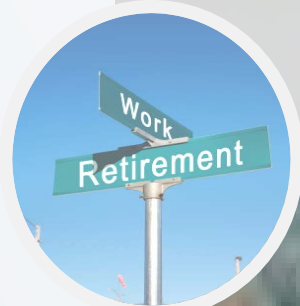


Second **50** Years in El Dorado County

2015-2016 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
May 2015

ANNUAL UPDATE FISCAL YEAR 2015-2016

AAA Name: El Dorado County

PSA Number: 29

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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

2015-2016 Area Plan Update

AAA Name: El Dorado County

PSA Number: 29

This 2015-2016 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. Brian K. Veerkamp

Chair, Governing Board

Date

2. Roger Berger

Chair, Advisory Council

Date

3. Michelle Hunter

Director, Area Agency on Aging

Date

FISCAL YEAR 2015-2016 AREA PLAN UPDATE

The El Dorado County Area Agency on Aging (AAA), Planning and Service Area (PSA) 29, developed the 2015-2016 Area Plan Update, the third 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 2015-2016 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 third 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 increased steadily, increasing 4.6% from 2010 to 2011. However, the County experienced an unexpected 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. In 2013, the senior population returned to previous trends and increased 12.6% over 2012. The senior population increased again in 2014. The table below details the changes in the demographics for PSA 29.

Table 1 Demographics	2012	2013	2014	Change from 2012 to 2014
Population 60+	39,494	44,439	46,221	17.03%
Non-Minority 60+	35,648	39,779	41,258	15.74%
Minority 60+	3,846	4,660	4,963	29.04%
Low Income 60+	2,240	2,240	2,735	22.10%
Medi-Cal Eligible 60+	2,267	2,671	2,426	7.01%
Geographic Isolation 60+	10,897	16,600	16,600	52.34%
SSI/SSP* 65+	662	656	654	-1.21%
Population 75+	11,087	11,735	12,067	8.84%
Lives Alone 60+	7,737	7,737	7,375	-4.68%
Non-English Speaking	230	230	125	-45.65%

*Supplemental Security Income/State Supplementary Payment

Reviewing the demographic data above, the number of seniors meeting the criteria for need based programs continues to increase. The percent of low income seniors has increased 22.10% over the last two years, the percent of Medi-Cal eligible seniors has increased 7.01%, and the percent of SSI/SSP eligible seniors has decreased 1.21%. It is expected that the number of seniors who will become eligible for Medi-Cal will continue to 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 annual income is \$21,505.50 or less and other program requirements are met.

Table 1 also identifies a large increase (5,703 seniors or 52.34%) in the number of 60+ seniors living in geographic isolation which may be misleading due to the nature of our County. The California State Plan on Aging defines geographic isolation as rural areas compared to urban highly densely settled core areas. El Dorado County only contains two cities, Placerville and South Lake Tahoe. Many areas of our County are rural areas but not necessarily isolated areas.

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.

Table 1 highlights the increase in minorities and a decrease in non-English speaking seniors. Since 2012, the minority senior population has increased 29.04% and the non-English speaking senior population has decreased by 45.65%. The Area Agency on Aging will continue to meet the needs of the non-English speaking population; the Information and Assistance Program has Spanish speaking assistance available Monday through Friday from 7:00am to 4:00pm.

SIGNIFICANT ACCOMPLISHMENTS FISCAL YEAR 2014-2015

Significant accomplishments have been achieved by the El Dorado County AAA during the third 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 continues to significantly increase the number of Home Delivered Meals served. With the help of community volunteers delivering on 25 routes, 107,154 meals were served to our most vulnerable homebound older adults during Fiscal Year 2013-2014. This is an 11.55% increase over the previous fiscal year. The prior year, Fiscal Year 2012-2013 saw a 7.15% increase over the previous fiscal year creating a total increase of 18.5% change over the last two years. During the first three quarters of Fiscal Year 2014-2015, the Senior Nutrition Program delivered 89,771 meals and we are projecting to serve approximately 110,000 Home Delivered Meals this 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.

Accomplishments of the Commission on Aging (COA)

The fourth COA Annual Report was presented to the El Dorado County Board of Supervisors on March 24, 2015, detailing the Commission's achievements, advocacy, reports, and trainings. The El Dorado County Board of Supervisors supported the efforts of the COA with an annual budget of \$2,500 to be used for education seminars, outreach, and equipment/supplies needed to meet these activities and the objectives in the Area Plan.

Continued Sponsorship and Educational Courses

The COA continues to sponsor and coordinate educational courses within the community to provide information on topics of interest to seniors including, but not limited to, Medicare, Social Security, Veterans issues, Aging in Place, Decoding Dementia, and Coping with Loss.

- A condensed two course series, "Boomer 101", was presented at the Cameron Park Community Center on February 24th and March 3rd. A three course series will be held in South Lake Tahoe on June 3rd, 10th, and 17th.
- "Aging with Success", a radio series, was presented by a COA Commissioner.

