

Amendments to the 2017 – 2018 AREA PLAN UPDATE

DRAFT 1

February 3, 2018

Changes are highlighted in Yellow

AGENCY ON AGING \ AREA 4

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SACRAMENTO, CA 95815

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AREA PLAN UPDATE (APU) CHECKLIST

PSA 4

Check one: ☒ FY 17-18 ☐ FY 18-19 ☐ FY 19-20

Use for APUs only

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included
	➤ Update/Submit A) through I) ANNUALLY:	
n/a	A) Transmittal Letter- (requires <u>hard copy</u> with original ink signatures or official signature stamp- no photocopies)	<input checked="" type="checkbox"/>
n/a	B) APU- (submit entire APU electronically only)	<input checked="" type="checkbox"/>
2, 3, or 4	C) Estimate- of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>
7	D) Public Hearings- that will be conducted	<input checked="" type="checkbox"/>
n/a	E) Annual Budget	<input checked="" type="checkbox"/>
9	F) Title IIIB/VIIA Long-Term Care Ombudsman Objectives	<input checked="" type="checkbox"/>
9	G) Title VIIA Elder Abuse Prevention Objectives	<input checked="" type="checkbox"/>
10	H) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes	<input checked="" type="checkbox"/>
18	I) Legal Assistance	<input checked="" type="checkbox"/>
	➤ Update/Submit the following only if there has been a CHANGE or the section was not included in the 2016-2020 Area Plan:	Mark Changed/Not Changed (C or N/C)
		C N/C
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/> <input checked="" type="checkbox"/>
5	Needs Assessment	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	AP Narrative Objectives:	
9	• System-Building and Administration	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• Title IIIB-Funded Programs	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• Title IIIB-Transportation	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• Title IIIC-1	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• Title IIIC-2	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• Title IIID	<input checked="" type="checkbox"/> <input type="checkbox"/>
20	• Title IIIE-Family Caregiver Support Program	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• Title V-SCSEP Program	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• HICAP Program	<input checked="" type="checkbox"/> <input type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/> <input type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input checked="" type="checkbox"/> <input type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input checked="" type="checkbox"/> <input type="checkbox"/>
16	Governing Board	<input type="checkbox"/> <input checked="" type="checkbox"/>
17	Advisory Council	<input type="checkbox"/> <input checked="" type="checkbox"/>
21	Organizational Chart(s)	<input type="checkbox"/> <input checked="" type="checkbox"/>

TRANSMITTAL LETTER
2016-2020 Four Year Area Plan/ Annual Update
Check one: ☐ **FY 16-20** ☒ **FY 17-18** ☐ **FY 18-19** ☐ **FY 19-20**

AAA Name: Area 4 Agency on Aging (d.b.a. Agency on Aging \ Area 4)

PSA 4

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

1. Eldon Luce
(Type Name)

Signature: Governing Board Chair ¹

Date

2. Gloria Plasencia
(Type Name)

Signature: Advisory Council Chair

Date

3. Pamela Miller
(Type Name)

Signature: Area Agency Director

Date

¹ Original signatures or official signature stamps are required.

SECTION 1. MISSION STATEMENT

The mission of all Area Agencies on Aging 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.

The mission of Area 4 Agency on Aging (d.b.a., Agency on Aging \ Area 4) is:

Creating and supporting opportunities that enhance the lives of older adults and their families to be safe, healthy and independent.

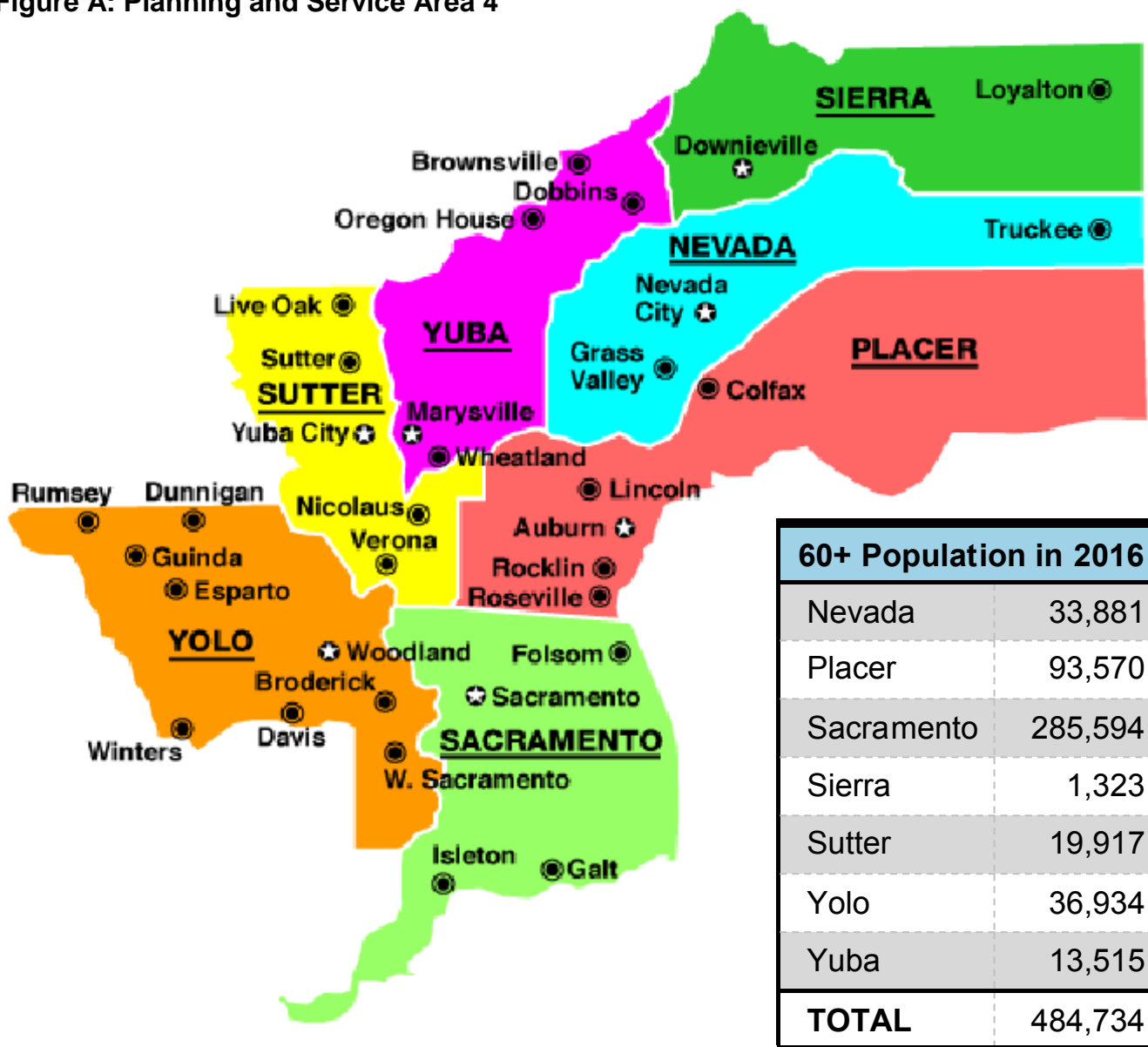
SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA)

Physical Characteristics

With its main office located just 5 miles from the State Capitol, Agency on Aging \ Area 4 (AAA4) is one of thirty-three Area Agencies on Aging (AAAs) in California. Area 4 refers to Planning and Service Area (PSA) 4, which includes seven counties in Northern California: Nevada, Placer, Sacramento, Sierra, Sutter, Yolo and Yuba (see Figure A below). While eleven other AAAs in the state have multi-county service areas, none contain as many counties as AAA4.

The growing Greater Sacramento region overlaps two neighboring counties (Yolo and Placer) and contains more than a dozen cities. This continuous urban area extends to Folsom and Lincoln in the east, North Highlands in the north, West Sacramento in the west and Elk Grove in the South.

Figure A: Planning and Service Area 4



In addition, PSA 4 includes several distinct urban and bedroom communities outside the Greater Sacramento region, including Auburn, Truckee, and Grass Valley/Nevada City to the east, the Yuba City/Marysville area to the north, Woodland and Davis to the west and Galt to the south. Finally, there are dozens of smaller townships and unincorporated areas scattered across the service area. In fact, in the year 2016 there were more seniors living in rural areas in Area 4 than in any other PSA in California (over 40,000).

Geography and Its Impact on Planning

Covering 6,578 square miles, AAA4 is one of the largest PSAs in the state. It is also among the most geographically varied. Sacramento, Sutter, Yolo and Western Placer and Yuba counties are fertile lowlands where agriculture thrives; Nevada and Eastern Placer and Yuba counties are in the foothills and mountainous areas of the Sierra-Nevada Mountain Range. The western half of Sierra County is mountainous while the eastern half is high desert.

