

Second **50** Years in El Dorado County

2013-2014 Update to the 2012-2016 Area Plan

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 2013

2013-2014 AREA PLAN UPDATE (APU) CHECKLIST
(Revised December 2012)

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included	
	Update ALL of the following ANNUALLY:		
n/a	APU-(submit electronically only)	<input checked="" type="checkbox"/>	
n/a	Transmittal Letter-(must have original signatures or official signature stamp)	<input checked="" type="checkbox"/>	
2, 3, or 4	Estimate of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>	
7	Public Hearings that will be conducted	<input checked="" type="checkbox"/>	
n/a	Annual Budget	<input checked="" type="checkbox"/>	
10	Service Unit Plan (SUP) Objectives	<input checked="" type="checkbox"/>	
	If there has been a CHANGE from the 2012/16 Area Plan, or if the section was not included in the 2012/16 Area Plan, update the following:	Mark Changed/Not Changed (C or N/C)	
		C	N/C
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Needs Assessment ¹	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	AP Narrative Objectives:		
9	• System-Building and Administration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III B-Funded Programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III B-Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III B-Funded Program Development/Coordination (PD or C)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III B/VIIA- Long-Term Care Ombudsman/Elder Abuse Prevention Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III C-1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III C-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	• Title III E-Family Caregiver Support Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title V-SCSEP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>

¹ Prior to the development of the 2016/2020 Area Plan at least one Needs Assessment must be conducted.

ANNUAL UPDATE FISCAL YEAR 2013-2014

AAA Name: El Dorado County

PSA Number: 29

Person Completing the Report:

Michelle Hunter, Program Manager

Telephone:

(530) 621-6161

Email:

michelle.hunter@edcgov.us

This report serves as the Annual Update for Area Agencies on Aging (AAAs) to provide yearly information on the progress AAAs are making on achieving goals and objectives detailed in the Area Plan. The due date for the Annual Update and the original Transmittal Letter is no later than May of each Fiscal Year.

TRANSMITTAL LETTER

Four-Year Area Plan 2012-2016

2013-2014 Area Plan Update

AAA Name: El Dorado County

PSA Number: 29

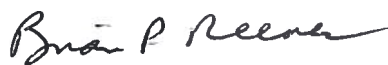
This 2013-2014 Area Plan Update to the 2012-2016 Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director actively support the planning and development of community-based systems of care and will ensure compliance with the assurances set forth in this Area Plan. The undersigned recognize the responsibility within each community to establish systems in order to address the care needs of older individuals and their family caregivers in this planning and service area.

1. Ron Briggs


Chair, Governing Board

Date

2. Brian Reeves



Chair, Advisory Council



Date

3. Janet Walker-Conroy



Director, Area Agency on Aging



Date

FISCAL YEAR 2013-2014 AREA PLAN UPDATE

The El Dorado County Area Agency on Aging (AAA), Planning and Service Area (PSA) 29, developed the 2013-2014 Area Plan Update, the first annual implementation plan to the 2012-2016 Area Plan for Senior Services. As required by the federal Older Americans Act and in accordance with direction from the California Department of Aging (CDA), the 2013-2014 Area Plan Update is developed for submittal to CDA. The Annual Update provides the mechanism through which the AAA reports on modifications to 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. The Update details the status of annual objective accomplishments and discusses the impact of activities undertaken during the first fiscal year of the 2012-2016 planning cycle.

Based upon the information provided by CDA in the Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF) report, the 60+ senior population in El Dorado County has increased steadily, increasing 4.6% from 2010 to 2011. However, for the first time, the County has experienced a decrease in the senior population of 8% from 2011 to 2012. The total 60+senior population in 2010 was 41,050 and decreased to 39,494 in 2012. The table below details the changes in the demographics for PSA 29.

