

Second **50** Years
in El Dorado County

**AREA PLAN
2012-2016**

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



Prepared by
El Dorado County Area Agency on Aging
April 2012

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www.edcgov.us/Government/HumanServices/Senior_Services/Senior_Services.aspx



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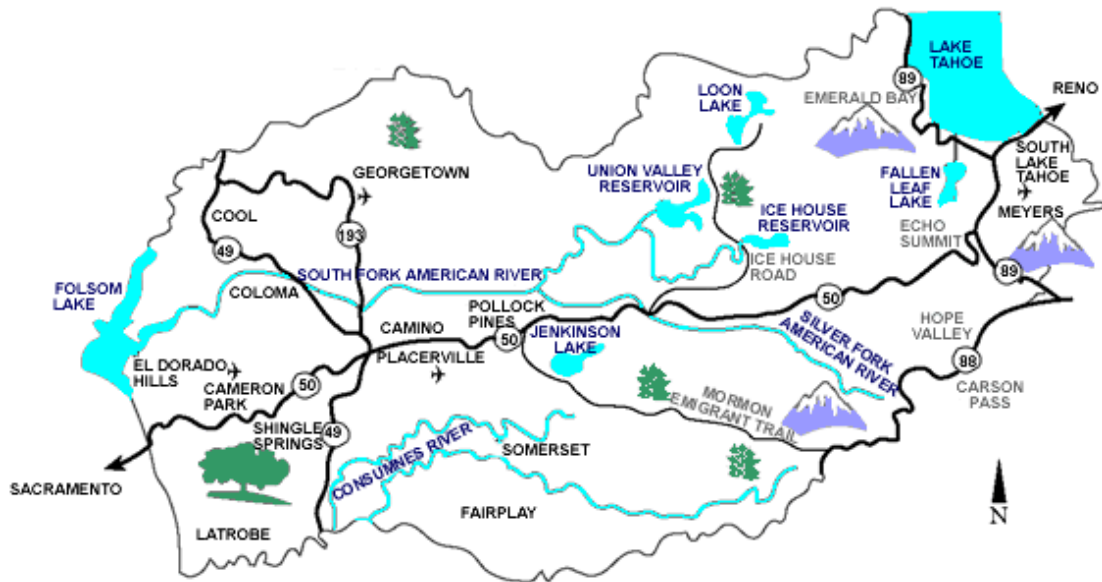


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El Dorado County Area Agency on Aging Planning and Service Area 29

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

AAA	Area Agency on Aging
ADCRC	Alzheimer's Day Care Resource Center
APS	Adult Protective Services
ARRA	American Recovery and Reinvestment Act
CAPE	Citizen Advocates for the Protection of Elders
CDA	California Department of Aging
CSBG	Community Services Block Grant
CSL	California Senior Legislator
COA	Commission on Aging
DHS	Department of Human Services
EPU	Elder Protection Unit
FCSP	Family Caregiver Support Program
FTE	Full-Time Equivalent
FY	Fiscal Year
HDM	Home-Delivered Meals
HHSA	Health and Human Services Agency
HICAP	Health Insurance Counseling and Advocacy Program
I&A	Information and Assistance
IHSS	In-Home Supportive Services
LGBT	Lesbian, Gay, Bisexual, Transgender
LTCO	Long-Term Care Ombudsman Program
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
SPC	Senior Peer Counseling
SUP	Service Unit Plan
YANA	You Are Not Alone

AREA PLAN CHECKLIST

Section	Four-Year Area Plan Components	4-Year Plan	Annual Update
	All Area Plan documents are on single-sided paper	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Original Area Plan and two copies are enclosed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Transmittal Letter with original signatures: <i>To be submitted by May 1, 2012</i>	<input type="checkbox"/>	<input type="checkbox"/>
1	Mission Statement	<input checked="" type="checkbox"/>	N/A
2	Description of the Planning and Service Area (PSA)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Planning Process/Establishing Priorities*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Needs Assessment*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Targeting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Public Hearings	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Identification of Priorities*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Area Plan Narrative 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**	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Title IIIB/VIIA Long-Term Care Ombudsman Objectives**	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Title VIIB Elder Abuse Prevention Objectives**	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	Service Unit Plan (SUP) Objectives**	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Focal Points*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Priority Services*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Governing Board*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Advisory Council*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Legal Assistance*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	Multipurpose Senior Center (MPSC) Acquisition or Construction Compliance Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Organization Chart	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	Assurances	<input checked="" type="checkbox"/>	N/A

* 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

**Four-Year Area Plan
2012-2016**

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. John Knight

Chair, Governing Board

Date

2. Marlene Back

Marlene Back

Chair, Advisory Council

4-19-12

Date

3. Janet Walker-Conroy

Janet Walker-Conroy

Director, Area Agency on Aging

4/20/12

Date

ACKNOWLEDGEMENT

Composing the 2012-2016 Area Plan, "Second 50 Years," 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 provided input as to what is needed to best provide for our older adults, too numerous to thank individually:

- The service providers, advocates, 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 hundreds of older adults who completed individual surveys and shared their personal experiences, opinions, and concerns for the benefit of others.
- 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 a rapidly 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.



Marlene Back
Chair, Commission on Aging



Janet Walker-Conroy
Director, Area Agency on Aging

LETTER FROM THE DIRECTOR

April 2012

Dear Community Member,

The El Dorado County Area Agency on Aging (AAA) is pleased to present the 2012-2016 Area Plan, *Second 50 Years in El Dorado County*, as mandated by the federal Older Americans Act and the Older Californians Act. This important document will guide our efforts to improve programs and services for our older adults over the next several years. This Plan updates the 2009-2012 Area Plan, which identified trends and issues relevant to today's older adults and aging boomers. Most importantly, the 2012-2016 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 2009. During this three-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 2012-2016 Area Plan with a particular focus on improving the efficiency and effectiveness of the planning and delivery of a continuum of aging services. The goals and objectives set forth in this plan have been developed to serve the greatest number of older adults and their families in the most comprehensive manner. The 38 objectives for the coming four years are presented within the context of four goals for the agency: active aging, aging readiness, older adult rights, and access and awareness of services.

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

12-0544.B.13

THE AGING LANDSCAPE

Older people are a significant and growing part of our community. They offer rich life experience, 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.

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 Four-Year Plan is for the period July 1, 2012 through June 30, 2016.

The Area Plan for 2012-2016 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 including providers, public officials, advocates, caregivers, and older adults;
- 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

The El Dorado County Area Agency on Aging (AAA) has developed the 2012-2016 Area Plan, *Second 50 Years in El Dorado County*, 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, structure the AAA's priorities based on a comprehensive evaluation of needs, and set an aging agenda for the planning and service area to enhance the aging experience of local residents at home and in the community. The Area Plan is submitted on a four-year cycle. This Four-Year Plan covers the period July 1, 2012 through June 30, 2016. 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 four years.

This plan will be reviewed and updated regularly based on new information, emerging opportunities, unforeseen challenges, and new mandates. As part of the Area Plan process, CDA requires an Annual Update which provides an opportunity for the AAA to report on the progress made in meeting goals and objectives and 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. 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. Changes in the composition of the older adult population include marked differences in the values, interests, and need for information about aging-related issues as well as the likelihood of accessing this information brought about by diverse age groups that will comprise the County's older population. In this context, the service delivery system for the boomers (who were born between 1946 and 1964) will differ substantially from those that the post-war and Depression age groups (who were born prior to 1946) find acceptable and effective in meeting their needs. 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, eliminates duplication of services, and delivers services in a manner that is satisfactory to the many changing faces of older El Dorado County residents.

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 four 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 four years.
- **Part Three: Appendices** summarizes the plan for allocating funds for access, in-home, and legal assistance 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.

DEVELOPMENT OF THE AREA PLAN

The Area Plan outlines the strategies the AAA will use to achieve its top priority issues. The Plan includes four goals, each encompassing strategic objectives that focus on the AAA's response to identified needs of older adults and caregivers. The planning process seeks to improve the lives of our most vulnerable people in need, to build on the County's capacity to provide comprehensive aging and disabled services, and to use allocated resources effectively and more efficiently. The plan serves to educate and inform the public, service providers, and local officials. It also guides aspects of AAA decision-making and budget development.

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 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 2010-2011. The process of the study included both quantitative and qualitative analysis methods. AAA staff conducted a detailed review of census data and other related demographic data. The development of the 2012-2016 Area

Plan involved significant efforts to gather stakeholder input including pre-planning meetings by AAA staff and its advisory council, internet and mail surveys of both consumers and service providers, four focus groups and interviews of targeted populations, and two public hearings to receive comments on the draft plan. From those sources, the AAA developed this Area Plan.

The Plan focuses on four critical issues that address identified needs of older residents and caregivers 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. Addressing immediate and future needs was of paramount concern, as well as protecting the rights of vulnerable older adults and preventing their abuse, neglect, and exploitation. 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.

FOUR-YEAR GOALS AND OBJECTIVES

The 2012-2016 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. Through the implementation of this plan, the AAA seeks to provide far-reaching education and understanding of the choices and opportunities that exist to enhance the quality of life of El Dorado County's older residents. The four goals and 38 objectives of the four-year plan, with accompanying anticipated outcomes and evaluation measures, address the following priority areas of need:

Goal 1 – Active Aging *Empower older adults to take charge of their health and to remain active.* Objectives focus on encouraging healthy lifestyles, expanding health promotion and disease prevention programs, and improving awareness and increasing access to employment and volunteer opportunities that enable older adults to remain active and involved in their communities. Objectives include participating in a community health fair; medication management “brown bag check-ups” with a local pharmacist; promoting strength training and fall prevention; creating a dedicated space for the older adult job seeker at the Connections One Stop Workforce Development and Business Resource Center; and advocating for enhanced transportation services in both the West Slope and South Lake Tahoe.

Goal 2 – Aging Readiness *Address basic needs and plan for the future.* The AAA seeks to empower older adults to maintain independence and self-sufficiency in the community. The action plan includes expanding the falls prevention and balance training program to other communities; participating in an annual workshop to help boomers understand the long-term care system; and collaborating with Marshall Community Health Library to develop a series of lectures on health topics.

Goal 3 – Older Adult Rights *Protect vulnerable older adults from abuse, neglect, and exploitation.* Strategies focused on promoting elder rights by providing information and resources for individuals to protect themselves against elder abuse. The range of elder abuse protection efforts will include developing a fraud scheme education program for older adults; conducting quarterly workshops in which participants are provided direction and assistance by an attorney in completing their planning documents; training additional Long-Term Care Ombudsman volunteers to provide advocacy for facility residents; and participating in an elder abuse conference to enhance awareness and prevention of elder abuse.

Goal 4 – Access and 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.* Undertakings will include the following: expanding the number of locations for appointments with Senior Legal Services; conducting quarterly focus groups/roundtable discussions on multiple topics to enhance awareness and access to community services and supports; establishing affiliations and collaborative efforts with stakeholder groups representing the interests of target populations to assess needs; and implementing cultural competency/sensitivity training for AAA staff.

Challenges and opportunities in the next four years may require modifying existing programs and services to ensure that they are effective and efficient. 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.

CONCLUSION

Second 50 Years in El Dorado County celebrates successful aging in our community and provides direction to the AAA and 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.



Setting the Stage

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. They serve as the local resource for information and referrals on issues and concerns affecting older adults, their caregivers and providers, including home and community-based services, long-term care facilities, and assistance with a wide range of others services.

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.

El Dorado 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 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.

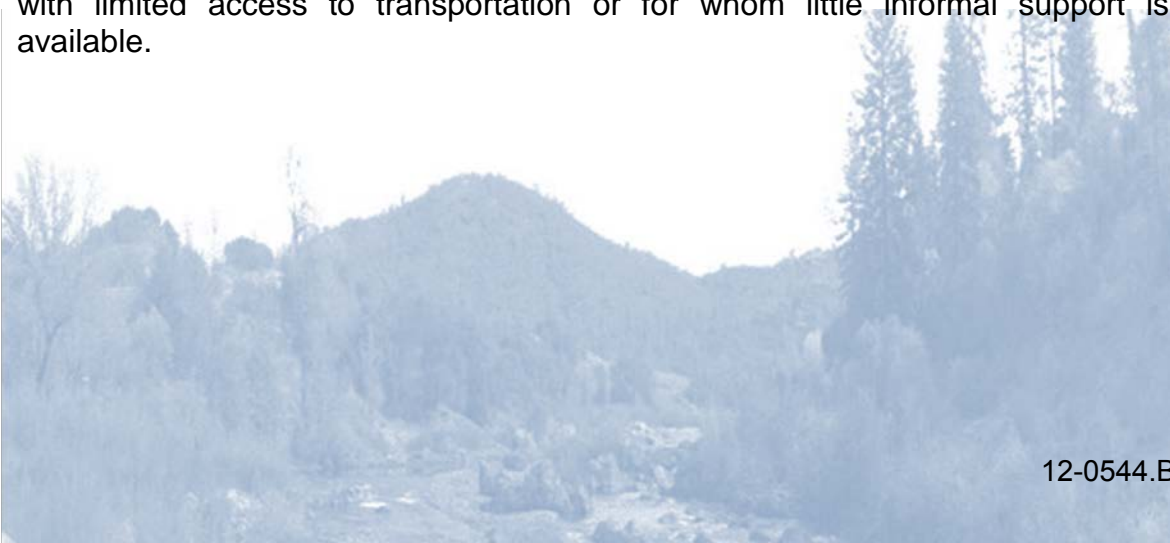
- The West Slope Mountain Region

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

The older population in El Dorado County is growing at a tremendous pace. In the last decade, the growth rate of the older adult population in our region exceeded 51%. By 2030, more than 78,000 older adults will call the El Dorado County region home. This trend in the El Dorado County region is consistent with the state and the nation as a whole. It is projected that the older population in the United States, currently over 18.5% of the general population, will increase significantly as the boomers (persons born between 1946 and 1964) reach the age of 65. Additionally nationwide, the population age 85 years and older, currently 1.8% of the population, will increase 20% by 2020. California ranks first in the nation in the number of residents ages 60 and older.

Given increased life expectancy, a steady migration of retirees to the area, the effect of the boomers moving through older age groups, and aging in place, a dramatic demographic shift in El Dorado County is inevitable. As the region's once-young residents age, they are continuing to call El Dorado County home. In the 2011 AAA Older Adult Survey of Needs, the average length of time residing in the county was 23 years. Consistent with national surveys, the majority of older adults in El Dorado County continue to express a strong desire to remain in their homes. With so many individuals deciding to age in place, the region's median age has risen steadily over the last several decades. In 2000 the median age was 39.4 years. In 2010 the median age increased to 43.6 years. This trend is expected to continue over the coming decades.

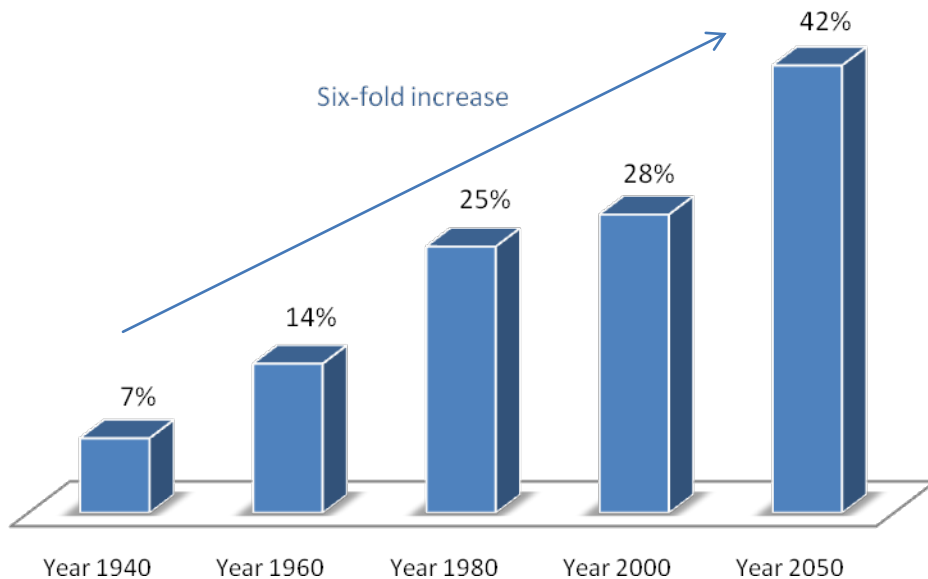
This trend presents important opportunities for aging services, as older adults make an important contribution to our community. But the aging of the population also has a range of impacts, which will present real challenges for all service providers. To identify the makeup and needs of the older population in El Dorado County, AAA staff conducted a detailed review of census data and other related demographic data. 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 20 to 30 years. All data has been extracted from 2010



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 older population will continue to grow significantly in the future (see Figure 2), particularly between the years 2010 and 2030 when the “baby boom” generation reaches age 65 which will likely have profound effects on the aging services delivery system.