With varied geography comes varied weather patterns. In the summer, wildfires often threaten homes in the Sierras, and extreme heat is a concern for elderly people in the valley, particularly those unable to afford air conditioning. In the winter, lowland areas are subject to flooding, dense patchy fog is often a hazard in the foothills, and heavy snow in the high country makes roads impassable at times. The extreme geographic isolation of Downieville and Loyalton in Sierra County and of North San Juan in Nevada County make access a challenge regardless of weather.

Demographics

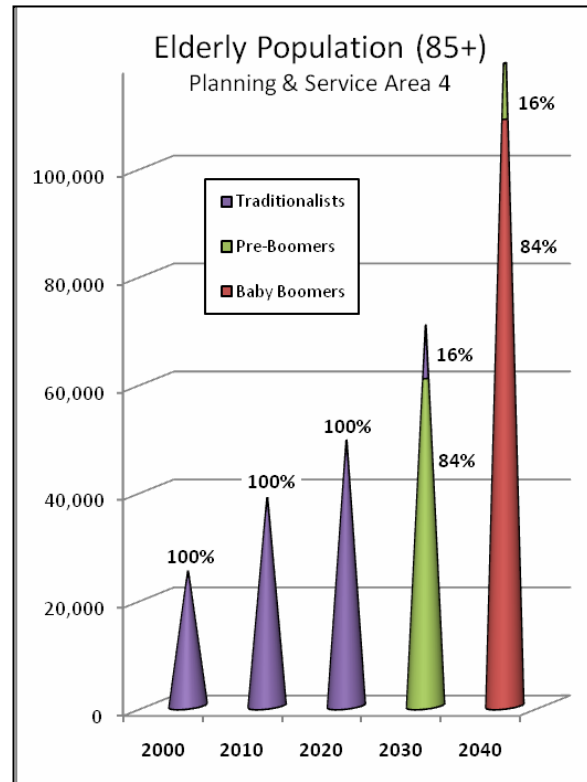
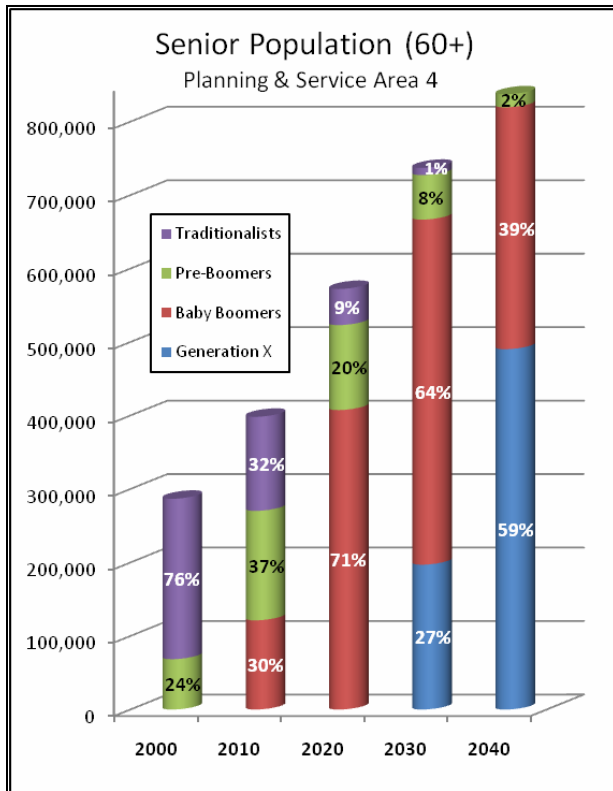
We are witnessing a dramatic and unprecedented increase in senior population, and it is driven largely by the aging of the Baby Boomers (shown in red in the charts below).

By 2040, more than 800,000 people age 60 and older are projected to be living in our seven county region known as Planning and Service Area 4. This is more than twice the number of seniors in 2010.

The *proportion* of older people will also rise substantially. In 2010, 17.4% of the 2,236,965 people living in our service area were age 60 or older; in 2040, it is estimated to be 24.3%. As a result, senior citizens will play an even greater role in every aspect of society: education, government, health care, community, religion, business and especially the family.

The 85 and older population is of particular concern, for they utilize a sizeable share of all elder care services. Here, the situation is even more alarming. The number of elderly people in the seven county region is projected to grow exponentially, resulting in a tripling of persons age 85+ between 2010 and 2040 (from about 38,000 to over 125,000).

How is this possible? Traditionalists (shown in purple) are living longer than previous generations, and their children (the Boomers) will live longer still. In 2031 the first Boomers will turn 85, causing the elder population to nearly double during the 10 years that follow (shown in red). During this period, the “wave” of elderly Baby Boomers will first reach the shore, and the impact of their “arrival” will be felt most strongly.



Planning & Service Area 4 (PSA 4) = Nevada, Placer, Sacramento, Sierra, Sutter, Yolo and Yuba Counties
Traditionalists (born 1900-1935); Pre-Boomers (born 1936-1945);
Baby Boomers (born 1946-1964); Generation X (born 1965-1980)

When the Baby Boom began in 1946, life expectancy at birth was 66.7 years. According to the Social Security Administration (2017), a man turning 65 today could expect, on average, to reach age 84, while a woman could plan to see her 87th birthday. Those who do live to age 85 can expect to reach their nineties (91 for men; 92 for women).

In PSA 4, the Department of Finance data suggests more than half of the Baby Boomers will live to age 85, and one-fifth of them will live to age 95. The implications of these trends are epic. In 2030 a fair number of 80 year old Baby Boomers will likely still be caring for their parents who, by then, will be near or beyond 100 years of age.

Table B: Characteristics of People Age 60+ in 2016

	PSA 4 Population	PSA 4 Percentage	California Percentage
Total ¹	484,734	100.0%	-----
Male ²	217,646	44.9%	45.1%
Female ²	267,088	55.1%	54.9%
Ethnic Minority ¹	142,407	29.4%	43.1%
Non English-Speaking ¹	14,434	3.0%	5.2%
Below 125% of Poverty ¹	49,380	10.2%	11.5%
Lives in an Isolated Rural Area ¹	41,636	8.6%	5.8%
Lives Alone ¹	94,880	19.6%	17.7%
In the Labor Force ²	122,153	25.2%	28.5%
Seeking Employment ²	12,215	10.0%	8.9%
Institutionalized ²	7,706	1.6%	1.7%
Has Any Disability ²	159,477	32.9%	31.1%
Has a Self-Care Disability ²	39,263	8.1%	8.4%
Raising a Grandchild ²	7,271	1.5%	1.8%
Veteran ²	111,489	23.0%	17.8%

¹ Data taken from the 2016 California Department of Aging Population Projections by PSA

² Imputed from 2009-13 American Community Survey, Special Tabulation on Aging (5-year estimates)

The entire age 60+ population for the State of California in 2016 is projected to be 7,605,654 people. Thus PSA 4 now comprises 6.4% of all Older Adults in the State. Table B shows how AAA4 compares with the rest of the state with regard to several key demographic variables. The ratio of males to females and the number of people who are institutionalized is about the same.

There are significantly smaller proportions of ethnic seniors and non English-speaking seniors in PSA 4 than there are in California as a whole. On the other hand, AAA4 continues to have a larger proportion of isolated rural seniors (more than any other PSA, as mentioned previously) and veterans. The latter is to be expected given that McClellan Park and Mather Field in Sacramento County are former military bases; also, a number of veterans who served at Beale Air Force Base in rural Yuba County have settled in the area.

Based on data from the National Alliance for Caregiving and AARP, approximately 10.8% of Americans were caregivers for someone age 50 or older in 2015. Applying that percentage to California gives a caregiver count just over 3.9 million people; in PSA 4 the count is nearly 254,000 people. Because some caregivers help more than one dependent person, it is fair to assume there are well over a quarter-million care receivers in our seven county region. Considering the average American caregiver is 49 year-old caring for a 69 year-old, it is likely

that **about half** of all Older Adults in PSA 4 are getting some form of assistance from a family member or friend to help them live independently.

Unique Resources and Constraints

AAA4 benefits from its proximity to the State Capitol. Not only can Agency staff, Advisory Council and Governing Board members easily attend important legislative hearings on aging issues, but the offices of statewide representatives from numerous agencies, departments, commissions and other groups are accessible as well.