Demographic	2010	2011	2012	Change from 2010 to 2012
Population 60+	41,000	42,952	39,494	-3.68%
Non-Minority 60+	37,372	39,063	35,648	-4.62%
Minority 60+	3,678	3,889	3,846	4.57%
Low Income 60+	2,255	2,255	2,240	-0.67%
Medi-Cal Eligible 60+	1,980	2,213	2,267	14.49%
Geographic Isolation 60+	10,897	10,897	10,897	n/a
SSI/SSP* 65+	303	346	662	118.48%
Population 75+	11,419	11,701	11,087	-2.91%
Lives Alone 60+	5,300	5,300	7,737	45.98%
Non-English Speaking	70	70	230	228.57%

*Supplemental Security Income/State Supplementary Payment

Although the 60+ senior population has decreased, the number of seniors meeting the criteria for need based programs has increased. When compared to the total senior population for 2012, the number of low income seniors is 5.7%, the number of Medi-Cal eligible seniors is 5.7%, and the number of SSI/SSP eligible seniors 1.7%. This compares to 2011 when the percentage of low income seniors was 5.2%, Medi-Cal was 4.4% and SSI/SSP was 0.8%. It is expected that the number of seniors who will become eligible for Medi-Cal will increase due the Affordable Care Act which has

increased eligibility to 135% of the federal poverty guidelines. A two person family would become eligible for Medi-Cal if their income is \$20,939 or less and other program requirements are met.

El Dorado County has a myriad of services available to low income seniors. These include In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Housing Choice Voucher Program (Section 8), Low Income Home Energy Assistance (LIHEAP) and Weatherization Programs, Senior Legal Services, Family Caregiver Support Program, Senior Nutrition Congregate and Home Delivered Meals. The Information and Assistance Program can provide appropriate referrals for seniors, disabled and low income individuals to these programs and others within the community by evaluating their unique needs and helping them make informed decisions about needed community-based programs and available support services.

The table above highlights the increase in minorities and Non-English speaking seniors. Since 2010, the minority senior population has increased 4.7% and the Non-English speaking senior population has increased 228.57%. In order to meet this need, the Information and Assistance Program now has Spanish speaking assistance available Monday through Friday from 7:00am to 4:00pm.

SIGNIFICANT ACCOMPLISHMENTS FISCAL YEAR 2012-2013

Significant accomplishments have been achieved by the El Dorado County AAA during the first year of the 2012-2016 planning cycle. These accomplishments and activities demonstrate the AAA's commitment to assess the needs of older adults, adults with disabilities, and their caregivers in the community and make responsive improvements to enhance the service delivery system. These accomplishments include:

Increase in Meals Served by Senior Nutrition Services

Senior Nutrition Services significantly increased the number of Congregate Meals and Home Delivered Meals served. Overall, Senior Nutrition Services provided 152,593 meals during Fiscal Year 2011-2012 which is a nine percent increase over the previous fiscal year. At the seven congregate meal sites, located throughout the County, 56,436 meals were served which is a five percent increase over the previous fiscal year. With the help of community volunteers delivering on 24 routes, 88,715 meals were served to our most vulnerable homebound older adults. This is a twelve percent increase over the previous fiscal year. Senior Nutrition Services continues to maintain the health and wellness of older adults through good nutrition, and provides an important safety net to help older adults remain independent.

Co-Location of Adult Protective Services, Public Guardian, and Mental Health Case Manager

Two Social Workers from Adult Protective Services and all of the Public Guardian staff had been housed at the Placerville Senior Center. The entire Adult Protective Services unit, Public Guardian's Office, and a Mental Health Case Manager are now fully relocated to the modular on Spring Street, providing more integrated services for shared clients of these three programs. Another positive impact of their relocation to another building is three additional rooms at the Placerville Senior Center are being dedicated for senior services/activities. Parking availability also improved at the Placerville Senior Center.

Accomplishments of the Commission on Aging (COA)

The second COA Annual Report was presented to the El Dorado County Board of Supervisors on March 5, 2013 detailing the Commission's achievements, advocacy, reports, and trainings. The COA submitted a letter of support dated February 21, 2013 to the Board recommending a second Senior Day Care facility be opened in El Dorado Hills at the El Dorado Hills Senior Center. A business plan is being developed, with input from the program supervisor at the Placerville Senior Day Care facility, for presentation to the Board of Supervisors. The COA is also conducting education and outreach and partnering with local community groups in fundraising efforts.