Dedication of a Senior Room at the Cameron Park Community Center

The COA, in conjunction with the Mature Leadership Council in the Cameron Park Community, developed a new dedicated "50+ Room". A grand opening was

held on August 19, 2014 with approximately 30-40 people in attendance. This room is open Tuesdays and Thursdays from 10:00am to 2:00pm. Activities are geared to all seniors and include various games, lectures, and other activities.

Safe at Home, a Non-Profit Program of Rebuilding Together Sacramento Home Modifications

The COA was actively involved in expanding Safe at Home, the Rebuilding Together Sacramento Program to El Dorado County. This program is free to qualifying low income residents and provides minor repairs and modifications that improve accessibility and safety within the home. Services are also available, for a low cost, to those who do not meet the income requirements. This work is provided by trained volunteers and includes such services as indoor and outdoor handrails, grab bars, CO2 monitors, smoke and fire detectors, shower aids, toilet risers, transfer poles, and transition ramps. All volunteers are background checked, trained and insured.

Senior Legal Services Expanded to the Cameron Park Community Center

Senior Legal Services are now available on a monthly basis at the Cameron Park Community Center. Seniors are able to schedule one-on-one appointments with the Senior Legal attorney to receive legal advice, advocacy and assistance in areas such as estate planning, public benefits, consumer issues, health care, real property and abuse and exploitation. This service is available by appointment.

\$50,000 Life Insurance Policy Bequeathed to the Placerville Senior Center

An El Dorado County resident bequeathed their life insurance to be used for improvements at the El Dorado County Placerville Senior Center. Several improvements have been made:

- New tables/chairs for the side dining room to allow more flexibility for activities in this area;
- A Computer and Resource Room was created with new Computers and new seating area for seniors to visit with each other;
- The main dining room was updated with a projector, 60-inch Smart TV, and DVD player;
- Clear interior signage for offices and program;
- Cushioned benches in the hallway;
- New exterior paint.

Senior Day Care Center 25th Anniversary

The El Dorado County Senior Day Care Program celebrated 25 years of service. A recognition event was held on September 18, 2014. The Placerville Senior Day Care Center opened its doors in August 1989. It is still at its original facility serving the needs of the frail and elderly. The Senior Day Center is open Monday – Friday and programs include daily group exercise, modified sports, guest speakers, live music, meals and field trips.

Bilingual Services Available Through the Information and Assistance Program

Spanish continues to be the most predominant language of the seniors in our community who are 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.

Expansion of Senior Shuttle Services

The Senior Shuttle has expanded services with additional volunteers drivers and routes on the Western Slope of El Dorado County. Monthly routes now serve Pollock Pines, Georgetown, Cameron Park, and El Dorado Hills. Outreach activities have increased ridership. The Senior Shuttle is also able to offer out-of-county trips to areas such as the Folsom Zoo, Daffodil Hill and various Folsom shopping centers. This service has a suggested donation of \$2.00/round trip within the county and \$5.00/round trip for out of county.

Family Caregiver Support Program (FCSP)/Senior Health Education Program (SHEP)

FCSP/SHEP received training and will be implementing a new evidence based caregiving class. This six week series, “Powerful Tools for Caregivers”, is scheduled to begin in December 2015. This course will be taught by trained FCSP/SHEP staff and will assist caregivers with tools and strategies to better handle unique caregiver challenges. The Power Tools for Caregivers will address the following areas:

- Self Care Behaviors (increased exercise, use of relaxation techniques, medical check-ups)
- Management of Emotions: (reduced guilt, anger, and depression)
- Self-Efficacy: (increased confidence in coping with caregiving demands)
- Use of Community Resources (increased utilization of community services)

AARP Tax-Aid Program

The AARP Tax-Aid Program continues to grow in popularity. Annually, the AARP Tax-Aid 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 at the Placerville and South Lake Tahoe Senior Centers. Services are also provided at the El Dorado County Library and Cameron Park Community Center. At the South Lake Tahoe Senior Center, the counselors and facilitators prepared an estimated 585 federal and 586 California e-filed returns. In addition, there were 19 paper filings for prior year and/or amended returns. This represents assistance to 986 community members. At the Placerville Senior Center, the 12 AARP/Tax Aide volunteers filed 854 federal and 844 California e-filed returns, and 25 paper returns, for prior year and/or amended returns. Of the 854 returns filed, 227 for were for Public Guardian clients. Tax questions were answered for 250 people, and an additional 11 returns were out of scope or had missing information.

Senior Day Care “Dementia 101” Workshop

The El Dorado County Senior Day Care Services offered a mini workshop on Saturday, January 24, 2015 and had 62 participants. The workshop featured two sessions from presenters who have extensive experience and knowledge in Alzheimer’s disease and dementia. Ester Lara, Clinical Social Worker and Research Administrator for the UC Davis Alzheimer’s Disease Center presented the first session, “Dementia: What is it?” and Wanda Demerest, Program Supervisor for the Senior Day Care Services Program in Placerville presented the second session, “Dementia: Understanding and Managing Behaviors.” Participant evaluations reflected an overall excellent review of the workshop. Due to the success of this first workshop, a second workshop has been scheduled for Saturday, May 30, 2015, and a third will be held on Saturday, July 11, 2015.