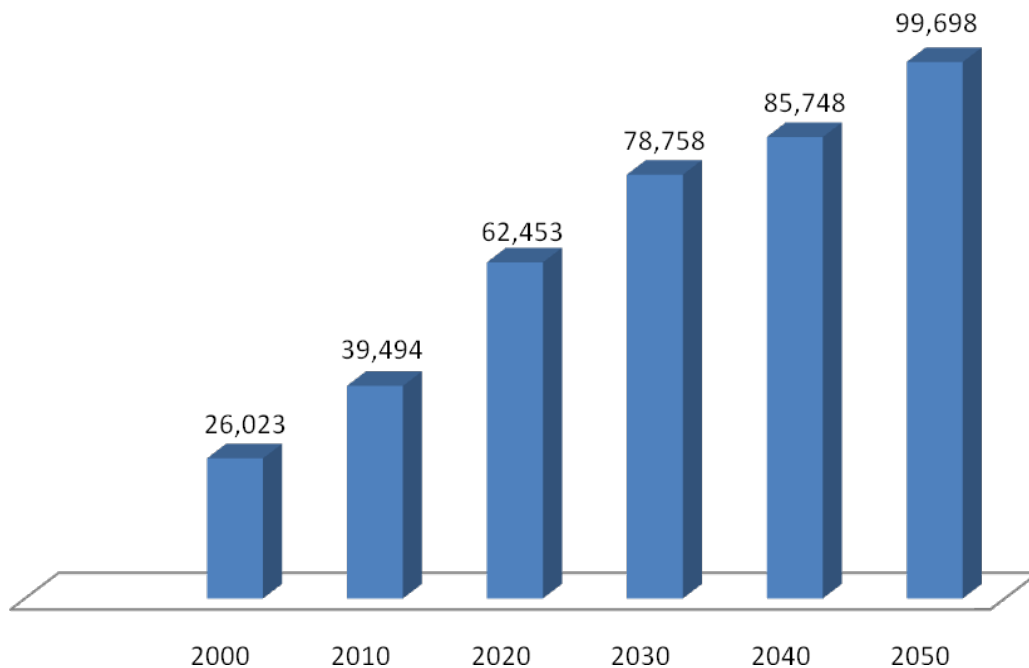
The 60+ population is far from homogeneous. It is comprised of several generations of individuals with significant differences in experiences, values, and service needs. As a result, programs and policies designed for our older community members must take into account the needs of at least three different 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 (see Figure 2). In 2010, there were 39,494 adults aged 60 and over, representing 21.8% of the total population—more than a 50% increase. Between 2010 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 76.4% between 2000 and 2010, much faster than at the State level (41.2%).

Figure 2
Projected Growth Rate 2000-2050 (60+ Years)
El Dorado County

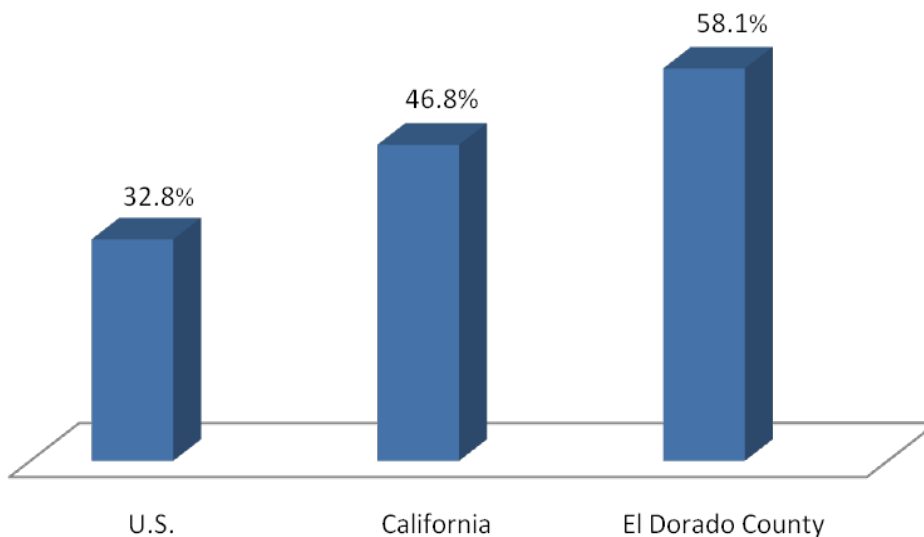


Projected Senior Population

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 52 percent growth in the 60+ population in the County

between 2000 and 2010, 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 2010 and 2020 is 58%, greater than the national and state rates (see Figure 3). The 85+ population in the County increased by 77% between 2000 and 2010, which is greater than the 45% increase at the state level.

Figure 3
Projected Growth Rate 2010-2020 (60+ Years)
El Dorado County, California, and the United States



Between 2010 and 2050, El Dorado County's 60+ population is projected to increase by 152% resulting in almost 100,000 residents over the age of 60 by 2050. Table 1 details this extraordinary increase in the older adult population. California will experience a 209% increase in its 60+ population from 2000-2050. El Dorado County will experience a 283% increase in its 60+ population in the same period of time.

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

Year	California	% Growth	El Dorado County	% Growth
2000	4,742,499	--	26,023	--
2010	6,078,711	28.2%	39,494	51.8%
2020	8,923,493	46.8%	62,453	58.1%
2030	11,482,049	28.7%	78,758	26.1%
2040	12,915,180	12.5%	85,748	8.9%
2050	14,636,897	13.3%	99,698	16.3%

Table 2 specifies the population growth rates of the County compared to the State as projected per decade from 2000 to 2030. The County's growth rate for total population as well as for the 60+ and 85+ populations is consistently higher than the state level, with the exception of the projected growth rate of 60+ population from 2020-2030.

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

	Projected Growth Rate 2000-2010	Projected Growth Rate 2010-2020	Projected Growth Rate 2020-2030
El Dorado County			
Total County	15.8%	22.1%	12.0%
60+ Years	51.8%	58.1%	26.1%
85+ Years	76.4%	38.7%	63.0%
California			
Total State	10.0%	18.5%	11.6%
60+ Years	28.2%	46.8%	28.7%
85+ Years	41.2%	26.2%	42.8%

Racial and Ethnic Composition

Compared to California's older adult population, the population of El Dorado County is predominately white (see Table 3). In 2010, about 93.6% of older adults were White.

Table 3
60+ Population by Race

Year	60+ Population	White	Minority
2010	39,494	36,953 93.6%	2,541 6.4%

The aging minority population in our County has increased 101% over the last decade, more than two times the number of older adults in 2000. For the 2010 Census, race and Hispanic origin (ethnicity) were defined as separate and distinct concepts. Federal standards mandate the use of a minimum of two ethnicities: Hispanic or Latino and Not Hispanic or Latino. Individuals who identify their origin as Hispanic, Latino, or Spanish may be of any race. Federal standards mandate the use of a minimum of five race categories: White, Black/African American, American Indian/Alaska Native, Asian, and Native Hawaiian/Other Pacific Islander. Other race categories include Some Other Race and Two or More Races. Table 4 specifies the current comparison of older adults by race and Hispanic origin.

Table 4
60+ Population 2010
Comparison by Race and Hispanic Origin

Race and Hispanic Origin	Number	Percent
Total 60+ Population	39,494	100%
Race		
White	36,953	93.6%
Black/African American	238	<1%
American Indian/Alaskan Native	291	<1%
Asian	972	2.5%
Native Hawaiian/Other Pacific Islander	34	<1%
Some Other Race	404	1%
Two or More Races	552	1.4%
Hispanic Origin	1,848	4.7%

The minority population is projected to steadily increase over the next four decades. By 2050, the minority population is expected to account for 14.3% of the older adult population. Individuals of Hispanic origin will account for 10.3% of the older adult population, nearly three-quarters of the minority population. One out of ten older adults will most likely identify themselves as Hispanic or Latino. The Hispanic/Latino population ages 60 and older is expected to increase from 1,848 in 2010 (4.7% of the older adult population) to 3,267 in 2020 (5.2% of the older adult population)—nearly a 77% increase in one decade.

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. The 2006-2010 American Community Survey estimates that less than one percent reported speaking only a language other than English at home (See Table 5).

Table 5
Ability to Speak English for the 65+ Population

65 years and over:	24,499	
Speak only English	22,269	90.9%
Speak Spanish:	882	3.6%
Speak English "very well"	425	1.7%
Speak English "well"	145	--
Speak English "not well"	122	--
Speak English "not at all"	190	--
Speak other Indo-European languages:	730	3.0%
Speak English "very well"	582	2.4%
Speak English "well"	132	--
Speak English "not well"	16	--
Speak English "not at all"	0	--
Speak Asian and Pacific Island languages:	461	1.9%
Speak English "very well"	157	--
Speak English "well"	144	--
Speak English "not well"	117	--
Speak English "not at all"	43	--
Speak other languages:	157	--
Speak English "very well"	71	--
Speak English "well"	58	--

Speak English "not well"	28	--
Speak English "not at all"	0	--

Older Adults Living Alone

The number of older adults living alone has increased significantly, a 34% increase from 2000 to 2010 (see Table 6). This represents nearly 35% of the total households in the County with householders 65 years and older. Two out of three older adults living alone are women. 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 6
Older Adults Living Alone
El Dorado County

Year	One-Person 65+ Households	% Increase
2000	4,303	-
2010	5,802	34.8%

Disability/Difficulties

The US Census, 2010 American Community Survey estimates one in three adults 65 years and older in El Dorado County are living with some type of long-lasting condition or disability. 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 17 years old, to 12% of people 18 to 64 years old, and to 49% of those 75 and older. Of older adults that reported some type of disabling condition, 61% indicated that they were living with two or more types of disabilities or difficulties.

The majority of older adults 65 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, six percent, was reported among Latino older adults (see Table 7).

Table 7
65+ Population Living with Disabilities
Comparison by Race

Race and Hispanic Origin	Number with a Disability	Percent with a Disability
Total County	8,691	33%
Race		
White	7,866	91%
Other Race(s)	#	#
Hispanic or Latino	527	6%

= Data not available because the number of sample cases is too small to calculate reliable estimates.

Six percent of older adults are living with the disadvantages associated with a disabling condition as well as a lack of income (see Table 8).

Table 8
65+ Population Living with Disabilities, Comparison by Poverty Status

	Total with a Disability	Income Below Poverty Level		Income At or Above Poverty Level	
65 to 74 years	3,107	170	5.5%	2,937	6.5%
75 Years and over	5,584	362	94.5%	5,222	93.5%

Older adults are often struggling with various conditions that make living in their homes safely and without assistance challenging. Difficulty with living independently was reported as the most common problem experienced by men and women 65 year and over followed by difficulty ambulating. One in five older adults is living with a sensory disability involving sight or hearing. Cognitive difficulties (the ability to learn, remember, or concentrate) affects 9% of older adults, followed by 8% reporting that some condition causes difficulty in managing their self-care needs.

Women were more than twice as likely to have experienced difficulties with independent living as their counterparts. Men are most likely to be living with hearing difficulties. Table 9 lists the specific difficulties experienced by the older adult population.

Table 9
65+ Population Living with Difficulties, Comparison by Gender

Difficulty	Total	Male	Female
With any difficulty	19,318	46.7%	53.3%
With a hearing difficulty	4,184	60.5%	39.5%
With a vision difficulty	1,226	27.8%	72.2%
With a cognitive difficulty	2,384	45.8%	54.2%
With an ambulatory difficulty	4,659	36.5%	63.5%
With a self-care difficulty	2,079	33.6%	66.4%
With an independent living difficulty	4,786	31.6%	68.4%

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

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 nine percent of individuals 65 years of age and over live at or below the federal poverty level, while in El Dorado County, approximately five percent of those in that age group reported incomes that were below the poverty thresholds. Table 10 shows the percentage of those 65 and older who are at or below 100% and 125% poverty levels in the County compared by gender. The US Census, 2008-2010 American Community Survey estimates that as women age, they are more susceptible to living in poverty.

Table 10
65+ Population Living in Poverty, Comparison by Gender

Gender by Age	Income Below Poverty Level		Income At or Above Poverty Level	
Male, 65 to 74 years	137	5.1%	6,964	98.0%
Male, 75 years and over	228	4.8%	4,542	95.2%
Female, 65 to 74 years	384	5.2%	7,002	94.8%
Female, 75 years and over	465	7.6%	5,627	92.4%

The majority of older adults are living with incomes at or above poverty level. However, caution should be used when presuming that the older adult population is economically stable. The 2010 Federal Poverty Guidelines define poverty level for El Dorado County residents as having an annual income equal to or less than \$10,830 for an individual or \$14,570 for a couple. The guidelines are used to determine financial eligibility for certain federally funded programs. The federal poverty line is based on an unrealistically low assessment of what it costs to make ends meet.

Data from the US Census, 2008-2010 American Community Survey 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 (see Table 11).

Table 11
65+ Population At or Below Poverty
Comparison by Race and Hispanic Origin

Race	Income Below Poverty Level	Income At or Above Poverty Level
Total 65+ Population	5.2%	94.8%
Race		
White	4.8%	95.2%
Other Race(s)	#	#
Hispanic Origin	6.9%	93.1%

= Data not available because the number of sample cases is too small to calculate reliable estimates.

Elder Economic Security

Low-income older adults depend upon public programs like Medi-Cal and cash assistance (SSI) to make ends meet. The Federal Poverty Level (FPL) guidelines are often used to determine income eligibility for such federally-funded programs. The guidelines, created nearly 50 years ago, have not been modified to account for the substantial changes in consumer spending patterns and standard of living. Further, the guidelines do not take into account the cost of living. As we live in a high-cost state, this is a significant disadvantage.

Consequently, thousands of older adults are struggling with severe economic insecurity, unable to qualify for public assistance as their incomes are too high according to the FPL guidelines, but not nearly enough to realistically make ends meet on their own. In response, a more accurate measure of poverty, The Elder Economic Security Standard™ Index or "Elder Index," was developed, which is an estimation tool based on the actual cost in each county of the basic expenses (housing, food, health care, transportation, and other costs) needed by older adults to age independently with dignity in their own homes. The UCLA Center for Health Policy Research and the [Insight Center for Community Economic Development](#) have partnered to disseminate this new tool in California.

The Elder Index has been used to produce ground-breaking analysis of the economic challenges facing older adults living in California demonstrating that the FPL guidelines underestimate costs of living for older adults, as they realistically need twice the FPL to make ends meet. This measure characterizes the population with incomes below the index who are economically insecure by race/ethnicity, age, and gender in each county in California. In El Dorado County, 41.8% of older adults living alone could not make ends meet as they lack sufficient income to pay for a minimum level of housing, food, out-of-pocket medical expenses, and other necessary spending. Table 12 specifies the characteristics of adults age 65 and over with incomes



below the Elder Index.

Table 12
Elder Economic Security Index
El Dorado County 2010

El Dorado County, CA 2010
Elder Economic Security Standard™ Index
 Elder Index Per Year, Annual Comparisons, and Basic Monthly Expenses for Selected Household Types

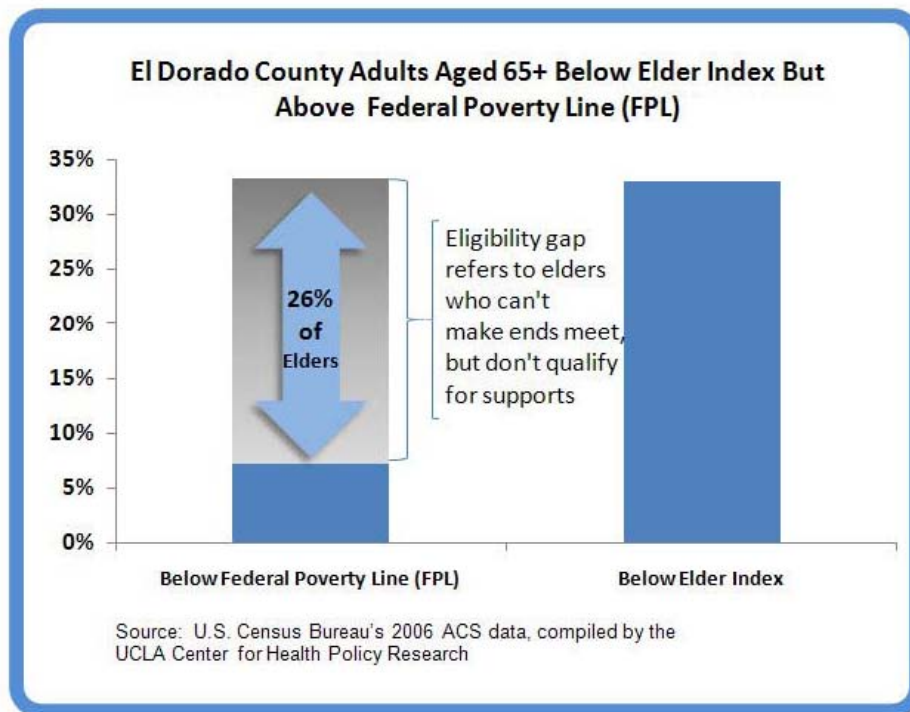
	Elder Index Per Year					
	Elder Person			Elder Couple		
	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom
Income Needed to Meet Basic Needs <small>(based on monthly expenses shown below*)</small>	\$17,819	\$34,677	\$21,587	\$25,982	\$42,839	\$29,749
Annual Comparison Amounts						
Federal Poverty Guideline (2010 DHHS)	\$10,830	\$10,830	\$10,830	\$14,570	\$14,570	\$14,570
% of Federal Poverty <small>[Elder Index divided by (/) Federal Poverty Guideline]</small>	165%	320%	199%	178%	294%	204%
SSI Payment Maximum, California 2010	\$10,140	\$10,140	\$10,140	\$16,886	\$16,886	\$16,886
SSI Income Gap <small>[SSI Payment Maximum minus (-) Elder Index]</small>	-\$7,679	-\$24,537	-\$11,447	-\$9,095	-\$25,952	-\$12,863
Median Social Security Payment 2009	\$12,000	\$12,000	\$12,000	\$21,358	\$21,358	\$21,358
Soc Sec Income Gap <small>[Average Social Security Payment minus (-) Elder Index]</small>	-\$5,819	-\$22,677	-\$9,587	-\$4,624	-\$21,481	-\$8,391

***Basic Monthly Expenses Used to Calculate Elder Index**

	Elder Person			Elder Couple		
	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom
Monthly Expenses						
Housing	\$510	\$1,915	\$824	\$510	\$1,915	\$824
Food	242	242	242	452	452	452
Transportation	214	214	214	299	299	299
Health Care (Good Health)	272	272	272	543	12,054	543
Miscellaneous @ 20%	247	247	247	361	361	361
Elder Index Per Month	\$1,485	\$2,890	\$1,799	\$2,165	\$3,570	\$2,479

As Figure 4 illustrates, “poor” older adults are not the only ones who are struggling in our community. Although only 5% of adults age 65 and older were below the federal poverty level and considered poor, 33% of adults age 65 and older did not have enough incomes to meet their most basic needs as measured by the Elder Index. But a large number of other older adults fall into the “eligibility gap,” with incomes above the FPL but below the Elder Index. These older adults do not have enough money to cover their most basic needs, but have too much to qualify for many public programs. 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.

