



Aging – Empowering New Horizons



Area Agency on Aging

Area Plan for 2016-2020

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

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Questions or comments regarding the contents of this Plan should be directed to:

El Dorado County Area Agency on Aging
Attention: Michelle Hunter
937 Spring Street
Placerville, CA 95667-4543
www.edcgov.us/Government/HumanServices



El Dorado County Board of Supervisors

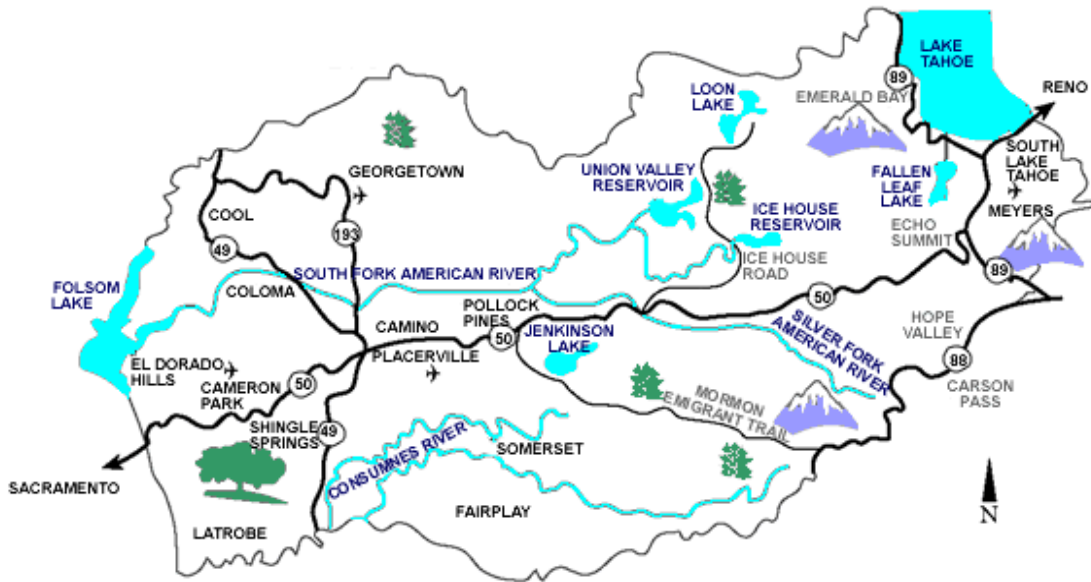
Ron Mikulaco	District I
Shiva Frentzen	District II
Brian Veerkamp	District III
Michael Ranalli	District IV
Sue Novasel	District V

El Dorado County Commission on Aging

Roger Berger	Vicki Ludwig-DiVittorio
Ken Deibert	Brian Reeves
Greg Gollihur	Roberta Rimbault
Gerri Grego	Steven Shervey
Horace Holmes, D.P.A.	Raymond Wyatt
John Hovey	Ron Zehren

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

Michelle Hunter, Director



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

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LIST OF ACRONYMS

AAA	Area Agency on Aging
APS	Adult Protective Services
CDA	California Department of Aging
COA	Commission on Aging
FCSP	Family Caregiver Support Program
FTE	Full-Time Equivalent
FY	Fiscal Year
HHSA	Health and Human Services Agency
HICAP	Health Insurance Counseling and Advocacy Program
I&A	Information and Assistance
IHSS	In-Home Supportive Services
LGBT	Lesbian, Gay, Bisexual, Transgender
LTCOP	Long-Term Care Ombudsman Program
MAST	Multidisciplinary Adult Services Team
MSSP	Multipurpose Senior Services Program
OAA	Older Americans Act
OCA	Older Californians Act
OES	Office of Emergency Services
PSA	Planning and Service Area
SHEP	Senior Health Education Program
SLT	South Lake Tahoe
SUP	Service Unit Plan
YANA	You Are Not Alone

AREA PLAN CHECKLIST

PSA 29

2016-2020 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

To ensure all required components are included, "X" mark the far-right column boxes.

Enclose a copy of the checklist with your Area Plan; submit this form with the Area Plan due 5/1/16 only

Section	Four-Year Area Plan Components	4-Year Plan
	Transmittal Letter – <i>must have original, ink signatures or official signature stamps- no photocopies</i>	<input checked="" type="checkbox"/>
1	Mission Statement	<input checked="" type="checkbox"/>
2	Description of the Planning and Service Area (PSA)	<input checked="" type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)	<input checked="" type="checkbox"/>
4	Planning Process / Establishing Priorities	<input checked="" type="checkbox"/>
5	Needs Assessment	<input checked="" type="checkbox"/>
6	Targeting	<input checked="" type="checkbox"/>
7	Public Hearings	<input checked="" type="checkbox"/>
8	Identification of Priorities	<input checked="" type="checkbox"/>
9	Area Plan Narrative Goals and Objectives:	<input checked="" type="checkbox"/>
9	Title IIIB Funded Program Development (PD) Objectives	<input type="checkbox"/>
9	Title IIIB Funded Coordination (C) Objectives	<input type="checkbox"/>
9	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
9	Title IIIB/VII A Long-Term Care Ombudsman Objectives	<input checked="" type="checkbox"/>
9	Title VII Elder Abuse Prevention Objectives	<input checked="" type="checkbox"/>
10	Service Unit Plan (SUP) Objectives and Long-Term Care Ombudsman Outcomes	<input checked="" type="checkbox"/>
11	Focal Points	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Priority Services	<input checked="" type="checkbox"/>
14	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
15	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>
18	Legal Assistance	<input checked="" type="checkbox"/>
19	Multipurpose Senior Center Acquisition or Construction Compliance Review	<input type="checkbox"/>
20	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
21	Organization Chart	<input checked="" type="checkbox"/>
22	Assurances	<input checked="" type="checkbox"/>

TRANSMITTAL LETTER

Four-Year Area Plan 2016-2020

AAA Name: El Dorado County

PSA Number: 29

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

1. Ron Mikulaco

Chair, Governing Board

Date

2. Steven Shervey

Chair, Advisory Council

Date

3. Michelle Hunter


Director, Area Agency on Aging

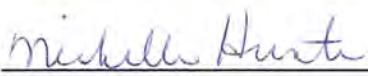
Date

ACKNOWLEDGEMENT

Composing the 2016-2020 Area Plan, “Aging – Empowering New Horizons”, required a diligent and dedicated effort from volunteers, Area Agency on Aging (AAA) staff, and community organizations. We extend our gratitude to many community members and multiple sources that provided input as to what is needed to best provide for our older adults, too numerous to thank individually:

- The service providers, advocates, and the older adults who participated in the numerous community needs assessments and provided invaluable insight to the aging experience for older adults and their caregivers in our County. In particular, we are grateful to the hundreds of older adults who completed individual surveys and shared their personal experiences, opinions, and concerns for the benefit of others.
- AAA staff, who as direct service providers of Older Americans Act programs, contributed significant input regarding the existing aging service delivery system and suggestions for creating a more responsive and coordinated infrastructure that supports a rapidly aging population.
- Commission on Aging members who provided expertise, guidance, and assistance to the development of this Plan.
- A special thank you for the valuable input and support provided by the El Dorado County Board of Supervisors and their staff.


Steven Shervey
Chair, Commission on Aging


Michelle Hunter
Director, Area Agency on Aging

LETTER FROM THE DIRECTOR

April 2016

Dear Community Member,

The El Dorado County Area Agency on Aging (AAA) is pleased to present the 2016-2020 Area Plan, *Aging – Empowering New Horizons*, as mandated by the federal Older Americans Act and the Older Californians Act. This important document will guide our efforts to improve programs and services for our older adults over the next several years. This Plan updates the 2012-2016 Area Plan, which identified trends and issues relevant to today's older adults and aging boomers. Most importantly, the 2016-2020 Plan is the AAA's response to the opportunities and challenges of the growing older adult population in a diverse and multi-faceted way. By developing local strategies to support an aging community, this Plan is instrumental in building community capacity to serve our older residents. The Plan provides a flexible and dynamic framework that builds awareness, encourages action, fosters collaborative efforts, and improves access to information.

We are proud of El Dorado County's accomplishments benefiting older adults and their families since 2012. During this four-year period since the previous Area Plan, the AAA and the aging network have, through coordination and advocacy, been providing needed services and implementing programs aimed at maintaining and improving quality of life, safety, and dignity for older residents and their families.

We developed the 2016-2020 Area Plan with a particular focus on improving the efficiency and effectiveness of the planning and delivery of a continuum of aging services. The goals and objectives set forth in this plan have been developed to serve the greatest number of older adults and their families in the most comprehensive manner. The 38 objectives for the coming four years are presented within the context of five goals for the agency: Outreach, Education and Training, Availability of Aging Services, Changing Needs of Seniors, and Elder Abuse Prevention.

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

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

Sincerely,



Michelle Hunter
Director, Area Agency on Aging

INTRODUCTION

The Aging Landscape

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

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

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

The Older Americans Act and the Area Plan

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

- Securing and maintaining maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services;
- To remove individual and social barriers to economic and personal independence for older individuals; and

- Provide a continuum of care for frail and vulnerable older individuals to prevent unnecessary or premature institutionalization.

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

This Area Plan is a document submitted by the AAA to the California Department of Aging (CDA) in compliance with the OAA. Its format was developed to facilitate a quality, long-range, needs-driven planning process that meets goals set forth in the OAA. The AAA is mandated by CDA to develop a local Area Plan every four years and to submit annual updates. This latest Four-Year Plan is for the period July 1, 2016 through June 30, 2020.

The Area Plan for 2016-2020 will direct the focus of the AAA with regards to policy decisions, program development, and advocacy for those years. The specific objectives of the Area Plan for the AAA services include:

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

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

EXECUTIVE SUMMARY

The El Dorado County Area Agency on Aging (AAA) has developed the 2016-2020 Area Plan, *Aging – Empowering New Horizons*, for submittal to the California Department of Aging (CDA) as required by the federal Older Americans Act and in accordance with direction from CDA. The Area Plan is designed to report on the status of older adults, structure the AAA's priorities based on a comprehensive evaluation of needs, and set an aging agenda for planning and service area to enhance the aging experience of local residents at home and in the community. The Area Plan is submitted on a four-year cycle. This Four-Year Plan for El Dorado County covers the period July 1, 2016, through June 30, 2020. The Plan outlines a strategy that builds awareness, encourages action, fosters collaborative efforts, and improves resident access to information in the aging network. This strategy provides guidance to help the AAA meet the challenges of and create opportunities for a growing older adult population during the next four years.

This plan will be reviewed and updated regularly based on new information, emerging opportunities, unforeseen challenges, and new mandates. As part of the Area Plan process, CDA requires an Annual Update which provides an opportunity for the AAA to report on the progress made in meeting goals and objectives and to modify the Area Plan as necessary to accommodate changing service needs, as well as increases or decreases in grant funding levels and availability of other resources.

El Dorado County is experiencing an extraordinary increase in its older adult population. Between 2000 and 2020, the aging population is expected to more than double, with one in four residents over the age of 60. Over the last few generations, there has been a significant increase in the percentage of Americans aged 65 who are expected to survive to age 90. Changes in the composition of the older adult population include marked differences in the values, interests, and need for information about aging-related issues, as well as the likelihood of accessing this information, brought about by diverse age groups that will comprise the County's older population. In this context, the service delivery system for the boomers (who were born between 1946 and 1964) will differ substantially from those that the post-war and Depression age groups (who were born prior to 1946) find acceptable and effective in meeting their needs. To meet the growing demands that will result from escalating numbers of older adults in El Dorado County, the AAA will need to improve its organizational capacity to plan for and develop a long-term continuum of care system that identifies and addresses unmet needs, improves service coordination, eliminates duplication of services, and delivers services in a manner that is satisfactory to the many changing faces of older El Dorado County residents.

Recognizing these needs has inspired the AAA and the Commission on Aging (COA) to investigate new collaborations with community service districts, community

based organizations and other HHSA programs. The majority of the senior programs are co-located at the Placerville Senior Center. Staff can frequently communicate with each other to resolve unique challenges for clients. Seniors can access a wide range of services from exercise, nutrition, legal services, Senior Day Care, support groups, information and assistance, and needed social activities in one location.

In addition, the Health and Human Services Agency (HHSA) is exploring the process to bring the AAA programs under an umbrella for an Adult System of Care within HHSA to provide even further integration of programs and services to better serve the older adult population. This umbrella may include programs such as Adult Protective Services, In-Home Supportive Services, Public Authority and AAA programs.

Content of the Area Plan

This Plan, which provides the format and the structure to identify and address older adult needs, consists of 22 Sections as required by the California Department of Aging. A few sections are highlighted below.

- **Section 2: Description of the Planning and Service Area (PSA)** provides a description of El Dorado County which encompasses the PSA, its physical and demographic characteristics, unique resources and service delivery systems.
- **Section 3: Description of the Area Agency on Agency** describes how the AAA, on behalf of all older individuals, adults with disabilities, and their caregivers in the PSA carries out its role as a leader on aging issues within the PSA.
- **Section 9: Area Plan Narrative Goals and Objectives** details the Goals and Objectives that were developed for this four year planning cycle. This section sets out our specific goals under five priority areas. In each area, there is the introduction of the principal objectives with a brief rationale, a list of responsible parties and potential collaborators, and plans for action over the next four years.

Highlights of the Goals and Objectives of the Area Plan

The Area Plan contains five major goals with specific objectives. These goals and objectives were developed based on the recent Needs Assessment. A committee consisting of staff from AAA programs, COA members, and input from

IHSS created the objectives within the parameters of achievability and measurability, assignment of responsible parties, program staff availability and no additional or minimal cost to the County. Several objectives are also focused on seniors within the South Lake Tahoe area. The COA will be an integral part of the completion of a majority of the objectives.

Goal 1: Outreach. The AAA offers many services within its PSA that can be of benefit to many seniors. In order to maximize the awareness and usage of programs, effective outreach is necessary to enhance the ability of older adults to make decisions regarding appropriate and available services.

Objectives include: Distributing the Senior Times and other senior services materials to physician's offices and medical facilities, drafting quarterly articles, improving resource guides, exploring the feasibility of sponsorships, re-branding, increasing volunteers for the Senior Nutrition Program, the Nutrition Site Liaison Program and coordinated efforts for conducting outreach to the community.

Goal 2: Education and Training. The Older Adults Needs Assessment identified education as an area of interest to many seniors. The survey also identified that many seniors are caring for their spouses who have physical limitations and memory or cognitive deficiencies. Training will provide these seniors with support and education to become effective caregivers.

Objectives include: Education of Medicare Part D during the annual open enrollment process, Boomer 101 education classes, promoting evidence based health education programs, support groups and caregiver education classes and mini-series in South Lake Tahoe, Placerville and Greenwood.

Goal 3: Availability of Aging Services. The majority of senior services are provided at the dedicated senior centers located in Placerville, El Dorado Hills, and South Lake Tahoe. However, expanded services are needed in all areas, especially in the outlying areas of the county. The AAA will strive to provide opportunities and services for seniors in all communities as appropriate.