PROGRESS ON 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 2014-2015, including any modifications necessary for the upcoming fourth 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.

Status: SHEP will not be a part of the collaboration for a community health fair as this does not meet the Title IIIID evidence based criteria. The COA has taken the primary coordination role in the development and hosting of a Senior Lifestyle Fair in the Spring of 2015.

Status: This objective is deleted. The COA will not be coordinating a Senior Lifestyle Fair. The COA has formed an Outreach and Promotion Committee and will be limiting its efforts to attending established health fairs and other community events. A booth has been created and outreach brochures are available for distribution at community events. The COA has participated in four local events and two community showcases.

- 1.2 To assist in the prevention of inappropriate medication management and potential adverse effects, SHEP will schedule semi-annual "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.

Status: Partially completed and activities will be ongoing. The "brown bag check-up" was held on August 22, 2013. Another "brown bag check-up" will be scheduled in the Fall or Winter 2014. Due to limited staffing resources, one annual "brown bag" has been provided.

Status: This objective is deleted. The Brown Bag Check Ups do not meet the new Title IIIID evidence based criteria.

- 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).

Status: Completed and activities will be ongoing. During October 2013, HICAP provided a Medicare Overview/Update session at the South Lake Tahoe Senior Center (a total of 12 attendees), El Dorado Hills Senior Center (a total of 26 attendees), and Placerville Senior Center (a total of 30 attendees).

Status: Completed and activities will be ongoing. During October 2014, HICAP provided three Medicare Overview/Update sessions. The update sessions were provided at the South Lake Tahoe Senior Center (a total of 27 attendees), Placerville Senior Center (a total of five attendees), and El Dorado Hills Senior Center (a total of 17 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.

Status: Completed and activities will be ongoing. Senior Activities are featured in the AAA publication, the Senior Times, the local newspaper, the Mountain Democrat, and other publications, the Gold Panner and The Clipper. Community engagement has increased in response to the new wide variety of activities offered. The current mix of classes and activities has attracted both new and younger seniors.

Status: Completed and activities will be ongoing. Monthly articles are featured in the AAA publication, the Senior Times and the monthly Senior Activities flyer. The activities flyer is also posted on the Senior Activities website. The Senior Activities Program was featured on April 24, 2015 in the annual Senior Life insert in the local newspaper, the Mountain Democrat. Senior Trips continue to be featured in media 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.

Status: Completed. An area of the Placerville One Stop Workforce Development and Business Resource Center has been dedicated to the Mature Job Seeker. This area is adjacent to the Veterans area. The bulletin board also includes information pertinent to older adults such as Social Security and Medicare. An AARP Senior Community Service Specialist (SCSS) is on location at the Placerville One Stop for 18.5 hours per week. The Specialist is available to talk with mature workers, provide computer assistance, and make referrals to job search workshops. The Specialist is also developing a resource guide for mature workers and one-on-one appointments will be instituted in the near future. At this time, this program is only available at the Placerville One Stop.

- 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.

Status: Partially completed and activities will be ongoing. El Dorado County Senior Nutrition Program served a total of 56,973 congregate meals which is an increase of 537 meals or one percent increase over the previous year. The Nutrition Program will continue to perform outreach to increase attendance at the congregate meal sites and meet the goal of a three percent annual increase in meals served.

Status: Partially completed and activities will be ongoing. The El Dorado County Senior Nutrition Program served a total of 52,049 congregate meals during Fiscal Year 2013/2014. This is a decrease of 4,924 meals from the previous year. The Nutrition Program will continue to perform outreach to increase attendance at the congregate meal sites. Our new Registered Dietitian is reviewing and making changes to our existing menu to include choices that would attract the Boomers.

- 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.

Status: This objective is deleted. Other priorities are taking precedence for the Commission on Aging. AARP Driver's Safety Classes are offered throughout the community and are often coordinated with the AAA.

- 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.

Status: This objective is deleted. Other fundraising events are taking precedence for the Friends of El Dorado County Seniors.

- 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.

Status: Completed and activities will be ongoing. The COA has met with seniors in the Cameron Park area and assisted in the organization of the Mature Leadership Council of Cameron Park. This council advocates for seniors through the staff and the Board of Directors of the Cameron Park Community Services District to increase the exposure and development of activities for seniors within this community. A room at the Cameron Park Community Center has been dedicated for senior activities. Two Commissioners from the COA have met with the Mayor of Placerville. No additional meetings are planned at this time.

- 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.

Status: Revised and activities will be ongoing. During the first two quarters of Fiscal Year 2013/2014, the YANA Program served 51 clients which is a 16.7% decrease from Fiscal Year 2012/2013. YANA will conduct outreach to increase the provision of services to isolated older adults by 3% annually.