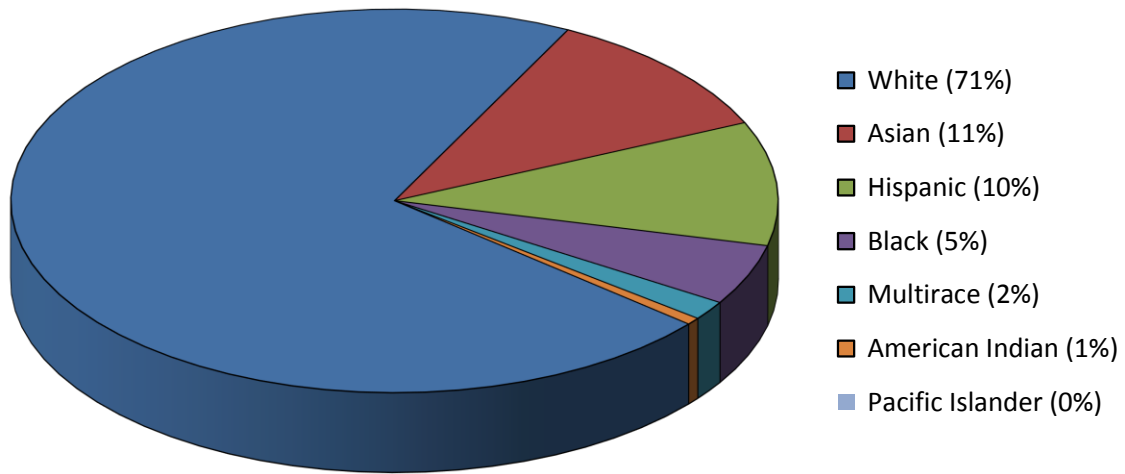
As a direct result of being near the Capitol, there are a large number of very highly educated seniors who have retired from careers in government and lobbying. AAA4 is proud to have Board and Council members as well as volunteers who have distinguished themselves as leaders in the field of aging. The Agency also benefits directly from higher education by partnering with UC Davis, CSU Sacramento and American River College in the form of service contracts, special projects and student internships.

AAA4 is unique in that it includes more counties than any other PSA in the state. This truth brings benefits as well as challenges. When the interests of individual counties coincide, strong alliances can be made. When those interests conflict, on the other hand, energies and resources may become divided.

The regional diversity of the service area makes it an ideal testing ground for new programs and services; if something works in diverse downtown Sacramento, in isolated small-town Sierra County and everywhere in-between, then it ought to work just about anywhere in the State. At the same time, resources must be spread thin if services are to be provided to all seven counties (and to the individual communities within those counties) in an equitable way. Serving frail elders who live in remote rural areas poses the greatest challenge; providing home-based programs far from town is often impossible, and bringing people into town for community-based services is often impractical.

According to the California Department of Finance, 29% of the Older Adults in PSA 4 were people of color in 2015 (see chart below). Of these, Asian is the largest ethnic group, followed closely by Hispanic/Latino. African Americans represent the third largest ethnic group. The recent arrival of new immigrant groups, particularly of Hmong and Russian-speaking families, continues to pose challenges to the service system.

60+ Population by Ethnicity in 2015 Planning & Service Area 4



CA Dept of Finance Projections, January 2013

SECTION 3. DESCRIPTION OF THE AREA AGENCY ON AGING (AAA)

Characteristics of the Agency on Aging \ Area 4 (AAA4)

AAA4 was established in 1973, and it was one of the six original agencies on aging in the state of California. Ten years later the agency was restructured as a Joint Powers Authority (JPA) and subsequently received non-profit status. AAA4 has a 17 member Governing Board composed of County Boards of Supervisors and their appointees representing their respective counties of Nevada, Placer, Sacramento, Sierra, Sutter, Yolo and Yuba. There is also a 35 member Advisory Council with representatives from each county. They are appointed by County Boards of Supervisors and commissions on aging; there are 6 member-at-large seats which are filled through selection by the Council's Executive Committee.

The Governing Board sets agency policy and is responsible for ensuring that AAA4 fulfills the mandates of the Older Americans and Older Californians Acts. The Advisory Council advises the Board on matters relating to the planning, delivery and monitoring of services for seniors and caregivers. The Council also serves as an independent, non-partisan advocacy body on behalf of all older persons residing in the planning and service area.

Standing Governing Board committees include audit/finance, personnel, grants review and joint program evaluation. Standing Advisory Council committees include area plan, diversity and legislative. Ad hoc and task force committees are appointed as needed.

The AAA4 office is located in Sacramento and is under the direction of the Executive Director and Assistant Director with regular input from the Strategic Planning Administrator, the Fiscal Administrator and the Direct Services Administrator. The agency is organized into four departments: Direct Services, Contracted Services (a.k.a., Program), Fiscal and Operations/Support. The Direct Services department includes Dine Around Town, In-House Senior I&A, the LTC Ombudsman Program, Senior Employment **and** Yuba-Sutter Meals on Wheels **and the Grass Valley office where three staff members operate RSVP of Nevada County** (see A4AA's organizational chart in Section 21). AAA4 contracts with about 30 different organizations to provide senior and caregiver services in the seven county region.

Organizational Strengths and Challenges

Agency on Aging \ Area 4 differs from many other AAAs in that it is a stand-alone Joint Powers Authority with nonprofit status; it is not positioned inside a county department. Consequently, AAA4 enjoys greater flexibility in its operations, attracts a different type of employee and is viewed somewhat differently in the community. At the same time, the agency's joint powers status ties it directly to the county supervisors, adding strength and credibility while also assuring organizational accountability.

As mentioned in the previous section, AAA4's Governing Board and Advisory Council have members with distinguished careers in the field of aging services, including County Boards of Supervisors, chairpersons of local commissions on aging and California Senior Legislators.

Coordinated Care Systems

The overarching goal of AAA4 is to work toward comprehensive and coordinated systems of home and community-based care for older adults throughout PSA 4. Such systems should offer a range of services available to everyone, regardless of income. Older people should receive

individualized assistance and referrals to other agencies where appropriate. Systems of care should be coordinated to ensure that all available public and private resources are maximized and that services are easily accessible through visible points of contact. AAAs are directed to provide leadership in this area, facilitating collaboration among key stakeholders to meet the particular needs of local communities.

PSA 4 does not have just one community; it has many. And, each one is geographically and/or politically distinct and separate from the others. With the exception of Sierra, each county has its own Commission on Aging or equivalent body which advises the Board of Supervisors on senior issues. These commissions provide a vital link between AAA4 and the concerns of older people and caregivers at the local level. These organizations can be effective advocates for coordinated systems of care.

In cooperation with local commissions on aging, AAA4 designates “focal points” within each county. Focal points are the hubs of activity; they are the major senior or community centers where older adults can access programs and services, including core services (i.e., information and assistance, transportation, and senior nutrition). All AAA4-funded providers are expected to coordinate with the focal points in their area, and some have their offices and programs on-site.

In addition to providing Senior Information and Assistance (I&A) in-house, AAA4 currently contracts with six organizations to provide this service region-wide. Face-to-face assistance is primarily available in Auburn, Grass Valley, Loyalton, Marysville, Sacramento, and Woodland. Local Senior I&A programs are intended to be single entry points not only for people 60 and older but for anyone with questions about senior services. The I&A programs also maintain directories which raise consumer awareness and help other agencies make appropriate referrals.

AAA4 funds a wide array of services from Congregate Meals to Respite Care. The great majority of these services are supported with federal funds under the Older Americans Act (OAA). By regulation, OAA programs are open to anyone age 60 or older, regardless of income; means testing is prohibited. State funded programs are generally free to eligible seniors as well; however, requirements vary. Providers may request voluntary donations and are encouraged to do so to help offset program costs. The same level of service must be given to each client whether they donate or not.

Description of the Elderly Nutrition Program (ENP)

A4AA contracts with six service providers to supply congregate and home delivered meals (HDMs) in the seven county service area, except for the Yuba-Sutter area which receives HDMs and restaurant vouchers as a direct service of A4AA.

Congregate meals are prepared and served hot at a total of 7 sites in Nevada, Sierra, and Yolo counties. More specifically, these meals are cooked on site in Grass Valley, Loyalton and Truckee; in the other areas, the meals are cooked at a central kitchen then delivered hot to the nearby sites. Premade frozen meals are reheated and served at a total of 30 congregate sites in Western Placer and Sacramento counties.

Home delivered meals are exclusively delivered hot in Loyalton only. Presently, only frozen home delivered meals are being provided in Western Placer County. A combination of hot and frozen meals are delivered in Nevada, Eastern Placer, Sacramento and Yolo counties.

Leadership Challenges

While AAA4's goal is the same in every community, the approach taken in each one is as varied as the local landscape. In Sacramento County where California politics take center stage, AAA4 is challenged to capture the attention of key stakeholders who are all tracking differing combinations of state, regional and local issues simultaneously. In an environment where the agency's resources are dwarfed by those of other advocacy groups, other funding agencies and other providers of senior services, system-building energies are best spent collaborating with other organizations on specific issues or projects and endeavoring to fill service gaps.

