population of people in El Dorado County 60 years and older about themselves and their concerns. More than 2,100 respondents completed the survey, for an overall response rate of 22%.

Survey of Key Informants: A mail survey was distributed to 65 aging network advocates and providers to help identify the needs and assets of the aging service delivery system in El Dorado County as well as to look to the future. More than 42 respondents provided insight for an overall response rate of 65%.

### **Survey of Institutionalized Long-Term Care Consumers**

Long-term care residents participated in the survey with identification and assistance of the Long-Term Care Ombudsman. Twelve residents participated in the survey providing particulars regarding the circumstances of their transition to and care in the long-term care facility.

### **Senior Nutrition Program Recipient Survey**

The Senior Nutrition Program Recipient Survey was designed to assess the nutritional health status and program satisfaction of participants in congregate dining and home-delivered meals. Two hundred and four congregate dining participants and 148 home-delivered meals recipients were assessed for program satisfaction, health status, social engagement, and interest in nutrition education.

### **Family Caregiver Support Program Recipient Survey**

The Family Caregiver Support Program Recipient Survey was designed to assess the needs of informal, unpaid caregivers providing home care assistance to individuals, who are in some degree, incapacitated and in need of care to remain at home. Forty caregivers provided a demographic profile, level of satisfaction with caregiver support services, and detailed the impact of such support on stress level, health, and provision of care.

### **AAA Information and Assistance Reporting Data**

Data from fiscal year 2007-2008 were analyzed to determine frequency of requests for assistance and referral for community resources and ranking of need categories.

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## **LITERATURE REVIEW**

Staff conducted a literature review of relevant national, state, and local reports to supplement the data sources listed above. Information from this research provided an overview of aging issues and described county-specific needs and challenges.

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## **QUALITATIVE ANALYSIS**

The qualitative research was informed by the data analysis and the literature review. Qualitative techniques enabled us to better understand how individuals and groups perceive an area of need and to explain the subtleties in the quantitative data. It provided the opportunity for public input through consultation with

consumers, stakeholders, and advocates and to broaden the perspective of the needs analysis beyond what is possible using only quantitative sources of information.

### **Roundtable Discussion with OAA Service Providers**

A roundtable discussion was held with service providers on senior needs identification for Area Plan development. Issues of discussion included the primary concerns of older adults in our community, the AAA response to consumer need, and priorities for OAA funding.

### **Interviews with Underserved Populations**

Staff conducted interviews with a community-based organization and individuals of targeted populations to gain additional perspective on the unique issues facing the sub-populations of older adults for whom little hard data are available including Latino, lesbian, gay, bisexual, and transgender (LGBT), and persons with very complex needs requiring intensive care management.

### **Commission on Aging Input**

Ongoing discussions with Commission on Aging members regarding the community needs assessment, identification of older adult and service provider needs and concerns, and subsequent formulation of issues of priority for the agency have been an integral component of the planning process. AAA staff met weekly with COA members for nearly two months to review the data, identify the needs of targeted groups, and to assist in setting short and long-term goals for the AAA's older adult services and programs. During the month of January, an Area Plan development survey was distributed to the COA members and input was solicited to ascertain perceptions of the most important community needs, barriers to service delivery, and recommendations for service improvement.

### **Public Hearings**

The goals and objectives resultant of the community needs assessment were presented at public hearings in both the incorporated cities of Placerville and South Lake Tahoe to solicit public input and insure opportunities for older adults to provide oral and written testimony to the development of the Plan.

## **SUMMARY OF FINDINGS**

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### **DEPARTMENT OF HUMAN SERVICES CONSUMER DATABASE**

Our strategic goals for advancing healthy living and independence include empowering older adults and their families to make informed decisions and easily access existing health and long-term care options in the community so that they may remain in their own homes with as high quality of life as possible for as long as

manageable. The programs and services authorized under the Older American Act support the implementation of a comprehensive and coordinated service system in El Dorado County that provides a core foundation of supports to assist older adults to remain independent and healthy at home and in the community. El Dorado County AAA within the Department of Human Services is the largest provider of older adult services in the County.

**Family Caregiver Support Services:** Services include information to caregivers about available services and assistance in gaining access to them; individual counseling and organization of support groups/caregiver training to assist caregivers in making decisions and solving problems relating to their caregiver roles; and supplemental services to complement care provided by caregivers.

- 1,794 outreach contacts and 481 information and assistance contacts monthly; 59 attendees in support groups or trainings monthly; 76 hours of respite provided monthly; 125 care receivers annually.

**Information and Assistance:** Trained staff provide information, assistance, and follow-up to link older persons and their families to appropriate community services.

- 4,214 phone contacts and 86 intakes monthly.

**Long-Term Care Ombudsman:** Professional staff and trained volunteers investigate and resolve complaints made by, or on behalf of, residents of long-term care facilities.

- 21 complaint cases monthly; 78 phone contacts monthly regarding resident issues and/or complaints.

**Senior Activities:** Recreational, educational, and social opportunities dedicated to involving, enriching, and empowering older adults.

- 600 older adults per month participate in classes and activities; 100 participate in travel opportunities monthly.

**Senior Day Care Services:** A coordinated program of services for adults in a community-based group setting. Services include social activities, transportation, meals and snacks, personal care, therapeutic activities, and some health services.

- Approximately 58 older adults and disabled persons served monthly; 125 unduplicated participants (most living with dementia) served annually.

**Senior Health Education Program:** Encourages active participation in health education, preventative health screenings, and exercise opportunities to preserve quality of life and improve health.

- 600 health screenings annually; 1,000 hours of exercise opportunities annually.

**Senior Legal Services:** Provides legal information, advice, counseling, and community education, as well as administrative and judicial representation for older adults.

- 61 clients served monthly; 570 hours of legal service monthly.

**Senior Nutrition Program:** Provides a low-cost, hot, nutritious, and balanced meal to seniors through congregate meal sites and home-delivered meals to the homebound.

- Congregate Dining: 275 people served daily; 715 unduplicated participants annually.
- Home-Delivered Meals: 385 people served daily; 800 unduplicated recipients annually.

**You Are Not Alone (YANA) Telephone Reassurance Program:** Designed to provide daily phone contact conducted by volunteers to individuals with limited family or community contacts and assistance.

- 55 clients served monthly.

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## **SURVEY OF OLDER ADULTS IN EL DORADO COUNTY**

The El Dorado Community Foundation, in collaboration with the AAA and other community partners, conducted an older adult research project to identify challenges facing older adults and their caregivers, highlight the rich resource that older adults represent for our community, and coordinate or create means by which to address the identified present and future needs. In a multi-step process, this study reached out to the aging community to conduct extensive surveys of older adults and key informants and convene a daylong community forum of service providers and other interested parties to review the data and evaluate both the assets and the needs represented by the older adult population in El Dorado County. The convening provided the opportunity for a meaningful discussion about the findings and to begin to lay the foundation for older adult services in the future.



**The Older Adult Survey.** The mail survey of older adults consisted of 51 questions presented in both fixed and open-ended format covering many areas including general demographic information, health and wellness including activities of daily living competency, social interaction, older adults as resources, housing and

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transportation, elder abuse and legal issues, caregiving, and finances. The instrument can be found in Attachment 1: Older Adult Survey. Several press releases were provided to local media sources to encourage seniors to participate in the planning process by requesting and filling out a survey. The data was extracted from information from the tabulation of 2,156 completed surveys out of the 10,000 randomly distributed surveys throughout the county by the El Dorado Foundation for a 22% response rate. Data obtained directly from older residents provided a rich source of information with which to more accurately describe the population using both demographics and social indicators.

### **Demographics and Other Characteristics**

- Fifty-two percent of respondents were female.
- More respondents were white (86%) and in the 65-74 age range. The largest minority population that participated in the study was Hispanic/Latino (2%). The primary language spoken at home was English (91%).
- Forty-seven percent were married and 27% were widowed.
- Respondents primarily resided in the Placerville/Diamond Springs/El Dorado region, followed by the Cameron Park/Shingle Springs/Rescue and the El Dorado Hills regions. More than 83% rated their community in which they live to be good or excellent. Less than 1% provided a poor rating of their community.
- Nearly 30% had obtained some college education and the majority were retired (70%).
- Twenty-six percent of respondents reported to have a single monthly income of at least \$1,276 or more and 37% reported to have a combined monthly income as a couple of at least \$1,711 or more. Social Security (74%) and retirement benefits (53%) were reported to be the greatest current sources of income.
- Nearly half of all respondents reported to use the newspaper (49%), followed closely by television (46%) and word of mouth (33%) most frequently to learn about services and activities available to them.

### **Health and Wellness**

- Almost 43% of respondents indicated that they are living with major health issues, yet 74% indicated that their health was excellent, very good, or good, and only 5% said they considered themselves to be in poor health.
- Although almost 89% of respondents reported to have visited a health care provider in the past 12 months, about 23% had not had an eye exam, almost 60% had not had a hearing exam, and 25% had not had a dental exam.

- Eighty-six percent indicated that their health insurance coverage is at least adequate or better. Only about 4% indicated that they have no health insurance coverage and nearly 65% do not currently have long-term care insurance. The majority of respondents reported that they are not in need of assistance in choosing health care (92%).
- Thirty-one percent identified themselves as having memory difficulties/forgetfulness, 20% said they are subject to depression, loneliness, or grief, and only 4% indicated drug or alcohol problems.
- When asked whether they need the help of other persons because of an impairment or health problem, 87% indicated no assistance is required. Of those who did indicate needing assistance with personal care, most reported need of help with bathing and dressing. When asked whether they needed the help of other persons because of an impairment or health problem in handling routine needs, such as housework, 20% indicated assistance is required. Of those who did indicate needing help, they most frequently cited household chores, transportation, shopping, and preparing meals. Twenty-eight percent indicated that pain was a factor in needing assistance, and in almost all categories of activities of daily living, women were in greatest need.

### **Social Interaction**

- Overall, results indicated that older adults are either very satisfied or satisfied with their level of contact with family, friends, and neighbors. Only 7% indicated that they were not satisfied.
- The most cited social activities that respondents indicated that they would like to participate in on a regular basis was doing volunteer work or helping in the community (11%) and activities at the senior center (11%).

### **Older Adults as Resources**

- While the survey indicated that many older adults are already sharing their expertise in a variety of ways, many more expressed a willingness to be volunteers. However, when asked if they wanted to be contacted by an organization regarding volunteering, only 7% responded positively.
- When provided a list of skills or areas of expertise that they may have, respondents indicated most frequently that they have and would be willing to share the skills of driving, listening, and reading aloud.
- In regards to preference for types of service or activity they would support, more preferred one-on-one activities of the clerical/office type with adults, especially older adults, as needed for special projects. The following fields of interest were preferred: schools, environment, and libraries. The following geographic areas were more appealing: Placerville, Cameron Park, and El Dorado Hills.

## Transportation and Housing

- Survey responses reflected an older adult population that largely lives in houses (71%) that they own (76%) and that mainly rely on the use of their own vehicle (83%) to get around. Only about one in ten indicated that their house payment or rent exceeds half their income (12%), and only 15% said they have to rely on others to get around. More than one out of three respondents are living alone.
- Nearly 80% indicated that they do have enough money to pay for other expenses after they have paid for housing. For those that indicated that housing expenses do impair their ability to pay for other expenses, gasoline, food, and clothing expenses were the most difficult to manage.

## Elder Abuse and Legal Issues

- Most of the respondents do not view elder abuse as a problem. For example, only 1% reported being subject to neglect or physical assaults and 2% reported mental or emotional abuse. About 2% reported they feel isolated from family or friends by an abuser.
- More disturbing is that more than 30% said they were not knowledgeable as to whom to contact in the event that they suspected that someone was suffering from elder abuse, neglect, or exploitation.
- About 15% indicated they are somewhat concerned about legal problems, while 5% said they had a serious problem and/or need help.
- The legal matters of greatest concern were wills/trusts/probate (20% indicated either somewhat or a serious concern) and Powers of Attorney for Finance & Health (14% indicated either somewhat or a serious concern).

## Caregiving

- Only 71% identified themselves as providing care for one or more people on a regular basis, with most of these taking care of a spouse, parent, or grandchild.
- Of those identified as caregivers, only 2% said they frequently feel burdened by their responsibilities, while 8% said they sometimes feel burdened.
- Less than half said they wished they had more support or assistance with caregiving responsibilities. Of those who did indicate that support would be helpful, more indicated that assistance with maintaining the household, finances, and respite would ease the burden.

## Finances

- Almost a third of respondents felt very secure about their finances, and another 43% felt somewhat secure. However, respondents provided a lengthy list

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*My most pressing concern is having adequate money for retirement and health care expenses*

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of pressing financial needs that included worries about routine expenses such as medical bills, electricity and water costs, gasoline, taxes, credit card bills, among others.

**The Key Informant Survey.** The mail survey of aging network advocates and providers consisted of nine questions presented in both fixed and open-ended format. Key informants included service providers (public and private), medical providers, home health agencies, faith-based organizations, and financial institutions. Perspectives and insight were solicited regarding aging network effectiveness, older adult issues of concern, critical unmet needs and service gaps, barriers to services, existence of duplication of services, identification of at-risk populations, including those experiencing the greatest isolation, and suggestions to increase and improve community collaboration. The instrument can be found in Attachment 2: Key Informant Survey. The data was extracted from information from the tabulation of 45 completed surveys out of the 65 distributed surveys throughout the county by the El Dorado Community Foundation for a 65% response rate. Data obtained from key informants serves to augment our understanding of the needs, resources, and priority policy issues of older adults in El Dorado County.

### **Survey Findings:**

- A major finding of the provider survey is that 89% believe there are critical unmet needs for older adults in El Dorado County. Housing was ranked number one by 47%, followed by transportation at 27%. Awareness of available services at 13% and mental health services at only 12% were the other areas of concern.
- The largest gap in the system of services identified by providers is the lack of an effective means by which to disseminate information to individuals.

**The Community Forum.** Using the more than 2,100 surveys that were completed as a springboard, a daylong community forum of service providers and other interested parties was convened to review the data and evaluate both the assets and the needs represented by the older adult population and key informants in the community. The forum participants explored the ramifications of the survey data, focusing on the opportunities for change and the coordination or creation of resources to address the identified present and future older adult needs.

### **Insights**

The consensus of many of the forum participants was that the actual state of affairs and that represented through the self-report of survey respondents was incongruent. The key stakeholders indicated that the elder abuse and legal issues did

*Abuse may happen without people even recognizing that it is abuse. Older adults have the right to do what they want with their property without feeling threatened.*

not seem to correlate with the actual number of abuse reports received by the County. Health and wellness information gleaned from the survey was conflicting and led to reservations about the representation of the survey sample. Further, problems with transportation and housing for older adults were believed to be more pervasive and serious than depicted in the survey.

### **Opportunities**

Forum participants collaborated to brainstorm about the opportunities within each of the seven topic areas. A possible solution for elder abuse and legal issues was identified that included community outreach and education to enhance awareness of the issues and resources in a non-threatening environment. Possible remedies for the need to foster social interaction included increasing transportation options, creating opportunities for intergenerational activities, and utilizing resources targeting isolated individuals. Through the provision of community education and financial management assistance, participants sought to create options that would support struggling older adults who are living with pressing financial needs. For caregiving needs, possible solutions included enhanced awareness of supportive services, education on the provision of care to those with a cognitive impairment, and information on screening and hiring caregivers. The transportation and housing group focused on the notion of an informed community—one that is aware of the availability of affordable housing and the lack of public transit. Opportunities for utilizing older adults as resources encompassed ideas for establishing a mentoring program to support those interested in volunteer and civic engagement and surveying community agencies for volunteer need.

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## **SURVEY OF INSTITUTIONALIZED LONG-TERM CARE CONSUMERS**

The Long-Term Care Ombudsman program staff arranged for individual interviews with residents of one residential care facility and two skilled nursing facilities. The interviews were conducted in the facilities. The Long Term Care Resident Survey consisted of ten questions. The instrument can be found in Attachment 3. Seven residents participated in the survey responding to questions regarding variables involved in the relocation to the facility, services acquired prior to relocation, sources for the provision of care, and types of social interactions. Six of the seven respondents resided in a skilled nursing facility with 99 or more beds and the other was living in an assisted living facility with 46 beds. The average resident has lived in the long-term care facility for one and one half years.



### **Cause of Move to Higher Level of Care**

Residents indicated that the primary cause for the move into an institutionalized setting was the inability to manage their personal care needs, which demanded a higher level of care. The need for assistance with activities of daily living (e.g., bathing, dressing, and household chores) underscores the importance of homemaker services in allowing older adults to continue living in their own home instead of relocating to a less desirable, higher level of care.

### **Responsible Party for Decision to Move**

More residents claimed personal responsibility for the decision to move to a long-term care facility (57%). Family members (43%) were also influential in the decision to move to a higher level of care.

### **Long-Term Care Service Utilization Prior To Move**

None of the residents reported to have accessed long-term care services prior to the move from an independent living environment to assisted care or skilled nursing. One resident indicated that in-home care and home-delivered meals had been utilized for her spouse and that she was satisfied that the services were able to meet his needs.

### **Paying for Care**

Paying for long-term care can mean sacrificing a lifetime of savings or losing financial independence unless planned for in advance. Even then, older adults are living much longer than previously planned—more years in which there is a risk of serious health problems—and they exhaust their resources. Only one resident reported to belong to a health maintenance organization and none had secured long-term care insurance.

### **Opportunities for Interaction/Socialization**

Since the move to the facility, all of the residents were visited by their physician on a monthly basis and all reported to have family or friends in the area who visit once a month or more frequently. All of the represented facilities had an established resident council, and all of the respondents participated in its activities. Six out of seven residents indicated that their facility did not have a family council.

### **Quality of Life on a Scale of 1-10**

When asked to rate their quality of life, all but one individual rated it as 7 or higher on a scale of one to ten (one equaling low quality of life and ten equaling high quality of life).

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## SENIOR NUTRITION PROGRAM RECIPIENT SURVEY



Malnutrition is a serious problem among older adults. Adequate nutrition plays an integral role in helping adults maintain health and independence as they age. According to the American Dietetic Association, adequate nutrition can prevent hunger, reduce the risk of and presence of chronic diseases and related disabilities, and support

better mental and physical health. Malnutrition, including being underweight or obese, is closely associated with decreased functional ability, which impedes independent living in the community. Congregate nutrition services improve participants' health and prevent more costly interventions. Home-delivered nutrition services enable older adults to avoid or delay costly institutionalization and allow them to stay in their homes and communities.

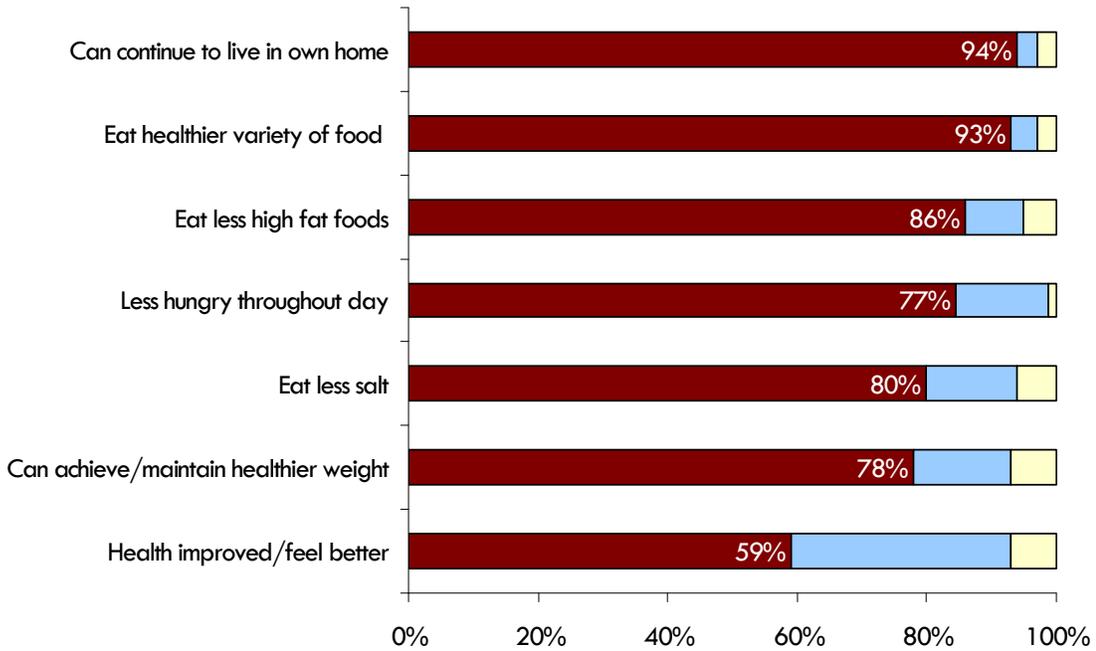
**Home-Delivered Meals:** Volunteer drivers distributed the Home-Delivered Meals Participant Survey to program recipients. The survey consisted of ten questions. The instrument can be found in Attachment 4. One hundred and forty-eight recipients responded to questions on health status, meal preference, and satisfaction with certain aspects of the food/program. Results of the survey are as follows:

### Impact of Nutrition Services

The Nutrition Program has made a significant impact on the lives of its participants. Most notably, the program has enabled those who responded to continue to remain in their own homes (94%). Nearly three-quarters of those who had attributed the effectiveness of the Nutrition Program to be responsible for such aging in place indicated a certainty that it was a direct result of their participation in the program. Eating a healthier variety of foods, including foods lower in fat and sodium, which has assisted them in achieving or maintaining a healthier weight, are reported consequences of participation in the Nutrition Program.

*This program has afforded me to remain at home, be somewhat independent, & maintain my dignity.*

**Figure 7**  
**Consequences of Nutrition Program Participation**  
**Home-Delivered Meals**



**Satisfaction with Nutrition Services**

When asked for any suggestions to enhance program effectiveness, more than one-third of respondents reported high satisfaction with their participation in the program. Respondents commented on the invaluable role that the volunteer drivers maintain in the program. As one respondent indicated in regards to the volunteers, "...they are warm and very kind and with a smile...always happy to see them."

**Preferences for Nutrition Education**

Prevention of osteoporosis was the topic of most interest for respondents when asked to indicate their top three choices for future nutrition education. Nutrition and aging in general and eating on a low budget were also of great interest to respondents.