Status: Partially completed and activities will be ongoing. The YANA program has seen a continued decrease in participation. The program will be promoted through various sources within the community; bi-annual outreach letters are mailed to doctors' offices, churches, senior living communities, etc. The program will be featured in the local newspaper, the Mountain Democrat, within the next 6-12 months.

- 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. 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.

Status: The COA continues to promote awareness of the need for a new community/senior center, but funding is currently not available. The COA Placerville Metro Workgroup continues to advocate and provide input regarding improvements to the Placerville Senior Center.

Status: This objective is revised. The priority will focus on improving the existing Placerville Senior Center. A Placerville Senior Center Improvement Plan was created by staff in collaboration with the COA Placerville Metro Workgroup, and approved by the Board of Supervisors as part of the Fiscal Year 2014/2015 budget. Many of the improvements have been made to the Placerville Senior Center including a new Senior Resource Room, new audio visual equipment for the dining room, new signage and new exterior paint. The Improvement Plan should be completed by June 30, 2015.

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 in addressing basic needs, but planning for future necessities.

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

OBJECTIVES

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

- 2.1 FCSP in collaboration with Senior Day Care Services, Employee Assistance Program, and Workforce Investment Act Program will launch an awareness campaign to educate employers of the impact of caregiving in the workplace by 6/30/15. Education efforts will include the development of an informational fact sheet with resources pertinent to the issues and needs of working caregivers and the provision of speaking engagements on an as-needed basis.

Status: This objective has not been implemented and is deleted due to limited staffing resources.

- 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.

Status: This objective is ongoing and timely completion is anticipated. FCSP will provide 50 comprehensive assessments, 925 hours of respite care, 980 hours of caregiver training and 760 hours of support groups during Fiscal Year 2013/2014.

Status: This objective is ongoing and timely completion is anticipated. FCSP will provide 28 comprehensive assessments, 1,000 hours of respite care, 625 hours of caregiver training, and 650 hours of support groups during Fiscal Year 2014/2015. Staff vacancies have impacted the ability to increase services 5% over the previous 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.

Status: Completed. The COA, in collaboration with the Cameron Park Community Services District, held a successful Falls Prevention Class, presented by a Fall Prevention Specialist on April 30, 2013. The class had 30 attendees.

- 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.

Status: Completed. A COA Commissioner developed a twelve month plan and outline for the El Dorado County Library. This plan includes monthly awareness topics targeted to older adults, promotion of various areas of expertise of older adults, highlights of different periods of history and availability of outreach materials on activities, programs

and services available to older adults within the community. The first workshop on Retirement Planning was held on April 12, 2014.

- 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.

Status: Completed and activities will be ongoing. A three course series, "Boomer 101" was presented at the El Dorado Hills Senior Center on September 16th, 23rd, and 30th, 2013.

Status: Completed and activities will be ongoing. "Boomer 101" was presented at the Cameron Park Community Center on February 24, 2015 and March 3, 2015. Another session is planned in South Lake Tahoe in June 2015.

- 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.

Status: Completed and activities will be ongoing. A series of seminars began on September 25, 2013 and will run monthly through May 2014. Marshall Community Health Library received a grant for these seminars from the Friends of El Dorado Seniors.

Status: Completed and activities will be ongoing. A series of seminars began in February 2015 and will continue through June 2015. Topics include Legal and Financial Planning, Healthy Aging for Women, Suicide Awareness, and Stress Reduction.

- 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.

Status: Completed. The new Senior Day Care Center in El Dorado Hills held an Open House on March 27, 2014 and opened for clients on Monday, March 31, 2014. This project has been a community wide effort with support from the El Dorado County Board of Supervisors, the Health & Human Services Agency, the Commission on Aging, various businesses within the County, and countless volunteers.

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.

Status: Completed and activities will be ongoing. Senior Legal Services continues to publish monthly articles on fraud schemes in the Senior Times Newsletter. These articles also continue to be posted on the El Dorado County website. At this time, monthly articles are not being submitted to the local newspaper.

Status: Completed and activities will be ongoing. Senior Legal continues to write monthly articles for the Senior Times Newsletter. The articles are published on the website as part of the Senior Times.

- 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.

Status: Completed and activities will be ongoing. During the first two quarters of Fiscal Year 2013/2104, Senior Legal Services has presented three seminars on Powers of

Attorney and one on Long Term Care. Additional seminars are planned for the remainder of the fiscal year. The seminars have been held at the Placerville Senior Center and the El Dorado Hills Senior Center.

Status: *Completed and activities are ongoing. During the first two quarters of Fiscal Year 2014/2015, Senior Legal Services presented one seminar each on Health Care Directives, Rights & Responsibilities of the Health Care Agent, and Long Term Planning. Additional seminars are planned for the remainder of the fiscal year.*

- 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.

Status: This objective is deleted. Due to program staffing shortages, this program will not be implemented.

- 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.