In the smaller surrounding counties, however, AAA4 is a key player whose leadership and assistance is often sought out when local issues arise, and the agency's funding decisions have a greater impact on the community.

SECTION 4. PLANNING PROCESS / ESTABLISHING PRIORITIES

The Three-Step Process

All Area Agencies on Aging (AAAs) employ a planning process that involves three major elements. First, a comprehensive **Needs Assessment** is done to better understand the challenges Older Adults are experiencing relative to their ability to maintain independence with safety, health and dignity. Second, each AAA determines how best to utilize its resources to address the needs and challenges that exist, then writes an **Area Plan** which reflects its goals and priorities and describes the specific ways it intends to advance them over the course of a multi-year planning cycle. Third, the AAA conducts a procurement process (usually in the form of a **Request for Proposals** or RFP) to establish contracts with suitable public or private entities to deliver any Older Americans Act services that will not be provided directly by the AAA itself.

Past Practice

Historically, Area 4 Agency on Aging's staff have analyzed Needs Assessment data, have authored Area Plans and have compiled RFPs with little or no meaningful input from Advisory Council members, Governing Board members or the general public. Consequently, there has been relatively little change in the roster of funded service providers and comparatively few differences in the way services have been provided since 2002.

A New Community-Centered Approach

Today, the re-branded Area Agency on Aging \ Area 4 (AAA4) is about to complete its first "Community-Centered" planning process. For the first time, individual Governing Board members were offered and voluntarily accepted primary responsibility for analyzing Needs Assessment data, establishing funding allocations and fine-tuning RFP specifications for their respective counties. Board members (including two sitting Supervisors) personally presided over months-long efforts in six of our seven counties. Advisory Council members, AAA4 staff, Funded Partners and other key stakeholders also participated in these ad hoc workgroups.

Our Community-Centered process began as an experimental project on August 5, 2015 when AAA4's Governing Board unanimously approved the item based largely on these hopeful statements:

"Within each of our seven counties, we want to empower local communities to begin broad, long-range conversations about aging. Conversations about what services and supports communities need, where they need those things most, and whom they trust to provide them.

Our organizational structure is limited to the Board, the Council, and staff, but our aging network of funded and affiliated providers is much broader than that, and our Mission – a Mission grounded in the roots of the Older Americans Act – is virtually unlimited! Every Area Agency on Aging is meant to lead, to represent and to advocate on behalf of ALL people age 60 and older and on behalf of ALL those who help care for them.

Yes, our federal funding for programs can only **serve** a fraction of the half-million older adults who live in our service area. Nevertheless, today we have the ability to **reach** many, many more."

At the request of the County Workgroups, 16 Town Hall meetings were held in the Spring of 2016 to solicit additional public input. In October of 2016, County Workgroups presented their recommendations at 9 Public Hearings. Together, within a span of 9 months, these gatherings generated local publicity and participation on a scale far surpassing anything done before in the history of A4AA.

We have allocated Older Americans Act funds where our local representatives have chosen to place them. We have issued a Community-Centered RFP that will ensure those public dollars will be put to the best possible use. This Community-Centered Area Plan that is a strategic playbook for each of the overlapping aging services networks already in motion in our region. Then, the real “job” of serving Older Adults will begin anew.

SECTION 5 - NEEDS ASSESSMENT

Research Challenges

For many reasons, assessing the needs of Older Adults living in large geographic areas is an elusive endeavor. The most fundamental of these is that having *lived* 60 years is a rather arbitrary qualification to belong to the “Older” end of the spectrum because *being* 60 has little social or biological significance. As a demographic group, that is likely why we have consistently found that even small populations of people 60+ have almost nothing in common.

A second major difficulty is that “assessment” infers specific measurement. Neither “needs” nor “independence” lend themselves well to specificity or measurement. How can we accurately compare the self-reported “needs” of one person to those of any other? The Older Americans Act makes reference to “independent,” “semi-dependent” and “totally dependent” people; that gives us a logical three-point scale, but one with miles of murky territory in the middle.

A third obstacle is that many folks who clearly are dependent cannot neatly delineate and prioritize their needs in such a way that would yield measurable results. They know what their problems are; they don’t necessarily “see” potential solutions within a list of options like adult day care, legal assistance or peer counseling. Herein lies a serious disconnect between well-meaning, square-boxed researchers and the real, round-pegged people they have such difficulty finding. People’s needs can and will go unheard if Area Agencies on Aging aren’t asking them the right questions.

Existing Resources for Older Adults

In order to avoid duplication of efforts, some informal asset mapping was done early in the Community-Centered process described in Section 4. Within the range of publicly supported home and community-based services for aging and dependent adults, the “field” is quite limited. All seven counties do offer Adult Protective Services (APS) and Public Guardian programs; beyond that, the commonalities fade quickly.

Home care is often diagnosis-driven. In the most populated areas, health-related information and support for individuals and caregivers is widely available through local health departments, the major health providers (i.e., Dignity, Kaiser, Sutter and UC Davis) and through various associations (e.g., Alzheimer’s, Diabetes, Cancer Society, etc.).

Fiscally, California’s largest commitment to home and community-based care comes, for low-income folks who qualify, in the form of the In-Home Supportive Services (IHSS) program. Plagued by budgetary fluctuations and the lack of a well-trained, qualified workforce to deliver in-home assistance, those who are receiving help may still have unmet needs; a great many more cannot afford private home care but are not “poor enough” to receive IHSS.

Today, there are only 5 entities providing Adult Day Health Care (ADHC) that are also certified to accept Medi-Cal patients on a limited basis: the City of Sacramento, Eskaton (Carmichael), Woodland Healthcare (Woodland) and 3 for-profit organizations (Rancho Cordova, Sacramento and West Sacramento). ADHC patients not eligible for Medi-Cal are likely paying privately for care. Adult Day Care (ADC) programs are more plentiful and less expensive; they do not accept Medi-Cal as they only offer social care not medical care.

Various waiver programs and pilot projects do exist in PSA 4 (e.g., hospital-to-home care transitions, PACE, Veterans Home Care, etc.); however, none are of a sufficient scale to be considered “resources” to the Older Adult population at large.

Underutilized Services & Service Barriers

Programs and services do not always reach their intended audience. This can result from a poor service model (e.g., requiring eligible people to “opt in” to prescription drug discounts) or from poor execution (e.g., bogging down field consultants with work that must be done in an office). Programs that are easy to administer may have been designed by administrators who lack an understanding of how well actual people will be able to access them. In addition to the barriers discussed in Section 6: Targeting, it is these types of gaps in mutual understanding that can foil the best of intentions.

Measuring the Current Needs of Older Adults

Based upon several different research methods, AAA4 has concluded Older Adults are experiencing a number of challenges relative to their ability to maintain independence with safety, health and dignity.

Demographic Profiles

As stated in the prior Section, the Community-Centered approach has served to decentralize the analysis of raw data. In years past, the Agency’s sole Planner simply did not have the time to delve deeper than county-level figures. This limitation has now been overcome by providing demographic information directly to County Workgroups – allowing them to draw their own conclusions with real-time technical assistance from multiple Agency Staff members in the field. In 2016, each Workgroup received:

- Custom ESRI maps illustrating age 60+ and 85+ population densities by County by CCD (consolidated census districts), CDPs (census designated places) and Zip Code. Generally, the CDP maps were found to be the most useful geographic subdivision.
- ESRI demographic profiles for persons age 50+ and 60+ by County and by CDP showing older households, household incomes, home values and householder net worth.
- 2010 Census data matching the California Intrastate Funding Formula (IFF) figures for the number of persons age 60+ living in geographically isolated areas by County and by CDP.
- 2008-12 special tabulation on aging (STA) census estimates for the four new categories of disability (ambulatory, cognitive, independent living and self care) for persons age 60+ by County and by CDP.
- 2008-12 STA census estimates for limited English-speaking persons age 60+ by County and by CDP.

Major Reports and Studies

The work of Agency on Aging \ Area 4 is influenced by information from many sources. Arguably, the most important single body of work has been the State Legislature’s *Shattered System of Care* report. Staff from Senator Lu’s office presented the findings to our full Advisory Council, and the report’s message about building coordinated systems of care has been echoed through numerous public meetings and exudes from the Older Americans Act itself.

County Workgroups were encouraged to consider relevant material containing local data such as waiting lists for AAA4-funded programs, transit and housing studies, county health improvement plans, priorities for community block grant programs and local/regional long term reports regarding land use and transportation planning.