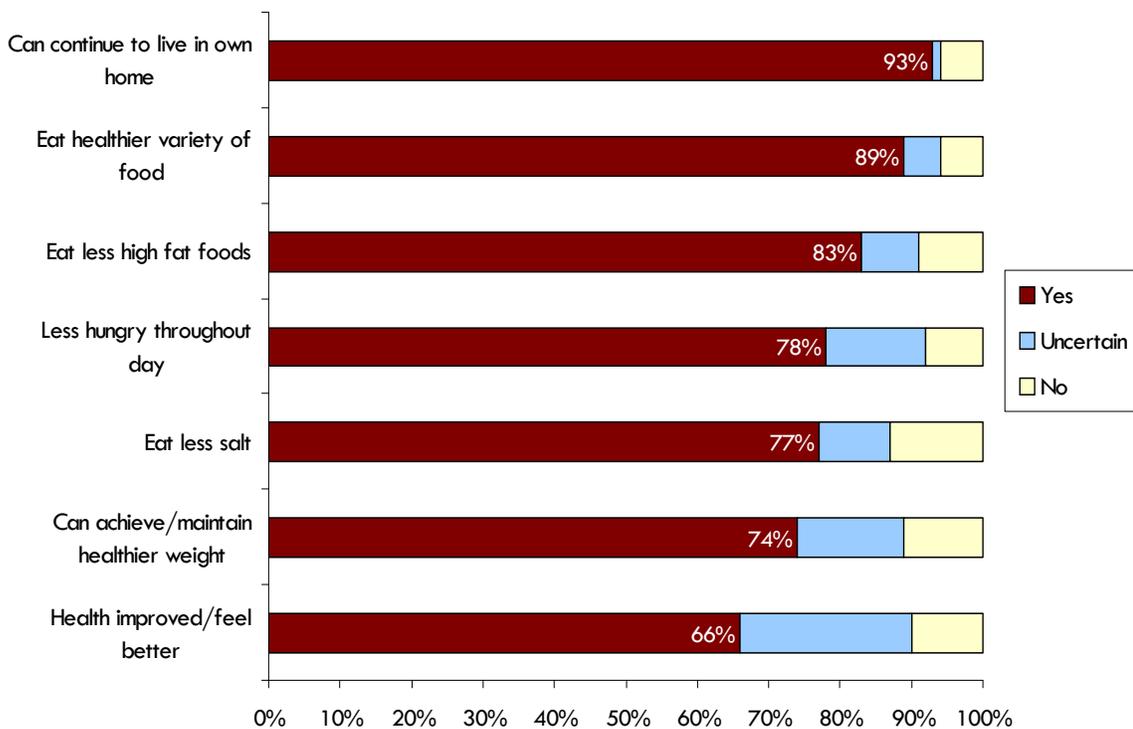
**Congregate Dining:** The Congregate Dining Participant Survey was distributed at each of the eight meal sites. The survey consisted of eleven questions. The instrument can be found in Attachment 5. Two hundred and four participants responded to questions on health status, meal preference, and satisfaction with certain aspects of the food/program. Results of the survey are as follows:

## Impact of Nutrition Services

Participants in congregate dining echoed the responses of the home-delivered meals recipients in that they reported that the Nutrition Program has made a significant positive impact on their lives. Nutrition services have been instrumental in assisting individuals to continue to remain in their own homes (93%). Three out of four respondents who had attributed the effectiveness of the Nutrition Program to be responsible for such aging in place indicated that it was a direct result of their participation in congregate dining.

*I need the opportunity to visit with friends & enjoy the good meals at the same time.*

**Figure 8**  
**Consequences of Nutrition Program Participation**  
**Congregate Dining**



### **Satisfaction with Nutrition Services**

When asked for any suggestions to enhance the congregate dining experience, more than 25% reported high satisfaction with their participation in the program. Respondents indicated that increased opportunities to participate in activities/nutrition education were of interest, particularly more dancing and music entertainment. Parking availability at two of the dining centers was reported to be limited and a nuisance.

### **Preferences for Nutrition Education**

Cooking for one or two was the topic of most interest for respondents when asked to indicate their top three choices for future nutrition education. Preventing and controlling high blood pressure, healthy eating on a limited budget, and nutrition and aging in general were also of great interest to respondents.

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## **FAMILY CAREGIVER SUPPORT PROGRAM RECIPIENT SURVEY**

The information sought through the analysis of Family Caregiver Support Program (FCSP) recipients was gathered to enhance our knowledge and improve capacity to meet the needs of informal caregivers in our community. The survey data provided an assessment of the services and activities specifically included in FCSP. Because this was not a scientific survey done through random sampling, we cannot use the results to make generalizations about all caregivers in El Dorado County; however, the results do provide us with useful information about the characteristics and needs of those caregivers who are accessing supportive services through FCSP. The survey consisted of 13 questions on caregiver support services. The instrument can be found in Attachment 6. Forty FCSP recipients provided demographic information on both the caregiver and care recipient and answered questions on services received, level of stress, overall health, and satisfaction with certain aspects of the program. Results of the survey are as follows:



### **Who are the caregivers?**

The caregivers surveyed were approximately 60 years of age, female (68%), married (63%), and employed (68%). Of those juggling the tasks of providing in-home care to a loved one and managing responsibilities associated with employment, one out of five were doing so with a full-time schedule outside of the home. More than half had been providing care for

*Time is the most expensive commodity I provide, but it has no price tag.*

five or more years (55%) and 45% had been providing care for less than five years.

### **For Whom are the Caregivers Providing Care?**

Sixty-three percent of the caregivers were providing care to either a parent (64% to their mother) or a spouse (15%) who was female (58%) and an average age of 83 years old. The other caregivers were helping friends (8%) or grandparents (3%). Forty-eight percent of care recipients lived with the caregiver; eighteen percent lived alone.

### **Outcome of Support Services Accessed**

As for services received from FCSP, recipients indicated that support groups, educational training, and information, assistance, and referral services were accessed most frequently. Care coordination and respite care services were accessed less often. The most beneficial service was reported to be the provision of advice and guidance about options and methods for providing support to caregivers in the support group setting.

Of those who responded, all caregivers reported that they had received excellent (81%) or good service (19%) from FCSP. Nearly half of the caregivers reported to have high or very high levels of stress (48%) in relation to their caregiving responsibilities and indicated that services received from the FCSP have consequently reduced their stress level. They reported that their overall health was good (48%) or excellent (18%). One out of four caregivers credited FCSP services with an improvement in overall health status. Of those who responded, 77% indicated that FCSP services have assisted them in caring for their loved one in a manner of their choosing and 57% indicated that the services allowed them to continue to provide care in the home and delay institutionalization.

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## **AAA INFORMATION AND ASSISTANCE REPORTING DATA**

Serving as the entrance into the continuum of care for older adults, the AAA's Information and Assistance (I&A) program provides assistance to individuals in navigating the myriad of senior services available through the aging network to support independent living. With an average of 86 client intakes a month and more than 4,200 phone calls monthly during the previous fiscal year (2007/2008), there has been a steady increase in requests for services received by the I&A program. The majority of the inquiries were received from individuals seeking assistance in accessing information and resources to support older residents to remain at home and in the community. Individuals called most often for in-home



care services and financial assistance. All inquiries were summarized and the following list is in order of greatest unmet need:

- In-home care services
- Financial assistance: particularly health insurance and debt management
- Transportation services: specifically, medical transportation
- Caregiver support

A review of information, referral, and assistance logs for the previous fiscal year (2007/2008) obtained from the AAA reception lobby located in the Placerville Senior Center indicated the following five most requested types of assistance:

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**Table 18**  
**Information & Assistance Logs from AAA Lobby**

**TOP FIVE CATEGORIES**

Ranking	Category	Number	%
1	Information advocacy & community referrals	56,595	54%
2	Energy assistance	22,231	21%
3	Legal services	6,052	6%
4	Social services/Housing assistance	4,193	4%
5	Tax counseling & preparation services	1,786	2%

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The total number of inquiries for fiscal year 2007-2008 was 104,718. The top five areas of need comprised 87% of all requests for information/assistance. The following is a brief description of the top five categories:

**Information Advocacy & Community Referral: 56,595 inquiries annually**

Information provided to inquirers was in the form of distribution of service provider brochures, checklists, and other informative/educational materials, provision of overview of community resources appropriate for the presenting issue(s), and assistance in accessing needed services. Advocacy efforts included contacting a service provider on behalf of the inquirer or problem solving for inquirer needs. Assistance accounted for 75% of requests for this type of assistance; referrals accounted for 25%.

**Energy Assistance:** 22,231 inquiries annually

Energy assistance provided to individuals included information, assistance, and applications for heating and/or cooling benefits to supplement a household's annual energy cost, emergency benefits for households in an energy-related emergency, and weatherization services to increase a home's energy efficiency. Requests of assistance for the Home Energy Assistance Program (HEAP) accounted for 59%, requests for Relief for Energy Assistance through Community Help (REACH), sponsored by Pacific Gas & Electric Company and administered through the Salvation Army, accounted for 28%, and requests for weatherization services accounted for 13%.

**Legal Services:** 6,052 inquiries annually

Persons eligible to receive OAA-funded legal assistance were referred to the Senior Legal Program and other financially eligible low-income inquirers were referred to Legal Services of Northern California.

**Social Services/Housing Assistance:** 4,193 inquiries annually

Requests for assistance from the Social Services Division of the Department of Human Services included those for protective services, family services, employment services, healthcare services, and cash aid services. Requests for assistance with housing were referred to the Housing, Community, and Economic Development Division of the Department.

**Tax Counseling & Preparation Services:** 1,786 inquiries annually

To meet the need for assistance with tax preparation, referrals and appointments were made for AARP Tax-Aide services to help low- and middle-income taxpayers prepare and file their income tax returns with the IRS, free of charge. Each year, from January through April, demand for tax counseling and preparation services escalates.

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## **ROUNDTABLE DISCUSSION WITH OAA SERVICE PROVIDERS**

A roundtable discussion was held with service providers on January 17, 2009 on senior needs identification for Area Plan development. Various levels of stakeholders were involved to ensure broad-based representation in planning for fundamental changes in the service delivery system. Representatives from the following programs attended: Adult Protective Services, Family Caregiver Support Program, Information and Assistance (I&A), Multipurpose Senior Services Program/Linkages Care Management Program, Senior Activities, Senior Day Care Services, Senior Legal Services, and Senior Nutrition Program. These participants will be convened periodically over the next three years to assess the impact of changing demographics and fiscal issues on the aging network.

Issues of discussion included the primary concerns of older adults in our community, the AAA response to consumer need, and priorities for Older Americans Act funding. Discussion focused on the following list of targeted older adult populations: low-income minority, limited-English speaking, isolated (socially and/or geographically), disabled (physically and/or cognitively), boomers, abused, neglected and/or exploited, and lesbian, gay, bisexual, transgender persons.

### **Primary Concerns of Older Adults in our Community**

Of primary concern was the lack of awareness of available services for older adults and their families and the process by which services are accessed. Outreach needs to include communities in close proximity to the planning and service area, as many family members caring for older adults in the County do not themselves reside here.

Inability to establish contact with a live person when attempting to access the aging network often leads to frustration and impedes efforts towards accessing needed supportive services. An immediate and direct response to requests for assistance is needed to improve the continuum of care. Provider communication needs to be enhanced through regular staff meetings.

Many of the older adults who are involved in the various enrichment classes and leisure activities sponsored by the agency are not currently seeking other assistance offered by the AAA. For this group in particular, “building bridges” and getting to know the active older adults on a more personal level is important. Therefore, when health or other issues arise, these individuals are familiar and comfortable requesting information on available resources.

Other concerns included marketing the AAA to establish its own identity in the community, assessing the strengths and experience that boomers offer to be utilized in various programs, and concerns for the “Sandwich Generation,” those caught between the needs of their aging parents and young children.

### **Response to the Needs of the Most Vulnerable Aging Community Members**

In response to the needs of the most vulnerable, underserved community members, discussion included the following responses:

- Adequate staffing was discussed as it impacts the continuum of care. Minimal staff are available to answer phone inquiries and provide assistance in accessing needed resources. Suggested improvements to the I&A program included enhanced accessibility to multiple program databases to reduce duplication of efforts and the addition of volunteers trained to assist phone inquirers.
- Issues related to the complicated avenues by which to access income eligible assistance were discussed. Designation of a Medi-Cal liaison to support

- older adults and staff with guidance and education necessary to navigate the myriad of income-eligible programs was explored.
- Mechanisms by which to increase service opportunities for older adults in the South Lake Tahoe region included improved promotion of services, enhanced presence of aging services representatives from the West Slope, and transition of care development. Staff serving the South Lake Tahoe region reported that low-income housing and lack of residential care facilities were limitations of the area.
  - Streamlining programs located on Spring Street, Briw Road, and in South Lake Tahoe to improve accessibility and be seamless for clients should be a priority for improving system capacity of care.

### **Priorities for Older Americans Act Funding**

Maintaining existing levels of service within budget constraints remains to be a challenge and a primary concern for the agency. Priorities included:

- Homelessness and mental/behavioral health issues
- Reassessment of consumer and system needs in several months to determine the affect of budget shortfalls
- Development of systems to maximize caseload management by eliminating duplication of efforts with identical clients; prioritization and triaging services; designation of a primary person to handle specific issues
- Bridging gaps of programs
- Developing identities for the AAA and the local senior centers
- Marketing services within the County and other surrounding counties
- Collaborating with faith-based organizations and other community-ingrained agencies

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## **ACCESSING UNDERSERVED POPULATIONS**

Populations who are socially and politically disadvantaged due to a historical experience of prejudice and discrimination in the U.S. may be referred to as minorities. As a result, minority populations, in particular low-income minorities, underutilize services. Program design and service delivery methods are expected to be culturally appropriate.

To help capture the voices of difficult-to-reach older adults, a roundtable discussion was conducted with an organization representing the interests of the lesbian, gay, bisexual or transgender persons (LGBT) and interviews were conducted with Latino individuals. Discussions focused on current unmet service needs and barriers to accessing needed services.

**LGBT Older Adults.** AAA staff attended the Parents, Families, and Friends of Lesbians and Gays (PFLAG) local chapter meeting on January 26, 2009 to interview those actively engaged in promoting the health and well-being of LGBT persons in the community. Concerns about the aging process and lack of awareness of available services were explored. Barriers to accessing services, including generational pride, were noted. End-of-life decisions were foremost in the discussion—specifically, legal technicalities regarding the right of one’s partner to make decisions on behalf of the LGBT older adult. Financial stability of services was highlighted and consequential impact on the LGBT population. Issues related to the lack of transportation in the more remote areas of the county, especially for the disabled older adult were also discussed.

**Latino Older Adults.** Four Latino older adults were solicited for insight into the aging experience through phone interviews conducted by AAA staff in January 2009. The participants seemed to be eager to express concerns on aging and share possible solutions for improving the well-being of Latino older adults in the community. Only one of the older adults regularly participated in local senior center activities, while the others did not access opportunities provided by the aging network. When asked about their top three concerns as they confront aging in the community, the consensus was that they were most apprehensive about economic security, health issues, and family caregiving responsibilities. Barriers to accessing services included lack of finances, insufficient knowledge and community education regarding available services, and lack of trust in service providers. Proposed solutions included public education on financial assistance services in neighborhoods where limited English-speaking older adults reside and strategies to increase health and nutrition education to improve health status and disease management among Latino older adults.

**Addressing Underserved Populations.** The number of Latino older adults, which is small relative to the total population, is growing rapidly in our region. The number of lesbian, gay, bisexual, and transgender older adults is unknown, even by local agencies providing advocacy and support. These two groups represent under-surveyed populations that must be addressed in the near future to determine need and concerns associated with aging in our community. The growing minority of Latino older adults who rarely enter the existing senior service system—and largely are limited-English speaking—represents an ethnic group that the AAA will be working to engage over the next several years. AAA will work with the representative organizations to develop and implement survey tools to assess needs specific to these populations.

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## **COMMISSION ON AGING INPUT**

Ongoing discussions to solicit input with Commission on Aging (COA) members regarding the community needs assessment, identification of older adult and service

provider needs and concerns, and subsequent formulation of issues of priority for the agency have been an integral component of the planning process. AAA staff met weekly with COA members in January to March 2009 to assist in the development of specific activities the agency would commit to pursue. The process involved review of the data, identification of the needs of targeted groups, and assistance in setting short and long-term goals for the AAA's older adult services and programs.

An Area Plan development survey was distributed to the COA members in January 2009 and input was solicited to ascertain perceptions of the most important community needs, barriers to service delivery, and recommendations for service improvement. The survey can be found in Attachment 7. COA members acknowledged limited funding as a significant barrier for health and social services agencies in their ability to address the growing older adult population in our County. They underscored the importance of consolidating and coordinating existing services from both a funding and a organizational perspective.

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## **AREA PLAN PUBLIC HEARINGS**

The goals and objectives for the AAA based on the comprehensive community needs assessment process were presented at public hearings in both the incorporated cities of Placerville and South Lake Tahoe to solicit public input and insure opportunities for older adults, their representatives, and stakeholders to provide oral and written testimony to the development of the Plan.

The public review period for the 2009-2012 Area Plan was April 2009. Two public hearings were held during this period:

April 16, 2009	April 15, 2009
Placerville Senior Center	Tahoe Senior Center
937 Spring Street—Dining Room	3050 Lake Tahoe Boulevard—Conference Room
Placerville, CA	South Lake Tahoe, CA

Approximately 24 individuals attended the Area Plan public hearings. Of those who attended, 2/3 were 60 years of age and older and approximately 29% were service providers or public officials. Other participants included Commission on Aging members, community members, other interested parties, and representatives from the following organizations: City of South Lake Tahoe, Elder Options, Inc., El Dorado Transit Authority, and Hodnett Insurance Services.

Public comments received about the Plan are summarized in Appendix, Section 9. The public hearing notices can be found in Attachment 8 and 9.

## TARGETING

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“Targeting” refers to ensuring the provision of services to certain groups of eligible consumers because either these individuals are in greater need of the services or their usage is low in proportion to their representation in the larger population. The AAA is charged with addressing and planning for a broad spectrum of matters related to involvement of older adults residing in El Dorado County. The goals and objectives outlined in this three-year Area Plan are designed to address the needs of vulnerable populations.

Resources are allocated and priority assigned to targeted populations as mandated in the Older Americans Act (OAA). These individuals live in a variety of settings within our community, including long-term care facilities. They include older individuals, particularly low-income minority older adults, with the greatest economic need resulting from an income level at or below the federal poverty line and those with greatest social need caused by physical and mental disabilities, language barriers, and cultural, social, or geographical isolation. Other older adult populations of special interest include individuals with the following characteristics: individuals residing in rural areas; individuals who are frail; individuals with severe disabilities; isolated, abused, neglected, and/or exploited individuals; individuals who are of limited English-speaking ability; individuals with Alzheimer’s disease or related disorders and their caregivers; Native Americans; unemployed, low-income individuals; and caregivers as defined in Title III E.

The Older Americans Act designates certain services as priority services and requires that an adequate proportion of OAA (Title III B) funds be allocated to these services. These designated priority services are Access, In-Home Services, and Legal Assistance. Historical percentages were used to determine funding for priority services, as well as input from the older adult needs assessment, key informant survey, the Commission on Aging, community roundtable discussions and interviews, and input from the public hearings.

The community needs assessment process was designed to identify the core issues and needs of the targeted populations used to develop the consequent goals and objectives for the agency. Although it is nearly impossible to obtain an accurate listing of the targeted populations, identification involved focusing on individuals with the greatest economic and social needs. Methods for identifying these populations include periodic needs assessment, qualitative and quantitative field research, planning process, and establishment of program area priorities, which focus on at-risk populations. Through our public hearings, every attempt is made to reach and elicit feedback from these vulnerable populations. Along with the required legal notification, Public Hearing notices were distributed to Latino community organizations, faith-based organizations, home-delivered meal recipients, congregate meal participants at the seven congregate nutrition sites,

care management clients, skilled nursing facilities, residential care facilities, local senior centers, community centers, libraries, and senior housing complexes.

In addition, the Commission on Aging (COA) actively recruits for representatives of special populations to serve as members and to reach out to under-served groups to make services more responsive and readily available. Of the minority populations represented in the County, the Hispanic population represents the largest single minority group, 3.4% of the total older adult population. The AAA will work with the Governing Board for targeted outreach to recruit a Hispanic representative for appointment to the COA.

The goals and objectives outlined in the Plan provide for targeting the above populations. The goals to increase awareness of services and prevent elder abuse target the most socially isolated older and dependent adults in the community. The AAA coordinates services, planning and advocacy activities, as well as outreach efforts with various community groups that serve the socially isolated older adult. The goal of providing a comprehensive array of services to assure older adults can age in place targets those at greatest economic and social need. Low income is defined as equal to or below 125% of the poverty level and makes up 9% of the 60+ population in the County, with 5% at 100% of the poverty level. Due to the rural nature of the planning and service area (PSA), several objectives target the need for improved accessibility to needed services so older adults can gain every advantage of home-and community-based support to avoid premature or inappropriate institutionalization. The AAA recognizes that if this population is to maintain its self-sufficiency, information and accessibility are priority needs.

The current services provided by Senior Day Care Services/ADCRC, Home-Delivered Meals Program, MSSP and Linkages Care Management Programs, Adult Protective Services, In-Home Supportive Services, and Family Caregiver Support Program are evidence of how the AAA addresses the targeted populations. We are fortunate as a single-county AAA, that we are able to provide services to the entire county. We serve our community as a focal point for older adults at our three senior centers and seven congregate nutrition sites.

While services offered to the targeted groups are not proportionate to the 60-plus population in the County, it is the priority of the AAA to provide services to the special populations outlined in the OAA. Encouraging Latino older adults in the community to access services continues to be a challenge for the AAA, thus several objectives address the need to expand services to this minority group by conducting more intensive outreach and needs identification. Several objectives also address the need to expand services to the lesbian, gay, bisexual, transgender older individual. AAA staff will establish affiliations with stakeholder groups representing the interests of target populations (isolated, Latino, LGBT older adults) to develop resource links and enhance knowledge and skills for working with these often hidden, underserved older adults.

## **IDENTIFICATION OF PRIORITIES**

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This Area Plan will help guide this agency through the next three years of providing services to older adults and disabled persons in the County. Changes in population, as outlined in the demographic section of this Plan, are dramatic. The growth rate in the older adult population for this planning and service area (PSA) was twice as great as the state and three times as great as the national increase from 1990 to 2000. These increases place a greater emphasis on the need for services and a greater geographic distribution of those services.

Historically, federal and state funds have not kept pace with the demand for services, and the County has provided significant funding to this PSA. While County support for older adult programs continues to be excellent, financial realities inevitably may affect the County's ability to continue to meet the needs, especially in light of the increase in the older adult population. Many services are needed to effectively and efficiently provide for the needs of our aging community members. The fact that the Area Agencies on Aging and Older American Act programs are most appropriately poised to meet these needs must be balanced with the reality of current funding mechanisms. The demand for supportive services is continuing to grow at a rate that will surely outpace fiscal resources.

Without exception, targeting of services to specific older adult populations is a priority of this Plan. Not only will low-income minority older adults be targeted for services, but also older adults who have minimum and inadequate financial resources, are frail and at-risk of institutionalization, reside in rural areas in the county, and are otherwise isolated. Of particular interest to this AAA is the provision of services to the most frail, socially isolated older adults and those with Alzheimer's disease or related disorders. The AAA is dedicated to committing resources to ensure the availability and accessibility of vital safety net services necessary to help our most vulnerable older adults and functionally impaired adults maintain independence, dignity, and control over where and how they live.