Figure 4
65+ Population Falling in Eligibility Gap
El Dorado County



The 2009 California Health Interview Survey reported on food security, or the ability to afford enough food. In El Dorado County, 89.3% of older adults age 60 and above are food secure and 10.7% of older adults are not able to afford enough food. This represents an increase in food insecurity over the previous six years.

Boomers

The “baby boom” propelled the largest percentage increases of any age group in the 1990-2000 decade (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 peak of the baby boom—those born in the mid-1950s—will reach their sixtieth birthday after 2012.

California is the top ranked state in the nation by boomer population size. In 2010, boomers age 46 to 64 residing in El Dorado County totaled an estimated 57,599 and comprised 32% of the total County population. The sex ratio for boomers was 97.8. This means that there were approximately 98 male boomers for 100 female boomers. 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.

The actual numbers of caregivers in the County is unknown, primarily due to the fact that most caregivers do not identify themselves as such. In El Dorado County there were 2,253 grandparents who lived with their grandchildren under the age of 18, which is an 89% increase over the last decade. The US Census, 2008-2010 American Community Survey estimates that more than half of the grandparents have primary responsibility for their grandchildren residing in their households, and nearly 46% of those households do not have a parent present. Seven percent of the grandparents are living with incomes below poverty level.

DESCRIPTION OF THE AREA AGENCY ON AGING

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 Health and Human Services Agency. On 11/1/11 the Board of Supervisors approved the creation of an integrated Health and Human Services Agency by combining the Health and Human Services Departments. Anticipated outcomes of the integration of the two departments include a unified leadership structure that maximizes opportunity for program synergy; improved service delivery to consumers through enhanced communication and coordination of staff; more coordinated allocation of realignment funding sources; and consolidated/coordinated contracts with shared vendors. The Health and Human Services Agency has two Departments and four Divisions: Health Services Department includes the Mental Health Division and Public Health Division and Department of Human Services includes the Community Services Division and Social Services Division. 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.

There are seven County-operated Senior Nutrition Services 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.

ASSETS

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 Human Services with Health Services into a unified agency 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, Employment Services, Public Guardian, Mental Health Services, and Public Health Services. The overall effect of this integration has been a more efficient and effective planning and delivery of a continuum of aging 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.

Identification, Prioritization, and Resolution of Community Needs. The AAA has developed a progressive four-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 2016-2020 contracting cycle. 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*.

CHALLENGES

Staffing levels are tied to budget constraints and the Community Services Division staff are 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 United States. Inadequate Federal and State 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, adequate service delivery will be challenged.

ARRA Funding. The Community Services Block Grant (CSBG) American Recovery and Reinvestment Act (ARRA) Funds were utilized to continue enhanced care coordination and monitoring through the Information & Assistance Program (I&A) and to support Senior Nutrition Services in two communities. CSBG ARRA funds were utilized from 10/1/09 through 9/30/10 to continue and expand the I&A Program to address filling the gap resulting from the elimination of Linkages services and to assist seniors, disabled and low-income individuals by evaluating their unique needs, helping them make informed decisions about appropriate community support, and providing linkage to specific programs and services. More than 1,400 individuals were assisted. After ARRA funding, I&A staff was reduced to 1.4 FTE (full-time equivalent). In 2012, the Family Caregiver Support Program Coordinator assumed supervision of I&A activities.

ARRA funds were used to offset salaries and facility lease costs for two congregate meal sites at risk of being closed 7/1/10 due to loss of local overmatch funding. The two Senior Nutrition Services meal sites in Diamond Springs and Pollock Pines, two communities with relatively large senior populations, many of whom are living on limited incomes, were maintained with ARRA funds through 9/30/10. Five thousand, six hundred and fifty hot, nutritious meals were provided to 244 seniors at the Diamond Springs congregate meal site and to homebound seniors in that community. Two thousand, five hundred twenty-seven hot, nutritious meals were provided to 87 seniors at the local Pollock Pines congregate meal site and to homebound seniors in that community.

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 problematic. 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, of which there are many.

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.

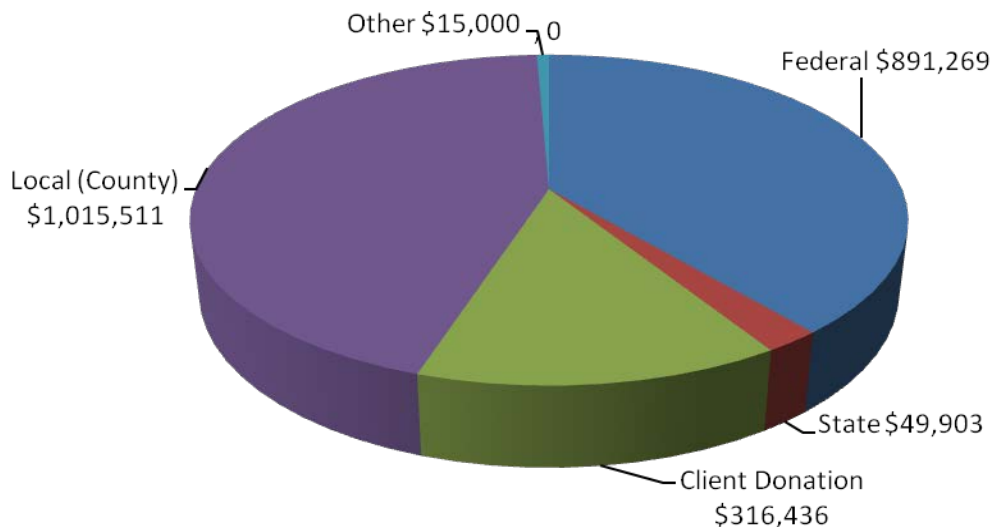
There is an increasing need for services, but Federal and State funding levels are decreasing. All efforts are being made to keep the core functions of each program intact and operating.

The Board of Supervisors allocates 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. Table 13 and Figure 5 detail the AAA's sources and uses of funds for FY 2011-2012.

Table 13
AAA's Funding Sources
Sources and Uses of Funds for Fiscal Year 2011-2012

Source of Funds		
Federal	\$891,269	39.0%
State	\$49,903	2.2%
Client Donation	\$316,436	13.8%
Local (County)	\$1,015,511	44.4%
Other	15,000	.7%
Total Revenue	\$2,288,119	100.0%

Figure 5
AAA's Funding Sources for Fiscal Year 2011-2012



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 particularly 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:

- An 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.

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. Led 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 outstanding park and recreation services provided by the City of South Lake Tahoe and the El Dorado Hills Community Services District.

The Health Services Department, 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."

Senior Nutrition Provision through Alternative Means. In 2010, the El Dorado County Board of Supervisors considered cuts to Senior Nutrition Services. In response, the County issued a Request for Information on 6/27/11 for the purpose of identifying qualified individuals or firms with interest in providing senior nutrition services within the County equivalent to the current program service level provided by the Health and Human Services Agency. Two national for-profit companies responded, neither demonstrating the capacity to duplicate

the county's efforts. The Board of supervisors voted unanimously on 11/8/11 not to move forward to a Request for Proposal and that the County continue as the lead agency in feeding over 2,000 senior residents of the Western Slope and South Lake Tahoe.

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:

- Elder Protection Unit (EPU)
- Health Insurance Counseling and Advocacy Program (HICAP)*
- Information and Assistance (I&A)
- Long-Term Care Ombudsman Program (LTCO)
- Multipurpose Senior Services Program (MSSP)
- National Family Caregiver Support Program (FCSP)
- Respite Care
- Senior Activities
- Senior Day Care Services
- Senior Health Education Program (SHEP)
- Senior Farmers' Market Nutrition Program (SFMNP)
- Senior Legal Services
- Senior Nutrition Services, congregate & home-delivered meals
- Senior Peer Counseling
- Senior Shuttle
- Volunteer Services
- You Are Not Alone (YANA) Daily Telephone Reassurance Program
- YANA II

** 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 Health and Human Services Agency provides the following services to residents of El Dorado County which older adults and disabled adults access:

- Adult Protective Services (APS)
- Alcohol and Drug Programs: Life Skills Training and Prevention
- Ambulance First Responders
- Animal Services
- Child Protective Services (CPS)
- El Dorado County Housing Authority, including Housing Choice Voucher Program, CDBG Rehabilitation Loan Programs, and First Time Home Buyers Assistance

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

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). 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.

COA works closely with the AAA to provide input relative to development of policy and funding recommendations to the Board on behalf of the County's growing older adult population. The first COA annual report was published and presented to the Board on 3/6/12 detailing the Commission's achievements, advocacy efforts, reports, and trainings. COA submitted a letter of support to the Board on 1/23/12 on behalf of the El Dorado Department of Transportation proposal regarding a reduction in the Traffic Impact Mitigation fees for age restricted single and multi-family housing of 35 units or more which would reduce the cost of building new senior housing in the county.

COA participated in the needs assessment process of Senior Day Care Services to determine community need for adult day care and location preferences. COA members were instrumental in survey tool development, distribution, and on-line accessibility. Two COA members provide instruction in the Computer Center in an effort to bring technology and opportunities of interest to the boomers. I&A, in collaboration with COA and other community partners offered a four class series, "Boomer ED 101—Retirement," in September 2010 designed to assist boomers

with understanding aging issues and the long-term care system. Videotaped sessions were accessible via the local public service cable station. An average of 20 individuals participated in the weekly classes.

COA developed marketing materials including a logo, letterhead, and the development of a new website, www.2nd50yrs.org, that offers information and resources on community services and programs for older adults and links to the AAA's website. The website was made possible through the efforts of several commissioners and volunteers. The new website receives approximately 125 visits monthly.

Elder Protection Unit (EPU). The AAA participated in establishing the Elder Protection Unit, a multidisciplinary team combating fraud and abuse of older adults in the county. COA made the issue of elder abuse a priority several years ago. The Commission hosted two well-attended elder abuse seminars, and then a local judge convened a task force which has grown over the years into the EPU.

The EPU currently meets once a month in formal session. Participants include a member of the Board of Supervisors and representatives from the District Attorney's office, Sheriff, Adult Protective Services, Public Guardian, County Counsel, Senior Legal Services, Long-Term Care Ombudsman, Mental Health, Family Caregiver Support, and others. Together they craft policy to reduce and prevent the incidence of financial, emotional, and physical abuse against older adults in the county.

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 & Humans Services Agency, Code Enforcement, Animal Control, Marshall Hospital, Public Guardian, the District Attorney's office, and Senior Day Care Services 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 the Health and Human Services Agency 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 participates 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, Department of Human Services (DHS), 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 Health and Human Services Agency and the AAA conduct outreach, assist with locating vulnerable older and disabled adults, and volunteer time to work in cooling/warming centers.

The Health and Human Services Agency, DHS has a Continuity Plan for Emergencies/Disasters that identifies functions normally performed by DHS staff that are considered essential and which should be continued during an emergency/disaster or that could require action to cease operation at the onset of such an emergency/disaster (for example, Senior Day Care Services, Senior Nutrition, Long-Term Care Ombudsman, APS). The Plan also identifies the level of staff required to perform each essential function, positions or organizations that may be able to serve as backup for performing the function if staff that normally performs the functions are unavailable, and regulatory agencies and critical partners that will require notification.

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 bimonthly 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.

Social Services Transportation Advisory Council (SSTAC). 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 Citizen Participation Process for Public Transit or Unmet Transit Needs process, as applicable. As the recommending body to the Commission, the primary responsibility of the SSTAC is to review potential unmet transit needs in the County. The SSTAC's secondary responsibilities may include advising the EDCTC on any major transit issues, including the coordination and

consolidation of specialized transportation services, and advocating for transportation alternatives for those in a specific region and/or segment of the population. AAA staff attend these meetings to advocate for transportation alternatives for at-risk populations. A COA member also participates on the Council to advocate for older adults.

AARP Tax-Aide Program. To meet the need for assistance with tax preparation, referrals and appointments are 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. Held at various locations throughout the county, the AAA provides the meeting space and outreach for this valuable assistance at the Placerville and South Lake Tahoe Senior Centers.

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 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 Services. 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 Senior Nutrition Services. 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. 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.

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 owns the 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.

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 1,400 and 400 viewed online annually. 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. 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. Senior Day Care Services 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 Senior Day Care Services, the "*Alzheimer's...Navigating the Journey*" conference was held at the Green Valley Community Church on 5/14/10. The AAA, along with other community partners, presented this conference for family and professionals caring for individuals affected by Alzheimer's disease or other related dementia. Dr. Ladson Hinton from the UC Davis Alzheimer's Disease Research Center was the keynote speaker. Over 250 family members, caregivers, and health care professionals and 40 vendors attended this well-received conference.

Memory Screening Day. Under the leadership of Senior Day Care Services, El Dorado County participated in the Memory Screening Day on 11/15/11 held at the El Dorado Hills Senior Center. 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. Senior Day Care Services trained qualified community professionals to administer a mental status examination used to screen for cognitive impairment. More than 45 participants were screened at the event. A medical social worker from the UC Davis Alzheimer's Disease Research Center and a geriatric psychiatrist specializing in dementia care from Mercy Hospital were available for private consultations. Senior Day Care Services plans to participate annually in this event.

Senior Day Care Services Dementia Series. Senior Day Care Services presented a Dementia 101 Series of three classes designed to provide instruction and support for family caregivers in January 2011. An average of 43 individuals participated in the series of classes providing comprehensive information on the causes, symptoms, and diagnosis of dementia, coping behaviors, and caregiver empowerment.

Seniors and Adults with Disabilities Health Fair. On 5/24/11, the Seniors and Adults with Disabilities Health Fair was held at the El Dorado Fairgrounds attracted over 100 attendees and 20 governmental and non-profit organizations. This event provided an opportunity for local community resource information dissemination and free healthcare screenings and was co-sponsored by IHSS Public Authority Advisory Committee, Senior Health Education Program, and Family Caregiver Support Program. Those attending had the opportunity 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, and cholesterol.

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 18 to 21 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 California and Northern Nevada, the IHSS/Public Authority to provide trainings for their caregivers, and the Kinship Support Services Program (KSSP) offered by Lilliput Children's Services designed to help support grandparent/kinship caregivers. The Gold Country Chapter of the American Sewing Guild provide numerous specific items requested by caregivers to enhance their caregiving ability.

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. Senior Nutrition Services 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, MSSP, family members, neighbors, and older adults themselves.

AARP Foundation Senior Community Service Employment Program (SCSEP). A contractual agreement was entered into with AARP during FY 10-11 to participate as a Host Agency in the SCSEP to allow for the provision of comprehensive training, skill building, and support to enhance marketability in a competitive job market. Four older adults have received employment assistance and have been placed within the Department of Human Services. Senior Nutrition Services, FCSP, Long-Term Care Ombudsman Program, Child Protective Services, and Public Guardian Office have benefited from services rendered by individuals supported by this program.