The COA Regional Committee, Placerville Metro, is working with community partners to explore the feasibility of a new Senior Center in the greater Placerville area and possible improvements to the current Placerville Senior Center. With the relocation of

the Public Guardian's office, three additional rooms are being dedicated to senior services/activities. The Placerville Metro Committee conducted an assessment of the Placerville Senior Center in November of 2012, a focus group with the activity leaders on February 28, 2013, and a staff survey on March 28, 2013. A survey of the current users of the Center is being planned. The COA will complete a formal proposal for submittal to the Director of Health & Human Services with their recommendations of how to best utilize the three additional rooms and other improvements they would like to see implemented at the Placerville site.

Bilingual Services Available Through the Information and Assistance Program

The number of non-English speaking seniors 60 years and older in El Dorado County has increased 228.6% since 2010. Spanish is the most predominant language of the non-English speakers. Bilingual services for Spanish speaking seniors and their families are available Monday through Friday, 7:00am – 4:00pm through the Information and Assistance Program.

Caregiver Permit Program

El Dorado County leaders recognize the risks that dishonest or neglectful caregivers pose to our vulnerable elders and dependent adults. State efforts to pass legislation to address this serious and fast-growing problem have not been successful. Therefore, the El Dorado County Board of Supervisors, Elder Protection Unit, and Commission on Aging are working as partners to establish a Caregiver Permit Program in our community.

Modeled after the successful program in Napa County, our Caregiver Permit Program is in the development stages. One of the proposed requirements is that every person who is paid to provide in-home personal or domestic services to an elder or dependent adult must undergo a background check and obtain a county issued permit. Family caregivers will be given the option to apply for a limited permit specific to their loved one. Caregivers who are already licensed through State agencies and IHSS providers who have undergone the State approval process will be exempt.

AARP Tax-Aide Program

The three Senior Centers within the County once again hosted the AARP Tax-Aide Program for the 2013 season. Annually, the AARP Tax-Aide Program assists low and middle-income taxpayers, many of whom are older adults, prepare and file their income tax returns, free of charge. The AAA provided the meeting space and outreach for this valuable assistance at the Senior Centers. During the 2012 tax season, over 632 federal and 628 California returns were prepared at the Placerville Senior Center. Of those, 52 were for our Public Guardian clients. In addition, the volunteers reviewed the information for 181 Public Guardian clients to ensure they did not need to file. At the El Dorado Hills Senior Center 194 returns were electronically filed and at the South Lake Tahoe Senior Center 491 clients were assisted. The Program is on track to meet or exceed these numbers for the 2013 tax season.

Computer Lab/Classes for Seniors

The Senior Computer Center (SCC), located at the Placerville Senior Center continues to offer numerous older adults an opportunity to learn new skills. Four to five classes, all taught by volunteer instructors, are offered monthly on various topics which include: Beginner Personal Computer (PC), Intermediate PC, Computer Security, Craigslist, Digital Photography, eBay and Bring Your Own Laptop. One-on-one training sessions are also available by appointment. Open Session Time is available at SCC Monday through Friday from 11am-3pm for older adults' personal use of the computers. Many class graduates use this time to put to the test their newly developed skills such as downloading pictures from their digital cameras and/or smart phones, doing research on the internet or simply keeping in touch with friends and family. Annually over 400 older adults utilize the Senior Computer Center.

Physician Orders for Life Sustaining Treatment (POLST) In-Service Training Provided

An in-service training with questions and answers, as well as handouts, was conducted by Dr. Al Kahane, who was a member of the COA and is a retired physician and administrator from Kaiser Permanente Healthcare Systems. His presentation covered the POLST and the end of life decision making process. The POLST is being widely adopted by care facilities and hospitals. This training was well received by the Health & Human Services Agency staff. A total of 24 staff members attended representing senior and protective programs such as Public Guardian, Adult Protective Services, IHSS, MSSP, Family Caregiver Support, Information and Assistance, and Long Term Care Ombudsman.