In preparation of an aging landscape, the AAA will continue collaborative and advocacy efforts with other service providers to meet the needs of older adults and disabled persons in the County. This process will continue to require a commitment of public, private, and voluntary resources. The AAA and Commission on Aging will continue to be a strong advocate for maintaining existing funding for senior services, as well as pursuing other avenues of funding.

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## **ADEQUATE PROPORTION**

The Older Americans Act designates certain services as priority services and requires that an adequate proportion of Older Americans Act (Title IIIB) funds be allocated to these services. If changes are made to these proportions, a specific public hearing process is required. These designated priority services are:

- Access (outreach, transportation, information and assistance, and care management)
- In-Home Services
- Legal Assistance

The minimum funding spent on access (18%), in-home services (1.3%), and legal services (30%) from the 2008-2009 Area Plan Update to the current 2009-2012 Area Plan will not change. Two public hearings were held to inform the community about the funding levels for priority services and were met with approval.

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## **PRIORITIES FOR THE 2009-2012 PLANNING PERIOD**

The AAA has been committed to the process of bridging the gap from need to solution strategy and setting needs-based priorities. The ultimate goal of the needs assessment is to enhance the ability of the AAA to provide services to the targeted groups. All efforts to prepare for an aging population in the County must be responsive and strive to reduce disparities in availability and access to services.

Most of the needs identified from the comprehensive community needs assessment utilizing both quantitative and qualitative analysis methods extend beyond the scope of any one agency's capabilities. The AAA and the Commission on Aging have determined the feasibility of addressing each need, and assigned relative priorities for action for the 2009-2012 planning period, each of which have associated objectives. Based on need and feasibility for short- and long-term impact, the focus for this Plan was narrowed to the following eight areas: aging in place, caring for the caregiver, preparing for the boomers, focus on hidden populations, safety and well-being, elder abuse prevention, awareness of services, and improving quality and capacity of care.

The listed recommendations for action are neither comprehensive nor exhaustive. Our intention is to put forward innovative ideas to focus attention on aging and motivate a commitment of time and resources to address at least some of the many needs of older adults in our community. We hope to stimulate broader support and enthusiasm to enhance services already in place as well as generate momentum for new initiatives.

Within each of these priority areas, proposed activities have been identified and will provide the basis for the development of annual updates during the contracting cycle. Education and awareness will provide the foundation for continued responsiveness to population aging in the County. Identifying and fostering partnerships to support a more collaborative approach to providing a continuum of care is a priority of the AAA.

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## **PREPARING FOR THE INCREASED SENIOR POPULATION IN 2009 AND BEYOND**

As stated above, the AAA's priority is to target the most frail and at-risk populations of the County. However, the AAA also recognizes that the 50+ population in the County is rapidly growing. According to the U.S. Census Bureau, the growth rate in the older adult population for this planning and service area was two times greater than the State and three times greater than the national average between 1990 and 2000. The future long-range planning for older adults and persons with disabilities in El Dorado County must take into account the upcoming age wave due to the boomer population.

Without a doubt, there are many opportunities and challenges presented by the growth in the older adult population in El Dorado County. The most effective way to ensure that the local aging network makes the decisions that will have the greatest impact is by staying informed of the concerns and needs of our older residents. The results of this needs assessment process provide a community-based perspective to the larger, national demographic shift and a place to begin the local conversation and planning process. By taking small but intentional steps today, communities throughout the region will be able to enhance the quality of life for residents of all ages, and in the process make El Dorado County a place to live well for all ages.

The AAA is in an excellent position to provide leadership in guiding the community to meet the needs of this growing and very diverse population. Planning will require collaboration between the AAA, Commission on Aging, Board of Supervisors, community leaders, service organizations, and older adults themselves. Several objectives in this three-year plan will address the needs of the boomer generation including development of an internet-based survey to assess boomers' knowledge of and need for services and a three-session class designed to help members of this generation understand the long-term care system. Knowing that funding will not keep pace with the increasing need for services, several goals and objectives address empowering individuals to remain independent by increasing awareness of services, promoting aging in place, and improving health and wellness. Objectives related to volunteerism will help older adults remain engaged in the community. Opportunities provided by the Senior Activities Program will promote appealing and innovative activities with a special interest in meeting the needs of boomers.

Discussions about how the community will address service delivery in the future to not only meet the needs of the most frail and at-risk populations but also the diverse needs of the boomer population will be addressed annually in the AAA's Year-End Reports.

The needs of seniors in El Dorado County are expanding and evolving at a time when the county's fiscal resources are receding. The AAA needs to improve coordination of its services, eliminate duplication, and create more accountability in order to meet the growing demands on the long-term care system's capacity. The AAA strives to collaborate creatively on this regional strategic plan to make our community a better place in which to grow older.



## *Goals and Objectives*

# 1 Aging in Place

*Helping individuals to remain safely at home*



- ▶ **Assist older adults in accessing needed services that will promote and sustain their health, independence, and self-reliance.**

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## **RATIONALE**

The Centers for Disease Control and Prevention recently reported that by the year 2030 the proportion of the United States' population aged 65 and older will double to about 71 million older adults, or one in every five Americans. Our country is on the brink of a longevity revolution. Technological advances in medical care help people live longer, but not necessarily in better health. Viable systems of community supports are needed to maintain older adults and/or functionally impaired persons in the community and avoid premature or inappropriate institutionalization. Almost without exception, the majority of older adults want to remain in their own homes as long as they possibly can.

The senior needs assessment and key informant survey attest to the high level of unmet health and social need in the older adult population. Enhanced community education and outreach on aging issues, accessible and affordable health care, and social support services will assist older adults to remain independent, or in the least restrictive environment possible, and provide greater access to a full range of continuum care services. Objectives in this section focus on encouraging healthy lifestyles, teaching older adults to access public benefits that support their health, and planning for long-term care.

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## **OBJECTIVES**

*All objectives are new and unless otherwise stated begin 7/1/09.*

- 1.1 The Senior Health Education Program (SHEP) will collaborate with the In-Home Supportive Services (IHSS) Advisory Committee, the Family Caregiver Support Program (FCSP), and Senior Day Care Services to host a community health fair in Placerville with the dual purpose of conducting health screenings and performing outreach about the services available to older

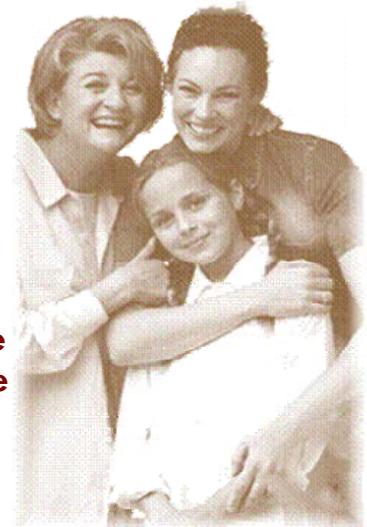
adults and adults with disabilities by 12/31/09. It is anticipated that more than 500 individuals and 40 governmental and non-profit organizations will attend.

- 1.2 To assist in the prevention of inappropriate medication management and potential adverse effects, SHEP will educate older adults and provide materials and tools that will help them manage their medication through the following activities:
  - 1.2.1 SHEP will schedule a "brown-bag check-up" with a local pharmacist(s) in conjunction with a community health fair in Placerville by 12/31/09. Older adults can bring their current medications, over-the-counter products, and supplements in a "brown-bag" so a pharmacist can provide a pharmaceutical review of the medications and their use for any potential problems. The number of "brown-bag check-ups" performed will measure the outcome.
  - 1.2.2 To focus on safe and effective medication management, SHEP will distribute 250 pill organizers annually to older adults at community events and health fairs from 7/1/09-6/30/12.
- 1.3 To educate the older adult community about the Medicare Part D Low Income Subsidy Program, the Health Insurance Counseling and Advocacy Program (HICAP) will provide one presentation by 12/31/10. The number of participants in attendance will measure the outcome.
- 1.4 The AAA will work with HICAP to conduct a Train-the-Trainer event to educate staff that work with low income residents, including IHSS, Information and Assistance (I&A), care management programs, home-delivered meals, and FCSP about the Medicare Part D Low Income Subsidy Program by 6/30/11. The number of staff trained on the Medicare Part D Low Income Subsidy Program will measure the outcome.
- 1.5 The AAA will designate one key staff person specializing in the health insurance needs of low-income older adults as the main source of information on Medi-Cal by 6/30/10. This designated staff will serve as the contact point on Medi-Cal-related information, improve understanding and access to public benefits, and enhance the continuity of care. The AAA will explore the possibility of housing the Medi-Cal representative in the Placerville Senior Center at least once a week.
- 1.6 To support improved health behavior, health status, and health service utilization related to the management of chronic disease in the older adult population, SHEP will seek collaboration with Eskaton Senior Services to sponsor two six-week courses annually taught by trained lay leaders on

- topics related to chronic disease prevention and management from 7/1/09-6/30/12. The pre and post measure will determine effectiveness of education as demonstrated by increased appropriate health behaviors, improved health status, decreased health care utilization, and increased sense of self-confidence.
- 1.7 To promote strength training and fall prevention for seniors in the community, the El Dorado County Active Aging Program, sponsored by SHEP, will continue to provide five exercise classes from 7/1/09-6/30/12. Outcome will be measured by number of hours of exercise provided.
  - 1.8 The Senior Day Care Supervisor and Area Agency on Aging (AAA) Director will explore the feasibility of opening a second Senior Day Care Center/Alzheimer's Day Care Resource Center (ADCRC) site in the far western part of the county to decrease the distance individuals currently have to travel to attend the Senior Day Care Center located in Placerville by 6/30/10.
  - 1.9 To realize a Senior Day Care Center in the Tahoe Basin, the Senior Day Care Program Supervisor will provide technical assistance to the El Dorado Community Foundation in their efforts to assist in the planning and initial funding support for a South Lake Tahoe Adult Day Care Center by 6/30/10.
  - 1.10 To encourage utilization of Senior Legal Services' phone consultation services, Senior Legal staff will provide outreach regarding this availability utilizing public service announcements, the Senior Times Newsletter, and an updated program brochure by 6/30/10.
  - 1.11 The legal matters of greatest concern as assessed by the survey of older adults were wills/trusts/probate and powers of attorney for health care and financial matters. The Senior Legal Services' Attorney will provide 25 presentations throughout the County on estate planning and other legal issues of interest by 6/30/10.
  - 1.12 To foster the continuing engagement of older adults by facilitating training and employment opportunities, AAA staff will pursue a contractual agreement with the American Association of Retired Persons to participate as a Host Agency in their federal Title V Senior Community Services Employment Program, placing seniors in subsidized employment training opportunities to help them select and enter into second careers. The outcome will be measured by the number of unduplicated low-income older adults placed in training positions and subsequently achieving unsubsidized employment.

- 1.13 Since its inception in September 2008, the Placerville Senior Computer Center has enhanced computer and internet access and proficiency among older adults. Due to an overwhelming response to introductory-level training, the Center will increase opportunities for learning by recruiting more instructors to offer a greater number of classes. The Senior Activities Coordinator will recruit at least three more volunteer instructors and increase the number of five-week computer classes from three to six per month by 6/30/10.
- 1.14 To advocate for expanding door-to-door transportation services for older adults, the Commission on Aging (COA), the Senior Day Care Services Supervisor, and the AAA Program Coordinator will participate in at least two Transit Public Hearings and attend other meetings where transportation needs of older adults may be an issue by 6/30/10.
- 1.15 In May 2010, the COA and the AAA will host the annual Older Americans Month celebration, which pays tribute to local older adults who make their community a better place to live, and recognize the Senior of the Year. Six hundred older adults are expected to attend.
- 1.16 The Senior Times Newsletter (a monthly publication of the AAA) provides relevant information on aging issues. Readership satisfaction and topics of interest for future issues of the newsletter will be assessed by conducting at least one consumer survey by 12/31/09.

# 2 *Caring for the Caregiver*



- ▶ **Support, supplement, and enhance the role of informal, unpaid caregivers who provide home care assistance to individuals who are, in some degree, incapacitated and in need of help to remain at home.**

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## **RATIONALE**

According to the National Family Caregiver Alliance, one in four Americans is a caregiver. There are 1.8 million caregivers in California, more than any other state. It is the dedicated families—not institutions—who provide most of the long-term care in California, often at a great financial, physical, and emotional sacrifice. While caregiving can prove to be a positive experience for many individuals, it can also have negative impacts on caregivers' health and well-being. The California Statewide Survey of Caregivers found that one third of caregivers report high levels of emotional stress. Research shows that support services to informal caregivers have been effective in alleviating the caregiver burden; enabling caregivers to better cope with the demands of providing in-home care; allowing family caregivers to remain in the workforce; and improving caregiver and care recipient outcomes.

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## **OBJECTIVES**

*All objectives are new and unless otherwise stated begin 7/1/09.*

- 2.1 The Family Caregiver Support Program (FCSP) will design assessment and analysis methodologies to determine scope of needs for informal caregivers in our community who are also employed. An e-mail survey will be developed and disseminated to county employees, as well as employees of other organizations by 6/30/11. Results will be collected, compiled, and a summary report generated on the desired support for employed primary caregivers in meeting their work and caregiving responsibilities.

- 2.2 FCSP will launch an awareness campaign to educate employers of the issues and needs of caregivers in the workplace by 6/30/12. Education efforts will include the development of an informational fact sheet on the impact of working caregivers and the provision of speaking engagements on an as-needed basis.
- 2.3 FCSP will facilitate referrals into caregiver services through an educational campaign focused on clergy, physicians, and public employees. Outcome measurement will include FCSP referral source tracking from 7/1/09-6/30/12. Initially, a baseline measure will be established and an increase in referrals from the targeted sources anticipated by ten percent.
- 2.4 FCSP will develop a six-week educational series on assisting individuals with strategies to cope with caregiver burden. This series will bring awareness to caregiver burden and the risks of depression by 6/30/12. A standardized tool measuring caregiver burden will be administered prior to and upon completion of the series to indicate the caregiver's emotional state and to assist in developing a plan of care for the participants. The pre and post measure will determine effectiveness of education in raising awareness.
- 2.5 FCSP will address the needs of caregivers by submitting monthly publications and press releases of upcoming caregiver events in the Senior Times Newsletter, as well as local media outlets from 7/1/09-6/30/12.
- 2.6 Four presentations will be provided annually in the County to educate the medical community, home health agencies, and service organizations about the services, education, and training available through FCSP by 6/30/10.
- 2.7 To provide information, encouragement, and support to caregivers in the community, both FCSP and Senior Day Care Services will each continue to provide 20 support groups annually from 7/1/09-6/30/12.
- 2.8 FCSP will continue to maintain the in-home provider list, a publication of the AAA, for El Dorado County. FCSP will screen new providers, maintain up-to-date records and lists to support the community with finding appropriate in-home assistance from 7/1/09-6/30/12. The in-home care provider comment form will be attached to the online list available on the FCSP web page to make the mechanism by which feedback is solicited more accessible.
- 2.9 FCSP will continue to provide at least 300 unduplicated caregiver services including comprehensive assessments, respite, trainings, and support groups annually from 7/1/09-6/30/12.

- 2.10 There are a growing number of grandparents providing primary care for their minor grandchildren in need of support in their caregiving role. FCSP will advocate for the Kinship Support Services Program (KSSP) to collaborate with El Dorado County Office of Education, First Five El Dorado Children and Families Commission, faith-based organizations, and other provider agencies by 6/30/12 to enhance accessibility of grandparent caregivers to information and support.

# 3

## Preparing for the Boomers

- ▶ **Focus on the impending needs of the growing older adult and emerging target populations, with particular emphasis on the growing needs of the Boomers.**



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### **RATIONALE**

While many excellent services are currently in place locally to meet the needs of our older population, we need to do much more to prepare for the profound demographic shift represented by aging boomers. The large number of boomers who are beginning to need and qualify for aging services mandates an examination of service delivery models for innovative and appealing programming. Further, we will need to design lifelong learning options and personal enrichment classes with sufficient flexibility to attract a broad base of participants. Promoting volunteerism and civic engagement is a way for our community to tap into the time, talent, and experience of the growing ranks of older adults. We will need to provide a broader array of civic engagement options and volunteer opportunities than we currently provide.

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### **OBJECTIVES**

*All objectives are new and unless otherwise stated begin 7/1/09.*

- 3.1 To meet the needs of the growing diverse older adult population, the Commission on Aging (COA) and Area Agency on Aging (AAA) Director will explore the possibility of, and advocate for a new Senior Community Center in the Placerville/ Diamond Springs area by 6/30/12. The current Placerville Senior Center is housed in an antiquated sixty-year-old building that is inadequate in size, parking, and facilities.
- 3.2 The Senior Activities Coordinator will collaborate with the Cameron Park Community Services District by 6/30/10 to help promote appealing and

innovative activities with a special interest in meeting the needs of boomers who reside in this part of the County.

- 3.3 The AAA Director and Senior Nutrition Program Supervisor will explore the feasibility of opening a congregate meal site in the newly constructed Cameron Park Community Center by 6/30/11. This facility would provide the opportunity for older adults in the Cameron Park/Rescue/Shingle Springs area to socialize while enjoying a nutritionally balanced meal.
- 3.4 The aging of the boomers provides an opportunity for the AAA to reshape the image of senior centers in our service area into dynamic, accessible, and appealing community resources with a wide range of programming for young, old, frail, active, retired, and working older adults. To begin the process, AAA staff will conduct an annual consumer satisfaction survey at the three community focal points in the Placerville, El Dorado Hills, and South Lake Tahoe senior centers from 7/1/09-6/30/12 to gather baseline data on impressions and service preferences and present the findings to the AAA Director and the COA.
- 3.5 To introduce a three-session class designed to help members of the boomer generation understand Medicare, Social Security, long-term care, and working beyond age 65, the Senior Health Education Program (SHEP) will collaborate with the COA, Health Insurance Counseling and Advocacy Program (HICAP), and the local Social Security Administration office to sponsor a *Boomer Education 101* course by 6/30/10. Seventy-five percent of participants completing the course will report an increase in knowledge based on class exit evaluations.
- 3.6 Utilizing an internet-based survey, the AAA will assess boomers' knowledge of and need for resources, services, and programs available for the 60+ population. The survey instrument will be available on the newly developed AAA web page on an ongoing basis by 6/30/10.
- 3.7 Numerous non-profit organizations rely heavily on a volunteer workforce and traditionally, a large segment of these volunteers has been retirees. To increase the likelihood that boomers will provide their support, an analysis is required of changes needed to successfully engage, recruit, and retain boomer volunteers. The Volunteer Coordinator, in collaboration with COA members, will conduct a focus group comprised of boomers on the changing trends in the volunteer workforce by 12/31/11. Participants will include boomers who are currently volunteering, those who have previously volunteered, and those who are not currently in the volunteer workforce but would like to contribute their thoughts and ideas about the changing needs of volunteers in their cohort.

- 3.8 The Volunteer Coordinator, in collaboration with the One Stop Employment Resource Center, will explore the feasibility of hosting a combined volunteer/job fair in Placerville by 6/30/12 showcasing the volunteer and job opportunities available in the County and to encourage active participation by older adults, particularly targeting boomers.
- 3.9 The Senior Activities Coordinator, in collaboration with the Placerville Senior Computer Center volunteers, will explore opportunities using on demand streaming video as well as scheduled education and to increase use of this technology by boomers, the oldest old (80+), and Latino older adults by 6/30/11. Effectiveness of video streaming in on-line learning will be assessed by completion of an evaluation at the conclusion of the user session.

# 4

## Focus on Hidden Populations



- ▶ **Plan for the long-term care needs of underserved target populations including low income minorities, isolated residents of more remote areas of the county, persons with dementia, and lesbian, gay, bisexual, and transgender persons.**

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### **RATIONALE**

Increasing utilization of services by older adults who have the highest economic and social needs and who are least able to advocate for themselves demonstrates the Area Agency on Aging's (AAA) commitment to the greater good of community resources. Ensuring that the needs of underrepresented groups are adequately assessed during the planning and development of programs and services will increase access to the programs administered by the AAA.

According to a recent study by the UC San Francisco's Institute for Health and Aging and the Alzheimer's Association, the number of Californians with Alzheimer's disease will nearly double to 1.1 million over the next two decades because of aging baby boomers. Among the study's recommendations are to offer more geriatrics training to medical and social service providers and to emphasize early screening and treatment for patients.

Section 9103 of the California Welfare and Institutions (W&I) Code requires AAAs to "include the needs of lesbian, gay, bisexual, and transgender (LGBT) seniors in their needs assessment and area plans." As the needs of the older adult LGBT population have not been addressed in the past in our service area and to ensure compliance with this mandate, the AAA will immediately begin to include LGBT older adults in the planning of programs and services and the development of the area plan.

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### **OBJECTIVES**

*All objectives are new and unless otherwise stated begin 7/1/09.*

- 4.1 National Memory Screening Day is a collaborative effort spearheaded by the Alzheimer's Foundation of America (AFA) to promote early detection of Alzheimer's disease and related illnesses, and to encourage appropriate intervention. The Senior Day Care Center, a member organization of the AFA, will participate annually in this event from 7/1/09-6/30/12. Under the leadership of the Senior Day Care Center, qualified professionals will be trained to administer a mental status examination used to screen for cognitive impairment to participants at various locations throughout the community. Those participants with abnormal scores or concerns will be encouraged to pursue further medical evaluation. It is anticipated that approximately 150 individuals will receive free confidential memory screenings, as well as follow up resources and educational materials about memory concerns and successful aging.
- 4.2 Taking care of someone with Alzheimer's disease requires constant learning. The Senior Day Care Program will collaborate with Marshall Foundation for Community Health, the Area Agency on Aging (AAA), Family Caregiver Support Program, along with other community partners to host a conference for family and professionals caring for individuals affected by Alzheimer's disease or other related dementia by 6/30/10. This quality continuing education opportunity will enhance their professional knowledge in managing dementia care issues. The number of participants in attendance will measure the outcome.
- 4.3 The YANA (You Are Not Alone) Program, a free daily telephone reassurance program, will continue to provide services to at least 30 isolated older adults from 7/1/09-6/30/12.
- 4.4 The Linkages Program will continue to expand care management services and identify and reach underserved populations. The Linkages Site Director will enhance outreach by hosting three presentations to targeted populations from 7/1/09-6/30/10.
- 4.5 AAA staff will establish affiliations with stakeholder groups representing the interests of target populations (isolated, Latino, LGBT older adults) to develop resource links and enhance knowledge and skills for working with these often hidden, underserved older adults. Progress and accomplishments will be measured through participation by the AAA in at least two stakeholder groups and as demonstrated by delivery of training to the COA and AAA staff on subject matter pertaining to improving delivery of services to target groups by 6/30/12. The anticipated outcome will be improved service delivery efforts to target populations and enhanced awareness, knowledge, and outreach skills of service providers.