Objectives include: Exploring the feasibility of expanding the You Are Not Alone (YANA) program and Senior Day Services to the South Lake Tahoe area as well as possible improvements to the Tahoe Senior Center, advocating with local transit authorities, sponsoring Senior Health Education Program evidence based classes and Family Caregiver workshops, collaborating with other agencies, and an Age-Friendly Community Designation.

Goal 4: Changing Needs of Seniors. Seniors are living longer and prefer to "age in place". The younger seniors, the Boomers, are more active, interested in maintaining healthy lifestyles, have different interests and needs than the older seniors. There is also a renewed interest in life-long learning and engagement in the community.

Objectives include: Collaborating with parks and recreation departments, colleges and community agencies to provide classes and activities, including fitness classes and events, promoting aging in place modification design, explore innovative senior nutrition meals options, intergenerational programs, life-long learning opportunities, formation of a COA Speakers Bureau, and avenues of highlighting senior programs.

Goal 5: Elder Abuse Prevention. The vulnerable older adults need protection from abuse, neglect, and exploitation. These individuals need information regarding their rights and ability to defend themselves from others who intend to harm them.

Objectives include: Educating older adults on the detection, prevention and reporting of popular scams, identity theft, financial fraud, community education on the role of the long-term care ombudsman and visitation and consultation to the long-term care facilities, and collaborating with local entities to provide training on elder abuse reporting and prevention.

There are a total of 38 objectives within these five goals. The details of these objectives, measurement of the objectives and the programs responsible for the completion of the goals are found in Section 9 of the Area Plan.

CONTENT OF THE AREA PLAN

This Plan, which provides the format and the structure to identify and address older adult needs, consists of 22 Sections as required by the California Department of Aging. A few sections are highlighted below.

- **Section 2: Description of the Planning and Service Area (PSA)** provides a description of El Dorado County which encompasses the PSA, its physical and demographic characteristics, unique resources and service delivery systems.
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Section 1: Mission Statement

The mission statement of all Area Agencies on Aging (AAA) is: “To provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California’s interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.”

In El Dorado County, the AAA is an integral part of the Health and Human Services Agency (HHS). The mission of HHS is: “With integrity and respect, we provide effective, efficient, collaborative services that strengthen, empower and protect individuals, families and communities, thereby enhancing their quality of life.

Section 2: Description of Planning and Service Area (PSA)

A. Physical Characteristics

The Older Americans Act (OAA) was the enabling federal legislation that created services specifically for older Americans. The Act directed States to create state agencies to provide administration for services at the state level, and required that services be planned, coordinated and administered by local agencies. The State of California designated 33 Planning and Service Areas (PSAs) to carry out these tasks on the local level. Area Agencies on Aging are the administrative entities for these PSAs. They serve as the local resource for information and referrals on issues and concerns affecting older adults, their caregivers and providers, including home and community-based services, long-term care facilities, and assistance with a wide range of others services.

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

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

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

● The West Slope County Region

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

affluent neighborhoods, this area also contains low-income apartments and an industrial business center.

- The Placerville Region

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

- The West Slope Mountain Region

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

- The South Lake Tahoe Region

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

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

B. The Demographic Characteristics of El Dorado County

Demographics

The older population in El Dorado County is growing at a tremendous pace. In the last decade, the growth rate of the older adult population in our region exceeded 51%. By 2030, more than 78,000 older adults will call the El Dorado County region home. This trend in the El Dorado County region is consistent with

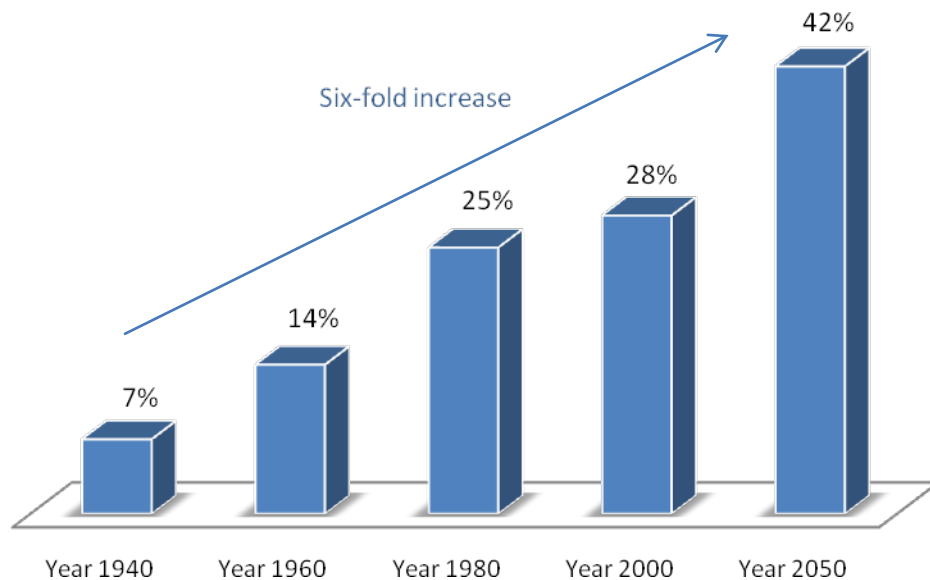
the state and the nation as a whole. It is projected that the older population in the United States, currently over 19% of the general population, will increase significantly as the boomers (persons born between 1946 and 1964) reach the age of 65. Additionally nationwide, the population age 85 years and older, currently 1.7% of the population, will increase 20% by 2020. California ranks first in the nation in the number of residents ages 60 and older.

Given increased life expectancy, a steady migration of retirees to the area, the effect of the boomers moving through older age groups, and aging in place, a dramatic demographic shift in El Dorado County is inevitable. As the region's once-young residents age, they are continuing to call El Dorado County home. In the 2011 AAA Older Adult Survey of Needs, more than 26% of the respondents have lived in this county over 30 years. Consistent with national surveys, the majority of older adults in El Dorado County continue to express a strong desire to remain in their homes. With so many individuals deciding to age in place, the region's median age has risen steadily over the last several decades. In 2000 the median age was 39.4 years. According to the demographic information on the website www.welldorado.org, in 2016 the median age increased to 45.5 years. This trend is expected to continue over the coming decades.

This trend presents important opportunities for aging services, as older adults make an important contribution to our community. But the aging of the population also has a range of impacts, which will present real challenges for all service providers. To identify the makeup and needs of the older population in El Dorado County, AAA staff conducted a detailed review of census data and other related demographic data. The following is a thumbnail review of the great shift in the age structure of our County that will influence all we do for the next 20 to 30 years. All data has been extracted from 2010 Census data unless otherwise noted.

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

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



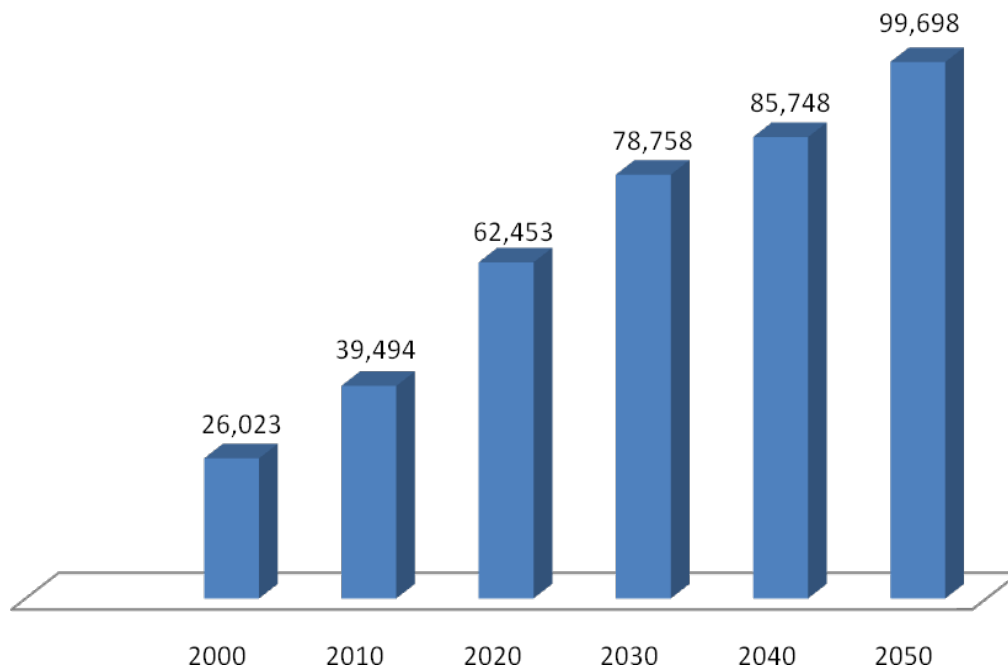
The older population will continue to grow significantly in the future (see Figure 2), particularly between the years 2010 and 2030, when the “baby boom” generation reaches age 65, which will likely have profound effects on the aging services delivery system.

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

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

El Dorado County is experiencing an extraordinary increase in its older adult population (see Figure 2). In 2010, there were 39,494 adults aged 60 and over, representing 21.8% of the total population. Between 2010 and 2020, the aging population is expected to more than double and one in four residents will be over the age of 60. While the oldest-old age group accounts for little more than 1% of the population in El Dorado County, the size of that cohort grew 76.4% between 2000 and 2010, much faster than at the State level (41.2%).

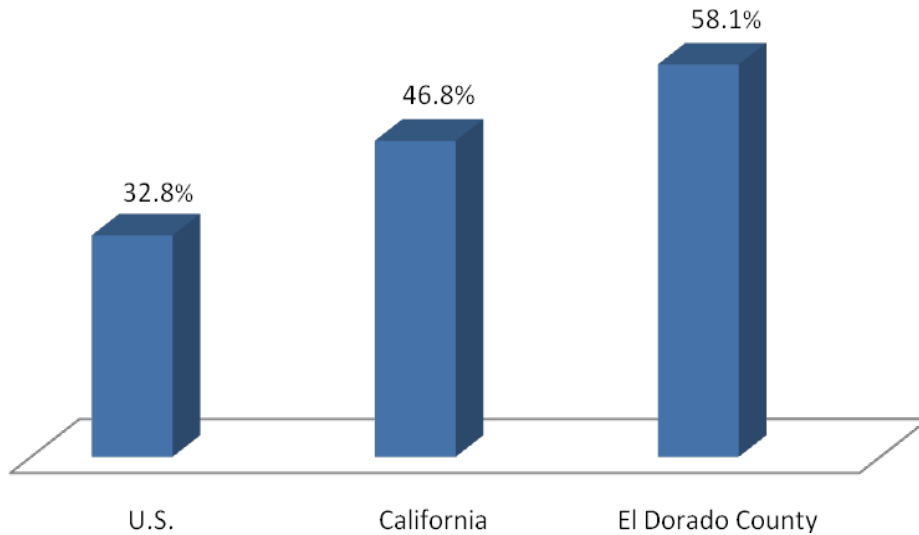
Figure 2
Projected Growth Rate 2000-2050 (60+ Years)
El Dorado County



Projected Senior Population

Retirees have come to El Dorado County in growing numbers, leading to a greater increase in the older population than the general population. The U.S. Census Bureau reported a 52 percent growth in the 60+ population in the County between 2000 and 2010, more than two times the rate of growth at the state level and more than three times the rate of growth at the national level. The projected growth rate in the 60+ population in the County between 2010 and 2020 is 58%, greater than the national and state rates (see Figure 3). The 2016 California Department of Aging Population Demographic Projections for the 60+ population in El Dorado County is 51,761. This is an increase of approximately 31% from 2010. The 85+ population in the County increased by 77% between 2000 and 2010, which is greater than the 45% increase at the state level.

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



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

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

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

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

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

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

Racial and Ethnic Composition

Compared to California’s older adult population, the population of El Dorado County is predominately white (see Table 3). In 2010, about 93.6% of older adults were white (non-minority). In 2016, the California Department of Aging is estimating that the non-minority population will be about 88.4%.

Table 3
60+ Population by Race

Year	60+ Population	White		Minority	
2010	39,494	36,953	93.6%	2,541	6.4%
2016	51,761	45,749	88.4%	6,012	11.6%

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

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

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

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

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

Language Spoken at Home and Ability to Speak English

The ability to speak and understand English can affect how easy or difficult it is for an older adult to access needed services. The majority of El Dorado County’s older adults speak exclusively English at home. The 2010-2014 American Community Survey estimates that less than ten percent reported speaking a language other than English at home (See Table 5).

Table 5
Ability to Speak English for the 65+ Population

60 years and over:	43,624	
Speak only English	39,611	90.8%
Speak a language other than English	4,013	9.2%
Speak English less than "very well"	173	4.3%

Older Adults Living Alone

The number of older adults living alone has increased significantly, a 47% increase from 2010 to 2014 (see Table 6). This represents nearly 33.3% of the total households in the County with householders 60 years and older. Two out of three older adults living alone are women. Those who live alone are often at a greater risk of isolation and subsequent institutionalization. The availability and the provision of services to this population will continue to be a priority of this agency.

Table 6
Older Adults Living Alone
El Dorado County

Year	One-Person 60+ Households	% Increase
2010	5,802	-
2014	8,527	47%

Disability/Difficulties

The US Census, 2010 American Community Survey estimates one in three adults 65 years and older in El Dorado County are living with some type of long-lasting condition or disability. The County's 65+ disability distribution is close to the national distribution. The likelihood of having a disability varied with age in the County: from 5% of people 5 to 17 years old, to 12% of people 18 to 64 years old, and to 49% of those 75 and older. Of older adults that reported some type of disabling condition, 61% indicated that they were living with two or more types of disabilities or difficulties.

The majority of older adults 65 years or older who report to be living with some type of condition or disability are white. Among the minority racial and ethnic groups in the County, the highest overall estimated disability rate, six percent, was reported among Latino older adults (see Table 7).

Table 7
65+ Population Living with Disabilities
Comparison by Race

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

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

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

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

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

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

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

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

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

Disabled Persons under 60 Years of Age

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

Income and Poverty

An indicator of economic well-being is the portion of older adults near or below the federally designated poverty level. El Dorado County has a lower poverty rate than California. Statewide, approximately nine percent of individuals 65 years of age and over live at or below the federal poverty level, while in El Dorado County, approximately five percent of those in that age group reported incomes that were below the poverty thresholds. Table 10 shows the percentage of those 65 and older who are at or below 100% and 125% poverty levels in the County compared by gender. The US Census, 2008-2010 American Community Survey estimates that as women age, they are more susceptible to living in poverty.

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

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

The majority of older adults are living with incomes at or above poverty level. However, caution should be used when presuming that the older adult population is economically stable. The 2016 Federal Poverty Guidelines define poverty level for El Dorado County residents as having an annual income equal to or less than \$11,880 for an individual or \$16,020 for a couple. The guidelines are used to determine financial eligibility for certain federally funded programs. The federal poverty line is based on an unrealistically low assessment of what it costs to make ends meet.