NEW SERVICE OFFERED BY AAA

For Fiscal Year 2013-2014, \$3,000 of Title IIIB funding will be allocated to purchase transportation and assisted transportation. This limited funding will be used primarily to provide or coordinate the transportation needs of older adults and their caregivers to medical appointments, locally or within the greater Sacramento region. When all other resources are exhausted, the I&A Program will coordinate medical transportation needs for clients with physical and/or cognitive difficulties with home health agencies. Bus vouchers will be purchased through El Dorado Transit for those clients with greater mobility.

ANNUAL BUDGET

The El Dorado County AAA continues to maximize its revenue funding streams to offer as many senior programs and activities as possible. The California State budget appears to have stabilized and cuts to senior programs are not expected. There are proposals being developed to move the IHSS program to the Managed Care Organizations (MCO) and, depending upon the type of program adopted, this may have a significant impact on the structure of the program at the County level. The original 20% across the board reduction in IHSS hours has been nullified in a recent settlement between the State of California and IHSS consumer advocates and provider unions. In its place, the parties agreed to continue the existing 3.6% across the board cut to hours and increased the cut by another 4.4% for total across the board cut to hours of 8% effective July 1, 2013. This total cut will drop to 7% beginning July 1, 2014.

The El Dorado County Board of Supervisors continues to support programs for older adults and provide financial assistance beyond the required match as well as policy direction to the AAA. The COA continues to explore avenues and community partners to expand services to seniors without expanding costs to the AAA. The County budget for FY 2013-2014 is stable, with no reductions in services planned for the fiscal year.

The unknown variable is the federal budget, where many of the funding streams for senior programs originate. These funding sources are part of the sequester cuts that were scheduled to begin January 2013 but were postponed until March 1, 2013. This could impact programs and services funded through the Older Americans Act such as Senior Nutrition Services and other supportive services. Other programs which have received reductions in funding that would impact older adults are: Housing Choice Voucher Program which provides rental assistance for seniors, families and the disabled; homeless assistance; caregiver services; LIHEAP and Weatherization Program; and programs receiving CDBG formula grants. It is unknown how long these cuts will be in effect or what the final impact will be to specific programs. For PSA 29, it is estimated that there will be an eight percent across the board cut. El Dorado County will attempt to maintain current service levels to the extent possible. Should budget cuts become unavoidable, we will have to adjust in order to ensure the least impact on our most frail and vulnerable older adults.

Progress on the Four Year Plan Goals and Objectives

This section provides an account of the progress made toward specified goals and objectives during the current year, Fiscal Year 2012-2013, including any modifications necessary for the upcoming second year of the planning cycle. Our commitment to addressing these goals continues in our effort to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older persons in our community.



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.

Status: This objective is moved to the following fiscal year. The first brown bag check-up is scheduled for August 22, 2013.

- 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.

Status: Completed and activities will be ongoing. During October 2012, HICAP provided a Medicare Overview/Update session in El Dorado Hills (25 attendees) and two sessions in South Lake Tahoe (a total of 30 attendees). The session scheduled for Placerville was cancelled due to building repairs. A session was scheduled in Diamond Springs, a nearby location (27 attendees).

- 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.

Status: Completed. There are 11 exercise classes being held at 5 locations throughout the county. A Tai-Chi class for seniors entitled "Moving for Better Balance" was added this fiscal year. This new class at the Placerville Senior Center has 24 students enrolled and a waiting list for the next class. A brochure has been developed and is posted on SHEP's website which provides information on exercise programs specifically for older adults and information related to the "Silver Sneaker" discount program.

- 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.

Status: Completed and activities will be ongoing. The Senior Times Newsletter provides readers with the weekly activity calendar for all Nutrition sites, information on senior trips and other opportunities. The local newspapers also highlight selected trips and activities in their publications.

- 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.