AAA4 receives and circulates information from a wide range of State and Federal sources including AARP, the Administration on Aging (AoA), American Society on Aging (ASA), California Association of Area Agencies on Aging (C4A), California Association of Nursing Home Reform (CANHR), California Department of Aging (CDA), California Department of Finance, Census Bureau, Meals on Wheels America (MOWA), National Association of Area Agencies on Aging (N4A), National Council on Aging (NCOA), National Family Caregiver Alliance (NFCA), The Scan Foundation (TSF) and ULCA's Center for Health Policy Research.

Town Hall Meetings

A major part of the Needs Assessment was "Town Hall" type meetings. Sixteen of these forums were conducted between February and June of 2016: 5 in Sacramento County, 3 in Nevada County, 2 in the Yuba-Sutter area and 2 each in Placer, Sierra and Yolo. Fourteen of the 16 meetings were hosted by a County Supervisor, and most were publicized under the title "Your Life, Your Home, Your Community: Aging Together or Aging Apart?" In all, this approach drew 390 attendees with audiences ranging from 11 to 42 people; some of the largest groups assembled in the smallest communities (Loyalton, Truckee and Winters) and vice versa (in Sacramento County, only the Carmichael meeting surpassed 20 people).

Within the more specific theme of Aging in Place, the goal of these Town Halls was to come away with a better understanding of what people *want*, what they *expect*, what they *anticipate*, and what they *plan to do* if age, injury or illness significantly alters their daily lives. AAA4 staff facilitated each Town Hall, encouraging the attendees to think about their current or future circumstances and to openly talk about their thoughts and concerns. Some discussions were more spirited than others. Overall, a good deal of very personal information was shared and that did seem to prompt a good deal of self-reflection.

As to the overall outcome, it is quite difficult to summarize such a large and varied collection of forums. The most definitive finding was that every single person appeared to agree that Aging in Place (as defined by the Center for Disease Control (CDC)) was exactly what they *wanted* to do. That CDC definition is: "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level."

Early in the session, audiences were asked, "do you think the person (or people) you live with could and would help take care of you if you sprained your ankle?" About half of the attendees responded yes; however, when asked, "how do you know they would help you?," many became less certain. Late in the session, audiences were asked, "if you had moderate dementia and needed to be supervised 24/7 for your own safety, who could you count on to help you stay in a home environment for as long as possible?" At best, 10% of attendees indicated they had a *plan* in place for this scenario.

In the middle of the session, audiences were asked, "do you worry about becoming less able to live a **self-determined** life (meaning: free from the control of others)?" and as a separate item, "are you concerned about outliving your money?" The responses to both questions were virtually

identical. Roughly 80% of attendees expressed some degree of concern, 10% expressed no concern and 5% expressed great concern. Those who had no concern were asked, “why aren’t you concerned?” The most common answer was folks had sufficient means and/or LTC plans in place. A handful of people indicated they just don’t worry about what may happen in the future. A handful of different people (younger and older) said they didn’t expect to live long enough to run out of money.

Although the majority of attendees understood there were gaps in the LTC system, and they did not expect government programs and services (especially Medicare/Medi-Cal, Social Security and the Older Americans Act) to be able to fully meet their needs, relatively few felt confident that local community groups (i.e., nonprofits, faith-based groups, local businesses or schools/colleges) could fill those gaps. This seemed to leave the bulk of audiences with an uncomfortable realization that their collective fates likely lie primarily with immediate family members and that those families have never really talked about what that might look like.

A final observation about the Town Hall experience as a whole was that folks in rural areas seemed much more acutely aware of what resources were and were not available to them – a factor that probably contributed to the larger turnouts. While people who have lived in remote locations generally adapt to the difficulties of getting everywhere else they need to go, they cannot easily overcome the lack of long-term services and supports in the nearest cities and towns where they shop and bank. In the Sierra Nevada mountains, people literally “age out” of their communities because there are no caregivers, long-term care facilities or specialized medical services, but also because even if they could move into town, there are essentially no housing units available to buy or rent. Thus one-by-one, local residents are watching their friends and neighbors leave the area when they become too frail or sick to manage on their own. And, many of these displaced individuals are relocating to the greater Sacramento metropolitan area, gradually impacting the availability of services and affordable, accessible housing markets there.

Surveys

The linchpin of AAA Needs Assessments has long been Senior Surveys. They are relatively inexpensive to conduct, and they generate lots of quantitative information. Nevertheless, anonymous survey results have little to do with facts. All one can know for certain is how a group of people reacted to the same set of questions. Usually, there is no tangible benefit for someone completing a survey, leaving you with a sample of people who voluntarily chose to respond. Furthermore, there is no way to validate whether the answers given are true or whom exactly gave them.

The most useful thing a survey can indicate is what people who have an interest in a subject think about that subject. Thus AAA4’s main survey objective was to poll four separate target audiences, and to ask for their opinions about salient subjects. In the summer of 2015, an online survey for Older Adults, for Caregivers of Older Adults, for Professionals or Volunteers working with Older Adults and for Concerned Citizens were opened.

An online approach was selected because the logistics of launching paper surveys simultaneously in seven counties were prohibitive, a majority of the intended audience was under age 75 and the results could be tracked in real time via Survey Monkey. To minimize completion times, “skip logic” was used to jump respondents over questions that did not apply to them.

Altogether, the Older Adult Survey netted 1,149 responses; most of these were received within the first few days following a one-time paid advertisement in the Sacramento Bee. The average age of the online respondents 60 and older was 72. In order to adequately capture input from older residents, a traditional paper survey was created and disbursed using a controlled, quota sampling methodology.

The paper version of the survey was 14 pages long not including instructions on the front page and a return address printed on the back (postage was not paid by the Agency). Seven-thousand and five-hundred surveys were dispersed, 866 came back at a return rate of 11.5%. Clearly, a shorter, postage-paid product would have substantially improved that ratio. The average age of paper respondents 60 and older was 75.

The combined, final count for PSA 4 (nearly 2,000 responses) produced a very strong sample with a 2% margin of error. Consequently, a strong standalone sample was extracted for Sacramento County residents (3% margin of error), and a good sample for Placer County was pulled out for separate analysis (5% margin of error). AAA4 staff was also able to compile fair samples for Nevada County and for Yolo County (margins of error approaching 7%). The counts were too low to be statistically significant for Yuba, Sutter and Sierra counties, separately or in combination.

The complete PSA sample is sufficiently representative for the purpose of looking at overall findings. The four standalone samples are highly representative because they were individually weighted to correct any bias that would have otherwise occurred from a region-wide oversampling of white women who had attended college. All four standalone samples reflect the overall rankings. Given Placer and Sacramento counties comprise 78% of the entire 60+ population in the service area, even modest variances in the smaller counties could go unnoticed in the total sample.

Top 10 Services that should be Funded

The Older Adult Survey was structured to maximize input on a single topic: if each survey taker got to decide which programs received Older Americans Act funding and which did not, what would they choose? In this way, the results produced very specific direction for our Governing Board to consider in deciding how to allocate \$5.2 million in funds for SFY 2017-18. On this “what would you fund” question, the findings were consistent across all 7 counties. The Top 10 answers and the full wording of the question as it appeared in the survey are shown below.

Despite our efforts to encourage respondents to answer our most pivotal question, only 55% of them did so. Although it is a well-proven fact that survey takers skip more complicated questions, that does not appear to fully explain this particular result. A higher percentage of respondents answered “what services can you or your family use right now?” – an equally complex, table-formatted question that comes at the end of an unusually long survey; due to fatigue alone, this should have had a markedly lower number of answers. The Agency’s first-hand field experience helping people complete this survey suggests two alternate explanations: 1) Respondents may have been unfamiliar with all ten services listed, leading them to feel unqualified to rank any of them, and 2) Respondents may have had a sympathetic reaction, causing them to avoid wanting any harm to come to a person or a program as a result of their answers.