Data from the US Census, 2008-2010 American Community Survey provides information about the older minority population living at or below the poverty level. The proportion of older adults varies considerably within different races and categories of ethnic origin (see Table 11).

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

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

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

Elder Economic Security

The 2016 California Department of Aging Population Demographic Projections for El Dorado County estimate 5.6% of all seniors (60+ years) are low income based on federal poverty guidelines. These individuals do not have sufficient income to meet their basic needs.

Low-income older adults depend upon public programs like Medi-Cal, cash assistance, and Supplemental Security Income (SSI) to make ends meet. The Federal Poverty Level (FPL) guidelines are often used to determine income eligibility for such federally-funded programs.

The guidelines, created nearly 50 years ago, have not been modified to account for the substantial changes in consumer spending patterns and standard of living. Further, the guidelines do not take into account the cost of living. As we live in a high-cost state, this is a significant disadvantage.

Consequently, thousands of older adults are struggling with severe economic insecurity, unable to qualify for public assistance as their incomes are too high according to the FPL guidelines, but not nearly enough to realistically make ends meet on their own. In response, a more accurate measure of poverty, The Elder Economic Security Standard™ Index or "Elder Index," was developed by Wider Opportunities for Women (WOW) and the Gerontology Institute at the University of Massachusetts, Boston. This index is an estimation tool based on the actual cost in each county of the basic expenses (housing, food, health care, transportation, and other costs) needed by older adults to age independently with dignity in their own homes.

Table 12
Elder Economic Security Index
El Dorado County 2016

	Single Elder Person			Elder Couple		
	Owner w/out Mortgage	Renter w/one Bedroom	Owner with Mortgage	Owner w/out Mortgage	Renter w/one Bedroom	Owner with Mortgage
2016 Federal Poverty Guidelines	\$ 11,880	\$11,880	\$ 11,880	\$ 16,020	\$ 16,020	\$ 16,020
150% of Federal Poverty Guidelines	\$ 17,820	\$17,820	\$ 17,820	\$ 24,030	\$ 24,030	\$ 24,030
Yearly Income Needed to Meet Basic Needs (Housing, Food, Transportation Healthier Care, etc.)	\$ 18,888	\$22,452	\$ 34,584	\$ 26,988	\$ 30,552	\$ 42,684

The Elder Index has been used to produce an analysis of the economic challenges facing older adults living in California demonstrating that the FPL guidelines underestimate costs of living for older adults, as they realistically need twice the FPL to make ends meet. The table above demonstrates that the minimum yearly amount required for basic needs far exceeds the federal poverty guidelines.

Boomers

The “baby boom” propelled the largest percentage increases of any age group in the 1990-2000 decade (people born in the post-World War II period from 1946 through 1964). The boomers represent the largest cohort yet to reach retirement age, as well the healthiest and best-educated generation. This Area Plan covers an especially important period in which the peak of the baby boom—those born in the mid-1950s—will reach their sixtieth birthday after 2012.

California is the top ranked state in the nation by boomer population size. In 2016, boomers age 46 to 64 residing in El Dorado County totaled an estimated 59,996 and comprised 33% of the total County population. The sheer size of the boomer generation has understandably

caused concern for the social and fiscal implications on the aging service delivery system in the County. The large number of boomers who are beginning to need and qualify for aging services mandates an examination of service delivery models for innovative and appealing programming.

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

C. Unique Resources and Constraints Existing Within El Dorado County

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

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

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

- An increasing older adult minority population
- An increasing older adult low-income population
- An increasing older adult population, particularly the 85+ population

The table below illustrates these changes during the last five years. This information is based on the data provided by the California Department of Aging (CDA), Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF).

Table 13
El Dorado County 60+ Demographic Comparison 2012 -2016

Demographic	2012	2013	2014	2015	2016	% Change from 2012 --2016
Population 60+	39,494	44,439	46,221	48,065	51,761	31.06%
Non-Minority 60+	35,648	39,779	41,258	42,748	45,749	28.34%
Minority 60+	3,846	4,660	4,963	5,317	6,012	56.32%
Low Income 60+	2,240	2,240	2,735	2,735	2,935	31.03%
Medi-Cal Eligible 60+	2,267	2,671	2,426	3,108	3,890	71.59%
Geographic Isolation 60+	10,897	16,600	16,600	16,600	16,600	52.34%
SSI/SSP* 65+	662	656	654	647	674	1.81%
Population 75+	11,087	11,735	12,067	12,423	13,877	25.16%
Lives Alone 60+	7,737	7,737	7,375	7,375	7,305	-5.58%
Non-English Speaking	230	230	125	125	220	-4.25%

*Supplemental Security Income/State Supplementary Payment

Section 3: Description of the Area Agency on Aging (AAA)

A. Administration and Structure

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

The El Dorado County Area Agency on Aging (AAA) is the office designated by the Board of Supervisors to carry out the daily functions and activities required under the Older Americans Act and the Older Californians Act. The El Dorado County AAA is a unit of local County government and operates within the Health and Human Services Agency. The Health and Human Services Agency is an integrated agency consisting of four divisions: Public Health, Mental Health, Social Services, and Community Services. This unified leadership structure maximizes opportunity for program synergy; improved service delivery to consumers through enhanced communication and coordination of staff; allocation of realignment funding sources; and consolidated contracts with shared vendors. The Community Services Division's main office, from which most senior services are delivered and the AAA is housed, is located at the Senior Center in Placerville.

Health and Human Services Agency Consumer Database

Our strategic goals for advancing healthy living and independence include empowering older adults and their families to make informed decisions and easily access existing health and long-term care options in the community so that they may remain in their own homes with as high quality of life as possible for as long as manageable. The programs and services authorized under the Older American Act support the implementation of a comprehensive and coordinated service system in El Dorado County that provides a core foundation of supports to assist older adults to remain independent and healthy at home and in the community. El Dorado County AAA within the Health and Human Services Agency is the largest provider of older adult services in the County.

In August 2015, AAA replaced a more than 15 year old data base with a new web based system. This new data base is being utilized for AAA programs and Senior Day Care. It is expected that the AAA will be able to capture additional data that can be reviewed for service planning and identify underserved areas of the County.

The following reported program numbers are representative of assistance provided during Fiscal Year 2014-2015.

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

- 315 outreach contacts, 2,953 information and assistance contacts; 66 unduplicated attendees in support groups or trainings annually; 1,500 hours of respite provided; and 97 unduplicated care receivers were served during the fiscal year.

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

- 9,374 assistance phone contacts and intakes were provided during the fiscal year.

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

- 103 complaint cases were closed; 281 information and consultations to individuals and service providers regarding resident issues; and 34 resident/long-term care facility visits (non-complaint related) were conducted during the fiscal year.

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

- Approximately 117 unduplicated older adults and disabled persons served annually between the Placerville and El Dorado Hills centers.

Senior Health Education Program: Encourages active participation in evidence-based health education, and exercise opportunities to preserve quality of life and improve health.

- 637 hours of evidence-based health exercise opportunities annually.

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

- 1,828 unduplicated clients served; 6,192 attorney hours of legal service; 3,955 cases closed annually.

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

- Congregate Dining: 1,099 people were served 51,703 meals during the year.
- Home-Delivered Meals: 810 unduplicated seniors were served 118,437 meals during the year

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

- 64 unduplicated seniors were enrolled in the program, volunteers made 14,378 calls during the year.

Assets

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

Improving Quality and Capacity of Care

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

Identification, Prioritization, and Resolution of Community Needs

The AAA has developed a progressive four-year needs assessment list of activities to provide continual evaluation of the needs and issues facing older adults and their caregivers in our community in preparation for the 2016-2020 contracting cycle. The AAA remains flexible with its resources and staff time in order to address critical areas of unmet need and to anticipate the impending demographic trends and future service needs of the boomers and other underserved target populations. Collection of both quantitative and qualitative data enables synthesis of information to better prepare service delivery and to respond more efficiently to service accessibility issues.

System Coordination

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

Advocacy

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

B. Challenges

Limited OAA Funding

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

Challenges in Delivery of Services

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

C. Service Delivery in El Dorado County

Primarily health care providers, such as skilled nursing facilities, acute care hospitals, home health agencies, private physicians, multi-service retirement communities, and social service agencies, such as the County of El Dorado, the City of South Lake Tahoe, and community services districts, provide senior services. The County of El Dorado is the primary provider of social services to the older adult population in this County. Lead by the AAA, all Older Americans Act and Older Californians Act services are provided by County government. The El Dorado County AAA serves as the local information and senior services clearinghouse for PSA 29. These services are augmented by park and recreation services provided by the City of South Lake Tahoe, the El Dorado Hills Community Services District and the Cameron Park Community Services District.

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

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

Overview of Services

The AAA provides the following services to older adults in El Dorado County:

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

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

Additionally, the Health and Human Services Agency provides a wide range of services to residents of El Dorado County which older adults and disabled adults access. Listed below are several of the services provided.

- Adult Protective Services (APS)
- Alcohol and Drug Programs
- Emergency Medical Services
- Animal Services
- Child Protective Services (CPS)
- El Dorado County Housing Authority, including Housing Choice Voucher Program
- Food Assistance Programs
- Home Energy Assistance Program (HEAP)
- Immunizations
- In-Home Supportive Services (IHSS)
- Medi-Cal Insurance
- Mental Health Services
- Public Guardian
- Public Health Clinical Services
- Smoking Cessation
- Supplemental Food Program for Women, Infants and Children (WIC)
- Weatherization Program

D. Coordination and Advocacy

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

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

COA works closely with the AAA to provide input relative to development of policy and funding recommendations to the Board on behalf of the County's growing older adult population. The COA provides an annual report to the Board of Supervisors detailing the Commission's achievements, advocacy efforts, reports, and trainings. The COA is also an integral participant in the development and the completions of the Area Plan Goals and Objectives.

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

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

The AAA has also been integral in preparing for local heat/cold emergencies. In a collaborative effort, the El Dorado County OES, the Health & Human Services Agency, and community

partners developed a plan to provide temporary relief from extreme cold and heat for the most vulnerable residents of El Dorado County. The Health and Human Services Agency and the AAA conduct outreach and education, assist with locating vulnerable older and disabled adults, and volunteer time to work in cooling/warming centers.

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

Preparedness Workgroup: This multi-agency workgroup brings organizations together to build partnerships, stay informed, and participate in all-hazards preparedness and response efforts. This group meets quarterly and includes: Public Health Communicable Disease Emergency Preparedness & Response, El Dorado Transit, Office of Emergency Services, Marshall Hospital, Barton Hospital, Area Agency on Aging, The Pines at Placerville, Western Slope Health Center, Environmental Management, Cal Fire, Office of Education, Mental Health, Alpine County Public Health, The American Red Cross, private-sector partners, and many others.

Social Services Transportation Advisory Council (SSTAC): As the administrator of Transportation Development Act (TDA) funds for El Dorado County, El Dorado County Transportation Commission (EDCTC) is charged with performing the annual Citizen Participation Process for Public Transit or Unmet Transit Needs process, as applicable. As the recommending body to the Commission, the primary responsibility of the SSTAC is to review potential unmet transit needs in the County. The SSTAC's secondary responsibilities may include advising the EDCTC on any major transit issues, including the coordination and consolidation of specialized transportation services, and advocating for transportation alternatives for those in a specific region and/or segment of the population. AAA staff attend these meetings to advocate for transportation alternatives for at-risk populations. A COA member also participates on the Council to advocate for older adults.

AARP Tax-Aide Program: To meet the need for assistance with tax preparation, referrals and appointments are made for AARP Tax-Aide services to help low and middle-income taxpayers prepare and file their income tax returns with the IRS, free of charge. Each year, from January through April, demand for tax counseling and preparation services escalates. Held at various locations throughout the county, the AAA provides the meeting space and outreach for this valuable assistance at the Placerville and South Lake Tahoe Senior Centers.

E. The AAA's Role in a Community-Based System of Care

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

Senior Nutrition Services. There is strong commitment and support from all sectors of the community for AAA programs and services. The Board of Supervisors continues to support the use of general fund dollars to ensure continued Senior Nutrition Services. Senior Nutrition Services, both congregate and home-delivered meals, are provided at the following eight locations: Placerville, Diamond Springs, Greenwood, Pollock Pines, South Lake Tahoe, Pioneer Park, El Dorado Hills and Cameron Park. This approval publicly demonstrates recognition of a well-managed and vital program, not only insuring continued access to services, but also insuring an opportunity for recipients to access information and assistance about other community services from program staff. The County also operates a Senior Nutrition Site on the East Slope within the South Lake Tahoe Senior Center in a cooperative venture with the City of South Lake Tahoe. Congregate meal service is now provided two days per week at the Cameron Park Community Center. This is the result of a collaboration between AAA, Cameron Park Community Services District, and the Food Bank of El Dorado County.

El Dorado Hills Senior Center. An example of a public/private partnership is that which is between the County and the El Dorado Hills Community Services District to provide enhanced services to the older adults residing in the El Dorado Hills area. The County owns the El Dorado Hills Senior Center and operates the Senior Nutrition Program and the Senior Day Care Program located within the Senior Center. The El Dorado Hills Community Services District funds two full time equivalent positions, a full-time coordinator and several part time staff, to direct the activities at the facility. The Senior Center offers numerous opportunities for older adults to learn, engage in recreation, socialize, and enjoy a hot, nutritionally-balanced lunch.

Community Focal Points. The Placerville Senior Center, El Dorado Hills Senior Center, and South Lake Tahoe Senior Center serve as focal points for older adults and their families to turn to for information or to receive services. The statewide toll-free 800 number is advertised in every monthly issue of the Senior Times newsletter, a publication of the AAA with a distribution of 1,400 and 100 viewed online annually. The 800 number is also included in all press releases to the media and on all program brochures. The Information and Assistance program serves as the visible point of contact into the continuum of care for older and disabled adults in El Dorado County. All eight of the Senior Nutrition Congregate Dining Centers also serve as points of contact for the public inquiring about services.

Family Caregiver Support Program (FCSP) Collaboratives. The El Dorado County community is equipped with many effective programs and resources. As often as possible, AAA programs incorporate the use of these resources, whether in the South Lake Tahoe service area, Placerville, or other more remote regions. Resources are utilized to the best advantage possible for the benefit of the clients being served. FCSP strives to reach the more rural and outlying areas of our County. The program provides two on-going support groups and will complete 18 to 21 caregiver educational classes this year throughout the county. In many areas, FCSP provides the only continuing support services to caregivers available. FCSP has also developed partnerships with numerous agencies such as the Alzheimer's Association of Northern California and Northern Nevada, the IHSS/Public Authority to provide trainings for their caregivers, and grandparents caring for their grandchildren who contact FCSP are referred to appropriate programs to meet their needs within the community. The Gold Country Chapter of the American Sewing Guild provide numerous specific items requested by caregivers to enhance their caregiving ability.