Status: Timely completion anticipated. An area will be developed in the two offices of the Connections One Stop Workforce Development and Business Resource Center to highlight employment opportunities and training for older adults in both the Placerville and South Lake Tahoe areas. This information will also be added to the website.

- 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.

Status: Completed and activities will be ongoing. El Dorado County Senior Nutrition Services increased the number of meals served in Fiscal Year 2011/2012. A total of 56,436 congregate meals were served which was a five percent increase over the previous year.

- 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.

Status: This objective is moved to the following fiscal year. The COA has met with the Cameron Park Community Services District to increase programs and activities specifically for seniors. Recommendations have been discussed and it is anticipated that additional activities for seniors will begin with the Cameron Park CSD summer catalog. At this time, the COA has not contacted the City of Placerville Recreation and Parks Department. Limited staffing at the AAA may reduce the participation in this objective.

- 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.

Status: Completed and activities will be ongoing. The YANA Program served 50 isolated older adults in El Dorado County during Fiscal Year 2011/2012 and 60 older adults during Fiscal Year 2012/2013. This is a 20% increase. Outreach will continue to be provided to increase the provision of services.

- 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.

Status: Completed and activities will be ongoing. The COA has an appointed representative to advocate for the needs of seniors at various county meetings such as Parks and Recreation, Trails, Transportation, Safety, and the General Plan. A member of the COA has also been appointed to the Social Services Transportation Advisory Council. This council is a diverse group of persons representing the elderly, the physically challenged, and other individuals who are transit dependent, as well as commuters who meet to identify possible unmet transit needs that may be reasonable to achieve.

- 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.

Status: Completed. I&A staff are working closely with program supervisors to identify their program needs. Continuous outreach, via the media, a dedicated bulletin board in the Placerville Senior Center and "meet and greet" meetings are conducted seeking volunteers from the community based on program needs. A data base has been created to track and match interested volunteers with programs in need.

- 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.

Status: The COA Placerville Metro Workgroup, working with community partners, continues to explore options and the feasibility of a new community/senior center in the greater Placerville area. The workgroup has conducted networking meetings with various individuals and groups, a local community foundation, and the current users of the Placerville Senior Center. A review will begin comparing the Senior Centers in different communities throughout California and their development and support by AAAs.

2 Aging Readiness

- Address basic needs and plan 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 by 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.

Status: This objective will be revised and moved to the following fiscal year. FCSP will provide 28 comprehensive assessments, 470 hours of respite, 350 hours of training and 350 hours of support group time per fiscal year.

- 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.

Status: Timely completion is anticipated. A balance training class was scheduled in Fiscal Year 2012/2013 at the El Dorado Hills Senior Center, however, it was cancelled due to lack of participants. The COA is collaborating with the Cameron Park Community Services District to hold a fall prevention and balance training class on April 30, 2013.

- 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.

Status: This objective will be moved to the following fiscal year. A COA Commissioner has developed a program for older adults and this is currently under review by El Dorado County Library staff.

- 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.

Status: This objective will be moved to the following fiscal year. Planning of the event has begun and completion of the first annual Boomer Education 101 course is expected during the fall of Fiscal Year 2013/2014.

- 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.

Status: This objective is moved to the following fiscal year of 2014/2015 and 2015/2016 and will be held bi-annually. The Marshall Community Health Library moved to a new location in January 2013.

- 2.7 SHEP will collaborate with the El Dorado County Emergency Medical Services Agency and Office 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.

Status: This objective is deleted. The Federal Fiscal Year 2012 Congressional appropriations now require that Older Americans Act Title IIID (SHEP) funding is used only for programs and activities which have been demonstrated to be evidence-based. We cannot demonstrate through evaluation that the Vital Health Packets are effective for improving the health and well-being or reducing disease, disability and/or injury among older adults as required.

- 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.

Status: The COA is actively exploring the feasibility of opening a Senior Day Care Services Center in El Dorado Hill adjacent to the El Dorado Hills Senior Center. The COA is conducting outreach and partnering with local community groups to raise start-up funding and secure needed donations of equipment and other services.

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.