The 2015-16 Older Adults Survey

PSA 4 SURVEY SUMMARY: WHAT WOULD YOU FUND? FINAL RESULTS					
Modified Sample Size = 1,966; Margin of error = 2.21%					
	If the choice was yours, what would you fund?				
	Every county receives federal dollars to help older adults stay independent for as long as possible.				
	The services funded with these dollars are provided to eligible people at no cost to them.				
	Our job is to decide what types of services to fund.				
	Agency on Aging \ Area 4 COULD fund any of the services in the table below; however, federal, state and local funding is limited, so we CANNOT fund them all.				
	Which of the following services do you think should or should not be funded in your city/town?				
Rank	SERVICE CATEGORY	FUND no matter what	FUND IF money is available	DO NOT FUND	Total
6	Adult Day Care	47.0%	48.7%	4.2%	100.0%
		499	517	45	1061
5	Caregiver Respite or Support	51.4%	43.6%	4.9%	100.0%
		553	469	53	1075
1	Home Delivered Meals (Meals on Wheels)	66.2%	31.4%	2.4%	100.0%
		753	357	27	1137
4	In-Home Care (Personal Care)	52.8%	41.4%	5.8%	100.0%
		578	453	63	1094
8	Legal Services	30.5%	59.9%	9.6%	100.0%
		327	643	103	1073
9	Minor Home Modifications/Repairs	19.5%	64.1%	16.4%	100.0%
		207	682	175	1064
10	Peer Counseling	17.4%	59.5%	23.1%	100.0%
		176	603	234	1013
3	Senior Information & Assistance/Referral	56.8%	38.7%	4.5%	100.0%
		626	427	50	1103
7	Senior Lunch Sites (Congregate Meals)	44.0%	50.9%	5.1%	100.0%
		475	549	55	1079
2	Transportation	61.9%	35.0%	3.1%	100.0%
		700	396	35	1131
Agency on Aging \ Area 4				2/23/2017	

As for the answers that were received, here are some noteworthy observations. As a group, the respondents essentially directed AAA4 to fund everything. No service was universally rejected by more than one-quarter of the survey takers. Even so, the design of the question itself was successful in splitting the Top 10 list evenly between Fund No Matter What and Fund If Money is Available.

Looking at the Fund No Matter What column, Home Delivered Meals (HDM) and Transportation were clearly in the highest tier; these services likely benefited from being the best known, but the figures are overwhelming. Finishing in the second tier are Senior Information & Assistance, In-Home Care & Caregiver Respite. It is possible these services share a certain tangible, instant gratification element which elevated their status.

In the Fund If Money is Available category, Adult Day Care and Senior Lunch Sites fared better than the competition. Mathematically all alone in the fourth tier is Legal Services; this is a program that has not done well in past AAA4 surveys – perhaps because there are too many variables involved between clients and providers. Lastly, Minor Home Modifications and Peer Counseling clearly ended at the bottom of the list; there are probably multiple factors at play here, one of which being these things are available via other public & private sources.

Assessing the Needs of LGBTQ Populations

AAA4's Older Adult Survey asked all respondents about their gender identity and their sexual orientation. The survey takers were particularly reluctant to answer the latter question; while just 12 people declined to say whether they were Male, Female, Transgender or "other," 125 people (over 10 times as many) declined to check Heterosexual, Lesbian, Gay, Bisexual, Queer, Questioning or "other." Another 333 people left this question blank versus the 92 who skipped the gender question. This anomaly combined with some of the fill-in responses clearly suggest there was a good deal of discomfort around this subject among our older audience.

Nevertheless, the PSA 4 sample did capture 38 Lesbians, 41 Gay men, 12 Bisexuals, 6 people who consider themselves Transgender, 1 Queer individual and 3 Questioning respondents. It is difficult to say how representative these results may be. Nationally, experts find about 5% of ALL Americans will self-identify as LGBT in an anonymous survey. Our count nearly matches that exactly at 4.9% even though only people age 60 and older were included. This strongly supports anecdotal suppositions the Sacramento area is home to a high ratio of folks without heterosexual interests or inclinations.

Looking just at Lesbian, Gay and Bisexual (LGB) respondents, AAA4 staff found quantitative evidence confirming earlier UCLA findings (2011) based on the California Health Interview Survey that older adults who self-identify as L, G or B are more likely to have diabetes and hypertension, more likely to be depressed and more likely to report being in fair or poor health than heterosexuals in the same age group.

Projecting the Future Needs of Older Adults

Thanks to the California Department of Finance, we have detailed projections on the growing populations of people age 60+ in our service area. There is no mystery about what is happening. There will be a steady increase in the number of Older Adults and a steady increase in their life

expectancies. Experts and optimists agree that a best-case scenario would be slight increases in public dollars to keep pace with inflation.

We know it is critical for individuals and families to plan ahead because those who deny and ignore the inevitabilities of aging and long-term care are far more likely to find themselves in desperate circumstances. We know that “safety net” services for older people with the greatest needs (including Meals on Wheels, Legal Services, Personal Care, Transportation, Elder Abuse Prevention and Caregiver Respite) are inundated and eligible residents are being turned away daily. We know that when providers of human services are forced to meld morality and pragmatism, the result is often triage. What we cannot know is what will transpire after that becomes California’s new reality for the largest cohort of older adults in history.

SECTION 6. TARGETING

Older Americans Act (OAA) services are available to people regardless of their gender, sexual orientation, race, ethnicity, citizenship, religion, political views, appearance, abilities, limitations, education, socio-economic status, or employment status.

The OAA requires that special efforts be made to serve eligible individuals with the “*greatest social and economic needs*.” Broadly, this term refers to people whose status or circumstance is likely to present barriers to their long term care. To help ensure consistent interpretation of this concept, AAA4 has established three priority categories as described below. A person may meet multiple criteria across and within these categories at the same time.

1) **Existing Clients:** Funded Partners SHALL evaluate the needs of any clients who had been receiving services under the same service category in the same geographic service area during the period just prior to the start of a new contract cycle. Such existing clients whose needs are equal to or greater than those of new prospective clients should be served first. Thereafter, people do not necessarily retain any priority status solely for being existing clients. See Section 3: Program Specifications and Standards.

2) **Target Groups:** The Older Californians Act, the California Department of Aging and the AAA4 Area Plan identify people having certain characteristics as “target” populations. The requirements with respect to these populations vary as follows:

- a) Select Funded Partners are required to serve primary target populations at least at a proportionate percentage, based upon their projected numbers within the specific geographic service area. The primary groups are people who are:
 - i. Living at or below the Federal Poverty Level.
 - ii. Ethnic Minorities.
 - iii. Living in a rural area (see Key Terms above).
- b) Select Funded Partners shall make reasonable efforts to serve secondary target populations. The secondary groups are people who:
 - i. Reside at home and are at risk of institutionalization because of limitations on their ability to function independently.
 - ii. Are patients in hospitals and are at risk of prolonged institutionalization.
 - iii. Are patients in long-term care facilities, but who can return to their homes if community-based services can be provided to them.
 - iv. Have themselves (or persons of any age who are caring for someone with) a diagnosis of Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.
 - v. Are isolated (culturally, socially or physically).
 - vi. Have language barriers.
 - vii. Have physical or mental disabilities.
- c) All Funded Partners are expected to conduct some form of outreach activity intended to reach tertiary target populations. The tertiary groups are people who:
 - i. Have dementia.
 - ii. Are family caregivers.
 - iii. Are frail.

- iv. Are neglected or exploited.
- v. Self-identify as LGBTQ (lesbian, gay, bi-sexual, transgender and questioning/queer).
- vi. Are unemployed and seeking work.
- vii. Are Holocaust survivors.

3) **Special Circumstances:** AAA4 recognizes that in addition to the categories above, special circumstances may exist which warrant priority consideration. In extreme cases, such circumstances may include:

- a) An Older Adult or the primary caregiver of an Older Adult or the live-in spouse/partner of an Older Adult has a terminal diagnosis and is actively dying.
- b) An Older Adult is being released from a hospital or from a LTC facility to a home or other non-medical setting.
- c) An Older Adult has no financial assets whatsoever and no means to obtain income/assets.
- d) A court of law has found an Older Adult to be defrauded without gross negligence on his/her own behalf and whose unrecoverable losses have impoverished them.
- e) An Older Adult is being placed in a LTC facility although the placement is not medically necessary and the individual does not pose a danger to themselves or others.
- f) An Older Adult is homeless or near homeless.
- g) An Older Adult has no access to food or water whatsoever.
- h) An Older Adult has no means of transportation whatsoever.

Measuring Economic Need

Table C (below) illustrates the number and proportion of older adults with greatest economic need in each of the seven counties. At 9.9%, Sutter County now has the highest poverty rate among Older Adults in PSA 4; it is followed by Yuba County (9.6%); both Sacramento and Yolo are at 9.3%. Placer County has the lowest poverty rate at 6.8%.

The poverty rates in Table C include the year 2013. At that time, the federal government defined poverty as having an annual income below \$11,490 for a single person or below \$15,510 for a couple. Presently (2017), the poverty level for a single person is \$12,060; for a couple it is \$16,240.

As is true in the general population, a disproportionate number of ethnic elders are in poverty. The percentage of impoverished Black and Hispanic/Latino seniors in particular is more than double the figure for White seniors in the seven county area (16.0% & 14.1% versus 6.9%). The poverty rates for all other older adults of color in our area are high as well.