Securing Assistance to Minimize Gaps in Service. Services are available to elderly and disabled adults regardless of income and/or level of dependency. When a program must adhere to specific age and/or income guidelines, such as MSSP (Multipurpose Senior Service Program) serving those 65 and older who are Medi-Cal eligible, every effort is made to suggest other options for assistance. Senior Nutrition Services has a long history of demonstrating its ability to serve older and disabled adults regardless of income and/or level of dependency. Congregate Dining meets the social and nutritional needs of those able to access a community dining center, while Home-Delivered Meals meets the needs of those challenged by frailty, declining health and limitations, and/or physical disability. The Nutrition Program suggests a donation per meal, but service is provided regardless of the donation. Access is enhanced by the strategic location of eight dining centers throughout the County, serving a total of 700+ meals daily Monday through Friday. Referrals are received from hospitals, home health care agencies, MSSP, family members, neighbors, and older adults themselves.

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

Volunteer Support. Volunteers remain one of the most valuable resources of the AAA. Volunteer commitment and support is demonstrated by the involvement of more than 400 volunteers throughout the year. This consistent volunteer base yields tremendous influence throughout the public and private sector of the community.

Dementia 101 Workshop. Senior Day Care Services continues to host trainings and workshops for family caregivers of people with dementia. Caregivers are provided with valuable knowledge and tools to assist them with navigating the complicated course of the disease. These workshops and trainings are well received. The training on July 11, 2015 had 56 attendees. Senior Day Care Services provides a coordinated program of service for adults in a community-based group setting. Services include social activities, transportation, meals and snacks, personal care, therapeutic activities, and some health services.

AARP Foundation Senior Community Service Employment Program (SCSEP). AAA has a contractual agreement with AARP to participate as a Host Agency in the SCSEP to allow for the provision of a comprehensive training, skill building, and support to enhance marketability in a competitive job market. Over 16 seniors have received employment assistance since the inception of this program. They have been placed with HHSA's programs such as Senior Nutrition Services, Job One, Community Services, Senior Day Care, Long-Term Care Ombudsman Program, Child Protective Services (CPS), and the Public Guardian Office.

Section 4: Planning Process/Establishing Priorities

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

COA has representation from five Supervisorial districts, one Board of Supervisors member at large, two city appointments (Placerville and South Lake Tahoe), and six Commission-appointed community representatives. COA members may adopt specific issues of concern and advocate for the needs of older adults within their communities. Updates of activities are provided at the monthly Commission meetings. This input provides great influence in the AAA planning process. COA members are also charged with keeping their communities informed about services available to older adults, and to serve as a liaison to the AAA and governing board regarding issues of concern. Based on their knowledge, experience and interactions within the community, the COA is actively involved in creating and meeting objectives for the Area Plan.

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

Section 5: Needs Assessment

A. Process and Methods Used for Needs Assessment

The programs within the AAA conduct surveys on a continual basis of seniors accessing our services, service providers, interviews with clients, members of advisory committees, community collaboratives, and potential users of our services. These surveys are both formal and informal. Staff also conduct a thorough analysis of data from the US Census Bureau and California Department of Finance, and supplemented it with other pertinent national, state, and local research.

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

Community Needs Assessment for Area Plan

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

A committee was convened to develop the 2016-2020 Community Needs Assessment. The committee consisted of AAA staff and commissioners from the COA. The survey and the responses from the 2012-2016 Area Plan were reviewed as well as the required core questions provided by CDA. It was determined that the 2016-2020 Community Needs Assessment would limit the number of possible open ended responses and focus on the required core questions plus specific questions regarding scams and about the internet availability and usage.

The Needs Assessment was distributed at all of the Nutrition Sites and Senior Centers, and to Community Groups, Support Groups, etc. It was also emailed by members of the COA to their contacts and posted to websites. A press release announcing the survey was published in the local newspapers. The final survey consisted of 39 questions and a total of 522 responses were received.

B. Assessment Needs of Lesbian, Gay Bisexual and Transgender (LGBT) Elders

This was the first survey for our AAA that included a question regarding sexual orientation. This was question number seven on the survey and appeared on the first page. It was suggested by two key informant groups that this question be moved to the second page to allow for more confidential responses. This will be done in the next four year planning cycle. The results for this question are:

Table 14
Sexual Orientation of Survey Respondents

Sexual Orientation	Total Reponses	Percent
Heterosexual	452	90.58%
Bisexual	5	1.00%
Gay	3	0.60%
Lesbian	4	0.80%
Decline to State	35	7.01%

C. Needs Assessment Results

The analysis process provides an opportunity to probe older adults and knowledgeable individuals in the community for their evaluation of the effectiveness of service providers and the service delivery system. The survey results showed unmet needs in the following areas: Outreach, Education and Training, Availability of Services, Changing Needs of Seniors and Elder Abuse Prevention.

The majority of respondents rated their quality of life as “Good”, “Very Good” or “Excellent” and were satisfied with the amount of contact they had with family, friends and neighbors.

The top 5 concerns from respondents about aging were:

Table 15
Top 6 Aging Concerns of Survey Respondents

Aging Concern/Challenge	Response
Physical health	56.86%
Having visual or auditory impairments	36.28%
Having inadequate transportation	32.30%
Having financial problems	28.95%
Getting needed health care	28.32%
Performing everyday activities such as walking, bathing, or getting in and out of a chair	28.32%

Respondents are interested in the following activities:

Table 16
Top 6 Interests of Survey Respondents

Activity	Response
Physical Exercise	64.63%
Entertainment	61.45%
Recreation	55.10%
Libraries	45.12%
Community Involvement	44.22%
Volunteering	43.76%

The majority of respondents who are caregivers care for their spouse (47.54%) and the care is provided to a person with memory or cognitive deficiencies (47.83%), physical limitations (64.13%) and provide transportation for someone unable to drive (56.52%).

Transportation availability was closely split with 50.48% of respondents having no access to public transportation and 49.52% having access. The large majority of respondents own their own vehicle (82.66%) or other private transportation (10.69%). Only 5.24% use a form of public transportation.

Scams that target seniors are a concern. Of the respondents, 60.36% of seniors said they had not been targeted by a scam, however, this means almost 40% (39.64%) of seniors had been targeted by a scam. The types of scams are listed in the table below.

**Table 17
Scams**

Type of Scam	Reponses
Internet Phishing	22.30%
IRS	15.4%
Sweepstakes	12.39%
Foreign Lottery	9.01%
Identity Theft	9.68%
Grandparent	6.98%

The majority of seniors who responded have access to internet service at their homes via cable services (48.79%) and DSL (38.02%) and use their internet for on-line banking (51.09%) and Facebook (37.05%).

The majority of respondents stated they did not need assistance. Those that responded that “some physical assistance” was needed, identified the following task.

**Table 18
Tasks Needing Some Physical Assistance**

Task Needing Some Physical Assistance	Percent
Household Chores	17.12%
Walking	12.79%
Keeping my balance	12.61%
Preparing Meals	11.34%
Shopping	11.29%

The top four tasks for respondents who were dependent were: Transportation 13.18%, Household Chores 9.46%, Shopping 9.03%, and Preparing Meals 7.03%.

Respondents were asked if, after paying for housing, they still had enough money to pay for other expenses. Those who responded that they did not, were asked to identify the expenses they did not have enough money to pay for after housing. Listed below are the top four items.

Table 19
Basic Monthly Living Expenses Associated with Having Insufficient Funds

Insufficient Funds to Pay This Expense	Percent
Dental	12.45%
Food	9.34%
Eye Glasses	9.34%
Utilities	9.34%

Survey of Institutionalized Long-Term Care Consumers

At this time, we do not have a statistically representative sample size (the number of surveys returned) and, therefore, cannot conclude that the opinions of the sample represents the opinions in the population of institutionalized older adults. The results from the previous survey are summarized below.

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

Transition to Higher Level of Care. Sixty-five percent of residents indicated that the primary cause for the move into an institutionalized setting was illness and the subsequent inability to manage their personal care needs, which demanded a higher level of care. The need for assistance with activities of daily living (e.g., bathing, dressing, and household chores) underscores the importance of homemaker services in allowing older adults to continue living in their own home instead of relocating to a less desirable, higher level of care. More frequently, relatives were responsible for making the decision for placement to a higher level of care.

Long-Term Care Service Utilization Prior To Move. Although half of the participants were aware of long-term services in the community, only 21% had utilized such services prior to the move from an independent living environment to assisted care or skilled nursing. Home-delivered meals and family caregiver support were accessed to support independent living in the community and the quality of service provided was reported to be satisfactory in meeting their needs.

Paying for Care. Paying for long-term care can mean sacrificing a lifetime of savings or losing financial independence unless planned for in advance. Even then, older adults are living much longer than previously planned—more years in which there is a risk of serious health problems—and they exhaust their resources. Nearly three quarters of respondents could not afford needed services. Eight residents reported to belong to a health maintenance organization and only one had secured long-term care insurance.

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

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

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

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

El Dorado County Citizen Engagement Survey

The Citizen Engagement Survey was conducted September through November 2015 by the Kiely Group with the objectives of gathering information from citizens, getting more inclusive citizen input into the new El Dorado County (EDC) strategic plan, learning about the preferences and thoughts of a representative sample of citizenry and testing ways to reach and engage citizens. Some of the key discoveries from this survey are: respondents are concerned with preserving the rural nature of El Dorado County, citizens are not aware of what all EDC government does, citizens request more transparency and honesty from EDC and elected officials, and citizens are concerned about how the Board of Supervisors address the unique needs of more isolated geographic areas, especially in South Lake Tahoe. This survey was distributed via electronic and hard copy and 2,228 people responded. Focus groups and interviews were also conducted. The majority of the respondents were over 50 years of age (42.74% 50-65 years old and 24.94% 65+ years old).

The Citizen's Engagement Survey included a summary of *“Senior & Veteran Services -- In this area, there is a concern that the capacity to meet future needs is not being address for both Seniors (especially with the aging Baby Boomers) and Veterans. Many people express appreciation for the existing centers and programs. There are requests for more transportation services, especially options for getting to and from health care services. The nutrition programs are positive and should be expanded. Some citizens believe there is a need for more mental health services to these populations as well.”*

Section 6: Targeting

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

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

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

The community needs assessment process was designed to identify the core issues and needs of the targeted populations used to develop the consequent goals and objectives for the agency. Although it is nearly impossible to obtain an accurate listing of the targeted populations, identification involved focusing on individuals with the greatest economic and social needs. Methods for identifying these populations include periodic need assessments, qualitative and quantitative field research, planning process, and establishment of program area priorities, which focus on at-risk populations. Through our public hearings, every attempt is made to reach and elicit feedback from these vulnerable populations. Along with the required legal notification in the two major newspapers, The Mountain Democrat and the Tahoe Daily Tribune, Public Hearing notices were distributed to the eight congregate nutrition sites, local senior centers and online on the COA page of the El Dorado County website.

The goals and objectives outlined in the Plan provide for targeting the above populations. The goals; outreach, availability of aging services, changing needs of seniors, and elder abuse prevention target isolated older adults, caregivers, Boomers, frail and vulnerable older adults and those living in long term care facilities. The AAA coordinates services, planning and advocacy activities, as well as outreach efforts with various community groups that serve the socially isolated older adult. Due to the rural nature of the planning and service area (PSA), several objectives target the need for improved accessibility to needed services so older adults can gain every advantage of home-and community-based support to avoid premature or

inappropriate institutionalization. The AAA recognizes that if this population is to maintain its self-sufficiency, information and accessibility are priority needs.

The current services provided by Home-Delivered Meals Program, MSSP Care Management Program, Adult Protective Services, Information and Assistance, Senior Day Care Services, In-Home Supportive Services, Family Caregiver Support Program, and Long-Term Care Ombudsman Program, Senior Legal Services are evidence of how Health & Human Services Agency and AAA addresses the targeted populations. We are fortunate as a single-county AAA, that we are able to provide services to the entire county. We serve our community as a focal point for older adults at our three senior centers and eight congregate nutrition sites.

Section 7: Public Hearings

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

The public review period for the 2016-2020 Area Plan was April 2016. Two public hearings were held during this period:

April 21, 2016

El Dorado County Mental Health
768 Pleasant Valley Rd-Conference Room
Diamond Springs, CA

April 20, 2016

Tahoe Senior Center
3050 Lake Tahoe Blvd-Conference Room
South Lake Tahoe, CA

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
2016-17	4/20/16 4/21/16	Tahoe Senior Center El Dorado County Mental Health Conference Room	0 17	No No	No No
2017-18					
2018-19					
2019-20					

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

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

Along with the required legal notification, Public Hearing notices were distributed to the eight congregate nutrition sites, local senior centers, and posted online on the Commission on Aging (COA) web page on the El Dorado County website.

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.

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

Yes. Go to question #3

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

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

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

Yes. Go to question #5

No, Explain:

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

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

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

1) Trend in the hierarchy of interests that were reported by seniors and if that had changed within the last 4 years.

2) Scams that target seniors and computer/phone virus that are imbedded in bulk emails.

3) Elder Protection Unit. This was a multi-disciplinary collaboration between several protective programs within the county. The Elder Protection Unit is no longer meeting due to potential confidentiality issues, however, the relationships built between the programs involved continue to remain.

4) The possible expansion of senior activities and learning opportunities and donations received for these classes.

5) The percentage of the different funding sources in the AAA budget was requested.

6) Stronger advocacy for various methods of transportation and promotion of classes for older drivers

7) The varied start dates for objectives within the plan.

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

A change was made to Objective 3.2 to include transportation authorities and Commission on Aging representatives.

Section 8: Identification of Priorities

This Area Plan will help guide this agency through the four years of providing services to older adults and disabled persons in the County. Changes in population, as outlined in the demographic section of this Plan, are dramatic. The increased growth rate in the older adult population for this planning and service area (PSA) places a greater emphasis on the need for services and a greater geographic distribution of those services.

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

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

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

A. Adequate Proportion

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

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

The minimum funding budgeted on access (18%), in-home services (1.3%), and legal services (30%) from the 2015-2016 Area Plan Update to the current 2016-2020 Area Plan will not change. Two public hearings were held to inform the community about the funding levels for priority services and there was no opposition to the funding percentages.

B. Priorities for the 2016-2020 Planning Period

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

Most of the needs identified from the comprehensive community needs assessment utilizing both quantitative and qualitative analysis methods extend beyond the scope of any one agency's capabilities. The AAA and the Commission on Aging have determined the feasibility of addressing each need, and assigned relative priorities for action for the 2016-2020 planning period, each of which have associated objectives. Based on need and feasibility for short and long-term impact, the focus for this Plan was narrowed to the following five areas: Outreach, Education and Training, Availability of Aging Services, Changing Needs of Seniors, and Elder Abuse Prevention.

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

Within each of these priority areas, proposed activities have been identified and will provide the basis for the development of annual updates during the contracting cycle. The goals of Outreach, Education and Training, Availability of Aging Services, Changing Needs of Seniors and Elder Abuse Prevention will provide the foundation for continued responsiveness to aging population in the County. Identifying and fostering partnerships to support a more collaborative approach to providing a continuum of care is a priority of the AAA.