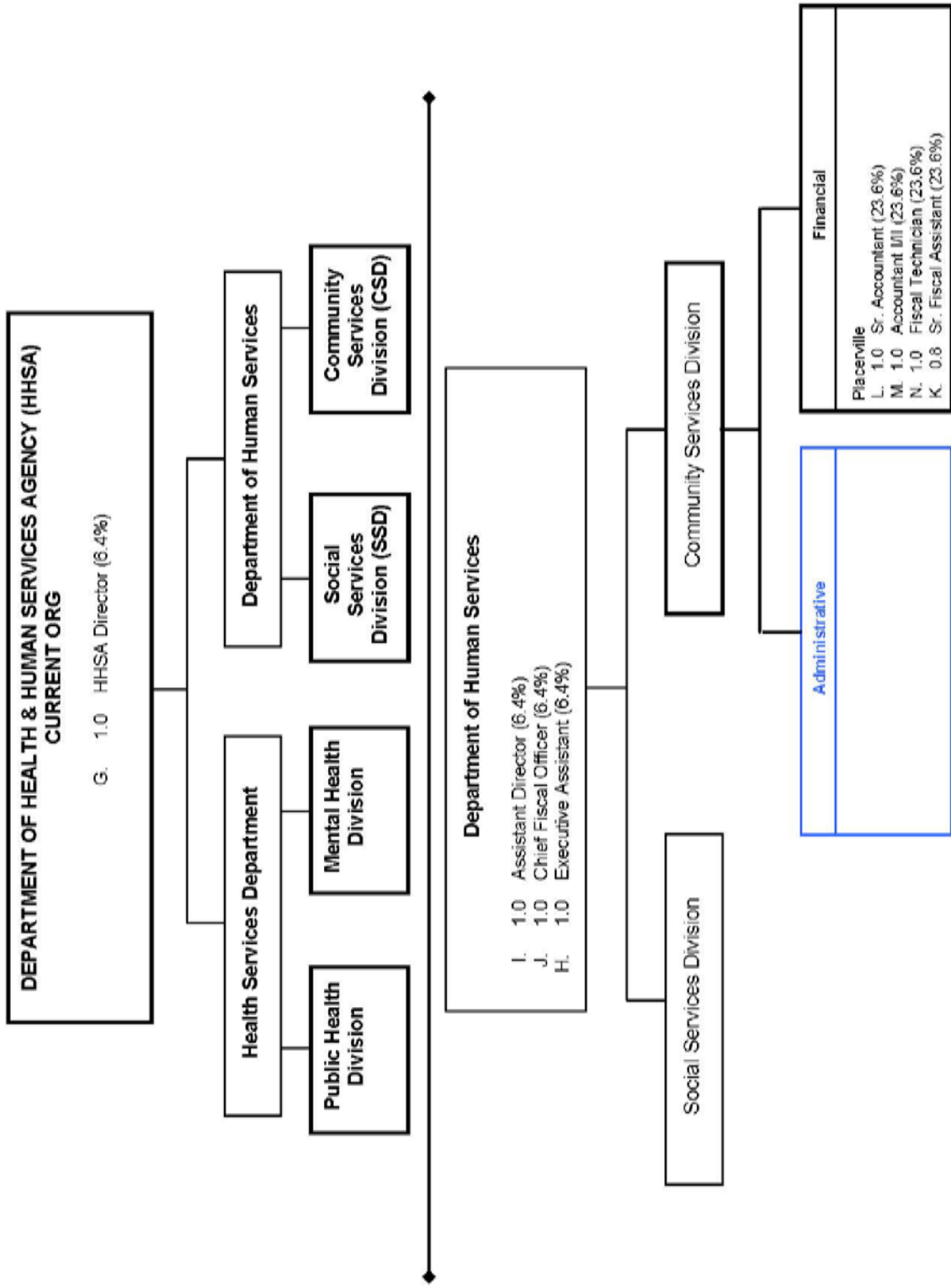
Senior Activities. The AAA is committed to providing leisure and socialization opportunities where active lifestyles are promoted and levels of engagement are increased. The Senior Activities Program offers a wide array of special events which include travel excursions, day trips, extended tours, and more. Regularly scheduled activity classes designed to keep the mind and body active are held at local senior centers and the seven congregate meal sites throughout the Western Slope and in South Lake Tahoe. Activities range from fitness classes, card and board games, dance classes, ceramics, pottery, hiking, and more.

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

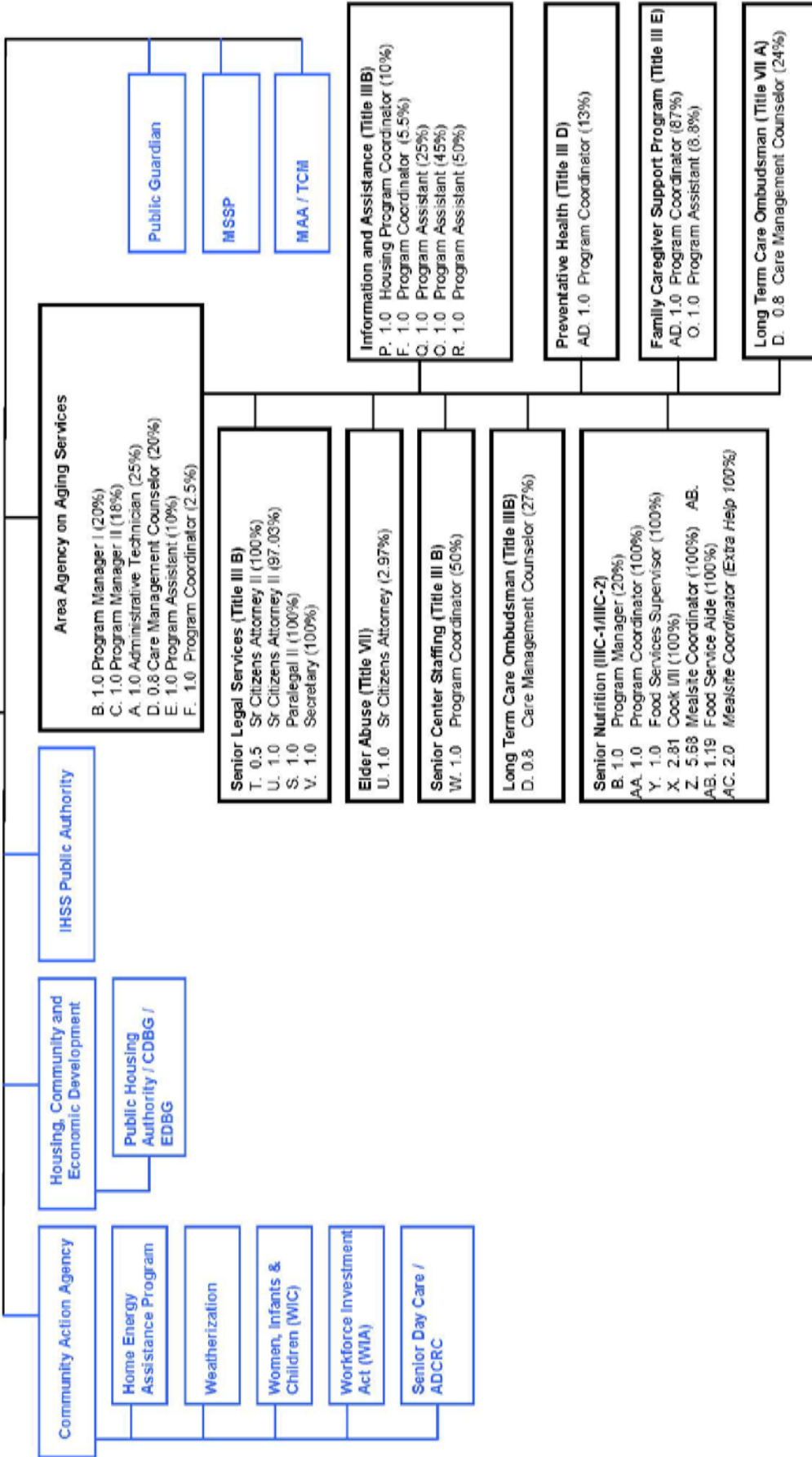
To provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments;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





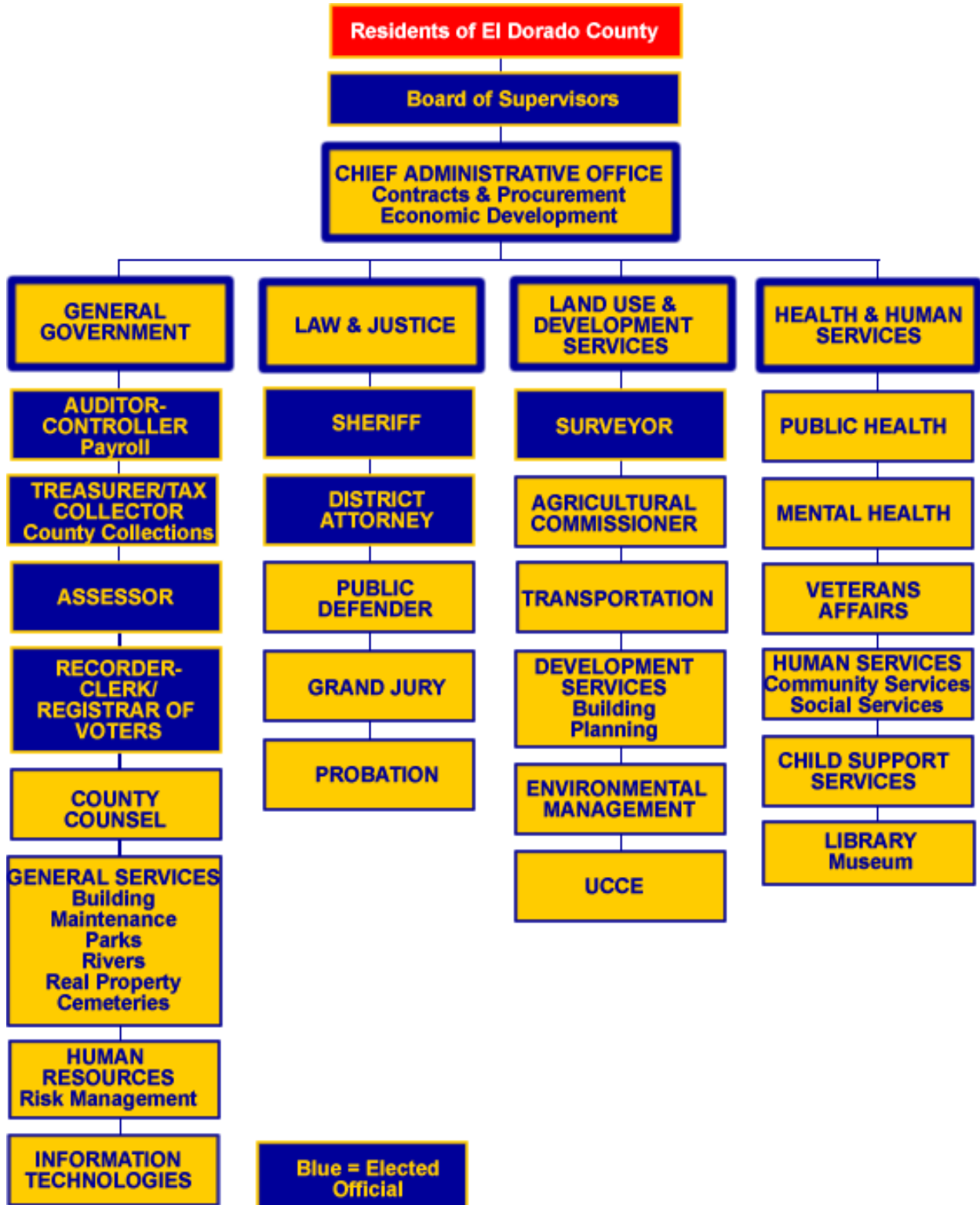
Health and Human Services - Department of Human Services – Community Services Division – CDA - Proposed 2012/13 Org Chart
 Health and Human Services Agency is comprised of the Departments of Health and Human Services.
 Human Services is comprised of the Community Services Division and Social Services Division.

Community Services Division



Health and Human Services - Department of Human Services - Community Services Division - CDA - Proposed 2012/13 Org Chart
 Health and Human Services Agency is comprised of the Departments of Health and Human Services.
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EL DORADO COUNTY ORGANIZATION CHART



Establishing Priorities

THE PLANNING PROCESS

COMMUNITY INVOLVEMENT

The AAA's relationship with county government and its working relationship in the community provide the opportunity for the broadest possible input from the entire planning and service area (PSA). The numerous local community groups and interagency committees 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.

COA has representation from five Supervisorial districts, one Board of Supervisors member at large, two city appointments (Placerville and South Lake Tahoe), and six Commission-appointed community representatives. COA members may adopt specific issues of concern and advocate for the needs of older adults within their communities. Updates of activities are provided at the monthly Commission 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.

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 2012-2016 Area Plan, using the information from the needs assessment to identify the priorities for this planning period. The committee consisted of two COA members, AAA Program Manager, Health and Human Services Agency Program Analyst, Long-Term Care Ombudsman Program Coordinator, and Information and Assistance program assistant. Other aging programs, such as Senior Legal Services, Senior Nutrition Services, FCSP, Senior Activities, Long-Term Care Ombudsman Program, and Senior Day Care 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 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

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. 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 four 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, as well as protect the human and civil rights of the vulnerable residents living in long-term care facilities.

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 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.

Commission on Aging had a particularly important role to play in the needs assessment process. The responsibilities included development of the older adult survey, distribution of surveys, interpretation of survey results, prioritization of issues of concern, and development of the resultant goals and objectives for the agency.

STUDY OBJECTIVES

The 2010-2012 community needs assessment was guided by the primary goal of projecting 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 focus group 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.

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 2010

The 2010 decennial census data provides an extensive dataset of population and housing information that allows for comprehensive demographic analysis.

American Community Survey 2010

American Community Survey (ACS) 2010 one-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 2009

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 Health and Human Services Agency 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 the majority of consumers in the Department's 4th Dimension Database.

El Dorado County AAA *Second 50 Years in El Dorado County Needs Assessment*

The AAA, in collaboration with COA, conducted an older adult needs assessment to identify challenges facing older adults in El Dorado County and those providing care for them and to guide the planning process for aging services.

- Survey of Older Adults in El Dorado County: A mail survey was distributed to 4,000 older adults and also available online for completion. 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. Seven hundred and ninety-six older adults participated in the assessment.

- **Survey of Key Informants:** A mail survey was distributed to 50 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 29 respondents provided insight for an overall response rate of 58%.

Survey of Institutionalized Long-Term Care Consumers 2011

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

Family Caregiver Support Program Recipient Survey FY 2010-2011

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. Ninety-one 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.

Senior Legal Services Recipient Survey 2011

The Senior Legal Services Recipient Survey was designed to obtain feedback from those who have utilized Senior Legal Services about the quality of assistance provided by the legal staff in assisting in legal requests. Fifteen consumers of legal services provided information regarding their legal needs, their experience accessing help, and suggestions for service improvements.

AAA Information and Assistance Reporting Data

Data from FY 2010-2011 were analyzed to determine frequency of requests for assistance and referral for community resources and ranking of need categories.

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.

QUALITATIVE ANALYSIS

The qualitative research was informed by the data analysis and the literature review. Qualitative techniques enabled us to better understand how



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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.

Focus Groups and Interviews with Underserved Populations

Staff conducted interviews with a community-based organization serving vision-impaired individuals 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 visual impairments.

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 four 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.

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

HEALTH AND HUMAN SERVICES AGENCY 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 Health and Human Services Agency is the largest provider of older adult services in the County. The following reported program numbers are representative of assistance provided during fiscal year 2010-2011.

Family Caregiver Support Services: Services include information to caregivers about available services and assistance in gaining access to them; 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.

- 124 outreach contacts and 96 information and assistance contacts monthly; 96 attendees in support groups or trainings monthly; 141 hours of respite provided monthly; 189 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.

- 1,074 assistance phone contacts and intakes monthly.

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

- 9 complaint cases monthly; 52 information and consultations to individuals and service providers monthly regarding resident issues; 57 resident/long-term care facility visits (non-complaint related).

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 53 older adults and disabled persons served monthly; 88 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.

- 3,000 hours of health education and exercise opportunities annually.

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

- 190 unduplicated clients served monthly; 260 attorney hours of legal service monthly; 339 cases closed monthly.

Senior Nutrition Services: 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; 1,553 unduplicated participants annually.
- Home-Delivered Meals: 385 people served daily; 605 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.

- 40 clients served monthly.

SURVEY OF OLDER ADULTS IN EL DORADO COUNTY

The AAA conducted an older adult needs assessment 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. The data was analyzed and evaluated for the assets and the needs represented by the older adult population in El Dorado County.

The Older Adult Survey. The mail survey of older adults consisted of 37 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, housing and transportation, elder abuse and legal issues, caregiving, and finances. The instrument can be found in Attachment 1: Older Adult Survey of Needs. Several press releases were provided to local media sources to encourage older adults to participate in the planning process by requesting and completing a survey. 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.

The survey-based assessment process began with a survey-construction document, which served as a blueprint that determined the survey's content and structure. The document served to specify and organize the content to be covered in the assessment. While writing the survey questions, consultation with COA was significant to ensure the items were clear, focused on the particular aging issues chosen for analysis, and well-written.



The random sample of names and addresses was obtained from the Health and Human Services Agency consumer database. Hard copy and online versions of the survey were developed. The survey cover letter mailed to each respondent included a web address for the online survey if the respondent preferred that method (the online survey was also advertised in public service announcements about the needs assessment). A

total of 2,000 surveys were distributed in the community: 1,000 surveys were included in the Senior Times Newsletter mailing and 1,000 were mailed to a random sample of consumers from the Agency's database. The online survey was identical to the hard copy and created utilizing the internet-based subscription surveying product, Survey Monkey. Survey Monkey included the ability to monitor and analyze results. The final report was then downloaded into a spreadsheet for further analysis.