Status: *This objective is deleted. Resources are currently not available to organize this conference.*

- 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.*

Status: *Timely completion anticipated and activities will be ongoing. The LTCOP provided six volunteer training classes on the scope of the Ombudsman responsibilities in ensuring the rights of institutionalized older adults and complaint investigation protocol in the first two quarters of FY 2013/2014.*

Status: Completed and activities will be ongoing. The LTCOP provided 12 volunteer training classes at monthly team meetings on the scope of the Ombudsman responsibilities in ensuring long-term care resident's rights.

- 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.

Status: Timely completion anticipated. A plan for volunteer recruitment, training, and supervision will be developed and certification training will be conducted for at least five new LTC Ombudsmen representatives by 6/30/14.

Status: This objective has been revised. Enhancing the availability of field representatives to conduct abuse investigations remains a priority of the Ombudsman program, however, due to staffing shortage, the completion date for this objective is being revised to 12/31/15.

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.

Status: Completed and the activities will be ongoing. FCSP held an informational series on planning and providing in-home care at Barton Home Health and Hospice in the South Lake Tahoe area. The final session in the series was held on April 22, 2014.

Status: Completed and activities will be ongoing. FCSP facilitated an Alzheimer's Caregivers Workshop on September 20, 2014 at Holy Trinity Catholic Parish in El Dorado Hills. Representatives from community resources were also in attendance to provide information on available resources within our County.

- 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 in appropriate 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.

Status: Timely completion anticipated and activities will be ongoing. A total of seven classes have been completed and an additional six to nine classes will be scheduled prior to the end of the fiscal year.

Status: SHEP will no longer fund or provide educational classes in collaboration with FCSP or IHSS Public Authority as this does not meet the IID evidence based criteria.

- 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.

Status: Completed. The phone consultation service, LawLine has been implemented and Senior Legal Services is receiving approximately five to six calls per week.

- 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.

Status: This objective is being deleted. The client response to our Senior Legal Services does not support regular scheduled appointment times at the Pioneer Park and Greenwood Community Center locations. Senior Legal Services will travel to these locations on an as-needed basis.

Status: Although this objective was deleted, AAA continues to conduct outreach to highlight our senior services available to residents in North and South County areas. Seniors Legal Services will alternate on a monthly basis between the community centers in these areas of the county. One-on-One appointments with an attorney will be available at the Pioneer and Greenwood Community Centers beginning June 2015 and going through October 2015. Additional outreach will be targeted in these areas to increase awareness of the availability of Senior Legal Services. Appointments will be scheduled directly through Senior Legal Services for each community center. The alternating monthly schedule will be re-evaluated at the end of the year.

- 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.

Status: Completed and activities will be ongoing. During FY 2013/2014, FCSP received two calls from grandparents. Both callers were referred to KSSP.

Status: Completed and activities will be ongoing. During FY 2014/2015, FCSP received 2 calls from grandparents. Both callers were referred to KSSP.

- 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.

Status: Partially completed and activities will be ongoing. A small focus group was held at the Cameron Park Community Center on January 16, 2014. At this time, a second focus group has not been scheduled.

Status: Partially completed and activities will be on going. The COA conducted a survey of residents in the North County and received 55 responses. North County is a very rural area. The survey results revealed a high concern among residents about health care and the distance to the nearest hospital and medical facilities. Outreach efforts are being conducted in this area to inform residents about available services for older adults. A list of all currently available services provided in the area has been developed.

- 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.

Status: Remains incomplete and activities will be continued into the next planning cycle as part of the development of the Fiscal Year 2016 – 2020 Area Plan. The stakeholder groups for upcoming needs assessments will be re-convened during the Fall 2015 to assist in the development of new needs assessment and subsequent goals and objectives.

- 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.

Status: Completed. The film, "GenSilent" has been received by the Health & Human Services Agency and 20 staff members reviewed the film. The Agency, in conjunction with U.C. Davis, also provided a course entitled "Cultural Competency in Providing Adult Services" which was attended by 26 staff members and an additional course entitled "Gay and Gray: Aging & Long-Term Care" which was attended by 6 staff members.

- 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.

Status: Partially completed and activities will be ongoing. The number of visits to the COA website was 10,485. This is an increase of 6.7% over the prior year. It is anticipated that the visits to the website will remain at the current level in the upcoming year and not reach the goal of ten percent growth each year. The Senior Times has not increased by five percent but has continued to remain at the previous year's subscription levels. Many older adults access the Senior Times Newsletter on the Health & Human Services Agency website. The COA is exploring paid advertisement to promote the newsletter.

Status: Partially completed and activities will be ongoing. The COA has purchased paid advertisements in local publications to promote the COA website. The website received 7,872 visits this year. The COA has also redesigned the existing website, www.2nd50yrs.org to include additional information and links. The Senior Times Newsletter, which also has a link on the COA website, reaches over 1,300 subscribers. Many older adults continue to access the Senior Times Newsletter on line. It is expected that both the Senior Times and the website will remain at current levels.