Commission on Aging Team. Ongoing discussions to solicit input with Commission on Aging (COA) members regarding the community needs assessment, identification of older adult and service provider needs and concerns, and subsequent formulation of issues of priority for the agency have been an integral component of the planning process. AAA staff met frequently with COA members in November 2015 to April 2016 to assist in the development of specific activities the agency would commit to pursue. The process involved review of the data, identification of the needs of targeted groups, and assistance in setting short and long-term goals for the AAA's older adult services and programs. The COA has committed to being involved in the completion of a majority of the objectives within the Area Plan.

Data Evaluation Team. Using the more than 500 surveys that were completed from older adults in the community and in long-term care facilities as a springboard, a data evaluation team of AAA staff and COA members was formed and began meeting weekly to review the data and evaluate both the assets and the needs represented by the older adult population.

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

C. Preparing for the Increased Senior Population in 2016 and Beyond

Our mandate is to meet the ever-changing needs of the older population and to listen with full attention as older adults and their caregivers inform us about these needs and suggestions for service delivery so they can live meaningful lives with quality of life and dignity. The AAA's priority is to target the most frail and at-risk populations of the County. However, the AAA also recognizes that the 50+ population in the County is rapidly growing. The future long-range planning for older adults and persons with disabilities in El Dorado County must take into account the upcoming age wave due to the boomer population.

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

The AAA is in an excellent position to provide leadership in guiding the community to meet the needs of this growing and very diverse population. Planning will require collaboration between the AAA, Commission on Aging, Board of Supervisors, community leaders, service organizations, and older adults themselves. Knowing that funding will not keep pace with the increasing need for services, several goals and objectives address empowering individuals to remain independent by increasing awareness of the availability of services with outreach, education and training, addressing the changing needs of seniors by promoting active aging, improving health and wellness and giving back to the community and promote elder abuse prevention activities.

Section 9: Area Plan Narrative Goals and Objectives

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

The 2016-2020 Area Plan was developed with a particular focus on improving the efficiency and effectiveness of the planning and delivery of a continuum of aging services. Through the implementation of this plan, the AAA seeks to provide far-reaching education and understanding of the choices and opportunities that exist to enhance the quality of life of El Dorado County's older residents. The five goals and 38 objectives of the four-year plan, with accompanying anticipated outcomes and evaluation measures, addresses a wide variety of identified areas of need.

Challenges and opportunities in the next four years may require modifying existing programs and services to ensure that they are effective and efficient. Review of goal objectives will be conducted during each annual Area Plan Update process. As development and implementation of organizational activities evolve, revisions will be made as necessary in response to the ever-changing landscape of our community and the persons we serve.

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

Goal # 1

Goal: Outreach			
<p>Rationale: The Area Agency on Aging (AAA) offers many services within the Planning Service Area (PSA) that can be of benefit to many seniors. In order to maximize the awareness and usage of programs, effective outreach is necessary. This will enhance the ability of older adults to make decisions regarding appropriate and available services.</p>			
List Objective Number(s) ___ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C³	Update Status⁴
<p>1.1. The Commission on Aging (COA) in conjunction with the AAA will distribute the Senior Times Newsletter and other senior services marketing materials to physicians' offices and waiting rooms in medical facilities in both the West Slope & South Lake Tahoe (SLT) area. COA will obtain permission from doctor's offices and/or medical facility prior to distribution.</p> <p>Measurement: Number of distribution locations</p>	<p>7/1/16-6/30/20</p>		<p>New</p>
<p>1.2 The Long Term Care Ombudsman Program (LTCOP) will publish quarterly articles in the Senior Times Newsletter to enhance awareness of long-term care resident advocacy services, resident rights, and other long-term care issues.</p> <p>Measurement: Number of articles submitted</p>	<p>7/1/17-6/30/20</p>		<p>New</p>

³ Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

⁴ Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

<p>1.3 Information and Assistance (I&A) will conduct 30 outreach campaigns in FY 2016/2017 and increase one campaign per year. These will include in-person speaking engagements, mailings to community agencies/organizations, outreach at Farmers' Markets, etc. to increase knowledge of available services.</p> <p>Measurement: Number of outreach campaigns competed</p>	7/1/16-6/30/20		New
<p>1.4 I&A and Family Caregiver Support Program (FCSP) will develop centralized senior services resource guide in current database to provide easy to access information for I&A staff in FY 2017/2018, implement in FY 2018/2019.</p> <p>Measurement: Completion of internal resource guide</p>	7/1/18-6/30/19		New
<p>1.5 AAA, in collaboration with the COA, will explore the feasibility of pursuing sponsorships or advertisements within the Senior Times Newsletter and "live hyperlinks" in the on-line edition to services, programs, and events.</p> <p>Measurement: Sponsorships or advertisements received or declined.</p>	7/1/18-6/30/20		New
<p>1.6 The COA Outreach Committee along with the AAA will explore sponsorship opportunities to purchase promotional giveaways with contact information about senior services for expanded outreach within the community.</p> <p>Measurement: Sponsorships and purchase of marketing materials</p>	7/1/18-6/30/20		New
<p>1.7 The Health & Human Services Agency (HHSA) would like to increase awareness of County services through effective branding and outreach within the community. With input from the COA, develop an effective branding to coincide with Wellorado.</p> <p>Measurement: Development of a new brand identity</p>	7/1/19-6/30/20		New
<p>1.8 The AAA programs of FCSP, Senior Day Care, Senior Legal and the LTCOP and the COA will collaborate and participate in a Health Fair. Memory Screenings and Caregiver Assessments will be provided.</p> <p>Measurement: Participation in a health fair</p>	7/1/19-6/30/20		New
<p>1.9 The AAA and COA will promote the Senior Nutrition Program Home-Delivered Meal Program to enlist a larger pool of volunteer drivers, especially within the South Lake Tahoe area.</p> <p>Measurement: Increased number of volunteer drivers</p>	7/1/16-6/30/20		New

<p>1.10 The COA in collaboration with the AAA will develop a Nutrition Site Liaison Program. Commissioners will be assigned to a Nutrition Site to meet with the congregate diners on a monthly basis providing outreach information on senior services. This will be an interactive arrangement with congregate diners providing feedback on current services and recommendations for new services.</p> <p>Measurement: Monthly Liaison meetings at Nutrition Sites</p>	7/1/16-6/30/17		New
<p>1.11 HHSA, AAA, Adult Protective Services (APS) and In-Home Supportive Services (IHSS) and the COA will conduct outreach within the County through personal visits and attendance at various meetings, service clubs, health associations and medical providers, fundraisers and community events, faith-based organizations, and senior housing and mobile home parks.</p> <p>Measurement: Number of outreach visits, attendance at events and meetings</p>	7/1/16-6/30/20		New

Goal: 2

Goal: Education and Training			
<p>Rationale: The Older Adults Needs Assessment identified Education as an area of interest to many seniors. The survey also identified that many seniors are caring for their spouses who have physical limitations and memory or cognitive deficiencies. Training will provide these seniors with support and education to become effective caregivers.</p>			
List Objective Number(s) ___ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C⁵	Update Status⁶
<p>2.1 To educate the older adult community about the Medicare Part D Low Income Subsidy Program, the Health Insurance Counseling and Advocacy Program (HICAP) will provide one-on-one presentations prior to the Medicare Part D annual open enrollment period.</p> <p>Measurement: Number of participants attending the presentations.</p>	7/1/16-6/30/20		New
<p>2.2 To help members of the boomer generation understand Social Security, long-term care, and working beyond age 65, Commission on Aging (COA) will sponsor a Boomer Education 101 Course annually. Course will be held in South Lake Tahoe (SLT) and West Slope.</p> <p>Measurement: Number of Boomer 101 courses held and/or number of attendees</p>	7/1/16-6/30/20		New

⁵ Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

⁶ Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

<p>2.3 The Area Agency on Aging (AAA) and COA will collaborate with Barton Medical Center in South Lake Tahoe and Marshall Medical Center in Placerville to promote an increase in Evidence-Based Programs. One of the Evidence-Based Programs, Powerful Tools for Caregivers, will be conducted twice a year by the Senior Health Education Program (SHEP) and Family Caregiver Support Program (FCSP) during FY 2016/2017, and then increased to three courses per year, rotating locations through El Dorado County. This course is designed to help family caregivers take care of themselves while caring for a loved one. Explore the possibility of providing other Evidence-Based programs.</p> <p>Measurement: Number of sessions of Evidence-Based programs held</p>	7/1/16-6/30/20		New
<p>2.4 FCSP will continue to provide/facilitate support groups in the Greenwood and South Lake Tahoe areas. A support group will be piloted in other outlying areas of El Dorado County; FY 2016/2017 will pilot one area, FY 2017/2018 will pilot another area.</p> <p>Measurement: Number of support groups held</p>	7/1/16-6/30/20		New
<p>2.5 FCSP will facilitate and sponsor two caregiver education series in South Lake Tahoe, one mini-series each in Greenwood and Placerville, and add another series to an outlying area, totaling 19 classes per year.</p> <p>Measurement: Number of classes held per year</p>	7/1/16-6/30/20		New

Goal # 3

Goal: Availability of Aging Services			
Rationale: The majority of senior services are provided at the dedicated senior centers located in Placerville, El Dorado Hills, and South Lake Tahoe. The senior population is continuing to increase at a rapid rate and expanded services are needed in all areas, especially South Lake Tahoe and outlying areas of the county. The Area Agency on Aging (AAA) strives to provide opportunities and services for seniors in all communities, as appropriate.			
List Objective Number(s) ___ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C⁷	Update Status⁸
<p>3.1 The AAA and Commission on Aging (COA) will explore the feasibility of pursuing the expansion of the You Are Not Alone (YANA) Program, a free daily telephone reassurance program into the South Lake Tahoe (SLT) area. The SLT program would be in collaboration with the El Dorado County Sheriff’s Team of Active Retirees (STAR) volunteers.</p> <p>Measurement: Number of clients enrolled in YANA from the South Lake Tahoe area</p>	7/1/17-6/30/20		New
<p>3.2 The AAA and COA will advocate with local transportation authorities to explore the feasibility of improving public transportation for older adults and will focus on expanding transportation services to rural and under-served communities as well as enhancing paratransit and route deviations services for disabled persons. A COA representative will regularly attend local transit authority’s community meetings, public hearings and study groups.</p> <p>Measurement: Number of meetings, public hearings and study groups attended</p>	7/1/16-6/30/20		New
<p>3.3 Senior Day Care and COA will collaborate with community agencies to explore the feasibility of opening a Senior Day Care Center in the SLT area.</p> <p>Measurement: Forming of collaboratives and committees for possible development of a plan for a site</p>	7/1/19-6/30/20		New

⁷ Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

⁸ Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

<p>3.4 Health & Human Services Agency (HHS), AAA, and COA will pursue collaboration with the City of SLT, SLT Senior Groups, and El Dorado County to explore the feasibility of improvements to the SLT Senior Center.</p> <p>Measurement: Improvements to the SLT Senior Center</p>	7/1/16-6/30/20		New
<p>3.5 Senior Health Education Program (SHEP) will continue to sponsor the Tai Chi Moving for Better Balance evidence-based class twice a week at the Placerville Senior Center. Another class will be added in FY 2017/2018 based on instructor's availability.</p> <p>Measurement: Number of Tai Chi Moving for Better Balance classes held</p>	7/1/16-6/30/20		New
<p>3.6 Family Caregiver Support Program (FCSP) will co-sponsor workshops with community organizations to provide educational information based on current needs of seniors.</p> <p>Measurement: Number of workshops held</p>	7/1/16-6/30/20		New
<p>3.7 The AAA programs of Senior Legal, FCSP, Information & Assistance (I&A), SHEP will collaborate with COA and In-Home Supportive Services (IHSS) and Adult Protective Services (APS) to identify community needs in outlying areas of the County. Explore the feasibility of providing various senior services in the outlying areas to increase accessibility of services to the area residents.</p> <p>Measurement: Attendance when services are provided</p>	7/1/17-6/30/20		New
<p>3.8 COA will collaborate with IHSS, APS and community leaders to explore the feasibility of conducting an Age-Friendly Communities Evaluation. Identify the terms and requirements of an Age-Friendly Community Designation.</p> <p>Measurement: Written report and/or development of a checklist</p>	1/1/17-6/30/18		New

Goal # 4

Goal: Changing Needs of Seniors			
Rationale: Seniors are living longer and prefer to “age in place”. The younger seniors, the Boomers, are more active, interested in maintaining healthy lifestyles, have different interests and needs than the older seniors. There is also a renewed interest in life-long learning and engagement in the community.			
List Objective Number(s) ___ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C⁹	Update Status¹⁰
4.1 Commission on Aging (COA), in conjunction with the City of South Lake Tahoe (SLT) Parks and Recreation Department, will collaborate with Lake Tahoe Community College and Recreation Center to explore the feasibility of providing classes and activities for older adults. Measurement: Number of classes for older adults	7/1/17-6/30/20		New
4.2 Area Agency on Aging (AAA) and COA will promote physical activity for seniors to improve health and reduce depression by exploring the feasibility of grants, senior fitness classes and events such as Senior Fitness Day. Measurement: Creation of Senior Fitness Classes and/or events	7/1/17-6/30/18		New
4.3 AAA and COA will promote aging in place services in El Dorado County and explore the feasibility of modification design and home improvements to accommodate mobility for aging in place. Pursue the possibility of expanding the Safe at Home program. Measurement: Number of applications received by Safe at Home and number of articles, presentations, outreach activities	7/1/17-6/30/18		New

⁹ Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

¹⁰ Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

<p>4.4 AAA, Senior Nutrition Program Dietitian, and COA will explore the feasibility of opportunities for innovative senior nutrition meal options and serving environments by visiting other Planning and Service Areas (PSAs) Nutrition Programs and other research activities.</p> <p>Measurement: Number of PSAs visited and summary of activities/ideas</p>	7/1/19-6/30/20		New
<p>4.5 Health & Humans Services Agency (HHSA), Long Term Care Ombudsman Program (LTCOP), and COA will explore new collaborations/volunteer opportunities with community organizations to develop and increase participation in intergenerational programs for the purpose of engaging available time and talent of volunteers to various projects to support relevance and the need to give back to the community.</p> <p>Measurement: Identify current and potential opportunities for intergenerational programs</p>	7/1/19-6/30/20		New
<p>4.6 COA will collaborate with local community colleges, libraries, churches, and senior and community centers to host regular relevant presentations. Create life-long learning opportunities and form groups of seniors with similar interests.</p> <p>Measurement: Number of presentations</p>	7/1/16-6/30/20		New
<p>4.7 AAA and Senior Day Care (SDC) will explore the feasibility of promoting art shows of paintings/drawings created by SDC clients in order to highlight the SDC programs.</p> <p>Measurement: Number of Art Shows</p>	7/1/19-6/30/20		New
<p>4.8 COA, in conjunction with HHSA, AAA, In Home Supportive Services (IHSS), and Adult Protective Services (APS), will explore the establishment of a Commission on Aging Speakers Bureau.</p> <p>Measurement: Formation of a Speakers Bureau</p>	7/1/17-6/30/18		New