- 4.6 The AAA will seek collaboration with the Latino Affairs Commission in a targeted needs assessment of Latino older adults in El Dorado County by 6/30/10. This will include development of a comprehensive survey instrument, both English and Spanish versions, and a plan for the assessment process.
- 4.7 AAA staff will conduct a needs assessment of LGBT older adults by 6/30/10. Data will be utilized for determination of future planning on aging and advocacy priorities.
- 4.8 To assure that staff and volunteers develop awareness and appreciation of customs, values and beliefs, and the ability to incorporate them into the assessment, treatment, and interaction with clients, AAA staff will plan and implement a cultural competency/sensitivity training program by 6/30/11. This training will equip staff with skills to better serve older adults and caregivers of targeted populations and will be customized to meet the needs of the AAA team based upon the nature of the contacts with clients.
- 4.9 AAA staff will explore appropriate modifications to the current information systems, including intake forms, assessments, and survey instruments to improve identification of cultural and linguistic-specific client data by 12/30/10.

# 5

## Safety and Well-Being



- ▶ **Optimize safety and well-being of older adults in El Dorado County by enhancing the provision of essential goods and services.**

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### **RATIONALE**

If older persons are to continue to live in their own homes in El Dorado County, we must strengthen and expand the community services that will support them as they age. Insuring the well-being of our most vulnerable older adults requires that we address the adequate provision of the most basic needs of food, shelter, and safety. Home-delivered meals, temporary emergency shelter, and disaster preparedness all provide essential support to older persons who can no longer live as independently as they once had. Housing is a serious problem for older adults and will increase in importance as efforts are made to reduce institutionalization and provide support to individuals living in community settings—as people age, their housing needs change. Older adults and key informants in the needs assessment have identified accessible and affordable housing for our aging residents as a priority.

The 2005 American Community Survey reports that about 7.5 million people need another person to help them every day with activities of daily living. In addition, about 11.3 million people cannot get outside their home due to a physical or medical condition. In an emergency, people may lose the support they need to be able to function on their own. Therefore, it is vital to consider these needs and plan to support them in an emergency. As an organization serving older adults, the Area Agency on Aging (AAA) has a responsibility to ensure the preparedness of the agency and staff to meet the challenges of a disaster. The AAA supports the emergency management community to ensure that the disaster-related needs of older adults and persons with disabilities receive attention in overall community disaster planning. A Disaster Preparedness Plan is vital to prepare for and respond effectively to major emergencies.

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### **OBJECTIVES**

*All objectives are new and unless otherwise stated begin 7/1/09.*

## FOOD AND NUTRITION

- 5.1 To meet the needs of the growing older adult population and to expand nutritional services, the Home-Delivered Meals Coordinator will start two home-delivered meal routes in locations currently not served by 6/30/12.
- 5.2 The Senior Nutrition Program will pursue development and implementation of the proposed Home-Delivered Meals Wellness Outreach Program (funding received from the Mental Health Initiative Prevention & Early Intervention allocation) by 6/30/12. This strategic partnership with the Health Services Department, Mental Health Division, will provide depression screening and early intervention for older adults at risk for suicide.
- 5.3 Commission on Aging's (COA) Health and Wellness Committee members will promote public awareness of the availability of food resources in the county for those in need through the following activities in fiscal year 2009-2010:
  - 5.3.1 To provide accurate and practical nutrition resources for consumers, AAA staff will develop a Food and Nutrition Resources Guide for public distribution by 6/30/10.
  - 5.3.2 COA members will advocate to enhance community assistance outreach of the Food Stamp Program to the older adult population by 12/31/09.

## HOUSING

- 5.4 The AAA Director will explore the feasibility of an elder shelter to meet the needs for temporary emergency shelter and respite services by 6/30/12.
- 5.5 Commission on Aging's Livable Community Committee (COA-LCC) members will conduct a needs assessment of affordable housing units in El Dorado County for comparison of current and projected need and prepare a report for review by government entities, consumer advocacy groups, and policymakers by 6/30/10.
- 5.6 For the high percentage of older adults who want to remain in their own homes but may be encountering difficulties as they age, design issues and home modifications pertaining to the specific needs of the aging individual become more noteworthy. AAA staff will promote universal design in housing and "visitability" elements by featuring two articles in the Senior Times Newsletter by 6/30/10.
- 5.7 To provide education and information on the implications for older adults of the California property tax relief, COA-LCC members will create a

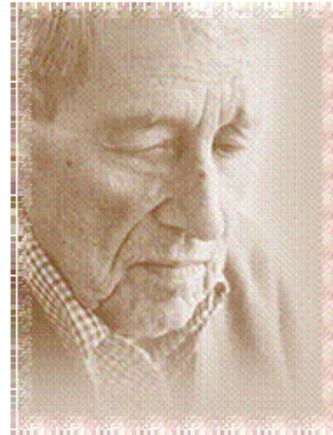
pamphlet on Proposition 60 for public distribution and will publish an article detailing the intracounty transfers of base year values in the Senior Times Newsletter by 6/30/10.

#### DISASTER PREPAREDNESS

- 5.8 To plan for an effective response to older adults and persons with disabilities in times of disaster, AAA staff will develop and maintain an updated Emergency Operations Plan in conjunction with the local office of emergency services, VOAD, and other pertinent agencies by 6/30/10.
- 5.9 Many emergencies, like hazardous spills or pandemic influenza, will require individuals to shelter-in-place for a period of time. To assist older residents prepare for a range of situations, COA-LLC members will develop and distribute information on how to shelter-in-place through various written materials for distribution at older adult events and sites and publication of an instructive article in the Senior Times Newsletter in fiscal year 2009-2010.
- 5.10 To better ascertain community preparedness for disaster, COA-LLC members will conduct a pilot "Readiness Survey" through faith-based and community-based organizations with a particular focus on older adults residing in the Georgetown Divide area with the expectation that the study could be replicated countywide by 6/30/12.

# G Elder Abuse Prevention

- ▶ **Promote elder rights by providing information and resources for individuals to protect themselves against elder abuse, neglect, and exploitation.**



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## **RATIONALE**

In the past few years, according to the California Department of Social Services, the statewide number of elder abuse reports has grown by 23 percent. El Dorado County Adult Protective Services reports an increase in referrals regarding the suspected abuse of an older adult. Unfortunately, more than two-thirds of abusers are family members. Currently, it is estimated that only one in five cases is reported within our state. With more than 26,000 residents in El Dorado County 60 or older, and an expected population growth to more than 58,000 by 2020, the incidents of elder and dependent adult abuse are likely to grow. El Dorado County has a strong commitment to protecting individuals from elder abuse.

Older Americans Act programs such as caregiver support, home-delivered meals, and care management reduce risk factors for elder abuse and exploitation such as isolation and depression. The Area Agency on Aging also supports a range of activities to raise awareness about elder abuse and to build capacity of the long-term care system to prevent, identify, and respond to elder abuse, fraud, neglect, and exploitation. Elder abuse prevention efforts are critical to assisting vulnerable older adults in defending their dignity, independence, and hard-earned resources.

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## **OBJECTIVES**

*All objectives are new and unless otherwise stated begin 7/1/09.*

- 6.1 Alert Community is an e-mail notification service dedicated to crime prevention through awareness, with focus on the prevention and avoidance of scams, fraud, and financial abuse. Local service organizations, faith-based organizations, financial institutions, and others subscribe to Alert Community to receive the latest information about these crimes. To inform a

broader segment of the community, Alert Community will insert information on scams in the El Dorado Irrigation District and City of Placerville water bills by 6/30/10.

- 6.2 To provide continuing education on protective services for older clients, Adult Protective Services (APS) staff will provide on-site elder abuse and mandated reporter training for Area Agency on Aging (AAA) staff and volunteers at an all-staff monthly meeting by 6/30/10.
- 6.3 To enhance awareness and prevention of elder abuse, Senior Legal Services, Alert Community Volunteer, and the AAA Program Coordinator will plan an elder abuse conference by 5/31/11 as part of Elder and Dependent Adult Abuse Awareness Month/Older Americans Month. Over 40 attendees are anticipated to participate in the conference representing a significant cross-section of individuals including representatives of law enforcement, protective services, financial institutions, faith-based organizations, local media, and more.
- 6.4 The Long-Term Care (LTC) Ombudsman will provide at least twelve volunteer training classes on the scope of the ombudsman responsibilities in ensuring the rights of institutionalized older adults in Fiscal year 2009-2010.
- 6.5 Three new LTC Ombudsman volunteers will be recruited, certified, and assigned to routinely visit residents in skilled nursing and residential care facilities for the elderly in the County by 6/30/10.
- 6.6 Senior Legal Services will continue to actively participate on the Elder Protection Unit (EPU) providing services and coordinating elder and dependent adult protection activities throughout the county. As the lead for this multidisciplinary team, Senior Legal Services will enhance the educational component of EPU to increase the knowledge base of its participants by scheduling quarterly presentations from 7/1/09-6/30/12.

# 7

## *Awareness of Services*



- ▶ **Increase awareness of services to improve access and choice of community resources and enhance the ability of older adults to advocate for benefits and needed support services on their own behalf.**

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### **RATIONALE**

The most often cited reason for older adults and their families not accessing needed services is lack of knowledge that the services are available. Key informants identified awareness of services as one of the most critical unmet needs of older adults in our community and that improved outreach would be an effective means by which to address at-risk populations. Because of the rural nature and high proportion of older adults in the service area, it is critical that strategies be employed to enhance accessibility to the support and services necessary to achieve optimal health and well-being.

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### **OBJECTIVES**

*All objectives are new and unless otherwise stated begin 7/1/09.*

- 7.1 To further educate the community, the Information and Assistance (I&A) program will submit quarterly outreach materials from 7/1/09-6/30/12 in the form of press releases and/or announcements to local media sources regarding services available to older adults and family caregivers.
- 7.2 I&A program staff will educate El Dorado County Department of Veteran Affairs staff, hospital discharge planners, and related personnel as to available community services through facilitation of annual sessions for “orientation” to the long-term care system from 7/1/09-6/30/12.
- 7.3 To promote greater visibility of the Area Agency on Aging (AAA) and its advocacy priorities on aging issues, AAA staff will develop an AAA

- brochure and a relevant and interactive web page within the Department of Human Services' Senior Services web page by 6/30/10.
- 7.4 To further educate the community regarding the nutritional, educational, and recreational opportunities available at the senior centers in El Dorado County, AAA staff will develop a Community Senior Centers brochure by 6/30/11.
  - 7.5 The I&A program will continue to assume responsibilities of the Senior Legal Services' client intake and referral assistance system. I&A staff will conduct a survey to determine the long-term care and advocacy needs of the Legal Services' client population by 6/30/11.
  - 7.6 The I&A program will work with community agencies to create direct links to the Department of Human Services' website. These links will be imbedded in the community agencies' websites and take the user directly to the specific County webpage for Senior Services. The goal will be to collaborate with five community agencies to create this link by 6/30/10.
  - 7.7 To educate older adults about the services available at the One Stop Employment Resource Center, the I&A program will submit outreach material in the Senior Times Newsletter and through press releases to local media by 6/30/10. The One Stop Employment Resource Center will participate in a community health fair in Placerville by 12/31/09 to provide information and assistance to older adults seeking employment.

# 8 *Improving Quality & Capacity of Care*

- ▶ **Promote effective, efficient, and responsive delivery of aging services by enhancing the quality and capacity of Older Americans Act-funded home and community-based services.**



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## **RATIONALE**

As administrator of the Older Americans Act programs to support aging community members to remain at home, providing quality service to older adults, their families, and caregivers is a high priority for the Area Agency on Aging. Changing and emerging needs of the aging population require ongoing learning for all staff. Providing opportunities for quality assurance activities and for professional development maximizes the service delivery system for compliance and change. Consumer satisfaction serves as a barometer of change.

Limited financial and human resources demand cooperative approaches to service delivery and systems planning. The AAA will foster strategic partnerships addressing issues that relate to the independence and well-being of older adults in El Dorado County.

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## **OBJECTIVES**

*All objectives are new and unless otherwise stated begin 7/1/09.*

- 8.1 Area Agency on Aging (AAA) staff and Commission on Aging (COA) members will convene stakeholders to consider the impact of state restructuring of the aging network on older adults and their caregivers and recommend alternative strategies for Board of Supervisors consideration by 6/30/10. Focus will include collaborating with other community-based organizations and agencies, combining efforts towards common objectives.
- 8.2 The AAA will develop and implement a comprehensive older adult needs assessment, consumer satisfaction, and performance feedback process focusing on OAA programs in preparation for the next four-year contracting

- cycle by 6/30/11. Findings will be conveyed to the AAA Director, COA, and service providers to ensure quality and improvement as needed in service delivery.
- 8.2.1 To better assess the needs of the target populations, AAA staff will conduct a minimum of seven roundtable discussions/focus groups/interviews in the community by 6/30/11.
  - 8.2.2 AAA staff will conduct an on-line survey of older adults and corresponding survey of Senior Times Newsletter readers about the challenges and issues of most concern in the aging community by 6/30/10.
  - 8.2.3 AAA staff will conduct annual client satisfaction surveys to determine ease of access, quality of service delivery, and aid in the identification and documentation of unmet needs utilizing a randomly selected representative sample of the AAA's active client base by 12/31/10. At least 90 percent of clients participating in the satisfaction survey process will report satisfaction with the services rendered. Results will be collected, compiled, and a summary report generated for review by the AAA Director. Corrective actions will be implemented for any service category with an overall satisfaction rating below the established standard (90 percent).
  - 8.2.4 To ensure that characteristics and needs of underserved persons are analyzed, AAA staff will identify target populations who are not accessing services in the current system of care by 6/30/11.
- 8.3 While employees are encouraged to provide management staff with feedback and suggestions for improvement, there exists no formal process for surveying employees, documenting employee feedback, and assessing each employee's training needs. By 12/31/11, AAA staff will adopt an employee satisfaction survey tool, establish performance measures related to employee satisfaction, and collect baseline data.
  - 8.4 To enhance interagency collaboration, AAA staff will develop protocol for agency collaboration when clients have more than one program managing care by 06/30/10. Regular staff meetings and trainings will assist in enhancing group cohesiveness and ensuring consistency in protocol.
  - 8.5 Enhance the effectiveness of the Information & Assistance (I&A) Program in assisting inquirers to navigate the aging network by improving data management and staff proficiency by 6/30/12:

- 8.5.1 AAA staff will conduct data management training to improve the tracking of pertinent client demographic and situational circumstances in the intake process to maximize the utility of the 4<sup>th</sup> Dimension client database by 6/30/11.
  - 8.5.2 AAA staff will develop an I&A client satisfaction instrument utilizing the Administration on Aging's Performance Outcomes Measures Project (POMP) to measure referral outcomes and gaps in services to be conducted annually from 7/1/10-6/30/12.
  - 8.5.3 To advance the capacity of the I&A program and assist staff to build the full range of competencies needed to effectively serve older adults and family caregivers, the I&A Program Coordinator will work towards certification of I&A staff through the Alliance for Information and Referral Services (AIRS) program by 6/30/12. Award of the credential is professional recognition for specialized knowledge in the field of aging.
- 8.6 The COA will review biannual unmet needs reports prepared by the I&A program to assist in the determination of program and funding priorities from 7/1/09-6/30/12.



# Appendices

## OLDER AMERICANS ACT ASSURANCES

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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)

(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) above.

#### 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.

The Area Agency on Aging certifies compliance with all of these assurances and requirements of the Older Americans Act, as amended, the Federal regulations pertaining to such Act, and the policies of the California Department of Aging throughout the effective period of this Area Plan. Should any barriers to compliance exist, the Area Agency on Aging shall develop procedures to remove such barriers.

**SECTION 9: PUBLIC HEARINGS**

**PSA #29**

**PUBLIC HEARINGS**

**Conducted for the 2009-2012 Planning Period**

**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>2009-10</b>	<b>4/15/09</b>	Tahoe Senior Center	2	No	No
	<b>4/16/09</b>	Placerville Senior Center	22	No	No
<b>2010-11</b>					
<b>2011-12</b>					

**Below items must be discussed at each planning cycle's Public Hearings**

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

*Along with the required legal notification, Public Hearing notices were distributed to Latino community organizations, faith-based organizations, home-delivered meal recipients, congregate meal participants, care management clients, family caregivers, skilled nursing facilities, residential care facilities, local senior centers, community centers, libraries, and senior housing complexes.*

2. Proposed expenditures for Program Development (PD) and Coordination (C) must be discussed at a public hearing. Did the AAA discuss PD and C activities at a public hearing?

Yes                       Not Applicable if PD and C funds are not used

No, Explain:

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

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

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

4. Were all interested parties in the PSA notified of the public hearing and 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

No, Explain:

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

*There were only questions regarding what are priority services and what services can be provided by each category, ie. Access, In-Home Services, Legal Assistance.*

6. Summarize other major issues discussed or raised at the public hearings.

*The following issues were raised during the public hearings:*

- *More publicity is needed on what services are available for older adults.*
- *South Lake Tahoe is in need of more caregivers.*
- *There were many general questions regarding how funding comes into the AAA and how the money is allocated to various programs. Also, questions regarding how the current level of funding compares to prior years.*

7. List major changes in the Area Plan resulting from input by attendees at the hearings.

*No major changes were made to the 2009-2012 Area Plan for Older Adult Services.*

**SECTION 12. SERVICE UNIT PLAN (SUP) OBJECTIVES GUIDELINES**

PSA # 29

**TITLE III/VII SERVICE UNIT PLAN OBJECTIVES  
2009–2012 Three-Year Planning Period  
CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service, as defined in PM 97-02. For services not defined in NAPIS, refer to Division 4000 of the Management Information Systems (MIS) Manual.

Report 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). This SUP does **not** include Title III E services.

**1. Personal Care (In-Home)**    *Not Applicable*                      **Unit of Service = 1 hour**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010			
2010-2011			
2011-2012			

**2. Homemaker**                      *Not Applicable*                      **Unit of Service = 1 hour**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010			
2010-2011			
2011-2012			

**3. Chore** *Not Applicable* **Unit of Service = 1 hour**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010			
2010-2011			
2011-2012			

**4. Adult Day Care/Adult Day Health** *Not Applicable* **Unit of Service = 1 hour**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010			
2010-2011			
2011-2012			

**5. Case Management** *Not Applicable* **Unit of Service = 1 hour**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010			
2010-2011			
2011-2012			

**6. Congregate Meal** **Unit of Service = 1 meal**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	70,000	3, 7	3.2, 7.4
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	95,000	5	5.1, 5.2
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	5,000	3, 5	
2010-2011			
2011-2012			

**9. Nutrition Counseling***Not Applicable***Unit of Service = 1 session per participant**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010			
2010-2011			
2011-2012			

**10. Assisted Transportation***Not Applicable***Unit of Service = 1 one-way trip**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010			
2010-2011			
2011-2012			

**11. Transportation** *Not Applicable* **Unit of Service = 1 one-way trip**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010			
2010-2011			
2011-2012			

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

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	5,528	1, 6, 7	1.10, 1.11, 6.3, 6.6, 7.5
2010-2011			
2011-2012			

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

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	40,000	7, 8	7.1, 7.2, 7.5, 7.6, 7.7, 8.5, 8.52, 8.53, 8.6
2010-2011			
2011-2012			

**14. Outreach** *Not Applicable* **Unit of Service = 1 contact**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010			
2010-2011			
2011-2012			

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

- In this section, identify **Title III D** services (required); and also identify all **Title III B** services (discretionary) to be funded that were not reported in NAPIS categories 1–14 above. (Identify the specific activity under the Service Category on the “Units of Service” line when applicable)
- Specify what activity constitutes a unit of service (1 hour, 1 session, 1 contact, etc.). (Reference Division 4000 of the MIS Operations Manual, January 1994)
- 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). [**Title III B Example: Service Category:** Community Services/Senior Center Support. **Units of Service:** 1 hour – Activity Scheduling]

**Title III D, Disease Prevention/Health Promotion**

- **Service Activity:** Identify the Title III D specific allowable service activity provided. (i.e.: Physical Fitness, Counseling Advocacy, Community Education, Health Screening, Outreach, Therapy, Information, Comprehensive Assessment, Home Security, Equipment, Family Support, Nutrition Education, Nutrition Counseling, Nutrition Screening).
- **Units of Service:** Specify what constitutes a unit of service (i.e.: one participant, one client served, one hour, one presentation, one piece of equipment, one session, one client counseled). (Reference Division 4000 of the MIS Operations Manual, January 1994)
- Insert the number of proposed units of service in the Disease Prevention/Health Promotion and Medication Management tables in the Title III D Service Unit Plan Objectives.
- **Title III D and Medication Management requires a narrative program goal and objective.** The objective should clearly explain the activity that is being provided to fulfill the service unit requirement.
- **Title III D and Medication Management:** Insert the program goal and objective numbers in all Title III D Service Plan Objective Tables

**Title III D, Disease Prevention/Health Promotion**

**Service Activity** Community Education  
**Units of Service** (1 hour)

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	18	1,3	1.6, 3.5
2010-2011			
2011-2012			

**Title III D, Disease Prevention/Health Promotion**

**Service Activity** Health Screening  
**Units of Service** (1 hour)

Fiscal Year	<b>Proposed</b> Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	130	1	1.1
2010-2011			
2011-2012			

**Title III D, Disease Prevention/Health Promotion**

**Service Activity** Physical Fitness  
**Units of Service** (1 hour)

Fiscal Year	<b>Proposed</b> Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	5,036	1	1.7
2010-2011			
2011-2012			

**Title III D, Disease Prevention/Health Promotion**

**Service Activity** Outreach  
**Units of Service** (1 client served)

Fiscal Year	<b>Proposed</b> Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	230	1	1.1
2010-2011			
2011-2012			

**Title III D, Medication Management <sup>1</sup>**

**Service Activity** Brown Bag clinic with Pharmacist  
**Units of Service** (1 client served)

Fiscal Year	<b>Proposed</b> Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	20	1	1.2.1
2010-2011			
2011-2012			

**Service Activity** Pill Box with education provided on medication management  
**Units of Service** (1 client served)

Fiscal Year	<b>Proposed</b> Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	250	1	1.2.2
2010-2011			
2011-2012			

**Title III B, Other Supportive Services <sup>2</sup>**

**Service Category** Community Services/Senior Center Support: Volunteer Recruitment  
**Units of Service and Activity** (1 hour)

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	210	3	3.7, 3.8
2010-2011			
2011-2012			

**Service Category** Community Services/Senior Center Support: Volunteer Opportunities  
**Units of Service and Activity** (1 placement)

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	75	3	3.7, 3.8
2010-2011			
2011-2012			

<sup>6</sup> Refer to Program Memo 01-03

<sup>7</sup> Other Supportive Services: Visiting (In-Home) now includes Telephoning (See Area Plan Budget).

**Service Category** Community Services/Senior Center Support: Telephone Reassurance  
**Units of Service and Activity** (1 client contacted)

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	50	4	4.3
2010-2011			
2011-2012			

**Service Category** Community Services/Senior Center Support: Activity Scheduling  
**Units of Service and Activity** (1 hour)

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	780	1, 3	1.13, 3.3, 3.9
2010-2011			
2011-2012			

**TITLE IIIB and Title VIIA:**  
**LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES**  
**PSA #29**  
**2009–2012 Three-Year Planning Period**

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 2006-2007 National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

Targets are established jointly by the AAA and the local LTC Ombudsman Program Coordinator. Use the baseline as the benchmark for determining FY 2009-2010 targets. For each subsequent FY target, use the previous FY target as the benchmark to determine realistic targets and percentage of change given current resources available. Refer to your local LTC Ombudsman Program’s last three years of NORS data for historical trends and take into account current resources available to the program. Targets should be reasonable and attainable.