Table C: Greatest Economic Need by County (Estimated Figures for 2016)

Older Adults (60+) in Greatest Economic Need (100% Poverty)	PSA 4	Nevada	Placer	Sacramento	Sierra	Sutter	Yolo	Yuba
TOTAL (count) ¹	42,172	2,406	6,363	26,560	78	1,972	3,435	1,297
Poverty Rate ²	8.7%	7.1%	6.8%	9.3%	5.9%	9.9%	9.3%	9.6%
Poverty Rate by Ethnic Group ²								
American Indian	9.2%	8.1%	6.7%	10.7%	---	9.1%	18.2%	---
Asian	12.6%	19.7%	6.6%	13.1%	n/a	15.5%	9.6%	16.5%
Black	16.0%	---	7.9%	15.8%	---	12.6%	33.3%	---
Hispanic/Latino	14.1%	14.1%	9.3%	15.3%	---	14.9%	13.0%	14.5%
Pacific Islander	8.1%	---	---	9.6%	n/a	---	---	---
Multi-Racial/Other	11.7%	6.2%	7.3%	12.1%	---	15.4%	22.4%	---
White	6.9%	6.7%	6.6%	6.8%	6.5%	7.6%	7.4%	9.0%

¹ Imputed from 2016 California Department of Aging Population Projections by PSA

² Data taken from 2009-13 American Community Survey Special Tabulation on Aging (5-year estimate)

“---” Indicates that accurate estimations cannot be made due to very small sample sizes

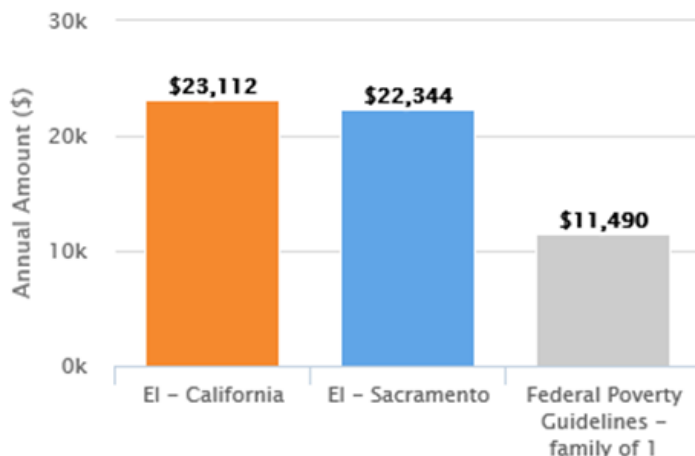
The “Hidden Poor”

For nearly a decade, UCLA’s Center for Health Policy Research has been developing ways to count how many Older Californians (age 65+) are not officially considered poor but are not able to make ends meet either. Using a tool called the Elder Economic Security Standard Index (Elder Index or EI), the Center has consistently found that the median cost of living for older people around the State is about twice the Federal Poverty Level.

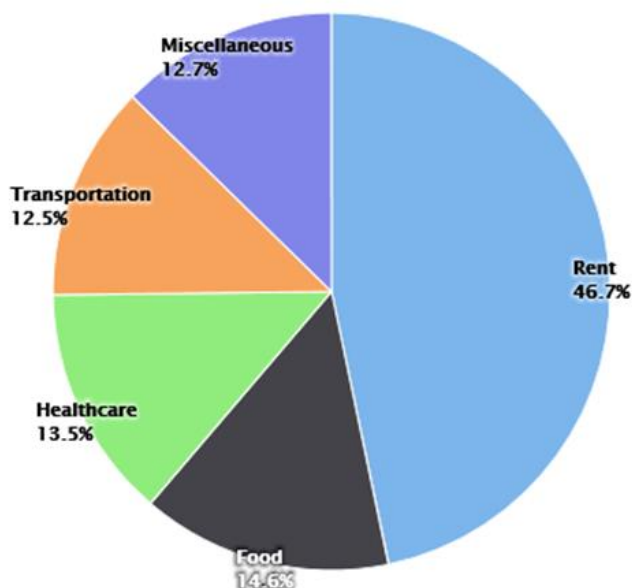
The simple bar chart to the right shows the median costs for a single renter in 2013 in California and in Sacramento County. The chart below shows what those costs include; they are based upon a modest household budget.

Deeper examination of Elder Index data too complex to fully describe here reveals that the amount of money needed to meet one’s basic needs varies widely based upon the size of the household (single person vs. couple), the housing type (owner vs. renter), and housing costs (mortgage vs. no mortgage). The last of these, housing costs, are the single largest expense for everyone except those without a mortgage, and the housing item accounts for all of the cost variation within the “person” and the “couple” categories. Thus when it comes to costs, having housing that is less than 30% of one’s annual earnings is truly (empirically) the key to economic security for older Californians.

Measuring Economic Security Instead of Poverty



Monthly Household Living Expenses



On the other side of the ledger, median Social Security payments in the area are \$10,800 for a single person and \$18,000 for a couple. Both of these figures are closer to the poverty line than they are to the costs of living. Without significant streams of revenue from other sources, many folks will struggle to make ends meet.

Based on its research, UCLA (2016) recently estimated that 24.2% of all Californians age 65+ are in the “hidden poor” category – above the poverty line but below the Elder Index.

Additional information about the Elder Index is available at:

<http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/elder-index-data/Pages/elder-index-data.aspx>

Measuring Social Need

The number and proportion of older adults with the greatest social need is shown in Table D below. Because the characteristics are not mutually exclusive, a total figure cannot be calculated from the data presented.

Table D: Greatest Social Need by County for People 60+

Older Adults (60+) in Greatest Social Need	PSA 4	Nevada	Placer	Sacramento	Sierra	Sutter	Yolo	Yuba
Lives in an Isolated Rural Area ¹	41,636	11,707	12,428	6,251	1,020	2,905	3,110	4,215
% of Population	8.6%	34.6%	13.3%	2.2%	77.1%	14.6%	8.4%	31.2%
Ethnic Minority ¹	142,407	2,498	13,348	104,150	125	6,950	11,771	3,565
% of Population	29.4%	7.4%	14.3%	36.5%	9.4%	34.9%	31.9%	26.4%
Non English-Speaking ¹	14,434	110	635	10,615	4	990	1,805	275
% of Population	3.0%	0.3%	0.7%	3.7%	0.3%	5.0%	4.9%	2.0%
Has Any Disability ²	132,445	7,875	21,820	82,790	270	5,910	9,655	4,125
% of Population	32.9%	27.1%	28.0%	35.1%	29.0%	34.6%	32.3%	36.3%
Has Self-Care Disability ²	32,775	1,310	4,595	22,140	65	1,425	2,295	950
% of Population	8.1%	4.5%	5.9%	9.4%	7.0%	8.3%	7.7%	8.4%

¹ Data taken from the 2016 California Department of Aging Population Projections by PSA

² Data taken from the 2009-13 American Community Survey Special Tabulation on Aging (5-year estimate)

“---” Indicates that accurate estimations cannot be made due to very small sample sizes

Planning and Service Area 4 (PSA 4) has more Older Adults living in isolated rural areas than any other PSA in California. The majority of these folks live in the foothills and on either side of the Nevada Sierra summit. About one-third of all older residents in Nevada and Yuba counties live in remote areas. If not for a Reno zip code that spills over the state border, the frontier County of Sierra would be exclusively rural. The remaining residents in this category live on or near agricultural land in the outlying portions of Sacramento County and throughout Yolo County.

The age 60+ population continues to become more ethnically diverse as Baby Boomers keep “arriving” at the six decade mark. The central valley counties are substantially more diverse than the foothills and mountains. Overall, only 10% of people of color do not speak English at all. Many of these folks are immigrants from parts of the world where English is neither the primary nor secondary language spoken, including portions of Southeast Asia, India/Pakistan and the former Soviet Union.

Typically, about one-third of Older Adults self-identify as having one or more disabilities, as defined by the Census Bureau. Table D shows PSA 4 as a whole fits that tendency perfectly. As expected, the pattern across the individual counties mirrors the poverty rate. Nevada, Placer and Sierra counties are below average while the counties in the valley are above average. Having a disability is associated with reduced earnings and, therefore, a greater likelihood to be living in poverty, especially later in life.

For Older Adults with a self-care disability who need help with daily activities, the same interrelationship with poverty exists but is not as prominent. This may be true because long-term services and supports (including private pay caregivers) are more readily available in Sacramento and Yolo counties than they are in the Yuba-Sutter area.

SECTION 7. PUBLIC HEARINGS**PSA 4**

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?² Yes or No	Was hearing held at a Long-Term Care Facility?³ Yes or No
2016-17	2/18/16	Agency on Aging \ Area 4 Sacramento, CA	20	No	No
	3/11/16	County of Yolo Admin Building Woodland, CA	18	No	No
2017-18	10/6/16	Stanford Settlement Sacramento, CA	32	No	No
	10/13/16	Elk Grove Senior Center	30	No	No
	10/17/16	CDRC Auburn, CA	19	No	No
	10/18/16	Woodland Community and Senior Center	11	No	No
	10/19/16	Rusch Park Community Center Citrus Heights, CA	60	No	No
	10/19/16	Maidu Community Center Roseville, CA	22	No	No
	10/21/16	Asian Community Center Sacramento, CA	36	No	No
	10/25/16	Yuba City Senior Center	16	No	No
	10/25/16	Eskaton Administrative Center Carmichael, CA	30	No	No
	3/16/17	Agency on Aging \ Area 4 Sacramento, CA	15	No	No
2018-19					
2019-20					

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.