Goal # 5

Goal: Elder Abuse Prevention			
Rationale: 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.			
List Objective Number(s) ___ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C¹¹	Update Status¹²
5.1 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. The intent is to educate older adults on the detection, prevention and reporting of popular scams, identify theft, and financial fraud. Measurement: Number of presentations and/or articles written	7/1/16-6/30/20		New
5.2 The Long Term Care Ombudsman Program (LTCOP) will provide 12 sessions of community education on topics such as the role of the ombudsman and residents' rights in order to enhance understanding of the program, create awareness of needs of residents of long-term care facilities, and aid in the recruitment of volunteers annually. Measurement: Number of training classes	7/1/16-6/30/20		New
5.3 The LTCOP will establish a baseline visitation schedule to visit LTC facilities no less than monthly based on an evaluation of licensing survey results, deficiencies and citations, the number of complaints called into the program office or crisis line, and observations of ombudsmen by 6/30/2017. Measurement: Development of visitation schedule	7/1/16-6/30/17		New

¹¹ Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

¹² Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

<p>5.4 The LTCOP will provide 70 consultations to LTC providers on elder abuse and resident rights issues based on the type of complaints investigated and problem areas identified by licensing agencies annually.</p> <p>Measurement: Number of consultations</p>	<p>7/1/17-6/30/20</p>		<p>New</p>
<p>5.5 The LTCOP staff and volunteers will make a total of 444 unduplicated visits to the skilled nursing facilities and residential care facilities for the elderly in order to provide a preventive presence which will minimize the development of potential problems annually.</p> <p>Measurement: Number of visits completed</p>	<p>7/1/16-6/30/20</p>		<p>New</p>
<p>5.6 Health & Human Services Agency (HHS), Area Agency on Aging (AAA), Information & Assistance (I&A), Senior Day Care (SDC), and Adult Protective Services (APS) will educate and collaborate with local entities (organizations/agencies) including those that provide home and community-based services to older adults and/or their caregivers to coordinate efforts to reduce elder abuse. Provide up to 5 training sessions on elder abuse reporting and prevention per year and distribute up to 200 copies per year of educational materials on elder abuse reporting and prevention.</p> <p>Measurement: Number of sessions and number of materials distributed</p>	<p>7/1/17-6/30/20</p>		<p>New</p>

Section 10: Service Unit Plan (SUP) Objectives Guidelines

SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES

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TITLE III/VIIA 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 \(SPR\)](#)

For services not defined in NAPIS, refer to the [Service Categories and Data Dictionary and the National Ombudsman Reporting System \(NORS\) Instructions](#).

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 IIIB, IIIC-1, IIIC-2, IIID, and VIIA.

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017			
2017-2018			
2018-2019			
2019-2020			

2. Homemaker (In-Home) *Not Applicable* Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017			
2017-2018			
2018-2019			
2019-2020			

3. Chore (In-Home) *Not Applicable* Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017			
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	115,000	1	1.9
2017-2018			
2018-2019			
2019-2020			

5. Adult Day/ Health Care (In-Home) *Not Applicable***Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017			
2017-2018			
2018-2019			
2019-2020			

6. Case Management (Access)*Not Applicable***Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017			
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	7	3	
2017-2018			
2018-2019			
2019-2020			

8. Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	50,000	1	1.10
2017-2018			
2018-2019			
2019-2020			

9. Nutrition Counseling *Not Applicable*

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017			
2017-2018			
2018-2019			
2019-2020			

10. Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	10	1, 3	
2017-2018			
2018-2019			
2019-2020			

11. Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	6,000	3, 5	5.1
2017-2018			
2018-2019			
2019-2020			

12. Nutrition Education

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	6,000	2	
2017-2018			
2018-2019			
2019-2020			

13. Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	9,000	1	1.4
2017-2018			
2018-2019			
2019-2020			

14. Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	300	1	1.3
2017-2018			
2018-2019			
2019-2020			

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

- Each **Title IIIB** “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 IIIB** services to be funded that were not reported in NAPIS categories 1–14 and 16. (Identify the specific activity under the Other Supportive Service Category on the “Units of Service” line when applicable.)

Title IIIB, Other Priority and Non-Priority Supportive Services

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.

- Other **Priority Supportive Services include:** Alzheimer's Day Care, Comprehensive Assessment, Health, Mental Health, Public Information, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting
- Other **Non-Priority Supportive Services include:** Cash/Material Aid, Community Education, Disaster Preparedness Materials, Emergency Preparedness, Employment, Housing, Interpretation/Translation, Mobility Management, Peer Counseling, Personal Affairs Assistance, Personal/Home Security, Registry, Senior Center Activities, and Senior Center Staffing

All "Other" services must be listed separately. Duplicate the table below as needed.

Other Supportive Service Category Telephone Reassurance **Unit of Service =1 Contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	14,000	3	3.1
2017-2018			
2018-2019			
2019-2020			

16. Title IIID/ Disease Prevention and Health Promotion

Instructions for Title IIID Disease Prevention and Health Promotion: Enter the proposed units of service and the Program Goal and Objective number(s) that provides a narrative description of the program and explains how the service activity meets the criteria for evidence-based programs described in PM 15-10.

Unit of Service = 1 contact

Service Activities: Health Promotions - Powerful Tools for Caregivers, Tai Chi Moving for Better Balance

Title IIID/ Disease Prevention and Health Promotion: Enter required 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 (Required)
2016-2017	650	2, 3	2.3, 3.5
2017-2018			
2018-2019			
2019-2020			

TITLE IIIB and Title VIIA:**LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES****2016–2020 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.

Each year during the four-year cycle, analysts from the Office of the State Long-Term Care Ombudsman (OSLTCO) will forward baseline numbers to the AAA from the prior fiscal year National Ombudsman Reporting System (NORS) data as entered into the Statewide Ombudsman Program database by the local LTC Ombudsman Program and reported by the OSTLCO in the State Annual Report to the Administration on Aging (AoA).

The AAA will establish targets each year in consultation with the local LTC Ombudsman Program Coordinator. Use the yearly baseline data as the benchmark for determining yearly 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 2013-2014 was 73%.

1. FY 2014-2015 Baseline Resolution Rate: Number of complaints resolved <u>79</u> + Number of partially resolved complaints <u>5</u> divided by the Total Number of Complaints Received <u>146</u> = Baseline Resolution Rate <u>58%</u> FY 2016-17 Target Resolution Rate <u>75%</u>
2. FY 2015-2016 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____ % FY 2017-18 Target Resolution Rate _____ %
3. FY 2016-2017 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____ % FY 2018-19 Target Resolution Rate _____ %

<p>4. FY 2017-2018 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____ % FY 2019-20 Target Resolution Rate _____ %</p>
<p>Program Goals and Objective Numbers: <u>5.3, 5.5</u></p>

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

<p>1. FY 2014-2015 Baseline: number of Resident Council meetings attended <u>9</u> FY 2016-2017 Target: <u>9</u></p>
<p>2. FY 2015-2016 Baseline: number of Resident Council meetings attended _____ FY 2017-2018 Target: _____</p>
<p>3. FY 2016-2017 Baseline: number of Resident Council meetings attended _____ FY 2018-2019 Target: _____</p>
<p>4. FY 2017-2018 Baseline: number of Resident Council meetings attended _____ FY 2019-2020 Target: _____</p>
<p>Program Goals and Objective Numbers: <u>5.2</u></p>

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

<p>1. FY 2014-2015 Baseline number of Family Council meetings attended <u>0</u> FY 2016-2017 Target: <u>0</u></p>
<p>2. FY 2015-2016 Baseline number of Family Council meetings attended _____ FY 2017-2018 Target: _____</p>
<p>3. FY 2016-2017 Baseline number of Family Council meetings attended _____ FY 2018-2019 Target: _____</p>
<p>4. FY 2017-2018 Baseline number of Family Council meetings attended _____ FY 2019-2020 Target: _____</p>
<p>Program Goals and Objective Numbers: <u>5.2</u></p>

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.

<p>1. FY 2014-2015 Baseline: number of consultations <u>58</u> FY 2016-2017 Target: <u>70</u></p>
<p>2. FY 2015-2016 Baseline: number of consultations _____ FY 2017-2018 Target: _____</p>
<p>3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____</p>
<p>4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____</p>
<p>Program Goals and Objective Numbers: <u>5.3</u></p>

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 2014-2015 Baseline: number of consultations <u>223</u> FY 2016-2017 Target: <u>250</u>
2. FY 2015-2016 Baseline: number of consultations _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>5.2, 5.3, 5.5</u>

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 2014-2015 Baseline: number of sessions <u>8</u> FY 2016-2017 Target: <u>12</u>
2. FY 2015-2016 Baseline: number of sessions _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of sessions _____ FY 2018-2019 Target: _____
1. FY 2017-2018 Baseline: number of sessions _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>1.2, 5.2</u>

G. Systems Advocacy

In the box below, in narrative format, provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. If the systemic advocacy effort is a multi-year initiative, provide a systemic advocacy objective that explains progress made in the initiative during the prior fiscal year and identifies specific steps to be taken during the upcoming fiscal year. A new effort or a statement of progress made and goals for the upcoming year must be entered each year of the four-year cycle.

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 promote person-centered care and reduce the use of anti-psychotics, 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) for the current fiscal year 2016/2017

The Long Term Care Ombudsman Program (LTCOP) staff will meet with representatives of the regional state licensing agency on a semi-annual basis to discuss individual complaints, observations, outcomes of regulatory investigations and inspections, state and federal regulations, and other issues of interest. These meetings will help define the roles of each entity, improve communication, and enhance collaborative efforts. The LTCOP staff will review their complaint data to share identified trends and concerns.

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 a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2014-2015 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 5 divided by the total number of Nursing Facilities 5 = Baseline **100%**

FY 2016-2017 Target: **100%**

2. FY 2015-2016 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____%

FY 2017-2018 Target: _____%

3. FY 2016-2017 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____%

FY 2018-2019 Target: _____%

4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____%

FY 2019-2020 Target: _____%

Program Goals and Objective Numbers: **5.3, 5.5**

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 a count of *visits* but a count of *facilities*. In determining the number of

facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2014-2015 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 29 divided by the total number of RCFEs 33 = Baseline 88% FY 2016-2017 Target: 94%
2. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2017-2018 Target: _____%
3. FY 2016-2017 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2018-2019 Target: _____%
4. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2019-2020 Target: _____%
Program Goals and Objective Numbers: 5.3, 5.5

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

This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hour per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

1. FY 2014-2015 Baseline: .40 FTEs FY 2016-2017 Target: .80 FTEs
2. FY 2015-2016 Baseline: _____ FTEs FY 2017-2018 Target: _____ FTEs
3. FY 2010-2011 Baseline: _____ FTEs FY 2013-2014 Target: _____ FTEs
4. FY 2010-2011 Baseline: _____ FTEs FY 2014-2015 Target: _____ FTEs
Program Goals and Objective Numbers: Goal 3 and 5

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

1.	FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers <u>7</u> FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers <u>12</u>
2.	FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers _____
3.	FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers _____
4.	FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: <u>Goal 3 and 5</u>	

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:

In the box below, in narrative format, describe one or more specific efforts your program will undertake in the upcoming year to increase the accuracy, consistency, and timeliness of your National Ombudsman Resource System (NORS) data reporting.

Some examples could include:

- Having Ombudsman Program staff and volunteers regularly attend NORS Consistency Training provided by the OSLTCO
- Hiring additional staff to enter data
- Updating computer equipment to make data entry easier
- Initiating a case review process to ensure case entry is completed in a timely manner

The LTCOP will address data input procedures by conducting an evaluation of the overall work flow to determine standard processes and actions for managing complaints and grievances. Certified ombudsman volunteer representatives will be recruited and trained to assist in timely data entry of their investigative activities.

TITLE VIIA 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. Activities reported for the Title VII Elder Abuse Prevention Program must be distinct from activities reported for the LTC Ombudsman Program. No activity can be reported for both programs.

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** –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** –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** –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** –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** –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** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

The agency receiving Title VIIA Elder Abuse Prevention funding is: **AAA**

Fiscal Year	Total # of Public Education Sessions
2016-2017	20
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Professionals
2016-2017	
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2016-2017	
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	60
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2016-2017		
2017-2018		
2018-2019		

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2019-2020		

Fiscal Year	Total Number of Individuals Served
2016-2017	600
2017-2018	
2018-2019	
2019-2020	

TITLE IIIE SERVICE UNIT PLAN OBJECTIVES**CCR Article 3, Section 7300(d)****2012–2016 Four-Year Planning Period**

This Service Unit Plan (SUP) uses 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 IIIE Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
Information Services	# of activities and Total est. audience for above		
2016-2017	# of activities: 10 Total est. audience for above: 150	1	
2017-2018	# of activities: Total est. audience for above:		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2016-2017	3,000	1, 2	
2017-2018			
2018-2019			
2019-2020			

Access Assistance	Total contacts		
Support Services	Total hours		
2016-2017	1,000	3	
2017-2018			
2018-2019			
2019-2020			
Respite Care	Total hours		
2016-2017	1,500	3	
2017-2018			
2018-2019			
2019-2020			
Supplemental Services	Total occurrences		
2016-2017	4	3	
2017-2018			
2018-2019			
2019-2020			

Direct and/or Contracted III E Services—*Not Applicable*

Grandparent Services Caring for Children	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	# of activities and Total est. audience for above		
2016-2017	# of activities: Total est. audience for above:		
2017-2018	# of activities: Total est. audience for above:		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		

Grandparent Services Caring for Children	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Access Assistance	Total contacts		
2016-2017			
2017-2018			
2018-2019			
2019-2020			
Support Services	Total hours		
2016-2017			
2017-2018			
2018-2019			
2019-2020			
Respite Care	Total hours		
2016-2017			
2017-2018			
2018-2019			
2019-2020			
Supplemental Services	Total occurrences		
2016-2017			
2017-2018			
2018-2019			
2019-2020			

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

List all SCSEP monitor sites (contract or direct) where the AAA provides SCSEP enrollment services within the PSA (Do not list host agencies)

Enrollment Location/Name (AAA office, One Stop, Agency, etc.): <i>Not Applicable – PSA 29 is a host agency.</i>	
Street Address:	
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names):	
Number of paid staff	Number of participant staff
How many participants are served at this site?	

Enrollment Location/Name (AAA office, One Stop, Agency, etc.):	
Street Address:	
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names):	
Number of paid staff	Number of participant staff
How many participants are served at this site?	

Enrollment Location/Name (AAA office, One Stop, Agency, etc.):	
Street Address:	
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names):	
Number of paid staff	Number of participant staff
How many participants are served at this site?	