Status: Objective 3.2 will be combined with Objective 3.1. As well as disseminating information on fraud schemes, Senior Legal Services will publish articles to increase awareness of important legal issues for older adults. This objective is partially complete and will be ongoing. Monthly articles are written for the Senior Times and also posted on the El Dorado County Website. Monthly articles have not been written for the local newspaper. A COA Commissioner has volunteered to assist Senior Legal Services with articles for the local newspaper.

- 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.

Status: This objective is deleted and has been merged with Objective 3.1.

- 3.3 To increase awareness of advanced 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.

Status: Completed and activities will be ongoing. During FY 2012/2013, 4 workshops related to Power of Attorney (POA) were provided. Two workshops were held at the Placerville Senior Center, one at the El Dorado Hills Senior Center, and one at the South Lake Tahoe Senior Center.

- 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.

Status: Completed and activities will be ongoing. The Long Term Care Ombudsman provided 22 volunteer training classes on the scope of the ombudsman responsibilities in providing resident advocacy and protection of rights of institutionalized older and dependent adults in FY 2012/2013.

- 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.

Status: Timely completion anticipated. The LTC Ombudsman program continues to recruit and certify volunteers to routinely visit residents and investigate complaints in long-term care facilities.

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.

Status: Completed and activities will be ongoing. An educational outreach campaign was provided to a Parish Nurse Group that meets at a local church. This group of medical professionals consisted of various denominations of religions.

- 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.

Status: Completed and activities will be ongoing. A total of 18 classes were completed.

- 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.

Status: Timely completion anticipated. A brochure has been developed and is in the process of being published.

- 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.

Status: This objective is moved to the following fiscal year. Arrangements will be made to expand client appointments to Pioneer Park and Greenwood Community Centers.

- 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.

Status: Completed and activities will be ongoing. FCSP received one call from a grandparent seeking information regarding guardianship of the grandchildren. This inquiry was referred to KSSP. Follow-up on this referral was made by FCSP and the grandparent is currently receiving assistance from KSSP. Information was also obtained and distributed to WIC, Senior Legal Services and Information and Assistance on the location and times of the KSSP Support Group meeting in Placerville.

- 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.

Status: This objective was partially completed and will be ongoing. A focus group was held by the COA with the Activity Leaders of the Placerville Senior Center on 2/28/13 to identify optimal uses for the Senior Center. A second focus group will be scheduled at the Cameron Park Community Services District with a goal to increase services and activities for older adults in the Cameron Park Community Center.

- 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.

Status: Timely completion anticipated. The film, "GenSilent," has been ordered to educate all Health & Human Services staff.

- 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.

Status: This objective is partially completed and activities will be ongoing. The number of visits to the COA website exceeded the expectations. The number of visits to the website increased by 16.1% receiving 9,826 hits. The Senior Times Newsletter has not increased by 5% but has remained at previous year's subscription levels. Currently, there are 1,200 subscribers by mail, 400 on-line subscriptions, and issues are available at all Nutrition sites within the County.

SECTION 7. 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? ¹ Yes or No	Was hearing held at a Long-Term Care Facility? ² Yes or No
2012-13					
2013-14	4/18/13	Placerville, CA	27	No	No
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.

The public hearing for the 2013-2014 Area Plan Update was advertised at all Senior Nutrition Congregate dining sites as well as the three senior centers located within the County (PSA 29). A notice was also posted at the Health & Human Services Agency office. The public hearing was noticed in the Mountain Democrat, which is the largest local newspaper for the PSA and included on the Commission on Aging 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

Not Applicable.

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

Yes. Go to question #5

No, Explain:

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.

This Public Hearing for the Annual Update reviewed the progress on the Goals and Objectives as well as the achievements of the Area Agency on Aging, PSA 29. Attendees were provided the opportunity to comment and make recommendations regarding the Update. No changes are being made in PSA 29's existing funding percentages of the Title IIIB funds for Priority Services.

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

Not Applicable.