Approximately six weeks was allocated for data collection (mail survey distribution and return, and online completion). Completed mail surveys were received and answers entered into a spreadsheet that was merged with the downloaded online responses. The data was extracted from information from the tabulation of 796 completed surveys out of the nearly four thousand surveys distributed throughout the county and an online-accessible survey.

Demographics and Other Characteristics

- Seventy-one percent of respondents were female.
- More respondents were white, non-Hispanic origin (95%) and in the 70-79 age range. The largest minority population that participated in the study was Hispanic/Latino (2%). The primary language spoken at home was English (99%).
- Respondents primarily resided in the Placerville region, followed by the South Lake Tahoe basin, and the Cameron Park/Shingle Springs/Rescue regions. The average length of time residing in the county was 23 years.
- Forty-six percent were married or partnered and 30% were widowed.
- Forty-nine percent were veterans or spouses of a veteran.
- Four out of five respondents had obtained some college education.
- One out of five was employed or seeking employment. The majority was retired (78%).
- Thirty-six percent of respondents reported to have a single monthly income of at least \$1,135 or more and 45% reported to have a combined monthly income as a couple of at least \$1,533 or more.

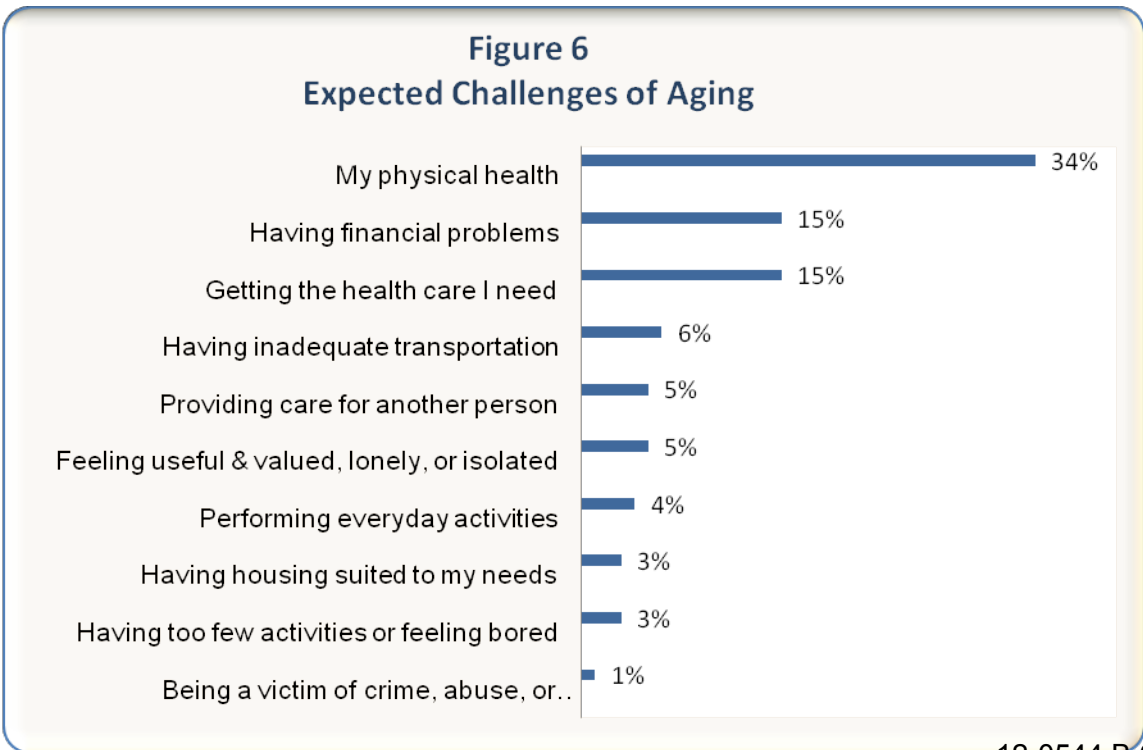
Social Indicators

Most older adults want to remain in their communities as long as possible. The AAA prioritizes enabling older adults to remain in their own homes with high quality of life for as long as possible through its provision of home and

community-based services. Studies have demonstrated that overall health can be influenced by multiple factors, including a person's psychological, behavioral, and social well-being.

- In general, the majority rated their overall quality of life as good or better (89%). More than 23% reported to have an excellent quality of life. Less than 3% evaluated their general well-being as poor.
- Overall, results indicated that older adults were satisfied with their level of contact with family, friends, and neighbors. Only 7% indicated that their level of socialization was unsatisfactory.
- The most cited social activities that respondents indicated that they would like to participate in were physical exercise, entertainment, and recreation.
- When asked to think about their expectations of aging, respondents indicated that the following would be most challenging for them: physical health, having visual or auditory impairments, and getting the health care they need.
- When asked to indicate which two challenges will affect them the most, respondents reported that health (58%) and financial issues (15%) were the most disconcerting matters (see Figure 6). More specifically, living with visual/auditory problems; obtaining the health care they need (affordable medications); and mental health issues (feeling useful and valued and feeling lonely, sad, or isolated were most distressing).

My most pressing concern is having adequate money for retirement and health care expenses.
 --Survey participant



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The availability of economic resources may be paramount in the retirement transition, but there are other critical factors to be considered in the decision to stop working. Possible influences on the retirement transition may be poor health, wanting to do other things, not liking their work, wanting to spend more time with family, and involuntary job loss.

- Thirty-seven percent expected to retire completely and not work for pay at all at some time in their sixties (65 and 62 years of age respectively were most frequently cited). Fifteen percent indicated that expectations for retirement were unknown or that they had no expectations of leaving the workforce.

Health and Wellness

Access to quality affordable health care is critical to the well-being of older adults. According to the California Health Interview Survey, older adults residing in rural areas have more health risks and higher rates of some health conditions. Rural areas present unique challenges such as rugged terrain, vast geography, and dispersed population. These obstacles can make it difficult for older adults to obtain preventative medicine and health care services. Facilitating active aging and aging in place should be priorities for our community.

- Eighty-two percent described their health as good or better. Less than 3% considered themselves to be in poor health.
- Ninety percent indicated that their health insurance coverage was at least adequate or better. Less than 3% indicated that they had no health insurance coverage and 71% did not have long-term care insurance. The majority of respondents reported that they were not in need of assistance in choosing health care (91%).
- When asked to indicate the level of difficulty they had with various activities of daily living, most indicated that they had no difficulty with managing tasks. Of those who did indicate at least some level of difficulty in completing personal care tasks, most reported difficulty with walking, bathing, and maintaining balance. Of those who indicated some level of difficulty in handling routine needs, the most frequently cited tasks were household chores and shopping.

Caregiving

While older adults are often thought of as individuals needing care, they are often the ones providing care to a spouse or elderly parent, either by choice or necessity. Informal caregivers who provide unpaid care are the backbone of the long-term care system.

- Nearly 80% were not providing care to family or friends on a regular basis. Of those identified as caregivers, more were caring for their spouse or a parent.
- Four out of five caregivers indicated that they did not need assistance in their caregiving responsibilities. Of those who did specify a need, more indicated that assistance with support and financial services would ease the burden.

Transportation

Transportation is an essential component of the community infrastructure, particularly in a rural county, that helps older adults gain access to needed goods and long-term services, as well as community and social activities that support their daily activities and quality of life.

- The majority of respondents used their own vehicle for transportation (87%). Less than 3% reported to access public transportation. More than half indicated that public transportation is not accessible where they currently live.

Housing

Affordable, adequate, and accessible housing facilitates aging in place. Assessing possible housing options for oneself or an aging parent, relative, or friend, is a daunting task, particularly given the shortage of affordable housing in our community.

- Survey responses reflected an older adult population that largely resided in a house (68%). Nearly half (49%) resided with their spouse or significant other; 46% were residing alone.
- After paying for housing, the majority (83%) usually had enough money to pay for their other expenses. For those who indicated that housing expenses impaired their ability to pay for other expenses, dental care, eye glasses, and gasoline expenses were the most difficult to manage.

Unfortunately, the Medicare program does not cover routine dental care, hearing aids, or eyeglasses. Further, higher gasoline prices affect the cost of food and services that impacts older adults, particularly those who live on fixed incomes.

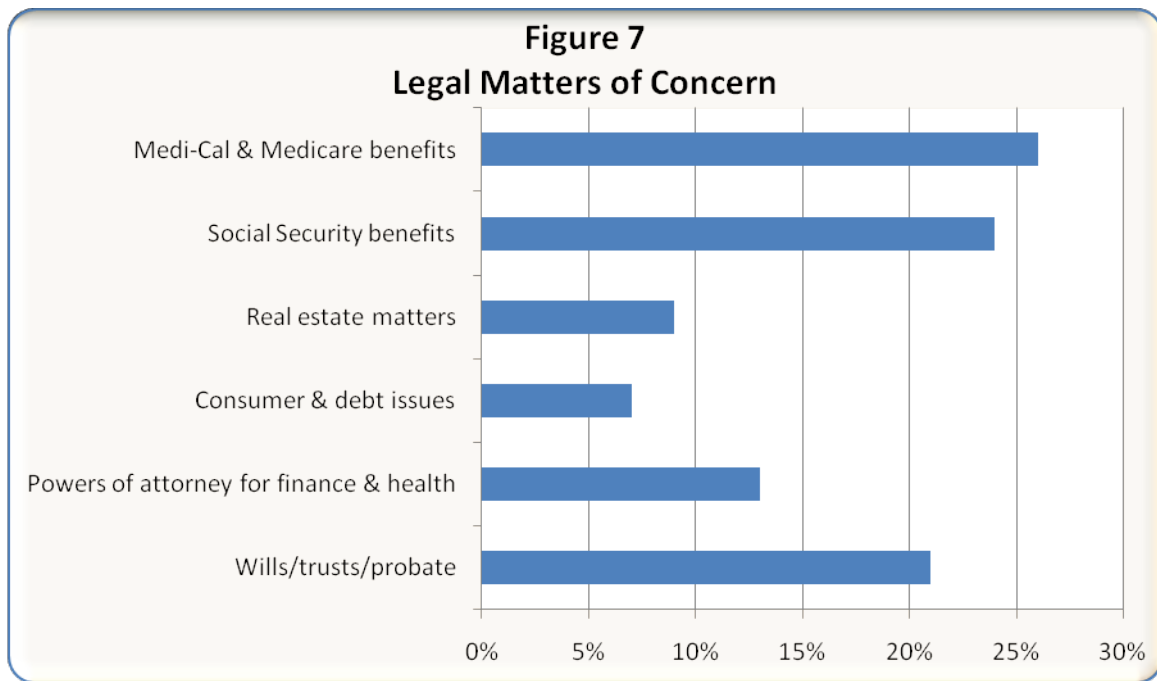
- Ninety-five percent thought there should be more affordable senior rental apartments available in the county.

- Sixty percent indicated that it was unlikely that they or a friend would move into some type of senior housing in the next 3-5 years. But if they did choose to move, they would find owning a small home or a rental apartment to be the most attractive types of senior housing.

Prevention/Legal Issues

Older adults and their families are sometimes unprepared for the difficult decisions that must be made later in life. Legal planning and advice helps older adults prepare for their future and protect their legal rights. Protection against mistreatment requires adequate community resources to prevent, detect, intervene, treat, and, when appropriate, prosecute elder abuse.

- 3 out of 4 respondents know whom to contact if they suspect that someone is suffering from abuse, exploitation, or neglect.
- The most cited legal matters for which respondents had concern were Medi-Cal/Medicare benefits, Social Security benefits, and wills/trusts/probate (see Figure 7).



- Respondents reported to use the following three sources most frequently to learn about available services and activities in the community: newspapers/ magazines (71%), word of mouth (62%), and television (49%).

- Seventy-two percent indicated they would like information about safety education and prevention (fall prevention, home safety, disaster preparedness, crime prevention) more than information on health promotion and disease prevention activities (nutrition counseling, medication management) or elder abuse prevention and intervention.

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 29 completed surveys out of the 50 distributed surveys throughout the county for a 58% 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:

- From their perspective, 96% of aging network advocates surveyed believed older adult services in our county are effectively responding to the needs of older adults at the present time.
- Respondents were asked to rank older adult issues in order of importance. The following summarized the rankings:
 1. Health and wellness
 2. Housing
 3. Social interaction, transportation, elder abuse, and caregiving
- Most (75%) thought that there were critical unmet needs for older adults in our county and reported that they were housing and transportation.
- Ninety-two percent indicated that there were barriers that prevent older adults from receiving the services they need in our county. Specifically, they reported that transportation (40%) and the perception of older adults being self-reliant and reluctant to admit a need for assistance and accept the help necessary (16%) were the most significant obstacles to receiving necessary services and supports.

- Most (96%) did not think that duplications of services exist. However, 70% indicated that there were specific gaps in the system that result in needed services not being delivered.
- When asked for means by which to increase and improve community collaboration to provide more support for our county's older adults, nearly 25% of respondents described an aging services delivery system in which there were more opportunities for strategic planning—a collaborative consortium of private and public service providers to enhance communication and community response. Another way to improve collaboration was to enhance outreach to older adults to promote available services (23%).
- Eighty-eight percent indicated that there were segments of the older adult population at risk. More respondents (38%) indicated that those living with a medical condition that threatens their ability to live independently in the community are at risk, particularly those living with a mental health illness or dementia. Another at-risk segment was those who are isolated (21%) and have limited access to needed services and opportunities for socialization.

Seniors who are unwilling or unable to receive information on available resources, especially if they are currently having all their needs met. Seniors who are doing fine but not being proactive about their future are at risk for crisis when their circumstances change.

--Key informant

SURVEY OF INSTITUTIONALIZED LONG-TERM CARE CONSUMERS

The Long-Term Care Ombudsman program staff arranged for individual interviews with residents of five residential care facilities and three skilled nursing facilities. The interviews were conducted in the facilities. The Long-Term Care Resident Survey consisted of 13 questions. The instrument can be found in Attachment 3. Twenty-four 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, types of social interactions, and resident advocacy services. Thirteen of the 24 respondents resided in skilled nursing facilities with 68 or more beds and the other 11 residents were living in assisted living facilities with 6 or more beds.



Transition to Higher Level of Care. Sixty-five percent of residents indicated that the primary cause for the move into an institutionalized setting was illness and the subsequent 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. More frequently, relatives were responsible for

making the decision for placement to a higher level of care.

Long-Term Care Service Utilization Prior To Move. Although half of the participants were aware of long-term services in the community, only 21% had utilized such services prior to the move from an independent living environment to assisted care or skilled nursing. Home-delivered meals and family caregiver support were accessed to support independent living in the community and the quality of service provided was reported to be satisfactory in meeting their 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. Nearly three quarters of respondents could not afford needed services. Eight residents reported to belong to a health maintenance organization and only one had secured long-term care insurance.

Opportunities for Interaction/Socialization. Nearly all of the residents reported to have family or friends in the area who visit them, more than two-thirds of which are receiving weekly visits. However, 42% reported that since the move to the facility, a physician has failed to visit them.

One-third of the residents reported that their facility did not have established resident or family councils. For those who lived in a facility that did, half of the residents participated in the resident council activities. Only five residents indicated that members of their families attended the family council meetings. Sixty percent of the residents claimed to be unaware of the purpose or utility of such councils.

Quality of Life. When asked to rate their quality of life, more than 90% rated it as 5 or higher on a scale of one to ten (one equaling low quality of life and ten equaling high quality of life).

Resident Rights Advocacy Services. One in five residents was unaware of their resident rights. Eighty-three percent were aware of the advocacy services provided by the Long-Term Care Ombudsman Program and more than half had been assisted by an Ombudsman representative to resolve a concern or complaint.

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. Ninety-one 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:



The caregivers surveyed were providing informal care to a loved one on average for seven or more years. As for services received from FCSP, recipients indicated that information and assistance and support groups were accessed more frequently than other FCSP services. Respite care was least likely to be utilized to reduce caregiver stress. Ninety-eight percent provided a favorable rating of FCSP services; 80% had indicated that they had received excellent services from FCSP in providing support to their caregiver role. All caregivers who had participated in the survey indicated that they would recommend FCSP services to others in need of assistance.

More than one-third of the caregivers surveyed reported that their current level of stress in relation to their caregiving responsibilities was high. They indicated that their overall health was good (52%) or excellent (19%). Two out of five caregivers credited FCSP services with an improvement in overall health status. More than three-quarters indicated that services received from FCSP have consequently reduced their stress level. Eighty-one percent indicated that FCSP services had assisted them in caring for their loved one in a manner of their choosing and 38%

indicated that the services allowed them to continue to provide care in the home and delay institutionalization.

SENIOR LEGAL SERVICES RECIPIENT SURVEY 2011

The Senior Legal Services Recipient Survey was designed to obtain feedback from those who have utilized Senior Legal Services about the quality of assistance provided by the legal staff in assisting in legal requests. Fifteen consumers of legal services provided feedback regarding their experience accessing help through Senior Legal Services and suggestions for service improvements. The instrument can be found in Attachment 5.

Sixty percent of recipients were made aware of Senior Legal Services by the recommendation of family and friends. For those specifying a reason for seeking legal assistance, planning for incapacity or death was notable. All recipients agreed positively to statements about Senior Legal Services. They most strongly agreed that Senior Legal Services' staff was knowledgeable, courteous, and respectful. They also indicated to agree most strongly that they would contact

Senior Legal Services again should they require assistance with legal matters and that they were satisfied with the overall help they had received.