¹³ If not providing a Title V program, then enter PSA number followed by "Not providing".
El Dorado County Area Agency on Aging Area Plan 2012-2016

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

MULTIPLE PSA HICAPs: If you are a part of a multiple-PSA HICAP where two or more AAAs enter into an agreement with one “Managing AAA,” to deliver HICAP services on their behalf to eligible persons in their 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: In FY 2014, the State Health Insurance Assistance Program (SHIP) was transferred from the Centers for Medicare & Medicaid Services (CMS) to the Administration for Community Living (ACL). ACL has continued CMS’ policy requiring all SHIPs to meet established performance measures. Based on ACL guidelines and to assist AAAs in completing the Service Unit Plan, CDA provides State (1.1 and 1.2), and federal (2.1 through 2.7) performance measures (PM) annually. To download these measures and view definitions, visit <https://www.aging.ca.gov/ProgramsProviders/AAA/Planning/>

Section 1. State Performance Measures

Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2016-2017	550	2
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2016-2017	13	2
2017-2018		
2018-2019		
2019-2020		

Section 2: Federal Performance Measures

Fiscal Year (FY)	PM 2.1 Total Client Contacts (Estimated)	Goal Numbers
2016-2017	1,451	2
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.2 Persons Reached at PAM Events (Estimated)	Goal Numbers
2016-2017	1,550	2
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.3 Contacts with Medicare Beneficiaries Due to Disability (Estimated)	Goal Numbers
2016-2017	194	2
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.4 Low-income Medicare Beneficiary Contacts (Estimated)	Goal Numbers
2016-2017	599	2
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.5 Contacts with One or More Qualifying Enrollment Topics (Estimated)	Goal Numbers
2016-2017	1,240	2
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.6 Total Part D Enrollment/Assistance Contacts (Estimated)	Goal Numbers
2016-2017	686	2
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.7 Total Counseling Hours (Estimated)	Goal Numbers
2016-2017	781	2
2017-2018		
2018-2019		
2019-2020		

Section 3: HICAP Legal Services Units of Service (if applicable) ¹⁴

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2016-2017	6	2
2017-2018		
2018-2019		
2019-2020		

¹⁴ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2016-2017	10	2
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2016-2017	12	2
2017-2018		
2018-2019		
2019-2020		

COMMUNITY FOCAL POINTS LIST

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

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

Designated Community Focal Point	Address
Placerville Senior Center	937 Spring Street Placerville, CA 95667
South Lake Tahoe Senior Center	3050 Lake Tahoe Blvd. South Lake Tahoe, CA 96150
El Dorado Hills Senior Center	990 Lassen Lane El Dorado Hills, CA 95762

Section 12 - Disaster Preparedness

PSA 29

Disaster Preparation Planning Conducted for the 2016-2020 Planning Cycle OAA Title III, Sec. 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

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

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

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

Name	Title	Telephone	email
Todd Hammitt	Sergeant	Office: 530-621-5170	HammittT@edso.org
Todd Crawford	Deputy Sheriff	Office: 530-621-5131	CrawfordT@eso.org
Leslie Schlag	Deputy Sheriff	On-Call through Central Dispatch 530- 621-6600	schlagL@edso.org

3. Identify the Disaster Response Coordinator within the AAA:

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

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

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

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

El Dorado County is a participant in multiple mutual aid agreements such as the California Master Mutual Aid Agreement, Volunteer and private Agency's Mutual Aid Agreement, etc.

6. Describe how the AAA will:

- Identify vulnerable populations.

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

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

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

2016-2020 Four-Year Planning Cycle

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds¹⁵ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2016-17 through FY 2019-20

Access:

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

2016-17 18% 17-18 18% 18-19 18% 19-20 18%

In-Home Services:

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

2016-17 1.3% 17-18 1.3% 18-19 1.3% 19-20 1.3%

Legal Assistance Required Activities:¹⁶

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

2016-17 30% 17-18 30% 18-19 30% 19-20 30%

¹⁵ Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

¹⁶ Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. 29

The on-going needs assessment and funding constraints are the determinate factors for allocation of funding for all services. However, the El Dorado County AAA remains resolute in maintaining funding levels for priority services. The minimum funding spent on access (18%), in-home services (1.3%) and legal services (30%) is not anticipated to change during the next four years.

Section 14 - Notice of Intent to Provide Direct Services

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

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

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

Check applicable direct services

Check each applicable Fiscal Year

Title IIIB	16-17	17-18	18-19	19-20
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Long-Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title IIID	16-17	17-18	18-19	19-20
<input checked="" type="checkbox"/> Disease Prevention and Health Promo.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title IIIE ¹⁷	16-17	17-18	18-19	19-20
<input checked="" type="checkbox"/> Information Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title VIIA	16-17	17-18	18-19	19-20
<input checked="" type="checkbox"/> Long-Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title VII	16-17	17-18	18-19	19-20
<input checked="" type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Describe methods to be used to ensure target populations will be served throughout the PSA.29

¹⁷ Refer to PM 11-11 for definitions of Title III E categories.
El Dorado County Area Agency on Aging Area Plan 2012-2016

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

The community needs assessment process was designed to identify the core issues and needs of the targeted populations used to develop the consequent goals and objectives for the agency. Although it is nearly impossible to obtain an accurate listing of the targeted populations, identification involved focusing on individuals with the greatest economic and social needs. Methods for identifying these populations include periodic need assessments, qualitative and quantitative field research, planning process, and establishment of program area priorities, which focus on at-risk populations. Through our public hearings, every attempt is made to reach and elicit feedback from these vulnerable populations. Along with the required legal notification within the two major newspapers, the Mountain Democrat, and the Tahoe Daily Tribune, public hearing notices were distributed to the eight congregate nutrition sites, local senior centers, and online on the COA website.

The goals and objectives outlined in the Plan provide for targeting the above populations. The goals of outreach, education and training, and availability of aging services, and elder abuse prevention target the most socially isolated older and dependent adults in the community. The AAA coordinates services, planning and advocacy activities, as well as outreach efforts with various community groups that serve the socially isolated older adult. The goal of education and training also addresses the needs of older adults who wish to age in place and targets those at greatest economic and social need. The plan also provides objectives that address education and training for caregivers and Boomers. It also addresses the changing needs and interests of individuals who are becoming seniors. The last goal addresses elder abuse prevention and several objectives as specific to the Long Term Care Ombudsman Program and individuals residing in long term care facilities. Due to the rural nature of the planning and service area (PSA), several objectives target the need for improved accessibility to needed services so older adults can gain every advantage of home-and community-based support to avoid premature or inappropriate institutionalization. The AAA recognizes that if this population is to maintain its self-sufficiency, information and accessibility are priority needs.

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

Section 15 - Request For Approval To Provide Direct Services PSA 29

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

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

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

Identify Service Category: Congregate Nutrition

Check applicable funding source:¹⁸

IIIB

IIIC-1

IIIC-2

Nutrition Education

IIIE

VIIA

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

2016-17

2017-18

2018-19

2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service¹⁹: _____

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

- 1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.
 - a) *Provision of Title III services, including congregate nutrition, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. On June 27, 2011 El Dorado County released a Request for Information to identify qualified entities with interest in providing Elderly Nutrition Services. No local entity responded. The two entities that did respond were national for-profit companies. There was no conclusive evidence they could provide the**

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

same service more economically and the Governing Board voted to keep providing the service direct by the County.

- b) This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) This Area Agency on Aging directly provides Title III services, including congregate nutrition, efficiently as part of a department of County government. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

In addition, the Health and Human Services Agency (HHSA) is exploring the process to bring the AAA programs under an umbrella for an Adult System of Care within HHSA to provide even further integration of programs and services to better serve the older adult population and strengthen and support the safety net for older adults. This umbrella may include programs such as Adult Protective Services, In-Home Supportive Services (IHSS), IHSS Public Authority, Public Guardian, and AAA programs.

Section 15 - Request for Approval to Provide Direct Services PSA 29

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

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

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

Identify Service Category: Legal Services

Check applicable funding source:²⁰

- IIIB
- IIIC-1
- IIIC-2
- Nutrition Education
- IIIE
- VIIA
- HICAP

Request for Approval Justification:

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

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

- 2016-17 2017-18 2018-19 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service²¹ :

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

- 1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.*
 - a) *Provision of Title III services, including legal services, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor.*
 - b) *This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII services to the older adult*

¹¹ Section 15 does not apply to Title V (SCSEP).

population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.

- 2) *This Area Agency on Aging directly provides Title III services, including legal services, efficiently as part of a department of County government. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

In addition, the Health and Human Services Agency (HHS) is exploring the process to bring the AAA programs under an umbrella for an Adult System of Care within HHS to provide even further integration of programs and services to better serve the older adult population and strengthen and support the safety net for older adults. This umbrella may include programs such as Adult Protective Services, In-Home Supportive Services (IHSS), IHSS Public Authority, Public Guardian, and AAA programs.

Section 15 - Request for Approval to Provide Direct Services PSA 29

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

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

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

Identify Service Category: Nutrition Education

Check applicable funding source:²²

- IIIB
- IIIC-1
- IIIC-2
- Nutrition Education
- IIIE
- VIIA
- HICAP

Request for Approval Justification:

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

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

2016-17 2017-18 2018-19 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service²³ :

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

- 1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.*
 - a) *Provision of Title III services, including nutrition education, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. On June 27, 2011 El Dorado County released a Request for Information to identify qualified entities with interest in providing Elderly Nutrition Services. No local entity responded. The two entities that did respond were national for-profit companies. There was no conclusive evidence they could provide the same service more economically and the Governing Board voted to keep providing the service direct by the County.*

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

- b) *This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) *This Area Agency on Aging directly provides Title III services, including nutrition education, efficiently as part of a department of County government. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

In addition, the Health and Human Services Agency (HHSA) is exploring the process to bring the AAA programs under an umbrella for an Adult System of Care within HHSA to provide even further integration of programs and services to better serve the older adult population and strengthen and support the safety net for older adults. This umbrella may include programs such as Adult Protective Services, In-Home Supportive Services (IHSS), IHSS Public Authority, Public Guardian, and AAA programs.

Section 15 - Request for Approval to Provide Direct Services PSA 29

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

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

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

Identify Service Category: Senior Center Staffing

Check applicable funding source:²⁴

IIIB

IIIC-1

IIIC-2

Nutrition Education

IIIE

VIIA

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

2016-17

2017-18

2018-19

2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service²⁵ :

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

- 1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.
 - a) *Provision of Title III services, including senior center staffing, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor.*
 - b) *This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new**

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.

- 2) *This Area Agency on Aging directly provides Title III services, including senior center staffing, efficiently as part of a department of County government. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

In addition, the Health and Human Services Agency (HHS) is exploring the process to bring the AAA programs under an umbrella for an Adult System of Care within HHS to provide even further integration of programs and services to better serve the older adult population and strengthen and support the safety net for older adults. This umbrella may include programs such as Adult Protective Services, In-Home Supportive Services (IHSS), IHSS Public Authority, Public Guardian, and AAA programs.

Section 15 - Request for Approval to Provide Direct Services PSA 29

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

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

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

Identify Service Category: Telephone Reassurance

Check applicable funding source:²⁶

IIIB

IIIC-1

IIIC-2

Nutrition Education

IIIE

VIIA

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

2016-17

2017-18

2018-19

2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service²⁷ :

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

- 1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.
 - a) *Provision of Title III services, including telephone reassurance, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor.*
 - b) *This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new**

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.

- 2) *This Area Agency on Aging directly provides Title III services, including telephone reassurance, efficiently as part of a department of County government. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

In addition, the Health and Human Services Agency (HHS) is exploring the process to bring the AAA programs under an umbrella for an Adult System of Care within HHS to provide even further integration of programs and services to better serve the older adult population and strengthen and support the safety net for older adults. This umbrella may include programs such as Adult Protective Services, In-Home Supportive Services (IHSS), IHSS Public Authority, Public Guardian, and AAA programs.

Section 15 - Request for Approval to Provide Direct Services PSA 29

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

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

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

Identify Service Category: Home Delivered Meals

Check applicable funding source:²⁸

IIIB

IIIC-1

IIIC-2

Nutrition Education

IIIE

VIIA

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

2016-17

2017-18

2018-19

2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service²⁹ :

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

1) *This Area Agency on Aging must provide Title III services to maintain an adequate supply of such services.*

a) *Provision of Title III services, including home delivered nutrition services, in this small rural PSA has historically proven difficult. Available funding sources are extremely limited, and agencies that normally provide such services in other PSAs are either not located here or simply unable to act as a subcontractor. On June 27, 2011 El Dorado County released a Request for Information to identify qualified entities with interest in providing Elderly Nutrition Services. No local entity responded. The two entities that did respond were national for-profit companies. There was no conclusive evidence they*

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

could provide the same service more economically and the Governing Board voted to keep providing the service direct by the County.

- b) This Area Agency on Aging is currently successfully operating as a Division of the Health and Human Services Agency of El Dorado County providing Title III and Title VII services to the older adult population of this PSA. As a direct service provider, this Area Agency can seek new funding and provide new services that could benefit the older adult population of this PSA when an appropriate entity does not exist or chooses not to apply.*
- 2) This Area Agency on Aging directly provides Title III services, including home delivered nutrition services, efficiently as part of a department of County government. The county and administrative infrastructure is already in place and doesn't have to be duplicated. There is increased efficiency in its record keeping and reporting requirements, both with fiscal and compliance reporting. With all aging services housed in one department, the system is well integrated, duplication of services is decreased, and services are more responsive to senior needs in the community.*

In addition, the Health and Human Services Agency (HHSA) is exploring the process to bring the AAA programs under an umbrella for an Adult System of Care within HHSA to provide even further integration of programs and services to better serve the older adult population and strengthen and support the safety net for older adults. This umbrella may include programs such as Adult Protective Services, In-Home Supportive Services (IHSS), IHSS Public Authority, Public Guardian, and AAA programs.

**GOVERNING BOARD MEMBERSHIP
2016-2020 Four-Year Area Plan Cycle**

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

Total Number of Board Members: 5

Name and Title of Officers:

Office Term Expires:

Ron Mikulaco, Chair	January 2017
Shiva Frentzen, First Vice Chair	January 2017
Michael Ranalli, Second Vice Chair	January 2019

Names and Titles of All Members:

Board Term Expires:

Ron Mikulaco, Supervisor District I	January 2017
Shiva Frentzen, Supervisor District II	January 2017
Michael Ranalli, Supervisor District IV	January 5, 2019
Brian K. Veerkamp, Supervisor District III	January 5, 2017
Sue Novasel, Supervisor District V	January 7, 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 12

Race/Ethnic Composition	<u>% of PSA's 60+Population*</u>	<u>% on Advisory Council</u>
White	<u>93.3%</u>	<u>91.7%</u>
Hispanic	<u>5.1%</u>	<u>0%</u>
Black	<u>0.6%</u>	<u>8.3%</u>
Asian/Pacific Islander	<u>2.7%</u>	<u>0%</u>
Native American/Alaskan Native	<u>0.6%</u>	<u>0%</u>
Other	<u>2.8%</u>	<u>0%</u>

**Note: Based on the 2014 American Community Survey*

Name and Title of Officers:

Office Term Expires:

Steven Shervey, Chair – City of Placerville Appointee	N/A
Roger Berger, Vice Chair – Community Appointee	3/2019

Name and Title of other members:

Office Term Expires:

Vacant, Supervisor Appointee – District 1	1/2017
John Hovey, Supervisor Appointee – District II	1/2017
Greg Golihur, Supervisor Appointee – District III	1/2017
Vicki Ludwig, Supervisor Appointee – District IV	1/2019
Ron Zehren, Supervisor Appointee—District V	1/2019
Roberta Rimbault, Supervisors Appointee – Member-at-Large	1/2018
Horace Holmes, D.P.A., Community Representative	4/2017
Ken Diebert, Community Representative	6/2016
Brian Reeves, Community Representative	3/2019
Raymond Wyatt, Community Representative	3/2018
Geraldine Grego, City of South Lake Tahoe Appointee	3/2017

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.