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

The comments received at the Public Hearing were as follows:

1. *The El Dorado County Board of Supervisors is very supportive of the senior programs within the county and supplements the funding received beyond the minimum requirements.*
2. *HICAP is expecting an increase in clients due to the Affordable Care Act and changes to Medicare.*
3. *There is an increased interested in exercise and other activities designed for seniors. Seniors have expertise that could be used to teach a class.*
4. *The County Parks and Recreation Department is interested in taking a more active role with the coordination of activities within the County.*
5. *What is the definition of "Geographic Isolation" which is identified in the demographics?*
6. *Is there information available that identifies the number of grandparents raising grandchildren within the County? Is this available by specific areas? Information may be available through Lilliput Children Services located in El Dorado Hills. Lilliput is the direct service provider of the Kinship Support Services Program (KSSP). Demographic information by specific county areas is also available in the El Dorado County Parks and Recreation Master Plan located on the county website.*
7. Note any changes to the Area Plan which were a result of input by attendees.

No changes will be made to the Area Plan update as a result of the Public Hearing.

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	90,000	2	
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

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	n/a		
2013-2014	50	2	
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	60,000	1	1.7
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

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	n/a		
2013-2014	100	2	
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	4,500	3,4	3.1, 3.3, 3.4, 3.5, 4.3, 4.4
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	4,800	1	1.7
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	3,000	1, 2, 4	1.1, 1.13, 2.6, 4.1, 4.9
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 ³

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	720	1	1.11
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, 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	2,000	1, 2. 4	1.1, 1.4, 1.9, 2.3, 4.2
2014-2015			
2015-2016			

Note: Health Screenings are no longer being provided by the PSA due to lack of funding.

Title III D Medication Management ⁴

Units of Service = 1 Contact

Service Activities: Brown Bag Clinic with a Pharmacist

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	30	1	1.2
2014-2015			
2015-2016			

Note: Vital Health Packets are no longer being provided as they do not meet the evidence based requirements.

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 <u>68%</u> FY 2013-2014 Target: Resolution Rate <u>75%</u>
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: <u>11</u> FY 2013-2014 Target: <u>8</u>
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: <u>4</u> FY 2013-2014 Target: <u>2</u>
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: <u>92</u> FY 2013-2014 Target: <u>36</u>
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: <u>241</u> FY 2013-2014 Target: <u>240</u>
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: <u>3</u> FY 2013-2014 Target: <u>4</u>
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>80%</u> FY 2013-2014 Target: <u>100%</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: <u>61%</u> FY 2013-2014 Target: <u>90%</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

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: <u>1.05</u> FTEs FY 2013-2014 Target: <u>1.05</u> FTEs
4. FY 2012-2013 AoA Data: <u> </u> FTEs FY 2014-2015 Target: <u> </u> 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 14

2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers
as of June 30, 2013 15

3. FY 2011-2012 AoA Data: 10 certified volunteers
FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers
as of June 30, 2014 15

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.

<p>1. FY 2010-2011 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV <u>5</u></p> <p>Please obtain this information from the local LTC Ombudsman Program Coordinator.</p>
<p>2. FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV <u>5</u></p>
<p>3. FY 2011-2012 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV <u>2</u></p> <p>FY 2013-2014 Target <u>2</u></p>
<p>4. FY 2012-2013 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____</p> <p>FY 2014-2015 Target _____</p>
<p>5. FY 2013-2014 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____</p> <p>FY 2015-2016 Target: _____</p>
<p>Program Goals and Objective Numbers: 3</p>

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	20
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	60
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	750
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 E Services

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: 1 Total est. audience for above: 75	1, 2, 4	1.1, 2.1, 4.1, 4.5
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	900	2, 4	2.1, 2.2, 4.5
2014-2015			
2015-2016			
Support Services	Total hours		
2012-2013	800	2, 4	2.2, 4.2
2013-2014	900	2, 4	2.2, 4.2
2014-2015			
2015-2016			
	Total hours		

Respite Care			
2012-2013	1,700	2	2.2
2013-2014	1,000	2	2.5
2014-2015			
2015-2016			
Supplemental Services	Total occurrences		
2012-2013	10	2	2.2
2013-2014	4	2	2.2
2014-2015			
2015-2016			