Seventy-three percent of the individuals who had accessed legal assistance were more likely to receive help through the provision of the drafting of legal documents, notary services, and staff inquiries to better assist them with their requests. Accessing services at the Placerville office was the most prevalent means by which to obtain legal services.

AAA INFORMATION AND ASSISTANCE REPORTING DATA

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 1,074 phone calls monthly during the previous fiscal year (2010/2011), there has been a

Top Calls
■ In-home care
■ HHSA information
■ HICAP

Source: I&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 general agency information. All inquiries were summarized and the following list is in order of greatest unmet need:

- In-home care services (In-Home Supportive Services Program)
- General agency information (Health and Human Services Agency)
- Health insurance counseling (Health Insurance Counseling & Advocacy Program)
- Energy assistance (Home Energy Assistance Program)

The total number of inquiries for fiscal year 2010-2011 was 17,813. The top two areas of need comprised more than half of all requests for information/assistance. The following is a brief description of the two categories:

Energy Assistance: 7,436 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 80%, requests for Relief for Energy Assistance through Community Help (REACH), sponsored by Pacific Gas & Electric Company and administered through the Salvation Army, accounted for 13%, and requests for weatherization services accounted for 7%.

Legal Services: 1,854 inquiries annually

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

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, focus groups were conducted with special populations. Focus group participants were recruited primarily by collaborating with organizations that served the special populations of interest (for example, the El Dorado Center for the Visually Impaired helped to recruit for the vision impaired older adults group). Open discussions were held with lesbian, gay, bisexual or transgender persons (LGBT), blind and visually impaired individuals, and older adults residing in the South Lake Tahoe region. Telephone interviews were conducted with Latino individuals. Discussions focused on current unmet service needs and barriers to accessing services.



Vision Impaired Older Adults. The focus group with vision impaired older adults was held at the El Dorado Center for the Visually Impaired in December 2011. Twenty individuals participated in the group. The focus group facilitator followed a common discussion guide asking participants a series of questions regarding awareness and access to aging services, sufficiency of public resources, and issues and concerns related to residing in the community with a visual impairment.

All of the participants were familiar with the Placerville Senior Center and the aging services offered therein. Satisfaction with Senior Nutrition and Senior Legal Services were most notable. Suggestions for service enhancement included increasing the number of service days and expanding the service areas of the Senior Shuttle, a door-to-door transportation service that provides weekly grocery shopping trips and outings to special events and out-of-county activities. Others recommended that senior activities at the local senior centers be inclusionary of the visually impaired participants (for example, large-print bingo cards and exercise class adaptations). Identified concerns included the apparent need for cultural sensitivity training of service providers, improved pedestrian crossings at busy street intersections, and volunteer assistance with yard work.

South Lake Tahoe Focus Group. The focus group held in South Lake Tahoe (SLT) at the South Lake Tahoe Library included 10 participants who discussed issues and concerns related to aging in South Lake Tahoe. Participants were asked about how they access information about community services and local activities, how they remain engaged in the community, and what issues of concern do they have about growing older on the east slope of the county.

The majority of the participants indicated that they stay well-informed of community information through print and digital media. All participants reported that volunteering was the primary means by which to remain engaged in the community. Concerns included transportation issues (the lack of sidewalks and bike trails in the area and the need for enhanced public transit) and service limitations to the area that restrict access to and the utilization of needed human services.

LGBT Older Adults. A Home-Delivered Meals Volunteer recruited volunteers through the Parents, Families, and Friends of Lesbians and Gays (PFLAG) local chapter to participate in a focus group held in January 2012 with 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.

Ten participants, all women ranging in ages from the mid-40s to late-60s, discussed issues and concerns related to aging in our community as a LGBT individual. Dignity and respect concerns included the apparent lack of cultural sensitivity by various community agencies and service providers. In the medical community, staff treatment of LGBT individuals is distinct from their non-LGBT counterparts. Medical forms are not LGBT friendly. Partners' needs are not accommodated by either health forms or staff.

Elder abuse is sometimes reported as domestic abuse rather than a hate crime.
--Focus group participant

We don't necessarily feel we are treated differently by doctors, but by staff. Staff may keep our partners from participating.
--Focus group participant

It was noted that some local places of worship are making a concerted effort to be inclusionary for LGBT groups. The participants expressed the desire for the same to be true of local senior centers, but described that they often feel isolated and dismissed at senior centers. They also expressed concerns of long-term care institutionalization—that outreach and cultural sensitivity training to long-term care facility staff was critical. End-of-life decisions were also discussed—specifically, legal technicalities regarding the right of one's partner to make decisions on behalf of the LGBT older adult. They expressed interest in receiving assistance with completing advance health care directives.

Participants would like to see brochures, pamphlets, and other publications on LGBT rights, LGBT health concerns, and a listing of inclusionary community resources.

Latino Older Adults. The AAA issued invitations to approximately 20 randomly selected Latino older adults to discuss their concerns and need for services within the community. These invitations were declined. As an alternative, the AAA contacted by phone, five randomly selected Latino older adults from the Health and Human Services Agency consumer database. Participants were asked about quality of life, income, access to services, community preparedness for need response, barriers to receiving assistance, and awareness of community programs/services.

When asked about factors affecting their overall quality of life, health-related issues were most influential in affecting the determination of well-being and functioning. Improving access to comprehensive, quality health care services would increase the quality of a healthy life for many of these participants. Three out of five older adults interviewed noted that economic security is a significant issue. Some enjoy the benefits of participating in the church to assist them in meeting their needs and as a positive community resource. Four out of five participants had accessed energy assistance through the Health and Human Services Agency, but were not fully aware of other services that may be available to them. Barriers to accessing services included language, lack of finances, and insufficient knowledge and community education regarding available services.

Addressing Underserved Populations. The number of Latino older adults, which is small relative to the total population, is growing in our region. The number of lesbian, gay, bisexual, and transgender older adults is unknown, even by local agencies providing advocacy and support. These groups represent under-surveyed populations that must be addressed 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 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.

Commission on Aging Team. 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 November to April 2012 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.

Data Evaluation Team. Using the more than 800 surveys that were completed from older adults in the community and in long-term care facilities as a springboard, a data evaluation team of AAA staff and COA members was formed and began meeting weekly 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 team 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. The consensus of the AAA service providers was that the actual state of affairs and that represented through the self-report of survey respondents was incongruent. 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.

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

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 2012-2016 Area Plan was April 2012. Two public hearings were held during this period:

April 19, 2012	April 9, 2012
Placerville Senior Center	Tahoe Senior Center
937 Spring Street—Dining Room	3050 Lake Tahoe Boulevard—Conference Room
Placerville, CA	South Lake Tahoe, CA

Approximately 18 individuals attended the Area Plan public hearings. Of those who attended, 13 were 60 years of age and older and approximately 33% were service providers or public officials. Other participants included Commission on Aging members, community members, and representatives from the City of South Lake Tahoe and the El Dorado Hills Community Services District.

Public comments received about the Plan are summarized in Appendix, Section 21. The public hearing notices can be found in Attachment 5 and 6.

TARGETING

“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 four-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 IIIB) 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, Commission on Aging, community focus groups 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 need assessments, 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 the seven congregate nutrition sites, local senior centers, libraries, and other locations throughout the county, and published in the Foothill Press Newsletter and online on the COA website.

The goals and objectives outlined in the Plan provide for targeting the above populations. The goals to increase access and awareness of services and older adult rights 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. 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 Home-Delivered Meals Program, MSSP Care Management Program, Adult Protective Services, Information and Assistance, Senior Day Care Services, In-Home Supportive Services, Family Caregiver Support Program, and Long-Term Care Ombudsman 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.

IDENTIFICATION OF PRIORITIES

This Area Plan will help guide this agency through the four 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 increased growth rate in the older adult population for this planning and service area (PSA) places 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 Federal and State funding mechanisms. The demand for supportive services is continuing to grow at a rate where adequate service delivery will be challenged.

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 require a commitment of public, private, and voluntary resources. The AAA and Commission on Aging will persist in ardently advocating for maintaining existing funding for senior services, as well as pursuing other avenues of funding.

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 2011-2012 Area Plan Update to the current 2012-2016 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.

PRIORITIES FOR THE 2012-2016 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 2012-2016 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 four areas: active aging, aging readiness, older adult rights, and access and awareness of services.

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.

PREPARING FOR THE INCREASED SENIOR POPULATION IN 2012 AND BEYOND

Our mandate is to meet the ever-changing needs of the older population and to listen with full attention as older adults and their caregivers inform us about these needs and suggestions for service delivery so they can live meaningful lives with

quality of life and dignity. 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. 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. 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 active aging, and improving health and wellness. Objectives related to employment opportunities and volunteerism will help older adults remain engaged in the community.





Goals and Objectives

Active Aging

- Empower older adults to maintain active and healthy lifestyles.
- Improve awareness and increase access to opportunities that enable older adults to remain active and involved in their communities.



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. 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.

OBJECTIVES

All objectives are new and unless otherwise stated begin 7/1/12.

- 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), Information and Assistance Program (I&A), and Commission on Aging (COA) to participate in a community health fair with the dual purpose of conducting health screenings and performing outreach about the services available to older adults and adults with disabilities by 06/30/16. It is anticipated that more than 100 individuals and 15 governmental and non-profit organizations will attend.

- 1.2 To assist in the prevention of inappropriate medication management and potential adverse effects, SHEP will schedule semiannual "brown-bag check-ups" with a local pharmacist(s) from 7/1/12-6/30/16. 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.
- 1.3 To educate the older adult community about Medicare and Medicare Part D, the Health Insurance Counseling and Advocacy Program (HICAP) will provide one session each in Placerville, South Lake Tahoe, and El Dorado Hills prior to the Medicare Part D annual open enrollment period from 7/1/12-6/30/16. The number of participants in attendance will measure the outcome.
- 1.4 To promote strength training and fall prevention for seniors in the community, the El Dorado County Active Aging Program, sponsored by SHEP, will expand the number of exercise classes from five to seven throughout the county and develop a brochure of exercise opportunities available in the community by 6/30/13.
- 1.5 To encourage community engagement, the Senior Activities Program Coordinator will promote various forms of activities and opportunities for recreation by featuring bimonthly articles in the Senior Times Newsletter (an AAA publication) and other media sources from 7/1/12-6/30/16.
- 1.6 COA in collaboration with the Employment Services Program Manager, will pursue employment training opportunities to help older adults seeking employment. The outcome will be measured by the completion of a dedicated space earmarked for the older adult job seeker in both the Placerville and South Lake Tahoe offices of the Connections One Stop Workforce Development and Business Resource Center by 6/30/13.
- 1.7 To meet the needs of the growing older adult population and to espouse the benefits of consuming a nutritionally-balanced meal while socializing with others in a congregate setting, Senior Nutrition Services will increase the number of congregate meals served at the seven nutrition sites by three percent annually from 7/1/12-6/30/16.
- 1.8 A proper fit in one's car can greatly increase not only the driver's safety but also the safety of others. CarFit is an educational program designed to help older drivers find out how well they currently fit their personal vehicle, highlight actions they can take to improve their fit, and promote conversations about driver safety and community mobility. COA will identify a volunteer to become a CarFit Event Coordinator who will be

- trained to host CarFit Checkups in our community and to train two volunteers to serve as CarFit Technicians by 6/30/16.
- 1.9 SHEP will collaborate with the Friends of El Dorado County Seniors, a private, non-profit organization supporting older adults and their caregivers through advocacy and financial assistance, to sponsor a “Step out for Seniors” walk-a-thon by 6/30/15. Depending on the success of the fundraising event in mobilizing broad-based community support, the sponsored walk may become an annualized fundraising event. This presents an opportunity not only for physical activity, but to connect with community members in a fun, social environment.
 - 1.10 To improve the accessibility to recreational activities and leisure enrichment classes in the Placerville and Cameron Park areas, COA and the Senior Activities Program Coordinator will partner with the City of Placerville Recreation and Parks Department and the Cameron Park Community Services District to offer classes and activities geared for older adults at the Placerville Senior Center, the Town Hall, the Cameron Park Community Center, or other available sites by 6/30/13.
 - 1.11 The YANA (You Are Not Alone) Program, a free daily telephone reassurance program, will increase the provision of services to isolated older adults by ten percent annually from 7/1/12-6/30/16.
 - 1.12 COA will advocate and work with El Dorado Transit Authority and Tahoe Transportation District to enhance public transportation for older adults. Efforts will focus on expanding transportation services in El Dorado County’s underserved communities including the west slope county region, enhancing paratransit service and route deviations for disabled persons, and exploring options for transportation to Senior Nutrition sites and Certified Farmers’ Markets. A COA representative will regularly attend El Dorado Transit community meetings by 6/30/13.
 - 1.13 Given the county’s rapidly aging population and current fiscal conditions, volunteers will remain an important component in sustaining aging programs and services. I&A staff will be designated to coordinate volunteer recruitment/outreach activities and organize efforts with program supervisors to identify, develop, and prioritize needs for volunteer staffing by 6/30/14.
 - 1.14 To meet the needs of the growing diverse older adult population, the COA subcommittees *Planning* and *Placerville Metro Workgroup*, will continue to promote awareness of the need for and explore the feasibility of a new community/senior center in the greater Placerville area by 6/30/16. The current Placerville Senior Center is housed in an antiquated building that is inadequate in size, parking, and facilities.

2 Aging Readiness

- Address basic needs and plan the future.



RATIONALE

El Dorado County is undergoing a dramatic shift with the number of older adults expected to double by 2030. It is imperative that we prepare older adults in our communities to face the challenges and opportunities raised by this population shift not only in addressing basic needs, but planning for future necessities.

In community-based studies of older adults, self-perceptions of well-being are strong predictors of mortality. One study found that older people with more positive perceptions of aging were found to live longer. Beyond health and social support, perhaps the most important basic needs of older adults are economic security, adequate housing, and a safe environment. The perception of inadequately met basic needs is a significant predictor of mortality in older community-dwelling adults

OBJECTIVES

All objectives are new and unless otherwise stated begin 7/1/12.

- 2.1 FCSP in collaboration with Senior Day Care Services, Employee Assistance Program, and Workforce Investment Act Program will launch an awareness campaign to educate employers of the impact of caregiving in the workplace by 6/30/15. Education efforts will include the development of an informational fact sheet with resources pertinent to the issues and needs of working caregivers and the provision of speaking engagements on an as-needed basis.
- 2.2 FCSP will increase the number of unduplicated caregiver services including comprehensive assessments, respite, trainings, and support group attendance by five percent annually from 7/1/12-6/30/16.
- 2.3 To reduce the fear of falling and increase the activity levels of older adults who have this concern, SHEP and COA will collaborate with the El Dorado Hills Community Services District to expand the falls prevention and balance training program to one other community by 6/30/13.

- 2.4 COA will advocate for and collaborate with the El Dorado County Library to develop a monthly library program with senior-specific topics, books, and events in addition to a fixed theme-driven display of literature, videos, and service agency brochures by 6/30/13.
- 2.5 To help members of the boomer generation understand Social Security, long-term care, and working beyond age 65, COA will sponsor a Boomer Education 101 course annually from 7/1/12-6/30/16. Seventy-five percent of participants completing the course will report an increase in knowledge based on class exit evaluations.
- 2.6 To assure that older adults remain informed and have important health information accessible to them, COA, in collaboration with I&A and the Marshall Community Health Library, will develop a series of lectures and/or webinars on health topics such as hearing, vision, and dental problems to be held bi-annually from 7/1/12-6/30/16.
- 2.7 SHEP will collaborate with the El Dorado County Emergency Medical Services Agency and OffSite of Emergency Services to promote and distribute an amount equivalent to a 10 percent increase of Vital Health Information Packets by 6/30/13. These kits contain useful patient information that can be important to field providers and hospitals alike, especially when the patient has an altered level of consciousness.
- 2.8 The COA will explore the feasibility of opening a second Senior Day Care Services Center, if funding becomes available, adjacent to the El Dorado Hills Senior Center to decrease the distance individuals currently have to travel to attend Senior Day Care Services located in Placerville by 6/30/14.

3 Older Adult Rights

- ▶ **Protect vulnerable older adults from abuse, neglect, and exploitation.**
- ▶ **Promote elder rights by providing information and resources for individuals to defend themselves against elder abuse, neglect, and exploitation.**



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. 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. El Dorado County Adult Protective Services also reports an increase in referrals regarding the suspected abuse of an older adult. With more than 39,000 residents in El Dorado County 60 or older, and an expected population growth to more than 62,000 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.

Elderly persons residing in residential care homes and skilled nursing facilities are particularly vulnerable due to decreased ability for self-care and medical illnesses affecting cognitive and physical function. Long-term care providers must be vigilant in looking for markers of mistreatment and reporting suspected cases so that elderly persons are protected and quality of care is maintained.

Older Americans Act programs such as caregiver support, information and assistance, home-delivered meals, care management, and long-term care resident advocacy reduce risk factors for elder abuse and exploitation for individuals residing in the community. 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.

OBJECTIVES

All objectives are new and unless otherwise stated begin 7/1/12.