2016-2020 Four-Year Area Planning Cycle

This section must be completed and submitted with the Four-Year Area Plan.
Any changes to this Section must be documented on this form and remitted with Area Plan Updates.³⁰

1. Specific to Legal Services, what is your AAA’s Mission Statement or Purpose Statement? Statement must include Title IIIB requirements:

To ensure the rights and entitlements of residents of El Dorado County, 60 years of age and older, by providing and securing legal assistance, regardless of income.

2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services?
30%

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

As a result in the growing senior population within our PSA, we have seen an increase in the number of clients in low income categories and increase in the number of clients with issues related to reverse mortgages and consumer debt.

4. Specific to Legal Services, does the AAA’s contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services?

Not Applicable—AAA and LSP are both part of the El Dorado County Health & Human Services Agency (HHS). An agreement is not necessary. LSP is a program that is operated directly by the AAA.

5. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA?

The LSP is a program operated and housed within the AAA. The LSP was involved in the creation of the Area Plan Goals and Objectives and several questions on the Needs Assessment were directly related to the LSP. The LSP meets monthly and collaborates with the other supervisors of the AAA programs. Outreach presentations are often held at the local senior centers.

6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA **AND** what mechanism is used for reaching the target population? Discussion:

The AAA includes the LSP in the development of various surveys and provides information regarding available LSP services to clients of other AAA programs. The LSP is a part of the AAA and brochures contain information on all programs. Referrals, as appropriate, are made within the many AAA programs including the LSP.

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

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

³⁰ For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or chisorom.okwuosa@aging.ca.gov
El Dorado County Area Agency on Aging Area Plan 2016-2020

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

Fiscal Year	# of Legal Assistance Services Providers
2016-2017	1
2017-2018	
2018-2019	
2019-2020	

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

No-however, Senior Legal Services also provides phone appointments.

10. What methods of outreach are Legal Services providers using? Discuss:

See #7 above.

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

Fiscal Year	Name of Provider	Geographic Region covered
2016-2017	a. Senior Legal Services b. c.	a. All of El Dorado County b. c.
2017-2018	a. b. c.	a. b. c.
2018-2019	a. b. c.	a. b. c.
2019-2020	a. b. c.	a. b. c.

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

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

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

13. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area):

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

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

See #3 Above

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

Major barriers include:

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

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

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

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

c. underserved communities -

1. LGBT community.

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

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

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

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

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

**Section 19 - Multipurpose Senior Center Acquisition or Construction
Compliance Review³¹ PSA 29**

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

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

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

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

³¹ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

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

2016–2020 Four-Year Planning Cycle

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

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

Family Caregiver Services

Category	2016-2017	2017-2018	2018-2019	2019-2020
Family Caregiver Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Supplemental Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract

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

Grandparent Services

Category	2016-2017	2017-2018	2018-2019	2019-2020
Grandparent Information Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Access Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Support Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Respite Care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

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

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

All inquiries regarding Grandparent Services are referred to the appropriate Health & Human Services Agency (HHS) programs to meet the needs of the grandparents contacting FCSP.

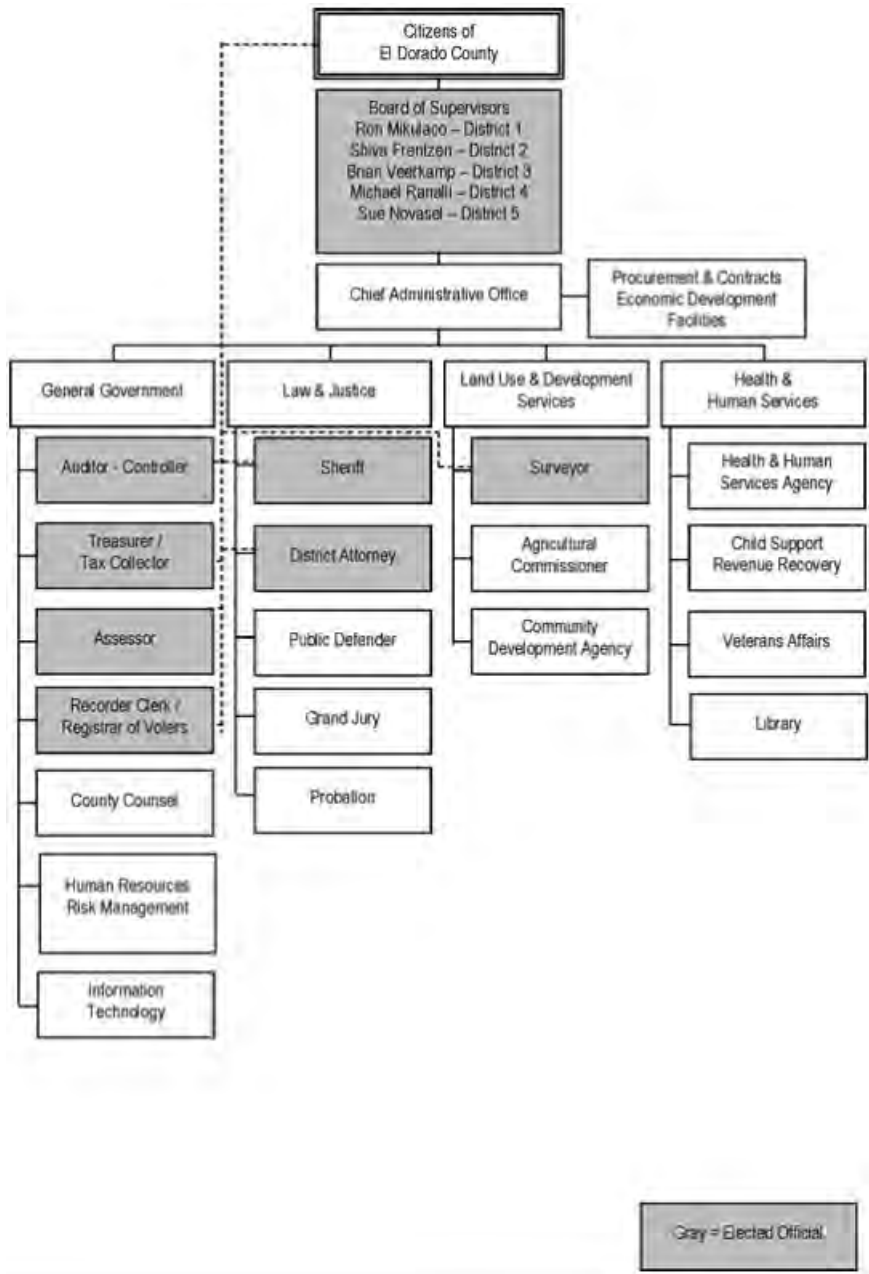
- Provider name and address of agency
*El Dorado County Health & Human Services
3057 Briw Road, Suite A
Placerville, CA 95667
Phone: (530) 642-7300
www.edcgov.us*
- Description of the service
HHS provides a wide variety of services that can be accessed by grandparents who are caregivers for their grandchildren. In addition, HHS is exploring the development of a Children's System of Care to further enhance the integration of the services and programs HHS provides to better serve the youth population and simplify the navigation of these services by the parents, grandparents, and other adults caring for these children. These services can include, but are not limited to: CalWorks, Foster Care, Welfare-to-Work, Children's Mental Health, Mental Health Support Groups, Public Health Programs with intensive case management such as Maternal Child & Adolescent Health (MCAH), California Children's Services (CCS), Cal Fresh, and Women Infants and Children's (WIC). Additional referrals can also be made to the El Dorado County Office of Education.
- Where the service is provided (entire PSA, certain counties, etc.)
HHS services are provided throughout El Dorado County which encompasses PSA 29.
- Information that influenced the decision not to provide the service (research, needs assessment, survey of senior population in PSA, etc.)
Other programs within HHS are already established and able to meet the needs of Grandparents caring for their grandchildren and can provide all of the FCSP type services for grandparents such as Information Services, Access Assistance, Support Services (including

Case management regardless of diminished capacities due to mental impairment or temporary severe stress and/or depression), Respite and Supplemental Services.

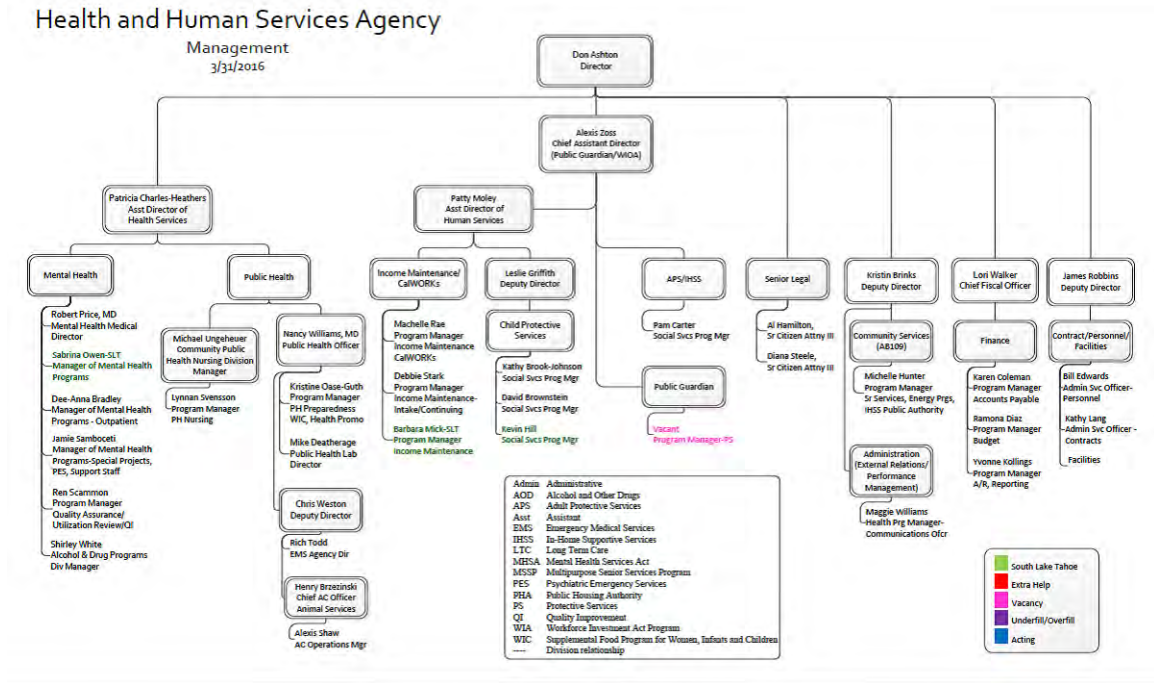
- How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds
The FCSP staff are also part of HHSA and, as such, are in constant communication with the other programs within HHSA. FCSP staff can contact and discuss grandparent referrals in an immediate timeframe and determine the best program to meet the needs of the caregiving grandparents. This also prevents duplication of services within the PSA.

SECTION 21: Organization Chart

El Dorado County Organization Chart

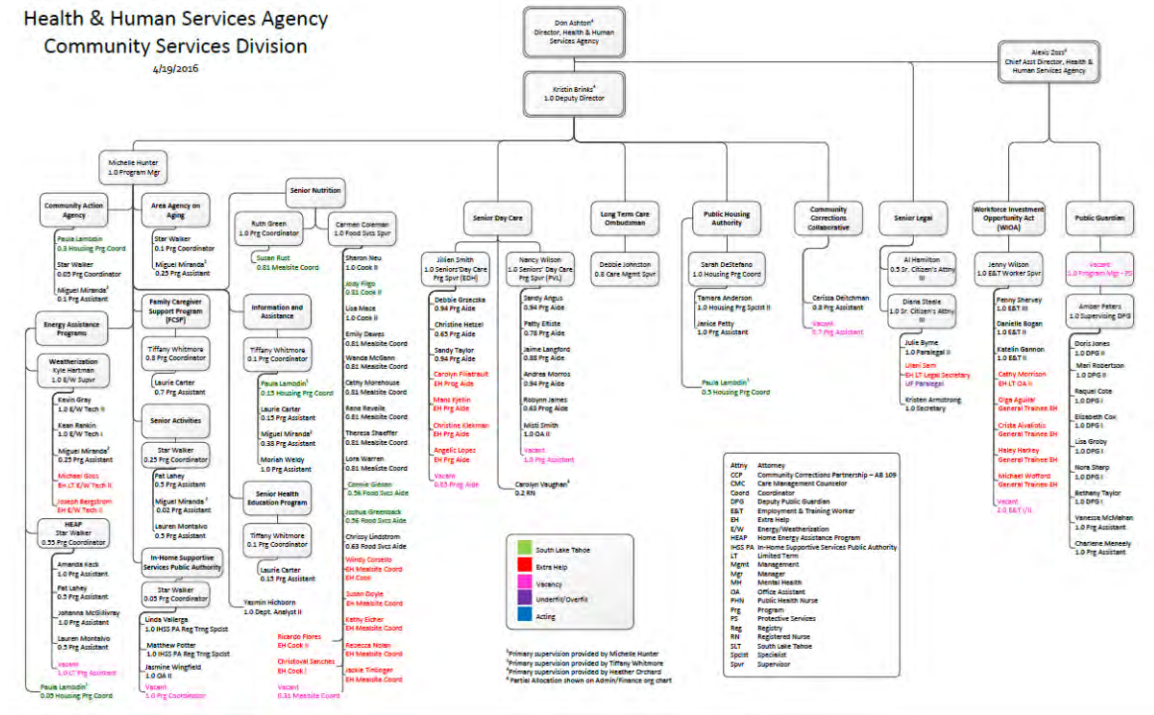


El Dorado County Health & Human Services Agency Organization Chart



El Dorado County Community Services Division Organization Chart

Health & Human Services Agency
Community Services Division
4/19/2016



Section 22 - Assurances

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

A. Assurances

1. OAA 306(a)(2)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4. OAA 306(a)(4)(A)(iii)

With respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(I) identify the number of low-income minority older individuals in the planning and service area;

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

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

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

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

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

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

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

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

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

11. 306(a)(14)

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

12. 306(a)(15)

Funds received under this title will be used—

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

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

B. Additional Assurances:

Requirement: OAA 305(c)(5)

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

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

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

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

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

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

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

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal

assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

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

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

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

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

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

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

Requirement: OAA 307(a)(15)

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

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

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

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

Requirement: OAA 307(a)(18)

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

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

Requirement: OAA 307(a)(26)

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

Requirement: OAA 307(a)(27)

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

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

CFR [1321.53(a)(b)]

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

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

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.61(b)(4)]

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

CFR [1321.61(d)]

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

CFR [1321.69(a)]

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