- 4.10 **New Objective for Fiscal Year 2014/2015:** SHEP will complete all requirements for implementation of the Powerful Tools for Caregivers program, including the two day Class Leader training for two program staff by 12/30/14.

Status: This objective is completed. Two staff members attended a two day train-the-trainer session of the Powerful Tools for Caregivers program in October 2014.

- 4.11 **New Objective for Fiscal year 2014/2015:** SHEP will improve the self-care behaviors, management of emotions, self-efficacy and use of community resources by persons 60 years and older caring for a friend or family member through the provision of a six week session of the Powerful Tools for Caregivers Program by 6/30/15. Target attendance for the six-week session is four caregivers completing the program and will be provided directly by SHEP program staff.

Status: This objective is moved to the following fiscal year. Due to staff vacancies, the six week session of the Powerful Tools for Caregivers has been postponed to December 2015.

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	4/17/14	Diamond Springs	21	No	No
2015-16	5/21/15	South Lake Tahoe	20	No	No

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 Area Plan Update Public Hearing notice was posted in the local newspaper, Mountain Democrat and flyers were posted in all of the Senior Nutrition Sites. The Public Hearing was held at the Tahoe Senior Center prior to the Commission on Aging meeting

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: *The Public Hearing for the Annual Update reviewed the progress on the*

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.

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 Area Plan Update Accomplishments and Goals and Objectives were presented and discussed during the Public Hearing. The comments are as follows:

- a. *Pertaining to the statistics on the CDA Intrastate Funding Formula (IFF), how is the data collected on Non-English Speaking seniors?*
- b. *The July 2015 Senior Day Care "Dementia 101" Workshop will be held at the Pilot Hill Grange located in Cool, California. A Commission on Aging member and a volunteer from the Divide area will be working with Wanda Demarest to promote this event.*
- c. *What strategy will be used for outreach for the new SHEP caregiving class, "Powerful Tools for Caregivers? Response: HHSA Public Information Officer will be creating press releases for the local media and FCSP will be promoting this to their clients.*
- d. *How can the Safe at Home project be expanded to the South Lake Tahoe area? Response: Local volunteers are needed to provide the service and a minimal level of funding is needed to purchase materials, contractor's license and administration. Fundraising activities can be conducted to meet the minimum funding requirement.*
- e. *The new signage at the Placerville Senior Center says "Senior Community Center" instead of "Senior Center". The word "community" has a different meaning and may encourage increased participation in activities.*
- f. *A few of the objectives may have been easier to accomplish if they were not tied to a specific program such as CarFit, but instead referenced course designed to improve senior driving skills. This will be researched for the next Area Plan development.*
- g. *The seminar, "Girlfriends are Good for Your Health" had the best attendance of all of the seminars provided and will be repeated next year.*
- h. *It was noted that there was nothing specific to the South Lake Tahoe area in the Area Plan Goals and Objectives.*
- i. *Even though there was not an objective specific to just South Lake Tahoe, many of the objectives included services being provided to South Lake Tahoe. For example, FCSP provides monthly support groups and has just completed a caregiver series in May; Congregate Meals and Home Delivered Meals are provided from the Tahoe Senior Center; Senior Legal Services meets with clients at the Tahoe Senior Center on the 1st Wednesday of every month; and the Senior Times is mailed to clients in the South Lake Tahoe area.*
- j. *The COA would like to see budget information in future plans and updates. They would also like to see how the objectives are related to the funding received for Aging programs.*
- k. *The updates states multiple times, that objectives have not been achieved due to staffing shortages and vacancies. Would like to know more about this and why this is occurring.*
- l. *In spite of all of these staffing shortages and vacancies, it is important to mention that staff was still able to accomplish a large number of these goals and objectives. This should be included as a disclaimer somewhere in the plan.*
- m. *Potential future budget cuts will impact the results of this Area Plan and the development of future plans.*
- n. *Is the Area Plan required and is it reviewed by CDA?*

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

This was the final update to the 2012 – 2016 Area Plan and no changes will be made to the current goals and objectives. Suggestions and ideas from the public hearing will be taken into consideration for the development of the next Area Plan. This process will begin in July 2015.

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	110,000	2	
2015-2016	110,000	2	

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	15	2	
2015-2016	15	2	

Note: Assisted Transportation was a new program in 2013/2014 and we estimated the proposed units of service. The need for this service was not as great as originally anticipated and we have reduced our proposed units of service to reflect the actual need.

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	60,000	1	1.7
2015-2016	60,000	1	1.7

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	50	2	
2015-2016	25	2	

Note: Transportation was a new program in 2013/2014 and we estimated the proposed units of service. The need for this service was not as great as originally anticipated and we have reduced our proposed units of service to reflect the actual need.