- 3.1 Senior Legal Services will develop a program to disseminate information regarding fraud schemes targeting older adults. Monthly articles will be written for the local newspaper, the Senior Times Newsletter, and the County website from 7/1/12-6/30/16. The intent is to educate older adults on the detection, prevention and reporting of popular scams, identity theft, and financial fraud.
- 3.2 Senior Legal Services will publish monthly articles in the Senior Times Newsletter to increase awareness of important legal issues for older adults from 7/1/12-6/30/16. Educational articles will highlight a particular legal topic and include frequently asked questions and answers.
- 3.3 To increase awareness of advance directives and protective services, Senior Legal Services will conduct quarterly workshops in which participants are provided direction and assistance by an attorney in completing their planning documents from 7/1/13-6/30/16.
- 3.4 The District Attorney's office has initiated an effort to educate the community businesses on elder abuse issues by offering a program to train employees to identify and report concerns. This program, called WISE (Watching, Inquiring, Serving and Educating) is being implemented by members of the Elder Protection Unit. WISE will create and provide 12 presentations for local businesses and their employees by 6/30/2014.
- 3.5 To enhance awareness and prevention of elder abuse, EPU and Senior Legal Services will participate in an elder abuse conference by 6/30/16 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.
- 3.6 The Long-Term Care Ombudsman Program (LTCOP) will provide at least twelve volunteer training classes on the scope of the ombudsman responsibilities in ensuring the rights of institutionalized older adults annually from 7/1/13-6/30/16.
- 3.7 LTCOP will increase the availability of field representatives to conduct abuse investigations by 50%. Five new LTC Ombudsman volunteers will be recruited, certified, and assigned to routinely visit residents and investigate complaints in long-term care facilities throughout the County by 6/30/14.

4 Access & 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.
- 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. The AAA will provide opportunities for quality assurance activities and professional development which will maximize the service delivery system for compliance and change.



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 AAA's 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.

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.

OBJECTIVES

All objectives are new and unless otherwise stated begin 7/1/12.

- 4.1 I&A and FCSP will facilitate referrals into aging and caregiver services through an educational campaign focused on clergy/faith-based community and medical professionals. Outcome measurement will be the number of outreach events provided from 7/1/12-6/30/16.

- 4.2 Enhancing the quality of life and supporting caregivers improves the care provided to older adults dependent on long-term supports and services and decreases the risk of premature or inappropriate institutionalization. FCSP, SHEP, and In-Home Supportive Services (IHSS) Public Authority will increase the provision of educational opportunities by nearly 25% to 18 classes annually from 7/1/12-6/30/16.
- 4.3 To encourage utilization of Senior Legal Services' phone consultation services "LawLine," Senior Legal staff will provide outreach regarding this availability utilizing public service announcements, the Senior Times Newsletter, and other local publications to increase the number of phone appointments to four weekly by 6/30/13.
- 4.4 Senior Legal Services will expand the number of locations at which client appointments will be held to include the Pioneer Park and Greenwood Community Centers. At least six clients monthly per site will be provided legal services at these off-site locations from 7/1/13-6/30/16.
- 4.5 FCSP will continue to advocate and conduct outreach for the Kinship Support Services Program (KSSP) to enhance accessibility of grandparent/kinship caregivers to information and support from 7/1/12-6/30/16. The number of referrals to KSSP will measure the outcome.
- 4.6 COA will conduct quarterly focus groups/roundtable discussions on multiple topics for older adults to enhance awareness and access to community services and supports from 7/1/13-6/30/16.
- 4.7 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 COA and AAA staff on subject matter pertaining to improving delivery of services to target groups by 6/30/15.
- 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 6/30/14. 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 To expand outreach of aging services and education on older adult issues, I&A will increase subscriptions to the Senior Times Newsletter annually by five percent. Additionally, COA will collaborate with I&A to enhance outreach of the COA website, www.2nd50yrs.org, to increase the number of visits per month by ten percent.



Appendices

SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES

PSA 29

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

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

For services not defined in NAPIS, refer to the Service Categories and Data Dictionary.

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

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

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

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

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

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	90,000	2	
2013-2014			
2014-2015			
2015-2016			

5. Adult Day Care/Adult Day Health *Not applicable***Unit of Service = 1 hour**

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

6. Case Management *Not applicable***Unit of Service = 1 hour**

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

7. Assisted Transportation *Not applicable***Unit of Service = 1 one-way trip**

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

8. Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	60,000	1	1.7
2013-2014			
2014-2015			
2015-2016			

9. Nutrition Counseling *Not applicable*

Unit of Service = 1 session per participant

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

10. Transportation *Not applicable*

Unit of Service = 1 one-way trip

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

11. Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	4,300	3, 4	3.1, 3.2, 3.3, 3.4, 3.5, 4.3, 4.4
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	4,500	1	1.7
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	3,000	1, 2, 4	1.1, 1.13, 2.6, 4.1, 4.9
2013-2014			
2014-2015			
2015-2016			

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

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

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

Each **Title III B** “Other” service must be an approved NAPIS Program 15 service listed on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.

Identify **Title III D**/Medication Management services (required) and all **Title III B** services to be funded that were not reported in NAPIS categories 1–14 and 16. (Identify the specific activity under the Service Category on the “Units of Service” line when applicable.)

Title III D/Health Promotion and Medication Management requires a narrative goal and objective. The objective should clearly explain the service activity being provided to fulfill the service unit requirement.

Title III B, Other Supportive Services ¹

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

Service Category: Telephone Reassurance

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	480	1	1.11
2013-2014			
2014-2015			
2015-2016			

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

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

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

16. Title III D Health Promotion**Unit of Service = 1 contact****Service Activities: Education on preventative health services, Health screening, Group exercise****Title III D/Health Promotion:** Enter program goal and objective numbers in the Title III D Service Plan Objective Table below.

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	3,000	1, 2, 4	1.1, 1.4, 1.9, 2.3, 4.2
2013-2014			
2014-2015			
2015-2016			

Title III D Medication Management ²**Units of Service = 1 Contact****Service Activities: Brown bag clinic with pharmacist, Vital health packets****Title III D/Medication Management:** Enter program goal and objective numbers in the Title III D Service Plan Objective Table below.

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2012-2013	2,000	1, 2	1.1, 1.2, 2.7
2013-2014			
2014-2015			
2015-2016			

⁷ Refer to Program Memo 01-03

TITLE III B and Title VII A:

LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

2012–2016 Four-Year Planning Cycle

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

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

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

Complete all Measures and Targets for Outcomes 1-3.

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

Measures and Targets:

A. Complaint Resolution Rate (AoA Report, Part I-E, Actions on Complaints)
The average California complaint resolution rate for FY 2009-2010 was 73%.

1. FY 2010-2011 Baseline Resolution Rate: <u>76%</u> Number of complaints resolved <u>84</u> + Number of partially resolved complaints <u>5</u> divided by the Total Number of Complaints Received <u>117</u> = Baseline Resolution Rate <u>76%</u>
2. FY 2012-2013 Target: Resolution Rate <u>75%</u>
3. FY 2011-2012 AoA Resolution Rate ___% FY 2013-2014 Target: Resolution Rate ___%
4. FY 2012-2013 AoA Resolution Rate ___% FY 2014-2015 Target: Resolution Rate ___%
5. FY 2013-2014 AoA Resolution Rate ___% FY 2015-2016 Target: Resolution Rate ___%
Program Goals and Objective Numbers: 3

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

FY 2010-2011 Baseline: number of meetings attended <u>7</u>
2. FY 2012-2013 Target: <u>8</u>
3. FY 2011-2012 AoA Data: ____ FY 2013-2014 Target: ____
4. FY 2012-2013 AoA Data: ____ FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: ____ FY 2015-2016 Target: ____
Program Goals and Objective Numbers: 3

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

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

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

1. FY 2010-2011 Baseline: number of consultations <u>17</u>
2. FY 2012-2013 Target: <u>25</u>
3. FY 2011-2012 AoA Data: ____ FY 2013-2014 Target: ____
4. FY 2012-2013 AoA Data: ____ FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: ____ FY 2015-2016 Target: ____
Program Goals and Objective Numbers: 3

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

1. FY 2010-2011 Baseline: number of consultations <u>150</u>
2. FY 2012-2013 Target: <u>150</u>
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___ _
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers: 3

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

1. FY 2010-2011 Baseline: number of sessions <u>15</u>
2. FY 2012-2013 Target: <u>4</u>
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers: 3

G. Systems Advocacy

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

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, State-wide, or even national in scope. (Examples: Work with LTC facilities to improve pain relief or increase access to oral health care, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with

other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.)

Enter information in the box below.

Systemic Advocacy Effort(s)
 Explore the feasibility of implementing an ombudsman outreach program by collaborating with the Citizen Advocates for the Protection of Elders (CAPE) 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)

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

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

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

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

1. FY 2010-2011 Baseline: <u>100%</u> Number of RCFEs visited at least once a quarter not in response to a complaint <u>37</u> divided by the number of RCFEs <u>37</u>
2. FY 2012-2013 Target: <u>100%</u>
3. FY 2011-2012 AoA Data: ___ % FY 2013-2014 Target: ___%
4. FY 2012-2013 AoA Data: ___ % FY 2014-2015 Target: ___ %
5. FY 2013-2014 AoA Data: ___ % FY 2015-2016 Target: ___%
Program Goals and Objective Numbers: 3

C. Number of Full-Time Equivalent (FTE) Staff (AoA Report Part III. B.2. - Staff and Volunteers)

(One FTE generally equates to 40 hours per week or 1,760 hours per year) This number may only include staff time legitimately charged to the LTC Ombudsman Program. For example, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5. Time spent working for or in other programs may not be included in this number.

Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: FTEs <u>.4</u>
2. FY 2012-2013 Target: <u>.6</u> FTEs
3. FY 2011-2012 AoA Data: ___ FTEs FY 2013-2014 Target: ___ FTEs
4. FY 2012-2013 AoA Data: ___ FTEs FY 2014-2015 Target: ___ FTEs

5. FY 2013-2014 AoA Data: ___ FTEs FY 2015-2016 Target: ___ FTEs
Program Goals and Objective Numbers: 3

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

Verify numbers of volunteers with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2010 <u>14</u>
2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2013 <u>15</u>
3, FY 2011-2012 AoA Data: ___ certified volunteers FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2014 ___
4. FY 2012-2013 AoA Data: ___ certified volunteers FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2015 ___
5. FY 2013-2014 AoA Data: ___ certified volunteers FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2016 ___
Program Goals and Objective Numbers: 3

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

Measures and Targets:

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

1. FY 2010-2011 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV 5

Please obtain this information from the local LTC Ombudsman Program Coordinator.

2. FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV 5

3. FY 2011-2012 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____

FY 2013-2014 Target _____

4. FY 2012-2013 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____

FY 2014-2015 Target _____

5. FY 2013-2014 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____

FY 2015-2016 Target: _____

Program Goals and Objective Numbers: 3

TITLE VII B ELDER ABUSE PREVENTION
SERVICE UNIT PLAN OBJECTIVES

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

Units of Service categories include public education sessions, training sessions for professionals, training sessions for caregivers served by a Title III E Family Caregiver Support Program, educational materials distributed, and hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

When developing targets for each fiscal year, refer to data reported on the Elder Abuse Prevention Quarterly Activity Reports. Set realistic goals based upon the prior year's numbers and the resources available.

AAAs must provide one or more of the service categories below. NOTE: The number of sessions refers to the number of presentations and not the number of attendees

- **Public Education Sessions** – Please indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** – Please indicate the total number of projected 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 indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. OAA 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** – Please indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
- **Educational Materials Distributed** – Please indicate the type and number of educational materials to be 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.

- **Number of Individuals Served** – Please indicate the total number of individuals expected to be reached by any of the above activities of this program.

TITLE VIIB ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES PSA 29

Fiscal Year	Total # of Public Education Sessions
2012-13	20
2013-14	
2014-15	
2015-16	

Fiscal Year	Total # of Training Sessions for Professionals
2012-13	
2013-14	
2014-15	
2015-16	

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

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2012-13	60
2013-14	
2014-15	
2015-16	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2012-2013		
2013-2014		

2014-2015		
2015-2016		
Fiscal Year	Total Number of Individuals Served	
2012-2013	750	
2013-2014		
2014-2015		
2015-2016		

TITLE III E SERVICE UNIT PLAN OBJECTIVES
CCR Article 3, Section 7300(d)

2012–2016 Four-Year Planning Period

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

Direct and/or Contracted III EServices

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2012-2013	# of activities: 1 Total est. audience for above: 75	1, 2, 4	1.1, 2.1, 4.1, 4.5
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2012-2013	1,100	2, 4	2.1, 2.2, 4.5
2013-2014			
2014-2015			
2015-2016			
Support Services	Total hours		
2012-2013	800	2, 4	2.2, 4.2
2013-2014			
2014-2015			
2015-2016			
	Total hours		

Respite Care			
2012-2013	1,700	2	2.2
2013-2014			
2014-2015			
2015-2016			
Supplemental Services	Total occurrences		
2012-2013	10	2	2.2
2013-2014			
2014-2015			
2015-2016			

Direct and/or Contracted III E Services

Grandparent Services Caring for Children	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2012-2013	# of activities: 1 Total est. audience for above: 10	4	4.5
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2012-2013	4	4	4.5
2013-2014			
2014-2015			
2015-2016			
Support Services	Total hours		
2012-2013		4	4.5
2013-2014	2		
2014-2015			

2015-2016			
Respite Care	Total hours		
2012-2013	3	4	4.5
2013-2014			
2014-2015			
2015-2016			
Supplemental Services	Total occurrences		
2012-2013	1	2, 4	2.2, 4.5
2013-2014			
2014-2015			
2015-2016			

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

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

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

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

Section 1. Primary HICAP Units of Service

Fiscal Year (FY)	1.1 Estimated Number of Unduplicated Clients Counseled	Goal Numbers
2012-2013	406	1
2013-2014		
2014-2015		
2015-2016		

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

Fiscal Year (FY)	1.2 Estimated Number of Public and Media Events	Goal Numbers
2012-2013	20	1
2013-2014		
2014-2015		
2015-2016		

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

Section 2: Federal Performance Benchmark Measures

Fiscal Year (FY)	2.1 Estimated Number of Contacts for all Clients Counseled	Goal Numbers
2012-2013	905	1
2013-2014		
2014-2015		
2015-2016		

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

Fiscal Year (FY)	2.2 Estimated Number of Persons Reached at Public and Media Events	Goal Numbers
2012-2013	1,129	1
2013-2014		
2014-2015		
2015-2016		

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

Fiscal Year (FY)	2.3 Estimated Number of contacts with Medicare Status Due to a Disability Contacts	Goal Numbers
2012-2013	135	1
2013-2014		
2014-2015		
2015-2016		

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

Fiscal Year (FY)	2.4 Estimated Number of contacts with Low Income Beneficiaries	Goal Numbers
2012-2013	101	1
2013-2014		
2014-2015		
2015-2016		

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

Fiscal Year (FY)	2.5 Estimated Number of Enrollment Assistance Contacts	Goal Numbers
2012-2013	691	1
2013-2014		
2014-2015		
2015-2016		

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

Fiscal Year (FY)	2.6 Estimated Part D and Enrollment Assistance Contacts	Goal Numbers
2012-2013	396	1
2013-2014		
2014-2015		
2015-2016		

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

Fiscal Year (FY)	2.7 Estimated Number of Counselor FTEs in PSA	Goal Numbers
2012-2013	15.7	1
2013-2014		
2014-2015		
2015-2016		

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

Section 3: HICAP Legal Services Units of Service (if applicable) ³

State Fiscal Year (SFY)	3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2012-2013	4	1
2013-2014		
2014-2015		
2015-2016		
State Fiscal Year (SFY)	3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)	Goal Numbers
2012-2013	8.2	1
2013-2014		
2014-2015		
2015-2016		
State Fiscal Year (SFY)	3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)	Goal Numbers
2012-2013	10	1
2013-2014		
2014-2015		
2015-2016		

³ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

COMMUNITY FOCAL POINTS LIST

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

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

- **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 12 - DISASTER PREPAREDNESS

PSA 29

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

1. Describe how the AAA coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310:

The El Dorado County Office of Emergency Services (OES) has lead responsibility when disasters occur locally. The El Dorado County Operational Area Emergency Operations Plan (EOP) provides guidance for El Dorado County government and other local agencies on prevention, preparation, response and recovery from emergency and disaster situations. The AAA's role is clearly defined in the EOP and responsibilities include identifying and locating at-risk individuals with the potential need for assistance in the event of an emergency, providing information on residential and skilled nursing facilities, providing trained volunteers and providing vendor information for food, medical supplies, equipment and pharmaceuticals. The AAA also plays an essential role in preparing for local heat/cold emergencies. The AAA provides staff and outreach and assists in identifying vulnerable County residents during extreme heat and cold weather conditions.

2. Identify each of the local Office of Emergency Services (OES) contact person(s) within the PSA that the AAA will coordinate with in the event of a disaster (add additional information as needed for each OES within the PSA):

Name	Title	Telephone	email
Jamey Morgan	Deputy Sheriff	Office: 530-621-5131	morganj@edso.org
Matt Cathey	Deputy Sheriff	Office: 530-621-7660	catheym@edso.org

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Michelle Hunter	Program Manager	Office: 530-621-6161	Michelle.hunter@edcgov.us

4. List critical services the AAA will continue to provide after a disaster and describe how these services will be delivered:

The Health & Human Services Agency, which administers AAA programs, has a continuity plan for all essential program functions.