Direct and/or Contracted III E Services

Grandparent Services Caring for Children	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> 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: 0 Total est. audience for above: 0		
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	0		
2014-2015			
2015-2016			
Support Services	Total hours		
2012-2013	2	4	4.5
2013-2014	0		
2014-2015			
2015-2016			

Respite Care	Total hours		
2012-2013	3	4	4.5
2013-2014	0		
2014-2015			
2015-2016			
Supplemental Services	Total occurrences		
2012-2013	1	2, 4	2.2, 4.5
2013-2014	0		
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	TBD*	1
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	TBD*	1
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	TBD*	1
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	1,792	1
2013-2014	TBD*	1
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	200	1
2013-2014	TBD*	1
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	409	1
2013-2014	TBD*	1
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	740	1
2013-2014	TBD*	1
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	600	1
2013-2014	TBD*	1
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	1.4	1
2013-2014	TBD*	1
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) ⁵

State Fiscal Year (SFY)	3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2012-2013	4	1
2013-2014	TBD*	1
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	TBD*	1
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	TBD*	1
2014-2015		
2015-2016		

*To Be Determined at a later date.

⁵ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

**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:

Ron Briggs, Chair	January 2014
Norma Santiago, First Vice Chair	January 2014
Ray Nutting, Second Vice Chair	January 2014

Names and Titles of All Members:

Board Term Expires:

Ron Mikulaco	January 2017
Ron Briggs	January 2017
Norma Santiago	January 2015
Raymond J. Nutting	January 2015
Brian K. Veerkamp	January 2017

**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

Race/Ethnic Composition	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
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:

Brian Reeves, Chair , Community Representative	3/2015
Roberta Rimbault, Vice Chair , Supervisor Appointee Member-at-Large	1/2014

Name and Title of other members:

Office Term Expires:

Hal Erpenbeck, Supervisor Appointee – District 1	1/2017
Norman Smith, Supervisor Appointee – District II	1/2017
Michael Roberts- Supervisor Appointee-District III	01/2017
Vicki Ludwig, Vice Chair – Supervisor Appointee -- District IV	1/2015
Siubhan Stevens, Supervisor Appointee – District V	1/2014
Al Kahane, M.D., Community Representative	3/2014
Geraldine Grego, City of South Lake Tahoe Appointee	n/a
Marlene Back, Community Representative	11/2014
Steven Shervey, City of Placerville Appointee	n/a
Roger Berger, Community Representative	3/2015
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.

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Access Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Support Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Respite Care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

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

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

- Provider name and address of agency

***Kinship Support Services Program (KSSP) administered by, Lilliput Children’s Center**
1190 Suncast Lane Suite #2
El Dorado Hills, CA 95762
Phone: 916-941-8799
www.lilliput.org*

- Description of the service

The Kinship Support Services Program (KSSP) is funded by the State of California in partnership with 20 counties including, PSA 29 (El Dorado) and non-profit agencies to provide support services to caregivers of any age who are raising a child of a relative.

- Where the service be provided (entire PSA, certain counties, etc.)

The KSSP program in PSA 29 has proven to be very effective in their outreach and accepting informal referrals. The few contacts the FCSP program in PSA 29 has had with grandparent/kinship caregivers has been very minimal. FCSP has made informal referrals to the KSSP program with very successful results. The FCSP will continue to use the KSSP as part of our informal referral for the specified population.

- Information that influenced the decision not to provide the service (research, feedback from needs assessment, survey of senior population in PSA, etc.)

The KSSP program covers all services Family Caregiver Support Program (FCSP) provides under the definitions of Grandparent Information Services, Access Assistance, Support Services (including, Case Management regardless of diminished capacities due to mental impairment or temporary severe stress and/or depression), Respite and Supplemental Services.

- How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds

The FCSP program will be notified by the Social Service Division of El Dorado County if the KSSP contract is not renewed and thus, will service the specified population.