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	5,000	3, 4	3.1, 3.3, 3.5, 4.3
2015-2016	5,000	3, 4	3.1, 3.3, 4.3

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	5,000	1	1.7
2015-2016	5,000	1	1.7

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	3,000	1, 2, 4	1.1, 1.13, 2.6, 4.1, 4.9
2015-2016	3,000	1, 2, 4	1.13, 2.6, 4.9

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	650	1	1, 11
2015-2016	600	1	1.11

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.

Note: Education on Preventive Health Services, Group Exercise is no longer being provided as these do not meet the Title IIID evidence based criteria.

Service Activities: Moving for Better Balance

Unit of Service = 1 Contact

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	N/A		
2013-2014	N/A		
2014-2015	1,000	1	1.4
2015-2016	1,000	1	1.4

Service Activities: Powerful Tools for Caregivers

Unit of Service = 1 Contact

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	N/A		
2013-2014	N/A		
2014-2015	24	4	4.10, 4.11
2015-2016	24	4	4.11

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.

Note: Brown Bag Clinic with a Pharmacist is no longer being provided as this does not meet the Title IIID evidence based criteria.

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>66%</u> FY 2013-2014 Target: Resolution Rate <u>75%</u>
4. FY 2012-2013 AoA Resolution Rate <u>82</u> % FY 2014-2015 Target: Resolution Rate <u>80</u> %
5. FY 2013-2014 AoA Resolution Rate <u>74</u> % FY 2015-2016 Target: Resolution Rate <u>80</u> %
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>10</u> FY 2013-2014 Target: <u>8</u>
4. FY 2012-2013 AoA Data: <u>11</u> FY 2014-2015 Target: <u>8</u>
5. FY 2013-2014 AoA Data: <u>1</u> FY 2015-2016 Target: <u>1</u>
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>5</u> FY 2013-2014 Target: <u>2</u>
4. FY 2012-2013 AoA Data: <u>11</u> FY 2014-2015 Target: <u>11</u>
5. FY 2013-2014 AoA Data: <u>1</u> FY 2015-2016 Target: <u>1</u>
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>29</u>
2. FY 2012-2013 Target: <u>96</u>
3. FY 2011-2012 AoA Data: <u>110</u> FY 2013-2014 Target: <u>96</u>
4. FY 2012-2013 AoA Data: <u>136</u> FY 2014-2015 Target: <u>100</u>
5. FY 2013-2014 AoA Data: <u>61</u> FY 2015-2016 Target: <u>52</u>
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>668</u>
2. FY 2012-2013 Target: <u>150</u>
3. FY 2011-2012 AoA Data: <u>522</u> FY 2013-2014 Target: <u>600</u>
4. FY 2012-2013 AoA Data: <u>843</u> FY 2014-2015 Target: <u>600</u>
5. FY 2013-2014 AoA Data: <u>355</u> FY 2015-2016 Target: <u>300</u>
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: <u>1</u> FY 2014-2015 Target: <u>4</u>
5. FY 2013-2014 AoA Data: <u>3</u> FY 2015-2016 Target: <u>4</u>
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)
 In an effort to voice resident concerns and address issues that impact residents at a systems level, the Long Term Care Ombudsman Program will analyze their complaint and activity data to identify trends and develop a systems advocacy approach in response to the identified issues or a timely "hot topic" issue that may be independent of local complaint data. At least quarterly, the Ombudsman team will choose a topic based on issues with which they are dealing with in their facilities to be their focus. A handout of activities will be developed by the team. The handouts will include resident rights, relevant regulations, the role of the Ombudsman related to advocacy, ideas of what to look for at facility visits, and pertinent conversation to have with facility staff, residents, and family members.

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>14</u> Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>1</u> divided by the number of Nursing Facilities <u>7</u> .
2. FY 2012-2013 Target: <u>80%</u>
3. FY 2011-2012 AoA Data: <u>60%</u> FY 2013-2014 Target: <u>100%</u>
4. FY 2012-2013 AoA Data: <u>80%</u> FY 2014-2015 Target: <u>80%</u>
5. FY 2013-2014 AoA Data: <u>60%</u> % FY 2015-2016 Target: <u>80%</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>.27</u> Number of RCFEs visited at least once a quarter not in response to a complaint <u>10</u> divided by the number of RCFEs <u>36</u>
2. FY 2012-2013 Target: <u>.75%</u>
3. FY 2011-2012 AoA Data: <u>.37%</u> FY 2013-2014 Target: <u>.75%</u>
4. FY 2012-2013 AoA Data: <u>.72%</u> FY 2014-2015 Target: <u>.75 %</u>
5. FY 2013-2014 AoA Data: <u>.63</u> % FY 2015-2016 Target: <u>.75</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>.73</u> FTEs
3. FY 2011-2012 AoA Data: <u>.73</u> FTEs FY 2013-2014 Target: <u>.73</u> FTEs
4. FY 2012-2013 AoA Data: <u>1.0</u> FTEs FY 2014-2015 Target: <u>.8</u> FTEs
5. FY 2013-2014 AoA Data: <u>.40</u> FTEs FY 2015-2016 Target: <u>.8</u> FTEs
Program Goals and Objective Numbers: 3