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 2006-2007 was 73%.

1. FY 2006-2007 Baseline Resolution Rate: <u>51%</u> Number of complaints resolved <u>91</u> + Number of partially resolved complaints <u>11</u> divided by the Total Number of Complaints Received <u>200</u> = Baseline Resolution Rate <u>51%</u>
2. FY 2009-2010 Target: Resolution Rate <u>75%</u>
3. FY 2010-2011 Target: Resolution Rate <u>    </u> %
4. FY 2011-2012 Target: Resolution Rate <u>    </u> %
Program Goals and Objective Numbers: 6

**B. Work with Resident Councils** (AoA Report, Part III-D, #8)

1. FY 2006-2007 Baseline: <u>5</u> number of meetings attended
2. FY 2009-2010 Target: number <u>2</u> and % increase___ or % decrease <u>60</u>
3. FY 2010-2011 Target: number___ and % increase___ or % decrease ___
4. FY 2011-2012 Target: number___ and % increase___ or % decrease ___
Program Goals and Objective Numbers: 6

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

1. FY 2006-2007 Baseline: number of meetings attended <u>18</u>
2. FY 2009-2010 Target: number <u>3</u> and % increase___ or % decrease <u>83</u>
3. FY 2010-2011 Target: number___ and % increase___ or % decrease ___
4. FY 2011-2012 Target: number___ and % increase___ or % decrease ___
Program Goals and Objective Numbers: 6

**D. Consultation to Facilities** (AoA Report, Part III-D, #4)

1. FY 2006-2007 Baseline: number of consultations <u>37</u>
2. FY 2009-2010 Target: number <u>25</u> and % increase___ or % decrease <u>32</u>
3. FY 2010-2011 Target: number___ and % increase___ or % decrease ___
4. FY 2011-2012 Target: number___ and % increase___ or % decrease ___
Program Goals and Objective Numbers: 6

**E. Information and Consultation to Individuals** (AoA Report, Part III-D, #5)

1. FY 2006-2007 Baseline: number of consultations <u>4,318</u>
2. FY 2009-2010 Target: number <u>2,000</u> and % increase ___ or % decrease <u>54</u>
3. FY 2010-2011 Target: number ___ and % increase ___ or % decrease ___
4. FY 2011-2012 Target: number ___ and % increase ___ or % decrease ___
Program Goals and Objective Numbers: 6

**F. Community Education** (AoA Report, Part III-D, #10)

1. FY 2006-2007 Baseline: number of sessions <u>75</u>
2. FY 2009-2010 Target: number <u>12</u> of sessions and % increase ___ or % decrease <u>84</u>
3. FY 2010-2011 Target: number ___ of sessions and % increase ___ or % decrease ___
4. FY 2011-2012 Target: number ___ of sessions and % increase ___ or % decrease ___
Program Goals and Objective Numbers: 6

**G. Systems Advocacy**

1. FY 2009-2010 Activity: In narrative form, please provide at least one systemic advocacy effort that the local LTC Ombudsman Program will engage in during the fiscal year.

(Examples: Work with LTC facilities to improve pain relief, increase access to oral health care, work with law enforcement to improve response and investigation of abuse complaints, collaborate with other agencies to improve quality of care and quality of life, participate in disaster preparedness planning, conduct presentations to legislators and local officials regarding quality of care issues, etc.)

Enter information in the box on the next page.

**Systemic Advocacy Effort(s)**

Explore the feasibility of implementing an ombudsman outreach program. This will provide for friendly visits to seniors in the skilled nursing facilities and progress to include residential care facilities. This program will provide intermediate assistance to the local Ombudsman program and improve the mental health of isolated residents who are socially isolated and can benefit from social interaction.

**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)

Number of Nursing Facilities visited (unduplicated) at least once a quarter not in response to a complaint (based on current resources available to the program).

1. FY 2006-2007 Baseline: <u>80%</u>  Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>4</u> divided by the number of Nursing Facilities <u>5</u> .
2. FY 2009-2010 Target: % increase <u>20</u> or % decrease ____
3. FY 2010-2011 Target: % increase ____ or % decrease ____
4. FY 2011-2012 Target: % increase ____ or % decrease ____
Program Goals and Objective Numbers: 6

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

Number Board and Care Facilities (RCFEs) visited (unduplicated) at least once a quarter not in response to a complaint (based on current resources available to the program).

1. FY 2006-2007 Baseline: <u>100</u> %  Number of RCFEs visited at least once a quarter not in response to a complaint <u>35</u> divided by the number of RCFEs <u>35</u> .
2. FY 2009-2010 Target: % increase <u>0</u> or % decrease <u>0</u>
3. FY 2010-2011 Target: % increase ___ or % decrease ___
4. FY 2011-2012 Target: %increase ___ or % decrease ___
Program Goals and Objective Numbers: 6

**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)

Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2006-2007 Baseline: FTEs <u>1</u>
2. FY 2009-2010 Target: number of FTEs <u>.5</u> and % increase ___ or % decrease <u>50</u>
3. FY 2010-2011 Target: number of FTEs ___ and % increase ___ or % decrease ___
4. FY 2011-2012 Target: number of FTEs ___ and % increase ___ or % decrease ___
Program Goals and Objective Numbers: 6

**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 2006-2007 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2007 <u>  11  </u>
2. FY 2009-2010 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2010 <u>  8  </u> and % increase <u>  </u> or % decrease <u> 27 </u>
3. FY 2010-2011 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2011 <u>  </u> and % increase <u>  </u> or % decrease <u>  </u>
4. FY 2011-2012 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2012 <u>  </u> and % increase <u>  </u> or % decrease <u>  </u>
Program Goals and Objective Numbers: 6

**Outcome 3. Ombudsman representatives report their complaint processing and other activities accurately and consistently. [OAA Section 712(c)]**

**Measures and Targets:**

**A. Each Ombudsman Program provides regular training on the National Ombudsman Reporting System (NORS).**

1. FY 2006-2007 Baseline number of NORS Part I, II, III or IV training sessions completed <u> 10 </u>  <b>Please obtain this information from the local LTC Ombudsman Program Coordinator.</b>
2. FY 2009-2010 Target: number of NORS Part I, II, III or IV training sessions planned <u>  5  </u>
3. FY 2010-2011 Target: number of NORS Part I, II, III or IV training sessions planned <u>  </u>
4. FY 2011-2012 Target: number of NORS Part I, II, III or IV training sessions planned <u>  </u>
Program Goals and Objective Numbers: 6

**TITLE VII B ELDER ABUSE PREVENTION**  
**SERVICE UNIT PLAN OBJECTIVES**  
**PSA #29**  
**2009–2012 Three-Year Planning Period**

**Units of Service: AAA must complete at least one category from the Units of Service below.**

A Unit of Service may include public education sessions, training sessions for professionals, training sessions for caregivers served by Title III E Program, educational materials developed, educational materials distributed or other hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

AAAs must provide one or more of the service categories below:

- **Public Education Sessions** – Please identify the total number of education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** – Please identify the total number of training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** – Please identify the total number of Title VII/B training sessions for caregivers who are receiving services under Title III E of the Older Americans Act on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** – Please identify the number of hours to be spent developing a coordinated system to respond to elder abuse.
- **Educational Products Developed** – Please identify the type and number of educational products (brochures, curriculum, DVDs, etc.) developed by the AAA to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Educational Materials Distributed** – Please identify the type and number of educational materials distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

**TITLE VIIB ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES**

**PSA #29**

**2009–2012 Three-Year Planning Period**

Fiscal Year	Total # of Public Education Sessions
2009-10	6
2010-11	
2011-12	

Fiscal Year	Total # of Training Sessions for Professionals
2009-10	4
2010-11	
2011-12	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2009-10	4
2010-11	
2011-12	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2009-10	
2010-11	
2011-12	

Fiscal Year	Total # of Educational Products to be Developed	Description of Educational Products
2009-2010	6	Various topics distributed through our “Alert Community” process on how to prevent, avoid, or minimize impact of scam crimes, identity theft, etc.
2010-2011		
2011-2012		

Fiscal Year	Total # of Copies of Educational Materials or Products to be Distributed	Description of Educational Materials or Products
2009-2010	600	Department of Corporations (Investment Scams) Federal Trade Commission publications, “Alert Community” notices
2010-2011		
2011-2012		

**TITLE III E SERVICE UNIT PLAN OBJECTIVES**

**PSA #29**

**2009–2012 Three-Year Planning Period**

**CCR Article 3, Section 7300(d)**

This Service Unit Plan (SUP) utilizes the five broad federal service categories defined in PM 08-03. Refer to the FCSP Service Matrix in this PM for eligible activities and service unit examples covered within each category. Specify proposed audience size or units of service for ALL budgeted funds.

**For Direct Services**

<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
Direct III E Family Caregiver Services	<b>Proposed</b> Units of Service	<b>Required</b> Goal #(s)	<b>Optional</b> Objective #(s)
Information Services	<b># of activities and Total est. audience for above</b>		
2009-2010	# of activities: <b>65</b> Total est. audience for above: <b>1,390</b>	1, 2, 4	1.1, 2.2, 2.3, 2.5, 2.6, 2.8, 4.2
2010-2011	# of activities: Total est. audience for above:		
2011-2012	# of activities: Total est. audience for above:		
Access Assistance	<b>Total contacts</b>		
2009-2010	254	1, 2, 4	1.1, 2.1, 2.2, 2.3, 2.6, 4.2
2010-2011			
2011-2012			
Support Services	<b>Total hours</b>		
2009-2010	350	2, 4	2.4, 2.7, 2.9, 4.2
2010-2011			
2011-2012			
Respite Care	<b>Total hours</b>		
2009-2010	1,000	2	2.8, 2.9
2010-2011			
2011-2012			
Supplemental Services	<b>Total occurrences</b>		
2009-2010	12	2	2.9
2010-2011			
2011-2012			

Direct III E Grandparent Services	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	<b># of activities and Total est. audience for above</b>		
2009-2010	# of activities: <b>6</b> Total est. audience for above: <b>240</b>	1, 2, 4	1.1, 2.6, 2.10, 4.2
2010-2011	# of activities: Total est. audience for above:		
2011-2012	# of activities: Total est. audience for above:		
Access Assistance	<b>Total contacts</b>		
2009-2010	259	1, 2, 4	1.1, 2.1, 2.2, 2.3, 2.6, 2.10, 4.2
2010-2011			
2011-2012			
Support Services	<b>Total hours</b>		
2009-2010	5	2	2.9, 2.10
2010-2011			
2011-2012			
Respite Care	<b>Total hours</b>		
2009-2010	5	2	2.10
2010-2011			
2011-2012			
Supplemental Services	<b>Total occurrences</b>		
2009-2010	5	2	2.9, 2.10
2010-2011			
2011-2012			

**For Contracted Services -- Not Applicable**

Contracted III E Family Caregiver Services	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	<b># of activities and total est. audience for above:</b>		
2009-2010	# of activities: Total est. audience for above:		
2010-2011	# of activities: Total est. audience for above:		
2011-2012	# of activities: Total est. audience for above:		
Access Assistance	<b>Total contacts</b>		
2009-2010			
2010-2011			
2011-2012			
Support Services	<b>Total hours</b>		
2009-2010			
2010-2011			
2011-2012			
Respite Care	<b>Total hours</b>		
2009-2010			
2010-2011			
2011-2012			
Supplemental Services	<b>Total occurrences</b>		
2009-2010			
2010-2011			
2011-2012			

Section 2009. *Not Applicable –*

Contracted III E Grandparent Services	<b>Proposed</b> Units of Service	<b>Required</b> Goal #(s)	<b>Optional</b> Objective #(s)
Information Services	<b># of activities and Total est. audience for above</b>		
2009-2010	# of activities: Total est. audience for above:		
2010-2011	# of activities: Total est. audience for above:		
2011-2012	# of activities: Total est. audience for above:		
Access Assistance	<b>Total contacts</b>		
2009-2010			
2010-2011			
2011-2012			
Support Services	<b>Total hours</b>		
2009-2010			
2010-2011			
2011-2012			
Respite Care	<b>Total hours</b>		
2009-2010			
2010-2011			
2011-2012			
Supplemental Services	<b>Total occurrences</b>		
2009-2010			
2010-2011			
2011-2012			

**TITLE V/SCSEP SERVICE UNIT PLAN OBJECTIVES**  
**2009–2012 Three-Year Planning Period**  
**CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) utilizes the new Data Collection System developed by the U.S. Department of Labor (DOL), which captures the new performance measures per the Older Americans Act of 1965 as amended in 2000, and the Federal Register 20 CFR Part 641. The related funding is reported in the annual Title V/SCSEP Budget.

**Note:** Before the beginning of each federal Program Year, DOL negotiates with the California Department of Aging to set the baseline levels of performance for California. Once determined, those baseline levels will be transmitted to the AAA.

***Our PSA is not providing this service.***

Fiscal Year (FY)	CDA Authorized Slots	National Grantee Authorized Slots (If applicable)	Objective Numbers (If applicable)
2009-2010			
2010-2011			
2011-2012			

<sup>3</sup> If not providing Title V, enter PSA number followed by "Not providing".

**COMMUNITY BASED SERVICES PROGRAMS  
SERVICE UNIT PLAN (CBSP) OBJECTIVES  
PSA #29**

**2009-2012 Three-Year Planning Period  
CCR Article 3, Section 7300(d)**

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The Service Unit Plan (SUP) follows the instructions for layouts provided in PM 98-26 (P) and updated in PM 00-13 (P). The related funding is reported in the annual Area Plan Budget (CDA 122). Report units of service to be provided with **ALL funding sources**.

**For services that will not be provided, check the Not Applicable box**

**Alzheimer's Day Care Resource Center**

Section 2009. Goals and Objectives:

Fiscal Year	Goal Numbers	Objective Numbers (If applicable)
2009-2010	1, 2, 4	1.1, 1.8, 1.14, 2.7, 4.1, 4.2
2010-2011		
2011-2012		

Section 2009. In-Service Training Sessions for Staff (A minimum of 6 sessions required per year)

Fiscal Year	In-Service Training Sessions
2009-2010	8
2010-2011	
2011-2012	

Section 2009. Professional/Intern Educational Training Sessions (A minimum of 4 sessions required per year)

Fiscal Year	Professional/Intern Educational Training Sessions
2009-2010	4
2010-2011	
2011-2012	

4. Caregiver Support Group Sessions (A minimum of 12 sessions required per year)

Fiscal Year	Caregiver Group Support Sessions
2009-2010	18
2010-2011	
2011-2012	

5. Public/Community Education Training Sessions (A minimum of 1 session required per year)

Fiscal Year	Public/Community Education Training Sessions
2009-2010	2
2010-2011	
2011-2012	

6. List of ADCRC sites in your PSA:

Name of Center	Street Address (Street, City, Zip Code)
1. El Dorado County Senior Day Care Center	935 A Spring Street Placerville, CA 95667
2.	

**Brown Bag**

*Our PSA is not providing this service.*

Fiscal Year	Goal Numbers
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Estimated # of Unduplicated Persons to be Served
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Estimated Pounds of Food to be Distributed
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Estimated # of Volunteers
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Estimated # of Volunteer Hours
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Estimated # of Distribution Sites
2009-2010	
2010-2011	
2011-2012	

**Linkages**

Section 2009.

Goals and Objectives:

Fiscal Year	Goal Numbers	Objective Numbers (Optional)
2009-2010	4	4.4
2010-2011		
2011-2012		

Section 2009.

Unduplicated Clients Served

Fiscal Year	Number of Unduplicated Clients Served (Include Targeted Case Management and Handicapped Parking Revenue)
2009-2010	125
2010-2011	
2011-2012	

Section 2009.

Active Monthly Caseload

Fiscal Year	Active Monthly Caseload (Include Targeted Case Management and handicapped parking revenue)
2009-2010	100
2010-2011	
2011-2012	

**Senior Companion**

*Our PSA is not providing this service.*

Fiscal Year	Goal Numbers
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Volunteer Service Years (VSYs)
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Volunteer Hours
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Senior Volunteers
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Seniors Served
2009-2010	
2010-2011	
2011-2012	

**Respite Purchase of Service**

<b>2009-2010</b>		<b>Goal #</b>	<b>Objective # (if applicable):</b>
Adult Day Care (ADC)	hours: 200	1, 2	
Adult Day Health Care (ADHC)	hours:		
Respite In-Home	hours: 364	1, 2	
Respite-Out of Home			
Skilled Nursing Facility	hours:		
Residential Care Facility	hours:		
Other:	hours:		
Alzheimer's Day Care	days:		
Resource Center (ADCRC)			
POS Transportation	1-way trips:		
Other:	#occurrences:		

<b>2010-2011</b>		<b>Goal #</b>	<b>Objective # (if applicable):</b>
Adult Day Care (ADC)	hours:		
Adult Day Health Care (ADHC)	hours:		
Respite In-Home	hours:		
Respite-Out of Home			
Skilled Nursing	hours:		
Residential Care Facility	hours:		
Other:	hours:		
Alzheimer's Day Care Resource Center (ADCRC)	days:		
POS: Transportation	1-way trips:		
Other:	#occurrences:		

<b>2011-2012</b>		<b>Goal #</b>	<b>Objective # (if applicable):</b>
Adult Day Care (ADC)	hours:		
Adult Day Health Care (ADHC)	hours:		
Respite In-Home	hours:		
Respite-Out of Home			
Skilled Nursing	hours:		
Residential Care Facility	hours:		
Other:	hours:		
Alzheimer's Day Care Resource Center (ADCRC)	days:		
POS: Transportation	1-way trips:		
Other:	#occurrences:		

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)  
SERVICE UNIT PLAN  
PSA # 29  
2009-2012 Three-Year Planning Period  
CCR Article 3, Section 7300(d)**

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The Service Unit Plan (SUP) uses definitions that can be found at [www.aging.ca.gov](http://www.aging.ca.gov). After connecting with the Home Page, select “AAA” tab, then “Reporting”, then select “Reporting Instructions and Forms”, and finally select “**Health Insurance Counseling and Advocacy Program**” to find current instructions, definitions, acronyms, and reporting forms. HICAP reporting instructions, specifications, definitions, and forms critical to answering this SUP are all centrally located there. If you have related goals in the Area Plan to Service Unit Plan, please list them in the 3<sup>rd</sup> column.

**IMPORTANT NOTE FOR 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 its equitable share of the estimated performance numbers in the respective SUPs. Please do this in cooperation with the Managing AAA. The Managing AAA has the responsibility of providing the HICAP services in all the covered PSAs in a way that is agreed upon and equitable among the participating parties.

**IMPORTANT NOTE FOR HICAPs WITH HICAP PAID LEGAL SERVICES:** If your Master Contract contains a provision for HICAP funds to be used for the provision of HICAP Legal Services, you must complete Section 2.

**IMPORTANT NOTE REGARDING FEDERAL PERFORMANCE TARGETS:** The Centers for Medicare and Medicaid Services (CMS) requires all State Health Insurance and Assistance Programs (SHIP) meet certain targeted performance measures. These have been added in Section 4 below. CDA will annually provide AAAs, via a Program Memo, with individual PSA targets in federal performance measures to help complete Section 4.

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

<b>State Fiscal Year (SFY)</b>	<b>Total Estimated Persons Counseled Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2009-2010	110	1
2010-2011	112	
2011-2012	115	
<b>State Fiscal Year (SFY)</b>	<b>Total Estimated Number of Attendees Reached in Community Education Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2009-2010	75	1, 3
2010-2011	77	
2011-2012	80	

<b>State Fiscal Year (SFY)</b>	<b>Total Estimated Number of Community Education Events Planned per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2009-2010	12	1,3
2010-2011	12	
2011-2012	13	

**Section 2. Three HICAP Legal Services Units of Service (if applicable)<sup>4</sup>**

<b>State Fiscal Year (SFY)</b>	<b>Total Estimated Number of Clients Represented Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2009-2010	3	1
2010-2011	3	
2011-2012	3	

<b>State Fiscal Year (SFY)</b>	<b>Total Estimated Number of Legal Representation Hours Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2009-2010	3	1
2010-2011	3	
2011-2012	3	

<b>State Fiscal Year (SFY)</b>	<b>Total Estimated Number of Program Consultation Hours per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2009-2010	6	1
2010-2011	6	
2011-2012	6	

<sup>9</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services

### Section 3. Two HICAP Counselor Measures

State Fiscal Year (SFY)	Planned Average Number of Registered Counselors for the SFY <sup>5</sup>
2009-2010	4
2010-2011	4
2011-2012	4

State Fiscal Year (SFY)	Planned Average Number of Active Counselors for the SFY <sup>6</sup>
2009-2010	3
2010-2011	3
2011-2012	3

### Section 4. Eight Federal Performance Benchmark Measures

Fiscal Year (FY)	4.1 - Beneficiaries Reached Per 10k Beneficiaries in PSA
2009-2010	586
2010-2011	598
2011-2012	610

**Note:** This includes counseling contacts and community education contacts.

Fiscal Year (FY)	4.2 - One-on-One Counseling Per 10k Beneficiaries in PSA
2009-2010	197
2010-2011	203
2011-2012	207

<sup>10</sup> The number of registered Counselors will vary throughout the year. This includes Paid Counselors, In-kind Paid Counselors, and Volunteer Counselors. For "average," how many Counselors do you intend to keep on registered rolls at any given time through the year?

<sup>11</sup> the number of active Counselors will vary throughout the year. This includes Paid Counselors, In-kind Paid Counselors, and Volunteer Counselors. The average number of active Counselors cannot be greater than the total average registered Counselors. At any given time, how many of the registered Counselors do you anticipate will actually be counseling? For example, you may anticipate that 85% of your Counselors would be working in the field at any given time. Use the number of Counselors this represents for the average active Counselors, a subset of all registered Counselors.

<b>Fiscal Year (FY)</b>	<b>4.3 - Beneficiaries with Disabilities Contacts Reached Per 10k Beneficiaries with Disabilities in PSA</b>
2009-2010	204
2010-2011	208
2011-2012	212

**Note:** These are Medicare beneficiaries due to disability and not yet age 65.

<b>Fiscal Year (FY)</b>	<b>4.4 - Low Income Contacts Per 10k Low Income Beneficiaries in PSA</b>
2009-2010	409
2010-2011	417
2011-2012	425

**Note:** Use 150% Federal Poverty Line (FPL) as Low Income.

<b>Fiscal Year (FY)</b>	<b>4.5 – All Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA</b>
2009-2010	234
2010-2011	239
2011-2012	245

**Note:** This includes all enrollment assistance, not just Part D.

<b>Fiscal Year (FY)</b>	<b>4.6 - Part D Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA</b>
2009-2010	21
2010-2011	25
2011-2012	30

**Note:** This is a subset of all enrollment assistance in 4.5.

<b>Fiscal Year (FY)</b>	<b>4.7 - Total Counselor FTEs Per 10k Beneficiaries in PSA</b>
2009-2010	1
2010-2011	1
2011-2012	1
<b>Fiscal Year (FY)</b>	<b>4.8 - Percent of Active Counselors That Participate in Annual Update Trainings</b>
2009-2010	100%
2010-2011	100%
2011-2012	100%

**SECTION 13. FOCAL POINTS**

**PSA #29**

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

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**COMMUNITY FOCAL POINTS LIST**

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

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Provide an updated list of designated community focal points and their addresses. This information must match the National Aging Program Information System (NAPIS) SPR 106.