Critical Services	How Delivered?
a. Congregate Meals	a. Back-up staff available or if sites closed, frozen meals available for most frail homebound clients.
b. Home-Delivered Meals	b. Frozen meals available for most frail homebound clients.
c. Long-Term Care Ombudsman Services	c. LTCO Program Coordinator, LTCO Staff, Volunteer Ombudsmen

5. List any agencies with which the AAA has formal emergency preparation or response agreements.

While the AAA specifically does not have formal emergency preparation or response agreements, El Dorado County is a participant in multiple multi-aid agreements such as the California Master Mutual Aid Agreement, Volunteer and Private Agency's Mutual Aid Agreement, Medically Fragile Care and Shelter Mutual Aid Agreement, etc.

6. Describe how the AAA will:
- Identify vulnerable populations.

Vulnerable populations include clients of the following programs: Home-Delivered Meals, Senior Day Care, MSSP, Public Guardian, IHSS, etc. All of these clients are in the Department's database including their address, phone number, emergency contact, etc.

- Follow-up with these vulnerable populations after a disaster event.

Program staff, including I&A staff will follow-up with vulnerable populations by telephone if possible. Staff would also work with OES as defined in the El Dorado County Operational Area Emergency Operations Plan (EOP) as stated above.

2012-2016 Four-Year Planning Cycle

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds⁴ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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

Access:

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

12-13 18% 13-14 18% 14-15 18% 15-16 18%

In-Home Services:

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

12-13 1.3% 13-14 1.3% 14-15 1.3% 15-16 1.3%

Legal Assistance Required Activities:⁵

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

12-13 30% 13-14 30% 14-15 30% 15-16 30%

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA.

The on-going needs assessment and funding constraints are the determinate factors for 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 2011-2012 Area Plan Update to the current 2012-2016 Area Plan will not change.

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

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

SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

PSA 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.

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

<u>Check applicable direct services</u>	<u>Check each applicable Fiscal Year</u>			
	12-13	13-14	14-15	15-16
Title III B				
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Long-Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title III D	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Health Promotion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Medication Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title III E ⁶	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Information Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Respite Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Supplemental Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title VII A	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Long-Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title VIIB	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

⁶ Refer to PM 11-11 for definitions of Title III E categories.

Describe the methods to be used to ensure 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 need assessments, 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 the seven congregate nutrition sites, local senior centers, libraries, and other locations throughout the county, and published in the Foothill Press Newsletter and online on the COA website.

The goals and objectives outlined in the Plan provide for targeting the above populations. The goals to increase access and awareness of services and older adult rights 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. 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 Home-Delivered Meals Program, MSSP Care Management Program, Adult Protective Services, Information and Assistance, Senior Day Care Services, In-Home Supportive Services, Family Caregiver Support Program, and Long-Term Care Ombudsman 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 15 - 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)

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

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

Identify Service Category: Congregate Nutrition

Check applicable funding source:⁷

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

Request for Approval Justification:

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

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

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

³ Section 15 does not apply to Title V (SCSEP).

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

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service⁸ :

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 congregate 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. On June 27, 2011 El Dorado County released a Request for Information to identify qualified entities with interest in providing Elderly Nutrition Services. No local entity responded. The two entities that did respond were national for-profit companies. There was no conclusive evidence they could provide the same service more economically and the Governing Board voted to keep providing the service direct by the County.*
 - b) *This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII 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 on Aging directly provides Title III services, including congregate nutrition, efficiently as part of a department of County government. 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. 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.*

SECTION 15 - 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)

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

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

Identify Service Category: Legal Services

Check applicable funding source:⁹

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

Request for Approval Justification:

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

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

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

³ Section 15 does not apply to Title V (SCSEP).

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

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service¹⁰ :

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. On June 27, 2011 El Dorado County released a Request for Information to identify qualified entities with interest in providing Elderly Nutrition Services. No local entity responded. The two entities that did respond were national for-profit companies. There was no conclusive evidence they could provide the same service more economically and the Governing Board voted to keep providing the service direct by the County.*
 - b) *This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII 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 on Aging directly provides Title III services, including legal services, efficiently as part of a department of County government. 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. 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.*

SECTION 15 - 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)

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

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

Identify Service Category: Nutrition Education

Check applicable funding source:¹¹

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

Request for Approval Justification:

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

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

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

¹³ Section 15 does not apply to Title V (SCSEP).

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

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service¹² :

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. On June 27, 2011 El Dorado County released a Request for Information to identify qualified entities with interest in providing Elderly Nutrition Services. No local entity responded. The two entities that did respond were national for-profit companies. There was no conclusive evidence they could provide the same service more economically and the Governing Board voted to keep providing the service direct by the County.*
 - b) *This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII 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 on Aging directly provides Title III services, including nutrition education, efficiently as part of a department of County government. 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. 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.*

SECTION 15 - 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)

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

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

Identify Service Category: Senior Center Staffing

Check applicable funding source:¹³

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

Request for Approval Justification:

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

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

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

¹³ Section 15 does not apply to Title V (SCSEP).

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

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service¹⁴ :

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 senior center staffing, 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. On June 27, 2011 El Dorado County released a Request for Information to identify qualified entities with interest in providing Elderly Nutrition Services. No local entity responded. The two entities that did respond were national for-profit companies. There was no conclusive evidence they could provide the same service more economically and the Governing Board voted to keep providing the service direct by the County.*
 - b) *This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII 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 on Aging directly provides Title III services, including senior center staffing, efficiently as part of a department of County government. 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. 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.*

SECTION 15 - 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)

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

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

Identify Service Category: Telephone Reassurance

Check applicable funding source:¹⁵

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

Request for Approval Justification:

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

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

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

¹³ Section 15 does not apply to Title V (SCSEP).

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

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service¹⁶ :

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. On June 27, 2011 El Dorado County released a Request for Information to identify qualified entities with interest in providing Elderly Nutrition Services. No local entity responded. The two entities that did respond were national for-profit companies. There was no conclusive evidence they could provide the same service more economically and the Governing Board voted to keep providing the service direct by the County.*
 - b) *This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII 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 on Aging directly provides Title III services, including telephone reassurance, efficiently as part of a department of County government. 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. 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.*

SECTION 15 - 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)

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

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

Identify Service Category: Home Delivered Meals

Check applicable funding source:¹⁷

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

Request for Approval Justification:

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

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

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

¹³ Section 15 does not apply to Title V (SCSEP).

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

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service¹⁸ :

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 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. On June 27, 2011 El Dorado County released a Request for Information to identify qualified entities with interest in providing Elderly Nutrition Services. No local entity responded. The two entities that did respond were national for-profit companies. There was no conclusive evidence they could provide the same service more economically and the Governing Board voted to keep providing the service direct by the County.*
 - b) *This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII 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 on Aging directly provides Title III services, including home delivered nutrition services, efficiently as part of a department of County government. 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. 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.*

**GOVERNING BOARD MEMBERSHIP
2012-2016 Four-Year Area Plan Cycle**

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

Total Number of Board Members: 5

Name and Title of Officers:	Office Term Expires:
John R. Knight, Chair	January 2013
Ron Briggs, First Vice Chair	January 2013
Norma Santiago, Second Vice Chair	January 2013

Names and Titles of All Members:	Board Term Expires:
John R. Knight	January 7, 2013
Ron Briggs	January 7, 2013
Norma Santiago	January 5, 2015
Raymond J. Nutting	January 5, 2015
James R. Sweeney	January 7, 2013

**ADVISORY COUNCIL MEMBERSHIP
2012-2016 Four-Year Planning Cycle**

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

Total Council Membership (include vacancies) 14

Number of Council Members over age 60 13

	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
Race/Ethnic Composition		
White	<u>92.1%</u>	<u>93%</u>
Hispanic	<u>3.72%</u>	<u>0%</u>
Black	<u>0.31%</u>	<u>7%</u>
Asian/Pacific Islander	<u>0.17%</u>	<u>0%</u>
Native American/Alaskan Native	<u>0.61%</u>	<u>0%</u>
Other	<u>3.09%</u>	<u>0%</u>

Name and Title of Officers:

Office Term Expires:

Marlene Back, Chair – Community Representative	11/2014
Vicki Ludwig, Vice Chair – Supervisor Appointee -- District IV	1/2015

Name and Title of other members:

Office Term Expires:

Hal Erpenbeck, Supervisor Appointee – District 1	1/2013
Betty Linville, Supervisor Appointee – District III	1/2013
Al Kahane, M.D., Community Representative	3/2014
Stan Scherer, City of South Lake Tahoe Appointee	n/a
Roberta Rimbault, Supervisor Appointee – Member-at-Large	1/2014
Steven Shervey, City of Placerville Appointee	n/a
Siubhan Stevens, Supervisor Appointee – District V	1/2014
Roger Berger, Community Representative	3/2015
Brian Reeves, Community Representative	3/2015
Norman Smith, Supervisor Appointee – District II	3/2013
Raymond Wyatt, Community Representative	3/2015
Horace Holmes, Community Representative	3/2015

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"/>
Family Caregiver Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Elected Officials	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with Leadership Experience in Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Explain any "No" answer(s):

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.

Briefly describe the local governing board’s process to appoint Advisory Council members:

When a vacancy occurs, it is advertised in the local newspapers and on the Commission website. 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 the Membership Committee and approved by the Commission.

2012-2016 Four-Year Area Planning Cycle

This section must be completed and submitted with the Four-Year Area Plan. Any changes to this Section must be documented on this form and remitted with Area Plan Updates.¹⁹

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

Answer:

As a result of the downturn in the economy the last 4 years, we have seen an increase in numbers of clients in low income categories, and an increase in number of clients with issues related to home foreclosures and loan modifications, reverse mortgages, and consumer debt.

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

Our target population is low-income and/or low-competency seniors who cannot afford private legal services and/or who would be easily taken advantage of in the private marketplace due to diminished capacity. Other targeted populations include: low-income minority individuals and caregivers. Mechanisms for reaching these populations include: pamphlets and public announcements, articles in newsprint, public seminars and workshops, county website, flyers posted in public spaces, and referrals through other public and private programs and agencies.

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

Fiscal Year	# of Legal Assistance Services Providers
2012-2013	1
2013-2014	1

¹⁹ For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or COkwuosa@aging.ca.gov

2014-2015	1
2015-2016	1

Senior Legal Services - 1.5 county attorneys and 2 full time legal staff serve all seniors 60 years and older on a wide variety of legal issues all across the county.

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

Senior Legal Services also provides legal services by phone appointments.

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

See #4 above

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

Fiscal Year	Name of Provider	Geographic Region covered
2012-2013	a. Senior Legal Services b. c.	a. All of El Dorado County b. c.
2013-2014	a. Senior Legal Services b. c.	a. All of El Dorado County b. c.
2014-2015	a. Senior Legal Services b. c.	a. All of El Dorado County b. c.
2015-2016	a. Senior Legal Services b. c.	a. All of El Dorado County b. c.

8. Discuss how older adults access Legal Services in your PSA:

Seniors can access legal services in a variety of ways through the Senior Legal Services program:

- a. Call and make appointment: Appointments can be at the program office in the Placerville Senior Center, or at one of several outlying facilities from El Dorado Hills to South Lake Tahoe. Appointments are also arranged in senior's homes, hospitals and care homes.*
- b. Legal services available by phone via phone appointment.*
- c. Free workshops and seminars featuring attorneys and located around the county.*
- d. Self-help pamphlets and handouts available for clients.*

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

Financial fraud and abuse, restraining orders, landlord and tenant issues, consumer law, debt, foreclosures, planning for incapacity, Medi-Cal, Medicare, Social Security and SSI, real property issues.

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

See #3 above.

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

Major barriers include:

- a. transportation - *El Dorado is a very large and rural county that extends from the Sierra foothills to South Lake Tahoe. Weather and transportation is a problem. Public transportation is limited. Attorneys currently travel to South Lake Tahoe and El Dorado Hills, homes, hospitals, and care facilities.*

Strategies to overcome this barrier include expanding and promoting our phone appointments, and increasing the locations where attorneys travel to provide services—areas such as Pollock Pines, Georgetown, and Fairplay.

- b. language - *El Dorado County has a limited but growing ESL population that infrequently access legal services for a variety of reasons.*

Strategies - We have interpreters available, and are currently working with LAAC (Legal Aid Association of California) to expand our written materials to offer information in a variety of languages. We are also planning on printing our brochure in Spanish and distributing it throughout the county.

- c. underserved communities -

1. LGBT community.

Strategies - We have already increased outreach by preparing and posting legal information of particular interest to the LGBT population. We are training our staff to increase their sensitivity regarding gender-neutral language and are discussing ways to make the office environment more welcoming to cultural diversity.

2. Residents of skilled nursing facilities, residential care facilities, mobile home parks—they all have special rights and protections under the law.

Strategies - Create information brochures summarizing rights and referring to Senior Legal Services and Ombudsman programs for assistance and advocacy.

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

Being a county program, we have access to and work closely with many other county agencies: Elder Protection Unit, Adult Protective Services, Public Guardian, Long Term Care Ombudsmen, Family Caregiver Support Program, Information and Assistance, housing, law enforcement, county supervisors, mental health, MSSP, HICAP, IHSS, Senior Health Education program, Senior Nutrition program.

SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW ²⁰

PSA 29

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

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

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

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

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

SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM

PSA 29

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

2012–2016 Four-Year Planning Cycle

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

Check YES or NO for each of the services* identified below and indicate if the service will be provided directly or contracted. Check only the current year and leave the previous year information intact.

If the AAA will **not** provide a service, a justification for each service is required in the space below.

Family Caregiver Services

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

Grandparent Services

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

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

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

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

SECTION 21. PUBLIC HEARINGS

PSA 29

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ²¹ Yes or No	Was hearing held at a Long-Term Care Facility? ²² Yes or No
2012-13	4/9/12 4/19/12	South Lake Tahoe Senior Center Placerville Senior Center	0 18	No No	No No
2013-14					
2014-15					
2015-16					

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

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

Along with the required legal notification, Public Hearing notices were distributed to the seven congregate nutrition sites, local senior centers, libraries, and other locations throughout the county, and published in the Foothill Press Newsletter and online on the COA website.

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

Yes. Go to question #3

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

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

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

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

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

Yes. Go to question #5

No, Explain:

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

There were no comments made concerning minimum percentages of Title III B funds.

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

There were questions about the needs assessment and two objectives proposed for Aging Readiness and Access and Awareness of Services goals.

- An inquiry was made as to whether dementia was a response on the senior survey question regarding the two challenges most expected to affect older adults. Although dementia was mentioned as a concern, the number of respondents was minimal.
- A request for information was made regarding Goal 2 Aging Readiness, Objective 2.7—Increase the number of Vital Health Information Packets. A discussion ensued concerning the definition of evidence-based programs, practices, and policies. Clarity was provided on the expected outcome of increased distribution of the packets. Tri-fold medical alert wallet cards were suggested.
- Increasing outreach to the Latino population was discussed. A possible collaboration with the El Dorado Community Foundation was suggested as the Foundation has addressed Latino issues in the county and in its program planning.

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

Two objectives were included in the Area Plan as a result of the input by attendees at the hearings. The Commission on Aging recommended the following objectives: explore the feasibility of a new community/senior center in the greater Placerville area and explore the feasibility of opening a second Senior Day Care Services Center in El Dorado Hills.

SECTION 22 - ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

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

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

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

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

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

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

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

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

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

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

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

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

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

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with

- limited English proficiency, and older individuals residing in rural areas within the planning and service area;
4. OAA 306(a)(4)(A)(iii)
With respect to the fiscal year preceding the fiscal year for which such plan is prepared—
 - (I) identify the number of low-income minority older individuals in the planning and service area;
 - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.

 5. OAA 306(a)(4)(B)
Use outreach efforts that —
 - (i) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement; and
 - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

 6. OAA 306(a)(4)(C)
Ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

 7. OAA 306(a)(5)
Coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

 8. OAA 306(a)(9)

Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

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

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

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

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

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

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

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

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

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

11. 306(a)(14)

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

12. 306(a)(15)

Funds received under this title will be used—

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

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

B. Additional Assurances:

Requirement: OAA 305(c)(5)

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

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

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

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

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

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

(i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

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

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

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

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

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

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

Requirement: OAA 307(a)(15)

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

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

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

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

Requirement: OAA 307(a)(18)

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

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

Requirement: OAA 307(a)(26)

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

Requirement: OAA 307(a)(27)

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

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

CFR [1321.53(a)(b)]

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

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

- (1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
- (2) Provide a range of options;
- (3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;
- (4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
- (5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;
- (6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
- (7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
- (8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
- (9) Have a unique character which is tailored to the specific nature of the community;
- (10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.61(b)(4)]

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

CFR [1321.61(d)]

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

CFR [1321.69(a)]

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

ATTACHMENTS

Attachment 1: Older Adult Survey

Attachment 2: Key Informant Survey

Attachment 3: Long-Term Care Resident Survey

Attachment 4: Senior Legal Services Recipient Survey

Attachment 5: Public Hearing Notice

Attachment 6: Public Hearing Notice (Spanish)

Attachment 7: Public Hearing Presentation