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

Verify numbers of volunteers with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2010 <u> 14 </u>
2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2013 <u> 10 </u>
3. FY 2011-2012 AoA Data: <u> 20 </u> certified volunteers FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2014 <u> 15 </u>
4. FY 2012-2013 AoA Data: <u> 10 </u> certified volunteers FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2015 <u> 14 </u>
5. FY 2013-2014 AoA Data: <u> 12 </u> certified volunteers FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2016 <u> 13 </u>
Program Goals and Objective Numbers: 3

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

Measures and Targets:

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

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

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

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

3. FY 2011-2012 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV 2

FY 2013-2014 Target 2

4. FY 2012-2013 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV 2

FY 2014-2015 Target 2

5. FY 2013-2014 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV 1

FY 2015-2016 Target: 1

Program Goals and Objective Numbers: 3

PSA #29

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	20
2015-16	20

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	60
2015-16	60

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	750
2015-2016	750

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: 1 Total est. audience for above: 40	1, 2, 4	1.1, 2.1, 4.1, 4.5
2015-2016	# of activities: 1 Total est. audience for above: 40	4	4.1, 4.5
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	1,000	2, 4	2.1, 2.2, 4.5
2015-2016	900	2, 4	2.2, 4.5
Support Services	Total hours		
2012-2013	800	2, 4	2.2, 4.2
2013-2014	900	2, 4	2.2, 4.2
2014-2015	800	2, 4	2.2, 4.2
2015-2016	800	2.4	2.2, 4.2
	Total hours		

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

Direct and/or Contracted III E Services

Grandparent Services Caring for Children	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2012-2013	# of activities: 1 Total est. audience for above: 10	4	4.5
2013-2014	# of activities: 0 Total est. audience for above: 0		
2014-2015	# of activities: 0 Total est. audience for above:		
2015-2016	# of activities: 0 Total est. audience for above:		
Access Assistance	Total contacts		
2012-2013	4	4	4.5
2013-2014	0		
2014-2015	0		
2015-2016	0		
Support Services	Total hours		
2012-2013	2	4	4.5
2013-2014	0		
2014-2015	0		
2015-2016	0		

Respite Care	Total hours		
2012-2013	3	4	4.5
2013-2014	0		
2014-2015	0		
2015-2016	0		
Supplemental Services	Total occurrences		
2012-2013	1	2, 4	2.2, 4.5
2013-2014	0		
2014-2015	0		
2015-2016	0		

**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	388	1
2014-2015	552	1
2015-2016	550	1

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	19	1
2014-2015	18	1
2015-2016	13	1

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	995	1
2014-2015	1,619	1
2015-2016	1,451	1

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	1,711	1
2014-2015	1,403	1
2015-2016	1,550	1

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	191	1
2014-2015	271	1
2015-2016	194	1

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	391	1
2014-2015	1,289	1
2015-2016	599	1

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	764	1
2014-2015	1,393	1
2015-2016	1,240	1

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	573	1
2014-2015	1,231	1
2015-2016	686	1

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 Counseling Assistance Hours in PSA	Goal Numbers
2012-2013	1.4 Counselor FTEs in PSA	1
2013-2014	533	1
2014-2015	848	1
2015-2016	781	1

Note: FY 12/13--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	4	1
2014-2015	6	1
2015-2016	6	1
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	8.2	1
2014-2015	10	1
2015-2016	10	1
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	10	1
2014-2015	12	1
2015-2016	12	1

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:

Brian K. Veerkamp, Chair	January 2017
Ron Mikulaco, First Vice Chair	January 2017
Shiva Frentzen, Second Vice Chair	January 2017

Names and Titles of All Members:

Board Term Expires:

Ron Mikulaco, District I	January 2017
Shiva Frentzen, District II	January 2017
Brian K. Veerkamp, District III	January 2017
Michael Ranalli, District IV	January 2019
Sue Novasel, District V	January 2019

**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 14

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

Name and Title of Officers:

Office Term Expires:

Roger Berger, Chair , Community Representative	3/2019
Steven Shervey, Vice Chair , City of Placerville Appointee	n/a

Name and Title of other members:

Office Term Expires:

Hal Erpenbeck, Supervisor Appointee – District 1	1/2017
John Hovey, Supervisor Appointee – District II	1/2017
Michael Roberts- Supervisor Appointee-District III	1/2017
Vicki Ludwig, Supervisor Appointee -- District IV	1/2018
Ron Zehren, Supervisor Appointee – District V	1/2019
Ken Deibert, Community Representative	6/2016
Geraldine Grego, City of South Lake Tahoe Appointee	1/2016
Paul J. Kramer, Jr., Community Representative	2/2018
Brian Reeves, Community Representative	3/2019
Raymond Wyatt, Community Representative	3/2018
Horace Holmes, Community Representative	4/2017
Roberta Rimbault, Supervisor Appointee Member-at-Large	1/2016

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.