**Placerville Senior Center**

937 Spring Street  
Placerville, CA 95667  
(This location serves the entire County)

**South Lake Tahoe Senior Center**

3050 Lake Tahoe Blvd.  
South Lake Tahoe, CA 96150  
(This location serves the South Lake Tahoe Area)

**El Dorado Hills Senior Center**

990 Lassen Lane  
El Dorado Hills, CA 95762  
(This location serves the far Western portion of the County)

**SECTION 14. PRIORITY SERVICES**

**PSA #29**

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

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

The CCR, Article 3, Section 7312, requires that the AAA 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>1</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.

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Category of Service & Percentage of Title III B Funds  
Expended in/or To Be Expended in FY 2009-10 through FY 2011-12

**Access:**

*Case Management, Assisted Transportation, Transportation,  
Information and Assistance, and Outreach*

<i>09-10</i>	<i>18%</i>	<i>10-11</i>	<i>%</i>	<i>11-12</i>	<i>%</i>
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**In-Home Services:**

Personal Care, Homemaker and Home Health Aides, Chore, In-Home Respite, Daycare as respite services for families, Telephone Reassurance, Visiting, and Minor Home Modification

<i>09-10</i>	<i>1.3%</i>	<i>10-11</i>	<i>%</i>	<i>11-12</i>	<i>%</i>
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<sup>12</sup> 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.

## Legal Assistance Required Activities<sup>2</sup>:

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

09-10	30%	10-11	%	11-12	%
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1. Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA.<sup>29</sup>

*The on-going needs assessment and funding constraints are the determinate factors for the allocation of funding for all services. However, the El Dorado County AAA remains resolute in maintaining funding levels for priority services. The minimum funding spent on access (18%), in-home services (1.3%), and legal services (30%) from the 2008-2009 Area Plan Update to the current 2009-2012 Area Plan will not change.*

2. This form must be updated if the minimum percentages change from the initial year of the four-year plan.
3. Provide documentation that prior notification of the Area Plan public hearing(s) was provided to all interested parties in the PSA and that the notification indicated that a change was proposed, the proposed change would be discussed at the hearing, and all interested parties would be given an opportunity to testify regarding the change.

*A Public Hearing Notice regarding the 2009-2012 Area Plan for Senior Services was put in the Mountain Democrat and Tahoe Tribune. Public Hearing flyers were also distributed throughout the Community. Minimum funding percentages were specifically discussed during these hearings and public input was encouraged. Minimum funding for priority services will not change.*

4. Submit a record (e.g., a transcript of that portion of the public hearing(s) in which adequate proportion is discussed) documenting that the proposed change in funding for this category of service was discussed at Area Plan public hearings.

*Documentation is on file regarding the public hearings and the funding levels discussed for priority services. The minimum funding for priority services will not change.*

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<sup>13</sup> Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

**SECTION 15. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES**

**PSA 29**

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. If not providing any of the direct services below, check this box .

Check applicable direct services

Check each applicable Fiscal

Year(s)

Title III B

Information and Assistance

FY 2009-10  FY 10-11  FY 11-12

Title III B

Case Management

FY 2009-10  FY 10-11  FY 11-12

Title III B

Outreach

FY 2009-10  FY 10-11  FY 11-12

Title III B

Program Development

FY 2009-10  FY 10-11  FY 11-12

Coordination

FY 2009-10  FY 10-11  FY 11-12

Title III B

Long-Term Care Ombudsman

FY 2009-10  FY 10-11  FY 11-12

Title III D

Disease Prevention  
and Health Promotion

FY 2009-10  FY 10-11  FY 11-12

Title III E - Information Services<sup>1</sup>

FY 2009-10  FY 10-11  FY 11-12

Title III E - Access Assistance

FY 2009-10  FY 10-11  FY 11-12

Title III E - Support Services

FY 2009-10  FY 10-11  FY 11-12

Title VIII a

Long-Term Care Ombudsman

FY 2009-10  FY 10-11  FY 11-12

Title VIIB

Prevention of Elder Abuse, Neglect and  
Exploitation

FY 2009-10  FY 10-11  FY 11-12

<sup>1</sup> Refer to PM 08-03 for definitions for the above Title III E categories. If the AAA plans to add in FY 08-09 new direct Title III E Respite Care or Supplemental Services, a separate Section 16 is required for either the Respite Care or Supplemental Service categories. All other FCSP Section 16 submissions on file with CDA will remain applicable for FY 08-09.

Describe the methods that will be used to assure that target populations will be served throughout the PSA.

Resources are allocated and priority assigned to targeted populations as mandated in the Older Americans Act (OAA). These individuals live in a variety of settings within our community, including long-term care facilities. They include older individuals, particularly low-income minority older adults, with the greatest economic need resulting from an income level at or below the federal poverty line and those with greatest social need caused by physical and mental disabilities, language barriers, and cultural, social, or geographical isolation. Other older adult populations of special interest include individuals with the following characteristics: individuals residing in rural areas; individuals who are frail; individuals with severe disabilities; isolated, abused, neglected, and/or exploited individuals; individuals who are of limited English-speaking ability; individuals with Alzheimer's disease or related disorders and their caregivers; Native Americans; unemployed, low-income individuals; and caregivers as defined in Title III E.

The community needs assessment process was designed to identify the core issues and needs of the targeted populations used to develop the consequent goals and objectives for the agency. Although it is nearly impossible to obtain an accurate listing of the targeted populations, identification involved focusing on individuals with the greatest economic and social needs. Methods for identifying these populations include periodic needs assessment, qualitative and quantitative field research, planning process, and establishment of program area priorities, which focus on at-risk populations. Through our public hearings, every attempt is made to reach and elicit feedback from these vulnerable populations. Along with the required legal notification, Public Hearing notices were distributed to Latino community organizations, faith-based organizations, home-delivered meal recipients, congregate meal participants at the seven congregate nutrition sites, care management clients, skilled nursing facilities, residential care facilities, local senior centers, community centers, libraries, and senior housing complexes.

The goals and objectives outlined in the Plan provide for targeting the above populations. The goals to increase awareness of services and prevent elder abuse target the most socially isolated older and dependent adults in the community. The AAA coordinates services, planning and advocacy activities, as well as outreach efforts with various community groups that serve the socially isolated older adult. The goal of providing a comprehensive array of services to assure older adults can age in place targets those at greatest economic and social need. Low income is defined as equal to or below 125% of the poverty level and makes up 9% of the 60+ population in the County, with 5% at 100% of the poverty level. Due to the rural nature of the planning and service area (PSA), several objectives target the need for improved accessibility to needed services so older adults can gain every advantage of home-and community-based support to avoid premature or inappropriate institutionalization. The AAA recognizes that if this population is to maintain its self-sufficiency, information and accessibility are priority needs.

The current services provided by Senior Day Care Services/ADCRC, Home-Delivered Meals Program, MSSP and Linkages Care Management Programs, Adult Protective Services, In-Home Supportive Services, and Family Caregiver Support Program are evidence of how the AAA addresses the targeted populations. We are fortunate as a single-county AAA, that we are able to provide services to the entire county. We serve our community as a focal point for older adults at our three senior centers and seven congregate nutrition sites.

**SECTION 16. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

**PSA #29**

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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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If an AAA plans to provide direct services **other** than those specified in Section 15, a **separate Section 16 must be completed for EACH type of service provided**. The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Section 16, check this box .

**Identify Service Category: Congregate Nutrition**

Check applicable funding source:<sup>1</sup>

- III B       III C-1       III C-2       III E       VII a
- CBSP (Identify the specific CBSP program or service on the "Service Category" line above)
- HICAP

**Basis of Request for Waiver:**

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

**Check each applicable Fiscal Year(s)**

**If the AAA intends to provide this service for three years, check all boxes. If all boxes are not checked and the AAA intends to provide this service in subsequent years then this Section must be submitted yearly.**

- FY 2009-10       FY 2010-11       FY 2011-12

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<sup>15</sup> Section 16 does not apply to Title V (SCSEP).

**Justification:** In the space below and/or through additional documentation, **AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.**<sup>2</sup>

*The El Dorado County Area Agency on Aging requests approval for the direct provision of Title III services listed above throughout Planning and Service Area 29 for the following reasons:*

- 1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.*
  - a) *Provision of Title III services, including nutrition services, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. Should an entity express an interest in providing services, this Area Agency on Aging will release a specific Request for Proposal for those services.*
  - b) *This Area Agency on Aging is currently successfully operating as a Division of the Department of Human Services of the County of El Dorado providing Title III, Title VII, and CBSP services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) *This Area Agency can directly provide Title III services, including congregate nutrition services of comparable quality more economically.*
  - a) *The AAA is housed in a department of County government, which allows for increased efficiency. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting, and improved purchasing power following County bid processes. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community. The County of El Dorado has been very supportive of the services provided by its Human Services Department, providing \$1,159,553 for FY 2008/2009 to support senior services when federal and state funding has not kept pace to meet the need. Senior programs also receive an in-kind contribution of \$91,133 as they are housed in county-owned buildings and are allowed to use these facilities at reduced cost. An independent subcontractor would not benefit from any of the support and resulting efficiencies mentioned, and available funding is not sufficient to attract viable contractors.*

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<sup>1</sup>6 For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement.

**SECTION 16. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

**PSA #29**

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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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If an AAA plans to provide direct services **other** than those specified in Section 15, a **separate Section 16 must be completed for EACH type of service provided**. The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Section 16, check this box .

**Identify Service Category: Home Delivered Meals**

Check applicable funding source:<sup>3</sup>

III B       III C-1       III C-2       III E       VII a

CBSP (Identify the specific CBSP program or service on the "Service Category" line above)

HICAP

**Basis of Request for Waiver:**

Necessary to Assure an Adequate Supply of Service, OR

More economical if provided by the AAA than comparable services purchased from a service provider.

**Check each applicable Fiscal Year(s)**

**If the AAA intends to provide this service for three years, check all boxes. If all boxes are not checked and the AAA intends to provide this service in subsequent years then this Section must be submitted yearly.**

FY 2009-10

FY 2010-11

FY 2011-12

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<sup>15</sup> Section 16 does not apply to Title V (SCSEP).

**Justification:** In the space below and/or through additional documentation, **AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.**<sup>4</sup>

*The El Dorado County Area Agency on Aging requests approval for the direct provision of Title III services listed above throughout Planning and Service Area 29 for the following reasons:*

- 1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.*
  - a) *Provision of Title III services, including home delivered nutrition, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. Should an entity express an interest in providing services, this Area Agency on Aging will release a specific Request for Proposal for those services.*
  - b) *This Area Agency on Aging is currently successfully operating as a Division of the Department of Human Services of the County of El Dorado providing Title III, Title VII, and CBSP services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) *This Area Agency can directly provide Title III services, including home delivered nutrition services of comparable quality more economically.*
  - a) *The AAA is housed in a department of County government, which allows for increased efficiency. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting, and improved purchasing power following County bid processes. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community. The County of El Dorado has been very supportive of the services provided by its Human Services Department, providing \$1,159,553 for FY 2008/2009 to support senior services when federal and state funding has not kept pace to meet the need. Senior programs also receive an in-kind contribution of \$91,133 as they are housed in county-owned buildings and are allowed to use these facilities at reduced cost. An independent subcontractor would not benefit from any of the support and resulting efficiencies mentioned, and available funding is not sufficient to attract viable contractors.*

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<sup>4</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement.

**SECTION 16. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

**PSA #29**

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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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If an AAA plans to provide direct services **other** than those specified in Section 15, **a separate Section 16 must be completed for EACH type of service provided.** The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Section 16, check this box .

**Identify Service Category: Nutrition Education**

Check applicable funding source:<sup>5</sup>

III B       III C-1       III C-2       III E       VII a

CBSP (Identify the specific CBSP program or service on the "Service Category" line above)

HICAP

**Basis of Request for Waiver:**

Necessary to Assure an Adequate Supply of Service, OR

More economical if provided by the AAA than comparable services purchased from a service provider.

**Check each applicable Fiscal Year(s)**

**If the AAA intends to provide this service for three years, check all boxes. If all boxes are not checked and the AAA intends to provide this service in subsequent years then this Section must be submitted yearly.**

FY 2009-10

FY 2010-11

FY 2011-12

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<sup>15</sup> Section 16 does not apply to Title V (SCSEP).

**Justification:** In the space below and/or through additional documentation, **AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.**<sup>6</sup>

*The El Dorado County Area Agency on Aging requests approval for the direct provision of Title III services listed above throughout Planning and Service Area 29 for the following reasons:*

- 1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.*
  - a) *Provision of Title III services, including nutrition education, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. Should an entity express an interest in providing services, this Area Agency on Aging will release a specific Request for Proposal for those services.*
  - b) *This Area Agency on Aging is currently successfully operating as a Division of the Department of Human Services of the County of El Dorado providing Title III, Title VII, and CBSP services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) *This Area Agency can directly provide Title III services, including nutrition education of comparable quality more economically.*
  - a) *The AAA is housed in a department of County government, which allows for increased efficiency. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting, and improved purchasing power following County bid processes. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community. The County of El Dorado has been very supportive of the services provided by its Human Services Department, providing \$1,159,553 for FY 2008/2009 to support senior services when federal and state funding has not kept pace to meet the need. Senior programs also receive an in-kind contribution of \$91,133 as they are housed in county-owned buildings and are allowed to use these facilities at reduced cost. An independent subcontractor would not benefit from any of the support and resulting efficiencies mentioned, and available funding is not sufficient to attract viable contractors.*

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<sup>6</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement.

**SECTION 16. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

**PSA #29**

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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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If an AAA plans to provide direct services **other** than those specified in Section 15, **a separate Section 16 must be completed for EACH type of service provided.** The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Section 16, check this box .

**Identify Service Category: Legal Services**

Check applicable funding source:<sup>7</sup>

III B       III C-1       III C-2       III E       VII a

CBSP (Identify the specific CBSP program or service on the "Service Category" line above)

HICAP

**Basis of Request for Waiver:**

Necessary to Assure an Adequate Supply of Service, OR

More economical if provided by the AAA than comparable services purchased from a service provider.

**Check each applicable Fiscal Year(s)**

**If the AAA intends to provide this service for three years, check all boxes. If all boxes are not checked and the AAA intends to provide this service in subsequent years then this Section must be submitted yearly.**

FY 2009-10

FY 2010-11

FY 2011-12

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<sup>15</sup> Section 16 does not apply to Title V (SCSEP).

**Justification:** In the space below and/or through additional documentation, **AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.**<sup>8</sup>

*The El Dorado County Area Agency on Aging requests approval for the direct provision of Title III services listed above throughout Planning and Service Area 29 for the following reasons:*

- 1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.*
  - a) *Provision of Title III services, including legal services, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. Should an entity express an interest in providing services, this Area Agency on Aging will release a specific Request for Proposal for those services.*
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- 2) *This Area Agency can directly provide Title III services, including legal services of comparable quality more economically.*
  - a) *The AAA is housed in a department of County government, which allows for increased efficiency. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting, and improved purchasing power following County bid processes. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community. The County of El Dorado has been very supportive of the services provided by its Human Services Department, providing \$1,159,553 for FY 2008/2009 to support senior services when federal and state funding has not kept pace to meet the need. Senior programs also receive an in-kind contribution of \$91,133 as they are housed in county-owned buildings and are allowed to use these facilities at reduced cost. An independent subcontractor would not benefit from any of the support and resulting efficiencies mentioned, and available funding is not sufficient to attract viable contractors.*

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<sup>8</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement.

**SECTION 16. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

**PSA #29**

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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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If an AAA plans to provide direct services **other** than those specified in Section 15, a **separate Section 16 must be completed for EACH type of service provided**. The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Section 16, check this box .

**Identify Service Category: Community Services/Senior Center Management**

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

III B       III C-1       III C-2       III E       VII a

CBSP (Identify the specific CBSP program or service on the "Service Category" line above)

HICAP

Basis of Request for Waiver:

Necessary to Assure an Adequate Supply of Service, OR

More economical if provided by the AAA than comparable services purchased from a service provider.

**Check each applicable Fiscal Year(s)**

**If the AAA intends to provide this service for three years, check all boxes. If all boxes are not checked and the AAA intends to provide this service in subsequent years then this Section must be submitted yearly.**

FY 2009-10

FY 2010-11

FY 2011-12

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<sup>15</sup> Section 16 does not apply to Title V (SCSEP).

**Justification:** In the space below and/or through additional documentation, **AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.**<sup>10</sup>

*The El Dorado County Area Agency on Aging requests approval for the direct provision of Title III services listed above throughout Planning and Service Area 29 for the following reasons:*

- 1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.*
  - a) *Provision of Title III services, including community services/senior center management, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. Should an entity express an interest in providing services, this Area Agency on Aging will release a specific Request for Proposal for those services.*
  - b) *This Area Agency on Aging is currently successfully operating as a Division of the Department of Human Services of the County of El Dorado providing Title III, Title VII, and CBSP services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) *This Area Agency can directly provide Title III services, including community services/senior center management of comparable quality more economically.*
  - a) *The AAA is housed in a department of County government, which allows for increased efficiency. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting, and improved purchasing power following County bid processes. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community. The County of El Dorado has been very supportive of the services provided by its Human Services Department, providing \$1,159,553 for FY 2008/2009 to support senior services when federal and state funding has not kept pace to meet the need. Senior programs also receive an in-kind contribution of \$91,133 as they are housed in county-owned buildings and are allowed to use these facilities at reduced cost. An independent subcontractor would not benefit from any of the support and resulting efficiencies mentioned, and available funding is not sufficient to attract viable contractors.*

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<sup>10</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement.

**SECTION 16. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

**PSA #29**

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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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If an AAA plans to provide direct services **other** than those specified in Section 15, a **separate Section 16 must be completed for EACH type of service provided**. The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Section 16, check this box .

**Identify Service Category: Telephone Reassurance**

Check applicable funding source:<sup>15</sup>

III B       III C-1       III C-2       III E       VII a

CBSP (Identify the specific CBSP program or service on the "Service Category" line above)

HICAP

**Basis of Request for Waiver:**

Necessary to Assure an Adequate Supply of Service, OR

More economical if provided by the AAA than comparable services purchased from a service provider.

**Check each applicable Fiscal Year(s)**

**If the AAA intends to provide this service for three years, check all boxes. If all boxes are not checked and the AAA intends to provide this service in subsequent years then this Section must be submitted yearly.**

FY 2009-10

FY 2010-11

FY 2011-12

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<sup>15</sup> Section 16 does not apply to Title V (SCSEP).

**Justification:** In the space below and/or through additional documentation, **AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.**<sup>12</sup>

*The El Dorado County Area Agency on Aging requests approval for the direct provision of Title III services listed above throughout Planning and Service Area 29 for the following reasons:*

- 1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.*
  - a) *Provision of Title III services, including telephone reassurance, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. Should an entity express an interest in providing services, this Area Agency on Aging will release a specific Request for Proposal for those services.*
  - b) *This Area Agency on Aging is currently successfully operating as a Division of the Department of Human Services of the County of El Dorado providing Title III, Title VII, and CBSP services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) *This Area Agency can directly provide Title III services, including telephone reassurance, of comparable quality more economically.*
  - a) *The AAA is housed in a department of County government, which allows for increased efficiency. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting, and improved purchasing power following County bid processes. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community. The County of El Dorado has been very supportive of the services provided by its Human Services Department, providing \$1,159,553 for FY 2008/2009 to support senior services when federal and state funding has not kept pace to meet the need. Senior programs also receive an in-kind contribution of \$91,133 as they are housed in county-owned buildings and are allowed to use these facilities at reduced cost. An independent subcontractor would not benefit from any of the support and resulting efficiencies mentioned, and available funding is not sufficient to attract viable contractors.*

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<sup>12</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement.

**SECTION 16. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

**PSA #29**

---

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

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If an AAA plans to provide direct services **other** than those specified in Section 15, a **separate Section 16 must be completed for EACH type of service provided**. The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Section 16, check this box .

**Identify Service Category: ADCRC**

Check applicable funding source:<sup>13</sup>

- III B       III C-1       III C-2       III E       VII a
- CBSP (Identify the specific CBSP program or service on the "Service Category" line above)
- HICAP

**Basis of Request for Waiver:**

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

**Check each applicable Fiscal Year(s)**

**If the AAA intends to provide this service for three years, check all boxes. If all boxes are not checked and the AAA intends to provide this service in subsequent years then this Section must be submitted yearly.**

- FY 2009-10                       FY 2010-11                       FY 2011-12

---

<sup>15</sup> Section 16 does not apply to Title V (SCSEP).

**Justification:** In the space below and/or through additional documentation, **AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.**<sup>14</sup>

*The El Dorado County Area Agency on Aging requests approval for the direct provision of CBSP services listed above throughout Planning and Service Area 29 for the following reasons:*

- 1) *This Area Agency on Aging must provide CBSP services to maintain an adequate supply of such services.*
  - a) *Provision of CBSP services, including ADCRC, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. Should an entity express an interest in providing services, this Area Agency on Aging will release a specific Request for Proposal for those services.*
  - b) *This Area Agency on Aging is currently successfully operating as a Division of the Department of Human Services of the County of El Dorado providing Title III, Title VII, and CBSP services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) *This Area Agency can directly provide CBSP services, including ADCRC, of comparable quality more economically.*
  - a) *The AAA is housed in a department of County government, which allows for increased efficiency. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting, and improved purchasing power following County bid processes. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community. The County of El Dorado has been very supportive of the services provided by its Human Services Department, providing \$1,159,553 for FY 2008/2009 to support senior services when federal and state funding has not kept pace to meet the need. Senior programs also receive an in-kind contribution of 91,133 as they are housed in county-owned buildings and are allowed to use these facilities at reduced cost. An independent subcontractor would not benefit from any of the support and resulting efficiencies mentioned, and available funding is not sufficient to attract viable contractors.*

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

**SECTION 16. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

**PSA #29**

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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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If an AAA plans to provide direct services **other** than those specified in Section 15, **a separate Section 16 must be completed for EACH type of service provided.** The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Section 16, check this box .

**Identify Service Category: Linkages**

Check applicable funding source:<sup>15</sup>

- III B       III C-1       III C-2       III E       VII a
- CBSP (Identify the specific CBSP program or service on the "Service Category" line above)
- HICAP

**Basis of Request for Waiver:**

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

**Check each applicable Fiscal Year(s)**

**If the AAA intends to provide this service for three years, check all boxes. If all boxes are not checked and the AAA intends to provide this service in subsequent years then this Section must be submitted yearly.**

- FY 2009-10       FY 2010-11       FY 2011-12

---

<sup>15</sup> Section 16 does not apply to Title V (SCSEP).

**Justification:** In the space below and/or through additional documentation, **AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.**<sup>16</sup>

*The El Dorado County Area Agency on Aging requests approval for the direct provision of CBSP services listed above throughout Planning and Service Area 29 for the following reasons:*

- 1) *This Area Agency on Aging must provide CBSP services to maintain an adequate supply of such services.*
  - a) *Provision of CBSP services, including Linkages, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. Should an entity express an interest in providing services, this Area Agency on Aging will release a specific Request for Proposal for those services.*
  - b) *This Area Agency on Aging is currently successfully operating as a Division of the Department of Human Services of the County of El Dorado providing Title III, Title VII, and CBSP services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) *This Area Agency can directly provide CBSP services, including Linkages, of comparable quality more economically.*
  - a) *The AAA is housed in a department of County government, which allows for increased efficiency. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting, and improved purchasing power following County bid processes. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community. The County of El Dorado has been very supportive of the services provided by its Human Services Department, providing \$1,159,553 for FY 2008/2009 to support senior services when federal and state funding has not kept pace to meet the need. Senior programs also receive an in-kind contribution of 91,133 as they are housed in county-owned buildings and are allowed to use these facilities at reduced cost. An independent subcontractor would not benefit from any of the support and resulting efficiencies mentioned, and available funding is not sufficient to attract viable contractors.*

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<sup>16</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement.

**SECTION 16. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

**PSA #29**

---

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

---

If an AAA plans to provide direct services **other** than those specified in Section 15, a **separate Section 16 must be completed for EACH type of service provided**. The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Section 16, check this box .

**Identify Service Category: Supplemental Services**

Check applicable funding source:<sup>17</sup>

III B       III C-1       III C-2       III E       VII a

CBSP (Identify the specific CBSP program or service on the "Service Category" line above)

HICAP

**Basis of Request for Waiver:**

Necessary to Assure an Adequate Supply of Service, OR

More economical if provided by the AAA than comparable services purchased from a service provider.

**Check each applicable Fiscal Year(s)**

**If the AAA intends to provide this service for three years, check all boxes. If all boxes are not checked and the AAA intends to provide this service in subsequent years then this Section must be submitted yearly.**

FY 2009-10

FY 2010-11

FY 2011-12

---

<sup>15</sup> Section 16 does not apply to Title V (SCSEP).

**Justification:** In the space below and/or through additional documentation, **AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.**<sup>18</sup>

*The El Dorado County Area Agency on Aging requests approval for the direct provision of Title III services listed above throughout Planning and Service Area 29 for the following reasons:*

- 1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.*
  - a) *Provision of Title III services, including Supplemental Services, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. Should an entity express an interest in providing services, this Area Agency on Aging will release a specific Request for Proposal for those services.*
  - b) *This Area Agency on Aging is currently successfully operating as a Division of the Department of Human Services of the County of El Dorado providing Title III, Title VII, and CBSP services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) *This Area Agency can directly provide Title III services, including Supplemental Services, of comparable quality more economically.*
  - a) *The AAA is housed in a department of County government, which allows for increased efficiency. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting, and improved purchasing power following County bid processes. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community. The County of El Dorado has been very supportive of the services provided by its Human Services Department, providing \$1,159,553 for FY 2008/2009 to support senior services when federal and state funding has not kept pace to meet the need. Senior programs also receive an in-kind contribution of \$91,133 as they are housed in county-owned buildings and are allowed to use these facilities at reduced cost. An independent subcontractor would not benefit from any of the support and resulting efficiencies mentioned, and available funding is not sufficient to attract viable contractors.*

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<sup>18</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement.

**SECTION 16. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

**PSA #29**

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

---

If an AAA plans to provide direct services **other** than those specified in Section 15, a **separate Section 16 must be completed for EACH type of service provided**. The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Section 16, check this box .

**Identify Service Category: Respite Care**

Check applicable funding source:<sup>19</sup>

III B       III C-1       III C-2       III E       VII a

CBSP (Identify the specific CBSP program or service on the "Service Category" line above)

HICAP

**Basis of Request for Waiver:**

Necessary to Assure an Adequate Supply of Service, OR

More economical if provided by the AAA than comparable services purchased from a service provider.

**Check each applicable Fiscal Year(s)**

**If the AAA intends to provide this service for three years, check all boxes. If all boxes are not checked and the AAA intends to provide this service in subsequent years then this Section must be submitted yearly.**

FY 2009-10

FY 2010-11

FY 2011-12

---

<sup>15</sup> Section 16 does not apply to Title V (SCSEP).

**Justification:** In the space below and/or through additional documentation, **AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.**<sup>20</sup>

*The El Dorado County Area Agency on Aging requests approval for the direct provision of Title III services listed above throughout Planning and Service Area 29 for the following reasons:*

- 1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.*
  - a) *Provision of Title III services, including Respite Care, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. Should an entity express an interest in providing services, this Area Agency on Aging will release a specific Request for Proposal for those services.*
  - b) *This Area Agency on Aging is currently successfully operating as a Division of the Department of Human Services of the County of El Dorado providing Title III, Title VII, and CBSP services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) *This Area Agency can directly provide Title III services, including Respite Care, of comparable quality more economically.*
  - a) *The AAA is housed in a department of County government, which allows for increased efficiency. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting, and improved purchasing power following County bid processes. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community. The County of El Dorado has been very supportive of the services provided by its Human Services Department, providing \$1,159,553 for FY 2008/2009 to support senior services when federal and state funding has not kept pace to meet the need. Senior programs also receive an in-kind contribution of \$91,133 as they are housed in county-owned buildings and are allowed to use these facilities at reduced cost. An independent subcontractor would not benefit from any of the support and resulting efficiencies mentioned, and available funding is not sufficient to attract viable contractors.*

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<sup>16</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement.

**SECTION 16. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

**PSA #29**

---

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

---

If an AAA plans to provide direct services **other** than those specified in Section 15, a **separate Section 16 must be completed for EACH type of service provided**. The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Section 16, check this box .

**Identify Service Category: Respite Purchase of Services**

Check applicable funding source:<sup>21</sup>

- III B       III C-1       III C-2       III E       VII a
- CBSP (Identify the specific CBSP program or service on the "Service Category" line above)
- HICAP

**Basis of Request for Waiver:**

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

**Check each applicable Fiscal Year(s)**

**If the AAA intends to provide this service for three years, check all boxes. If all boxes are not checked and the AAA intends to provide this service in subsequent years then this Section must be submitted yearly.**

- FY 2009-10       FY 2010-11       FY 2011-12

---

<sup>15</sup> Section 16 does not apply to Title V (SCSEP).

**Justification:** In the space below and/or through additional documentation, **AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.**<sup>22</sup>

*The El Dorado County Area Agency on Aging requests approval for the direct provision of CBSP services listed above throughout Planning and Service Area 29 for the following reasons:*

- 1) *This Area Agency on Aging must provide CBSP services to maintain an adequate supply of such services.*
  - a) *Provision of CBSP services, including Respite Purchase of Services, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. Should an entity express an interest in providing services, this Area Agency on Aging will release a specific Request for Proposal for those services.*
  - b) *This Area Agency on Aging is currently successfully operating as a Division of the Department of Human Services of the County of El Dorado providing Title III, Title VII, and CBSP services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) *This Area Agency can directly provide CBSP services, including Respite Purchase of Service, of comparable quality more economically.*
  - a) *The AAA is housed in a department of County government, which allows for increased efficiency. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting, and improved purchasing power following County bid processes. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community. The County of El Dorado has been very supportive of the services provided by its Human Services Department, providing \$1,159,553 for FY 2008/2009 to support senior services when federal and state funding has not kept pace to meet the need. Senior programs also receive an in-kind contribution of \$91,133 as they are housed in county-owned buildings and are allowed to use these facilities at reduced cost. An independent subcontractor would not benefit from any of the support and resulting efficiencies mentioned, and available funding is not sufficient to attract viable contractors.*

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<sup>16</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement.

**SECTION 17. GOVERNING BOARD**

**PSA #29**

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

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

**Number of Members on the Board:        5**

**Names/Titles of Officers:**

**Term in Office  
Expires:**

Ron Briggs, Supervisor, District 4, Chairman	12/31/2010
Norma Santiago, Supervisor, District 5, 1 <sup>st</sup> Vice Chair	12/31/2010
Ray Nutting, Supervisor, District 2, 2 <sup>nd</sup> Vice Chair	12/31/2012

**Names/Titles of All Members:**

**Term on Board**

**Expires:**

John Knight, Supervisor, District 1	12/31/2012
James "Jack" Sweeney, District 3	12/31/2012

**SECTION 18. ADVISORY COUNCIL**

**PSA #29**

**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)** 14  
Number of Council Members over age 60 9

<b>Race/Ethnic Composition</b>	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
White	<u>91.3%</u>	<u>91.7%</u>
Hispanic	<u>3.4%</u>	<u>0%</u>
Black	<u>0.25%</u>	<u>8.3%</u>
Asian/Pacific Islander	<u>0%</u>	<u>0%</u>
Native American/Alaskan Native	<u>0.45%</u>	<u>0%</u>
Other	<u>0%</u>	<u>0%</u>

**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 type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with Leadership Experience in the Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Explain any "No" answer**

The Commission on Aging is the advisory council to the elected officials and the elected officials appoint several members to the Commission on Aging. They are available to meet with the Commission when requested. One of the members was previously an elected official.

**Briefly describe the process designated by the local governing board to appoint Advisory Council members.**

Six members are appointed by the County Board of Supervisors, two members are appointed by the two chartered cities within the county. The remaining six are appointed by the Commission. When a vacancy occurs, it is advertised in the local newspapers. Interested parties are asked to complete an application and are also interviewed by the Commission Membership Committee and the Director of the Area Agency on Aging. The chosen applicant(s) are nominated by Membership Committee and approved by the Commission.

PSA 29 El Dorado County

**2009 Commission on Aging**

**Names/Titles of Officers and Date Term Expires**

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Vicki Ludwig-DiVittorio, Chair	09/2011
Cindy Rice, Vice Chair	03/2009

**Names/Titles of Other Advisory Council Members and Date Term Expires**

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Suibhan Stevens	03/2010
Connie Eaton	04/2009
Barbara Plexico	11/2011
Marlene Back	11/2011
Horace Holmes, Jr.	04/2011
Jane Thomas	01/2011
Susan Rayburn	12/2011
Irene Arnold	01/2010
Kathi Lishman	Not Applicable
John Collins	12/2009

**SECTION 19. LEGAL ASSISTANCE**

**PSA #29**

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

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This section must be completed and submitted with the Three-Year Area Plan. Any changes to this Section must be documented on this form and remitted with Area Plan Updates.<sup>1</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.

*To ensure the rights and entitlements of residents of El Dorado County, 60 years of age and older, by providing or securing legal assistance, regardless of income.*

2. Based on your local needs assessment, what percentage of Title III B funding is allocated to Legal Services? 30%

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

*Legal services are provided directly by the AAA. Legal services are provided to senior citizens, 60 years of age and older, with an emphasis on fraud and abuse. As with the AAA, targeted populations include low-income minority individuals, those at greatest economic need and those with greatest social need. Other targeted populations include those with severe disabilities, those with Alzheimer’s disease or related disorders and the caretakers of these individuals. Outreach to these targeted groups is done through the I&A program, three senior centers, senior newsletters, press releases, and seminars and workshops presented by the legal services providers in the County. The Legal Program is also kept very busy just by “word of mouth.”*

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

Fiscal Year	# Legal Services Providers
2009-2010	1
2010-2011	1
2011-2012	1

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

*Outreach to these targeted groups is done through the I&A program, three senior centers, senior newsletters, press releases, and seminars and workshops presented by the legal services providers in the County.*

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<sup>1</sup> For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or COkwoosa@aging.ca.gov

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

Fiscal Year	Name of Provider	Geographic Region covered
2009-2010	a. El Dorado County Senior Legal Services b. c.	a. El Dorado County b. c.
2010-2011	a. El Dorado County Senior Legal Services b. c.	a. El Dorado County b. c.
2011-2012	a. El Dorado County Senior Legal Services b. c.	a. El Dorado County b. c.

7. Discuss how older adults access Legal Services in your PSA:

*The majority of legal issues are handled by calling Senior Legal Services and making an appointment to come into the Placerville Senior Center and see an attorney. Seniors can also get help by phone, or can arrange for a home or hospital visit by an attorney or notary. Attorneys regularly travel to South Lake Tahoe and El Dorado Hills to see clients at the Senior Centers in those areas.*

8. Discuss the major legal issues in your PSA. Include new trends of legal problems in your area:

<i>Consumer Finance/Debt/Contracts/Warranties</i>	<i>12%</i>
<i>Grandparent Visitation/Conservatorship/Family Law</i>	<i>2%</i>
<i>Medi-Cal/Medicare</i>	<i>7%</i>
<i>Evictions/Foreclosures/Mortgage Issues</i>	<i>11%</i>
<i>Social Security/SSI/Pensions</i>	<i>4%</i>
<i>Elder Abuse/Restraining Orders/Financial Fraud/Scams</i>	<i>5%</i>
<i>Probate avoidance trusts and wills/Review of documents</i>	<i>22%</i>
<i>Powers of Attorney for Health and Finance</i>	<i>27%</i>
<i>Affidavits/Assistance related to death of spouse</i>	<i>10%</i>

*Elder abuse issues, including financial fraud, abuse and scams are becoming more prevalent and are addressed through multiple programs with appropriate referrals. Often these problems are first identified by the legal program and then referrals are made. Senior Legal Services is one component of a multi-disciplinary program called the "Elder Protection Unit" made up of a coalition of county programs working in concert to address elder abuse.*

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

*Due to the rural nature of the PSA, distance to the Senior Center where the legal program is housed can be a challenge for some senior citizens. There is local transportation to the senior center. Senior Legal Services conducts phone appointments. Additionally, an attorney from the legal program travels monthly to seniors centers in South Lake Tahoe and El Dorado Hills to meet with seniors, and will also travel to homes, hospitals, and skilled nursing facilities to visit clients when needed.*

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

*The attorneys coordinate services with the District Attorney's office, Adult Protective Services, Long Term Case Ombudsman, Family Caregiver Support program, Public Guardian, and CAPE (Citizen Advocates for the Protection of Elders).*

**SECTION 20. MULTIPURPOSE SENIOR CENTER (MPSC) ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW <sup>1</sup>**

**PSA #29**

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

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

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- No, Title III B funds have not been used for MPSC Acquisition or Construction.
- Yes, Title III B funds have been used for MPSC Acquisition or Construction.  
**If yes, complete the chart below.**

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

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<sup>18</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 an MPSC.

**SECTION 21. FAMILY CAREGIVER SUPPORT PROGRAM**

**PSA #29**

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

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

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Based on PSA review of current support needs and services for **family caregivers** and **grandparents** (or other older relative of a child), does the AAA **intend** to use Title III E and/or matching FCSP funds to provide each of the following federal Title III E services for both family caregivers and grandparents?

Check YES or NO for each of the services identified below.

**FAMILY CAREGIVER SUPPORT PROGRAM for FY 2009-12**

Family Caregiver Information Services	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Family Caregiver Access Assistance	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Family Caregiver Support Services	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Family Caregiver Respite Care	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Family Caregiver Supplemental Services	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

**and**

Grandparent Information Services	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Grandparent Access Assistance	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Grandparent Support Services	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Grandparent Respite Care	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Grandparent Supplemental Services	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

NOTE: Refer to PM 08-03 for definitions for the above Title III E categories.

**Justification:** For each above service category that is checked “no”, explain how it is being addressed within the PSA:



# Older Adult Survey

## HEALTH & WELLNESS

1(a). Are you filling out this survey for someone else?  Yes  No

1(b). If yes, ask the older adult each question as it is written; do not answer for yourself.

2. How would you describe your health?

Excellent  Very good  Good  Fair  Poor

3. In general, how would you rate your quality of life?

Excellent  Very good  Good  Fair  Poor

4(a). Do you have major health issues?  Yes  No  Uncertain

4(b). If yes, what is your major health issue? \_\_\_\_\_

5. How many days per week do you engage in moderate physical activity? \_\_\_\_\_ days

6. Have you visited your doctor or health care provider in the past 12 months?  Yes  No

7. Have you had the following in the past 12 months?

a) physical exam  Yes  No      c) hearing exam  Yes  No  
b) eye exam  Yes  No      d) dental exam  Yes  No

8. How would you describe your health insurance coverage?

Excellent  Adequate  Inadequate  Don't have any

9. Are you a veteran or a spouse of a veteran?  Yes  No

10. Do you need help choosing health insurance?  Yes  No

11. Do you have long-term care insurance?  Yes  No  Uncertain

12(a). Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as showering or grooming?

Yes  No  Don't know

12(b). **If Yes**, for which of the following personal care tasks do you require the help of other persons? (Check all that apply)

- Eating
- Bathing
- Dressing
- Getting around the house
- Going to the bathroom
- Transferring in and out of bed

13(a). Because of any impairment or health problem, do you need the help of other persons in handling your routine needs, such as housework?

Yes  No  Don't know

13(b). **If Yes**, for which of the following routine tasks do you require the help of other persons? (Check all that apply)

- Household chores
- Preparing meals
- Shopping
- Telephone
- Transportation
- Paying bills
- Managing medications

14. During the last 30 days, has pain interfered with your daily activities such as grooming, household chores, or social activities?  Yes  No

15. The following is a list of issues that may present a problem for some people. Please indicate how much each of the following is currently a problem for you. Also, please indicate whether or not you need help with each task.

	Not a Problem	Somewhat of a Problem	A Serious Problem	Need Help
Memory difficulties/forgetfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Falling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loneliness/boredom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss/grieving process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting care at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of alcohol &/or drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural barriers or language translation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SOCIAL INTERACTION

16. Are you satisfied with the amount of contact with family, friends, and neighbors?

Very satisfied     Satisfied     Not satisfied

17. Please check any of the following that you are currently participating or would like to participate in on a regular basis, such as daily or weekly:

	Currently participating in	Would like to participate in	Not applicable
Participating in a club or civic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in religious or spiritual activities with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting with family in person or on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing help to friends or relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in senior center activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in a hobby such as art, gardening, or music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working for pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending movies, sporting events, or group events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for a pet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing volunteer work or helping in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# OLDER ADULTS AS RESOURCES

*Older adults can be especially regarded as valuable resources because they have many years of life experience and wisdom to share.*

18. Below is a list of skills or areas of expertise that you may have. (Check all that apply)

	Yes, I have this skill and would be willing to share this skill	I am currently providing volunteer assistance using this skill
Handyperson	<input type="checkbox"/>	<input type="checkbox"/>
Yard maintenance/Gardening	<input type="checkbox"/>	<input type="checkbox"/>
Clerical	<input type="checkbox"/>	<input type="checkbox"/>
Computer/Internet	<input type="checkbox"/>	<input type="checkbox"/>
Financial management/Investment advice	<input type="checkbox"/>	<input type="checkbox"/>
Tax preparation	<input type="checkbox"/>	<input type="checkbox"/>
Legal	<input type="checkbox"/>	<input type="checkbox"/>
Health-related	<input type="checkbox"/>	<input type="checkbox"/>
Assisting people with activities of daily living (eating, bathing, shopping, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Teaching/Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Visiting	<input type="checkbox"/>	<input type="checkbox"/>
Calling on people at home to check on their well-being	<input type="checkbox"/>	<input type="checkbox"/>
Sports/Coaching	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input type="checkbox"/>
Reading aloud	<input type="checkbox"/>	<input type="checkbox"/>
Listening	<input type="checkbox"/>	<input type="checkbox"/>
Speak/write in a language other than English	<input type="checkbox"/>	<input type="checkbox"/>
Attending medical appointments with someone in need	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual	<input type="checkbox"/>	<input type="checkbox"/>
Taking care of pets	<input type="checkbox"/>	<input type="checkbox"/>
Ability to contribute financially to causes you care about	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

19. If you are willing to share your skills, do you have a preference for the type of service or activity you could support? (Check all that apply)

Type of Work	Age Range	Field of Interest	Frequency	Geographic Area
<input type="checkbox"/> One on one <input type="checkbox"/> Group Activities <input type="checkbox"/> Clerical/Office <input type="checkbox"/> Physical	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Children <input type="checkbox"/> Teenagers <input type="checkbox"/> Adults <input type="checkbox"/> Older Adults	<input type="checkbox"/> Schools <input type="checkbox"/> Creative Arts <input type="checkbox"/> Science <input type="checkbox"/> History <input type="checkbox"/> Music <input type="checkbox"/> Libraries <input type="checkbox"/> Environment <input type="checkbox"/> Helping people with disabilities	<input type="checkbox"/> Several hours/week <input type="checkbox"/> Several hours/month <input type="checkbox"/> As needed for special projects	<input type="checkbox"/> Cameron Park/Shingle Springs/Rescue <input type="checkbox"/> Camino <input type="checkbox"/> Cool <input type="checkbox"/> El Dorado Hills <input type="checkbox"/> Georgetown Divide <input type="checkbox"/> Grizzly Flat <input type="checkbox"/> Placerville <input type="checkbox"/> Pollock Pines <input type="checkbox"/> Somerset <input type="checkbox"/> South Lake Tahoe

## HOUSING

20. What type of housing do you live in?

- |   |   |
|---|---|
| <input type="checkbox"/> House                            | <input type="checkbox"/> Board & care facility    |
| <input type="checkbox"/> Apartment                        | <input type="checkbox"/> Skilled nursing facility |
| <input type="checkbox"/> Condominium/Townhouse            | <input type="checkbox"/> Hotel/Motel              |
| <input type="checkbox"/> Mobile Home                      | <input type="checkbox"/> No Residence             |
| <input type="checkbox"/> Independent retirement community | <input type="checkbox"/> Other _____              |

21. Do you currently own or rent your home?  Own  Rent  Other

22. What is your present living arrangement?

- |   |  |
|---|--|
| <input type="checkbox"/> Living alone                         | <input type="checkbox"/> Living with other relatives |
| <input type="checkbox"/> Living with spouse/significant other | <input type="checkbox"/> Other _____                 |

23. How many people, including yourself, live in your household? \_\_\_\_\_ people

24. Does your rent or house payment cost more than half of your monthly income?

- Yes     No

25(a). After you pay for housing, do you usually have enough money to pay for your other expenses?     Yes     No

25(b). **If No**, check which things you do not have enough money for:

- |  |   |
|--|---|
| <input type="checkbox"/> Food          | <input type="checkbox"/> Car payment    |
| <input type="checkbox"/> Clothing      | <input type="checkbox"/> Utilities      |
| <input type="checkbox"/> Medical bills | <input type="checkbox"/> Credit cards   |
| <input type="checkbox"/> Prescriptions | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Gasoline      | <input type="checkbox"/> Other _____    |

## T TRANSPORTATION

26. What form of transportation do you use most often? (Check only one)

- |   |  |
|---|--|
| <input type="checkbox"/> My own vehicle                   | <input type="checkbox"/> Taxi                                |
| <input type="checkbox"/> Other private transportation     | <input type="checkbox"/> Blue-Go/Handyvan (South Lake Tahoe) |
| <input type="checkbox"/> Public transportation            | <input type="checkbox"/> None available                      |
| <input type="checkbox"/> Senior Shuttle/Senior Center Van |  |

27. When you have trouble getting the transportation you need, what would you say is the main reason? (Check only one)

- Have to rely on others
- Have trouble getting around without someone to help
- Costs too much
- Don't know who to call
- Unfamiliar with transportation options
- Not available in my community
- Not available when I need to go
- Transportation does not go where I need to go
- Car doesn't work/problems with vehicle
- Other: \_\_\_\_\_

28(a). Please tell us which of the following legal matters are of concern to you. Also, please indicate whether or not you need help with each of the legal matters.

	Not a Concern	Somewhat of a Concern	A Serious Concern	Need Help
Wills/Trusts/Probate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powers of Attorney for Finance & Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer & Debt Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate Matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28(b). Comments:

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# E<sub>L</sub> D<sub>E</sub> R A<sub>B</sub> U<sub>S</sub> E

29(a). Do you think you have been the victim of any of the following forms of elder abuse?

	No	Yes	Not Sure
Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental/emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation from family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandonment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29(b). **Comments:**

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30. **Have you ever reported elder abuse, exploitation, or neglect to the authorities?**

Yes     No

31. **Would you know who to contact if you suspected that someone was suffering from elder abuse, exploitation, or neglect?**

Yes     No



32. **Do you provide care for one or more family members or friends on a regular basis?**

Yes

No → **SKIP** to the next section regarding Finances, question #36.

33. **For whom do you provide care? (Check all that apply)**

Spouse

Parent

Partner

Other relative

Adult child

Friend/neighbor

Grandchild

Other

34. **How often do you feel burdened by your caregiving?**

Frequently

Sometimes

Never



35(a). Do you wish you had more support or assistance with your caregiving?

- Yes     No

35(b). **If Yes**, what kinds of help could you use more of in your caregiving? Check all that apply.

- Financial support
- Organized support groups
- Advice or emotional support on caregiving issues
- Services or information on services (supervision, benefits, transportation, etc.)
- Help with personal care
- Help keeping up the household
- Respite, free time for myself
- Legal assistance
- Equipment (grab bars, ramp, etc.)
- Other \_\_\_\_\_

## FINANCES

36. Which of the following best describes how financially secure you consider yourself to be?

- Very secure     Somewhat secure     Somewhat insecure     Very insecure

37. Please describe your most pressing financial challenge:

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Please answer the following questions to let us know a little about you. Remember that all the information you provide is confidential and will be reported in group form only.

38. What is your gender?  Male  Female
39. What is your age range?  59 & under  60 – 64  65 – 74  75 – 84  85+
40. What is your marital status?  Married  Widowed  Divorced  Never married
41. How would you identify your ethnicity or racial group?
- |   |   |
|---|---|
| <input type="checkbox"/> White                  | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino        | <input type="checkbox"/> American Indian                  |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Asian                  |   |
42. What is your primary language?  English  Spanish  Other \_\_\_\_\_
43. What city or town do you live in? \_\_\_\_\_
44. Generally speaking, how would you rate the community you live in?
- Excellent  Good  Fair  Poor
45. What is your highest level of education?
- |  |  |
|--|--|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Associate's degree              |
| <input type="checkbox"/> High school graduate  | <input type="checkbox"/> Bachelor's degree               |
| <input type="checkbox"/> Some college          | <input type="checkbox"/> Graduate or professional degree |
46. What is your employment status?
- Full-time  Part-time  Seeking employment  Retired  Disabled
47. What is your monthly income?
- |  |  |
|--|--|
| <b>(a) As a single person:</b>           | <b>(b) As a couple (if applicable):</b>  |
| <input type="checkbox"/> \$0-\$850       | <input type="checkbox"/> \$0-\$1,140     |
| <input type="checkbox"/> \$851-\$1,275   | <input type="checkbox"/> \$1,141-\$1710  |
| <input type="checkbox"/> \$1,276 or more | <input type="checkbox"/> \$1,711 or more |

48. **What are your current sources of income? (Check all that apply)**

- Salary/wage from your or spouse’s current employment
- Retirement benefits
- Social Security
- SSI (Supplemental Security Income)
- Disability income
- Personal savings/investments
- Family support
- Veterans benefits
- Other \_\_\_\_\_

49. **The following is a list of information sources. How often, if at all, do you use each source to find out about services and activities available to you?**

	Frequently	Sometimes	Never
Newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email or the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word of mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OPTIONAL**

50. **I would like to be contacted by an organization regarding volunteering.**     Yes     No

*I understand that my name and contact information will be provided to the most appropriate local organization so that I can explore ways to match my skills and general areas of interest with their volunteer opportunities. You are also welcome to call Hands On El Dorado to discuss volunteer opportunities if you prefer – (530) 626-3344.*

51. I would like to receive a summary of the survey results.  Yes  No

Name _____
Phone _____
Address _____
E-mail address _____

If you are interested in services available to older adults in our community, please call the toll-free Area Agency on Aging number at 800-510-2020.

☞ Thank you for taking the time to answer these questions! ☞

Please return this survey to ensure your voice is heard as soon as possible to:

El Dorado Community Foundation  
3097 Cedar Ravine Road  
Placerville, CA 95667





# Key Informant Survey



As you consider the questions that follow, we ask that you comment on the needs of the Older Adult population in El Dorado County community as a whole.

1. From your perspective, how effectively do you believe Older Adult services in our county are responding to the needs of older adults at the present time?

- Very effective
- Effective
- Not effective

2. Below is a list of older adult issues. Please rank in order of 1 (most important) to 8.

- \_\_\_ Health and Wellness
- \_\_\_ Social Interaction
- \_\_\_ Housing
- \_\_\_ Legal
- \_\_\_ Elder Abuse
- \_\_\_ Caregiving
- \_\_\_ Finances
- \_\_\_ Other (please specify): \_\_\_\_\_

3. In your opinion, do you think that there are critical unmet needs for older adults in our county now? \_\_\_Yes \_\_\_No If yes please explain.

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4. Are there barriers that prevent older adults from receiving the services they need in our county? \_\_\_Yes \_\_\_No If yes please explain.

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5. Do you think that duplications of services exist? \_\_\_Yes \_\_\_No If yes please explain.

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6. Do you think there are specific gaps in the system that result in needed services not being delivered? \_\_\_Yes \_\_\_No If yes please explain.

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7. What are ways to increase and improve community collaboration to provide more support for our county's older adults?

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8. Do you think there are segments of the older adult population at risk. \_\_\_Yes \_\_\_No If yes please explain and identify.

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9. Which group experiences the greatest isolation?

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Please provide in the space below the following information.

Agency Name: \_\_\_\_\_

Title and Name \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

☞ Thank you for your participation! ☞

Please return this survey to El Dorado Community Foundation by September 12, 2007.

El Dorado Community Foundation  
P.O. Box 1388  
Placerville, CA 95667



# Residents of LTC Facilities Survey

In order to better plan for and fulfill the needs of older adults in El Dorado County, we are trying to obtain feedback from local seniors about the transition to and experience in institutionalized care. We would like to know what you think. Please take a few minutes to answer the following questions.

1. What caused your move to a nursing home?  
\_\_\_\_\_

2. Who made the decision for your move to a facility? \_\_\_\_\_

3. Did you use long-term care services prior to moving to the nursing home?  Yes  No

3(b). If yes, which services did you use?

- |  |   |
|--|---|
| <input type="checkbox"/> Care management             | <input type="checkbox"/> Adult Day Care       |
| <input type="checkbox"/> In-Home Supportive Services | <input type="checkbox"/> Home-delivered meals |
| <input type="checkbox"/> Transportation              | <input type="checkbox"/> Other _____          |

3(c). Were you satisfied with the quality of services you received?  Yes  No

3c(1). If no, why not? \_\_\_\_\_

3(d). Did the services meet your needs?  Yes  No

3d(1). If no, why not? \_\_\_\_\_

3(e). Did you know about the long-term care services in your community?  Yes  No

3(f). Could you afford the services you needed?  Yes  No

4. Do you have long-term care insurance?  Yes  No

4(b). If yes, did it pay for the services that you thought it would?  Yes  No

5. Do you belong to a Health Maintenance Organization (HMO)?  Yes  No

5(b). If yes, are you getting the services you thought you would?  Yes  No





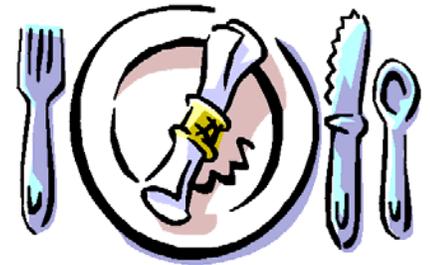
# SENIOR NUTRITION SERVICES *∞* HOME DELIVERED MEALS **PARTICIPANT SURVEY**

Please complete this survey and return it back to your home delivered meals driver. Your comments will be used to improve our future services to you.

1. How many days each week do you receive home delivered meals? \_\_\_\_\_

2. Please indicate the importance of the home delivered meal in relation to your overall diet.

- Your only source of food
- A major source of your food
- One of several sources of your food



3. In general, how is your health?

- Excellent
- Very Good
- Good
- Fair
- Poor

4. Below is a list of statements about the home delivered meals program. Please indicate your satisfaction with the following aspects of the food/program.

	All the time	Most of the time	Some of the time	Almost Never	Never
The way the food <b>tastes</b> .	<input type="checkbox"/>				
The way the food <b>smells</b> .	<input type="checkbox"/>				
The way the food <b>looks</b> .	<input type="checkbox"/>				
The <b>variety</b> of the food.	<input type="checkbox"/>				
That the hot foods are <b>hot</b> & the cold foods are <b>cold</b> .	<input type="checkbox"/>				
The nutrition education is helpful.	<input type="checkbox"/>				
Your meals arrive prior to 12:15 pm daily.	<input type="checkbox"/>				
The person who delivers the meals is friendly & respectful.	<input type="checkbox"/>				

5. What food or meal ideas would you like to see included on the menu? \_\_\_\_\_

\_\_\_\_\_

6. The following is a list of nutrition education topics. Please check your top three (3) choices for future nutrition education information.

- |   |  |
|---|--|
| <input type="checkbox"/> Cooking for One or Two                   | <input type="checkbox"/> Nutrition & Aging           |
| <input type="checkbox"/> Diabetes Information                     | <input type="checkbox"/> Osteoporosis Prevention     |
| <input type="checkbox"/> Drug & Diet Interaction                  | <input type="checkbox"/> Physical Fitness & Exercise |
| <input type="checkbox"/> Healthy Eating on a Low Budget           | <input type="checkbox"/> Shopping & Eating Out Tips  |
| <input type="checkbox"/> Heart Disease Prevention                 | <input type="checkbox"/> Vitamins & Supplements      |
| <input type="checkbox"/> High Blood Pressure Prevention & Control | <input type="checkbox"/> Weight Loss/Control         |
| <input type="checkbox"/> How to Get More Fiber in Your Diet       | <input type="checkbox"/> Other _____                 |

7. The following is a list of statements about the home delivered meals program. Please indicate whether or not you agree with each statement.

As a result of the home delivered meals program, I...	Yes, definitely	Yes, I think so	I'm not sure	No, I don't think so	No, definitely not
Eat a healthier variety of food.	<input type="checkbox"/>				
Eat less salt (sodium).	<input type="checkbox"/>				
Eat less high fat foods.	<input type="checkbox"/>				
Can achieve or maintain a healthy weight.	<input type="checkbox"/>				
Believe my health has improved and I feel better.	<input type="checkbox"/>				
Am less hungry throughout the day.	<input type="checkbox"/>				
Can continue to live in my own home.	<input type="checkbox"/>				

8. How would you rate the home delivered meals program overall?

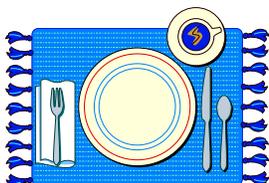
- Excellent    Very Good    Good    Fair    Poor

9. Would you recommend this program to your friends, neighbors, and relatives?  Yes  No

10. Do you have any suggestions that would make the home delivered meals program better?

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**Thank you for taking the time to answer these questions. We appreciate your feedback!**



EL DORADO COUNTY  
**Senior Nutrition Program**  
 Home Delivered Meals Congregate Dining



# SENIOR NUTRITION SERVICES CONGREGATE DINING **PARTICIPANT SURVEY**

Please complete this survey and return it back to your site coordinator. Your comments will be used to improve our future services to you.

1. **During a typical week, how many days do you eat at the Placerville Senior Center?** \_\_\_\_\_
2. **Please indicate the importance of the nutrition program meal in relation to your overall diet.**

- Your only source of food  
 A major source of your food  
 One of several sources of your food



3. **In general, how is your health?**

- Excellent     Very Good     Good     Fair     Poor

4. **Have your social opportunities increased since you became involved with the nutrition program?**     Yes     No

5. **Think about all the foods that you receive from the nutrition program.**

Please indicate your satisfaction with the following aspects of the food/program.

	All the time	Most of the time	Some of the time	Almost Never	Never
The way the food <b>tastes</b> .	<input type="checkbox"/>				
The way the food <b>smells</b> .	<input type="checkbox"/>				
The way the food <b>looks</b> .	<input type="checkbox"/>				
The <b>variety</b> of the food.	<input type="checkbox"/>				
That the hot foods are <b>hot</b> & the cold foods are <b>cold</b> .	<input type="checkbox"/>				
The nutrition education is helpful.	<input type="checkbox"/>				
The staff & volunteers at the nutrition site are <b>friendly &amp; respectful</b> .	<input type="checkbox"/>				

6. **What food or meal ideas would you like to see included on the menu?** \_\_\_\_\_

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7. The following is a list of nutrition education topics. Please check your top three (3) choices for future nutrition education.

- |   |  |
|---|--|
| <input type="checkbox"/> Cooking for One or Two                   | <input type="checkbox"/> Nutrition & Aging           |
| <input type="checkbox"/> Diabetes Information                     | <input type="checkbox"/> Osteoporosis Prevention     |
| <input type="checkbox"/> Drug & Diet Interaction                  | <input type="checkbox"/> Physical Fitness & Exercise |
| <input type="checkbox"/> Healthy Eating on a Low Budget           | <input type="checkbox"/> Shopping & Eating Out Tips  |
| <input type="checkbox"/> Heart Disease Prevention                 | <input type="checkbox"/> Vitamins & Supplements      |
| <input type="checkbox"/> High Blood Pressure Prevention & Control | <input type="checkbox"/> Weight Loss/Control         |
| <input type="checkbox"/> How to Get More Fiber in Your Diet       | <input type="checkbox"/> Other _____                 |

8. The following is a list of statements about the nutrition program. Please indicate whether or not you agree with each statement.

As a result of the nutrition program, I...	Yes, definitely	Yes, I think so	I'm not sure	No, I don't think so	No, definitely not
Eat a healthier variety of food.	<input type="checkbox"/>				
Eat less salt (sodium).	<input type="checkbox"/>				
Eat less high fat foods.	<input type="checkbox"/>				
Can achieve or maintain a healthy weight.	<input type="checkbox"/>				
Believe my health has improved and I feel better.	<input type="checkbox"/>				
Am less hungry throughout the day.	<input type="checkbox"/>				
Can continue to live in my own home.	<input type="checkbox"/>				

9. How would you rate the nutrition program overall?

- Excellent    Very Good    Good    Fair    Poor

10. Would you recommend this program to your friends, neighbors, and relatives?  Yes  No

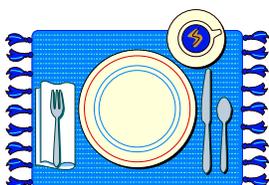
11. Do you have any suggestions that would make the nutrition program better? \_\_\_\_\_

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**Thank you for taking the time to answer these questions. We appreciate your feedback!**



EL DORADO COUNTY  
**Senior Nutrition Program**  
 Home Delivered Meals Congregate Dining

# Family Caregiver Support Program (FCSP) Recipient Survey

Please assist us in retaining our funding by completing this brief survey to provide demographic information regarding the clients we assist. This information will be retained by the Area Agency On Aging and will not be used for any other reason than to provide quantitative data for funding support.

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Your Birth Date: \_\_\_\_\_

Your Address: \_\_\_\_\_

Mailing if different: \_\_\_\_\_

Phone # \_\_\_\_\_ Gender M / F \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Employed: Full Time, Part Time, Retired, Unemployed, Decline to state

Marital Status: \_\_\_\_\_ Veteran: Yes / No

Income Level: High, Moderate, Low, Poverty

(Indicate \$ amount if you would like us to follow up with appropriate referrals) \_\_\_\_\_

Living in household (circle all that apply in relationship to yourself): Spouse, Parent, Child, Other, Alone

Relationship to person you are caring for: \_\_\_\_\_

## Information regarding person you are caring for

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender M / F \_\_\_\_\_ Ethnicity \_\_\_\_\_ Marital Status: \_\_\_\_\_ Veteran: Yes / No

Income Level: High, Moderate, Low, Poverty

(Indicate \$ amount if you would like us to follow up with appropriate referrals) \_\_\_\_\_

If Care Receiver does not reside with you please complete the following:

Lives alone: Yes / No If No, with whom (please circle): other family, facility, friend, other: \_\_\_\_\_

Home Address or name of facility: \_\_\_\_\_

Phone # \_\_\_\_\_

## Services Received/ Accessed

1. How long have you been a caregiver? \_\_\_\_\_

2. Is this your first contact with the FCSP? Yes / No if Yes, please skip to question #13

3. What services have you received from FCSP (check all that apply)

<input type="checkbox"/>	Information, Assistance & Referral (directed to various services and programs)
<input type="checkbox"/>	Attended Educational Training
<input type="checkbox"/>	Attended Support Group
<input type="checkbox"/>	Care Coordination (assisted in gaining access to needed services)
<input type="checkbox"/>	Respite Care (short term break from caregiving duties)
<input type="checkbox"/>	Other, not described above _____

4. Please rate overall service received (please circle one): Excellent, Good, Fair, Poor, Very Poor

5. Please rate your current level of stress (please circle one): very high, high, average, low, very low

6. Have services from FCSP reduced your stress level? Yes / No / Don't Know

7. Describe your current overall health (please circle one): Excellent, Good, Fair, Poor, Very Poor

8. Has your overall health improved since contact with FCSP services? Yes / No / Don't Know

9. Have services aided you in caring for your loved one in a manner of your choosing? Yes / No / Don't know

10. Have services allowed you to provide care outside a facility longer (placement)? Yes / No N/A

11. What service(s) have been MOST beneficial to you: \_\_\_\_\_

12. What service(s) have been LEAST beneficial to you: \_\_\_\_\_

13. Would you recommend FCSP services? Yes / No If No, why? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Thank You for your Assistance in aiding the Family Caregiver Support Program**



# Commission on Aging Survey

As you are aware, the Area Agency on Aging is in the process of developing the Area Plan for 2009-2012. The purpose of the Area Plan is to provide the format and structure to identify senior needs, and the options for addressing issues of concern in the aging community for El Dorado County. Attached is a short survey to complete. Your comments will be extremely valuable to our efforts as we develop the Area Plan for the next three years. This survey will provide us with the opportunity to incorporate your input and feedback into the needs assessment process.

Please provide Yasmin with your responses by Monday, January 12 so we may have adequate time to analyze the responses and develop a synopsis to be shared at the upcoming COA meeting on January 15. Your comments are very important to us. Thank you for your help.

- From your perspective, what are the top three concerns for older adults in our county?
- How can/should our AAA programs appropriately respond to the needs of our most vulnerable aging community members?
- What should be the priorities for Older Americans Act (OAA) funding?





EL DORADO COUNTY  
**Area Agency on Aging**

Serving older adults in El Dorado County since 1979

937 Spring Street  
Placerville, CA 95667  
800.510.2020  
530.621.6150

Jan Walker-Conroy  
Director

# PUBLIC HEARINGS

## Public Comments Invited for the Area Plan 2009-2012



### *Community Preparedness for an Aging Landscape*

The Area Agency on Aging will be hosting public meetings next month during which members of the public will be invited to provide feedback regarding planned activities and funding priorities as outlined in the Area Agency on Aging 2009-2012 Area Plan, an action plan for addressing the opportunities and challenges of aging in El Dorado County.

Senior services and programs included in the Area Plan are congregate dining, home-delivered meals, family caregiver support program, information & assistance, legal services, long-term care ombudsman program, senior day care, preventative health programs, care management, senior activities, and others.

### **PLACERVILLE**

Thursday, April 16 at 9:30am  
Placerville Senior Center—Dining Room  
937 Spring Street, Placerville



### **SOUTH LAKE TAHOE**

Wednesday, April 15 at 1:00pm  
Tahoe Senior Center—Conference Room  
3050 Lake Tahoe Blvd., South Lake Tahoe

*Public comments will be incorporated in the planning document. For additional information, or to receive a copy of the proposed goals and objectives for the agency, call the Area Agency on Aging.*

09-0548.B.216



CONDADO EL DORADO  
**Agencia del Área de Ancianos**

*Sirviendo a Ancianos en el Condado El Dorado desde 1979*

937 Calle Spring  
Placerville, CA 95667  
800.510.2020  
530.621.6150

Jan Walker-Conroy  
Directora

# VISTA PUBLICA

## Invitación a Comentarios Públicos Para el Plan del Área 2009-2012



### *Comunidad Preparandose para un Escenario de Ancianos*

La Agencia del Área de Ancianos esta preparando una reunión para el publico en Abril durante la cual miembros del publico están invitados a proveer comentarios acerca de actividades planeadas y prioridades de fondos en el entorno a el Plan de Área de la Agencia del Área de Ancianos 2009-2012, un plan de acción para direccionar las oportunidades y retos de ancianos en El Condado de El Dorado.

Servicios para Ancianos incluidos en el Plan del Área son: Congregación de Almuerzos, Comidas llevadas a casa, Programa de apoyo a Cuidadores de Familias, Información y Asistencia, Servicios Legales, Representantes Abogando por Ancianos, Programas de Prevención de Salud, Guarderías para Ancianos, Administrador de Cuidados, Actividades para Ancianos y mas.

### **PLACERVILLE**

Jueves, Abril 16 a las 9:30am

Placerville—el comedor del Centro de Ancianos

937 calle Spring, Placerville

### **SUR DE LAKE TAHOE**

Miércoles, Abril 15 a las 1:00pm

Tahoe en el Centro de Ancianos—cuarto de Conferencias

3050 Lake Tahoe Blvd., Sur de Lake Tahoe

*Comentarios del publico serán incorporados en los documento del planeamiento. Para información adicional, o para recibir copia de las metas y objetivos para la agencia, llamar ala Agencia del Área de Ancianos.*

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