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. A notice appeared in the Sacramento Bee, the meetings were featured on the A4AA website and e-mails were sent out to all A4AA-funded service providers. A4AA also welcomes written input up to 2 weeks after a public hearing is held.
2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?

☒ Yes. Go to question #3

☐ Not applicable, PD and/or C funds are not used. Go to question #4
3. Summarize the comments received concerning proposed expenditures for PD and/or C
Attendees were supportive of the proposed Program Development objectives to explore meal voucher programs in Northwest Nevada County, Winters and the Yuba Foothills.
4. Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services

☒ Yes. Go to question #5

☐ No, Explain:
5. Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services. None.
6. List any other issues discussed or raised at the public hearing. In Sacramento County, AAA4 survey results and funding limitations set the stage for substantial, fervent testimony in support of Peer Counseling and Congregate Meals. In addition to personal accounts during all 5 public meetings, allies of these programs clearly solicited additional testimony via Public Comment Forms that were distributed to clients, staff, family members, etc. In all, 71 people submitted written support for Peer Counseling; 73 people do so for Congregate Meals. Twenty additional Comment Forms were received, expressing support for one or many other public programs. In Placer County, oral and written testimony was received on a variety of subjects; six were specifically requesting property tax relief for older adults. In the Yuba-Sutter area, a majority of the testimony received was in support of continued funding for Minor Home Modifications.
7. Note any changes to the Area Plan which were a result of input by attendees. In Sacramento County, it is unlikely that funding for Peer Counseling would have been retained had there not been such a strong, sustained effort to preserve that program. In the Yuba-Sutter area, it is unlikely funding for Minor Home Modifications would have been retained in the absence of public commentary in support of that program.

Setting Priorities

For an Area Agency on Aging (AAA), the business of setting **local priorities** is both a directive and a prerogative that occurs within the constraints of federal, state and municipal policies and budgets. Ostensibly, the major goals contained in an Area Plan embody the AAA's priorities. Yet, a look at the associated expenditures might give an observer a far different notion of what the Agency considers most important. Perhaps a better way to gauge an AAA is to look at *how* it does the things it does.

About Area Plan Goals

AAA4 began the 2016-2020 planning cycle with the following goals which were selected by the Area Plan Committee during the Great Recession (circa 2013) and are arranged in order of importance:

- Goal 1: Directly Promote Financial Security
- Goal 2: Directly Promote Health and Wellness
- Goal 3: Fund and Support Home and Community-Based Services
- Goal 4: Work to Improve the Aging Network
- Goal 5: Understanding the Dual Challenge

Beginning in SFY 2017-18, AAA4 staff anticipate each of our seven counties will have one dedicated goal which includes all of the activities (objectives) the Agency plans to undertake there. True to the Older Americans Act itself, AAA4 recognizes there is one overarching goal that is needed in every corner of our region – **to maintain and enhance coordinated systems of care for older adults and their caregivers**. In the large and varied geographic region of Area 4, there is not a single long-term care system but a jumbled collection of local systems that often overlap one another. While these local systems seem to align more closely to population densities, county lines are a more practical choice given our joint powers, multi-county configuration.

Agency representatives have agreed that Yuba and Sutter counties shall be combined in a single goal because in many respects, social services and supports in the greater Marysville-Yuba City area already function as a single system. The seventh and final goal proposed is for Planning and Service Area 4 (PSA 4) and will describe activities that will be undertaken region-wide.

Beyond the Area Plan Goals

By far, the greatest expenditure of dollars in PSA 4 is for the Elderly Nutrition Program with the primary benefactors being folks who reside in the Sacramento metropolitan area, including the majority of Sacramento County and the cities of West Sacramento (Yolo County) and Roseville/Rocklin/Granite Bay (Placer County). Nutrition in general and Meals on Wheels in particular are fiscal priorities for the federal and state government, and public dollars are allocated based on the size of senior populations.

So although its genesis was hardly local, AAA4 certainly embraces **Meals on Wheels** (home-delivered meals) as the centerpiece of our operation. We channel additional OAA dollars there,

and we consider it a “critical” service that should always be available to those in dire circumstances, despite chronic waiting lists in most areas.

AAA4 continues to administer the Yuba-Sutter Meals on Wheels program as well as the “Dine Around Town” **restaurant voucher program** in place of traditional congregate meal sites. For the first time, RFP Applicants are being given the option to propose similar approaches, and three County Workgroups have requested Program Development objectives be adopted into the Area Plan to explore meal voucher models in extreme rural areas. In addition, the Governing Board has established **food insecurity** as a priority issue for Older Adults in our region. AAA4 will be working both with our Funded Partners and with the wider community to address the growing epidemic of senior hunger.

AAA4 is scheduled to roll out DEEP (the **Diabetes** Empowerment Education Program) in SFY 2016-17 which will complement our nutrition focus and assist local Older Adults managing this chronic disease. We have been dialoguing with the local chapter of the American Diabetes Association for some time on this and other prospective projects.

Despite being at the bottom of the expenditure list, three issues maintain priority status within the Agency: **Elder Abuse Prevention**, **Job Readiness** and **ADRCs** (Aging and Disability Resource Connections). When frail or elderly people have been subjected to abuse or neglect (as defined by the Elder Justice Act), harm has also been done to families and local communities. AAA4 supports prevention efforts as well as proactive reporting, full prosecution and fair restitution for victims of elder abuse. AAA4’s Mature Edge: Job Readiness Program helps older people realize financial security on a one-on-one basis by helping them find meaningful jobs. AAA4 is the core partner in an existing ADRC in Nevada County and will be a core partner in 3 other ADRCs emerging in our region.

The most noteworthy shifting of priorities in SFY 2016-17 has literally and figuratively changed the composition of the Agency. Becoming the provider of LTC Ombudsman services means AAA4 now has direct involvement in the full spectrum of care for aging and dependent adults, not to mention six new staff people and a cadre of volunteers.

Mitigating Factors

Local priorities cannot be set without some fiscal context. To ensure an equitable distribution of funds among the seven counties in PSA 4, we apply the Intrastate Funding Formula (IFF) – the same formula used by the California Department of Aging (CDA) to distribute funds to the AAAs statewide. This “parity” system is based upon Census figures, and it makes special allowances for ethnic, low-income and rural populations. These factors are weighted as follows:

Weight	Factor
1.0	Non-Minority 60+ Population
2.0	Minority 60+ Population
2.0	Low Income 60+ Population
1.5	Geographically Isolated 60+ Population

When a county’s population (especially its minority and low-income population) increases in relation to the others, there is a corresponding increase in service dollars. Parity is recalculated

regularly as new population figures become available. AAA4 makes efforts to approximate parity during the multi-year contract cycle as fluctuations occur, but we generally don't reduce grants that have already been awarded. Modest increases in funds often provide some latitude. When more latitude is necessary, larger "corrections" between county funding levels are made during the next RFP process.

Well before the final funding forecast is known, AAA4 can begin to consider program priorities by essentially "matching" local needs with OAA Service Categories intended to meet those needs. Previously, this was a function performed by AAA4 staff. Beginning in SFY 2017-18 as part of our Community-Centered approach, each County Workgroup has been asked to come up with recommended priorities for the Area Plan by following these steps:

- Consider which local concerns/needs are most vital in helping older adults live as independently as possible, with safety, dignity and wellness;
- Rank said concerns/needs accordingly;
- Identify entities best suited to address the top concerns/needs; and,
- List realistic steps said entities could take, including but not limited to local leadership, advocacy, coordination, development, support and direct funding.

In the end, the central question in each county is: Where will investments of limited resources yield the best results possible for Older Adults and their caregivers? The ad hoc groups are finishing this work over the next few weeks.

Managing Fiscal Ebbs and Flows

Given the surging demand for home and community based services, AAA4 is well prepared to receive an influx of additional revenue. We are somewhat prepared for the more probable scenario. Virtually all of the dollars AAA4 receives come from governmental sources: federal, state and county. Thus we are extremely vulnerable to policy changes that have direct or indirect impacts on the availability of public funds. We are also acutely aware of how tenuous the underlying political forces have steadily become.

For planning purposes, AAA4 staff are currently proceeding as though funding levels will remain constant and will continue to arrive late (i.e., in the month of October). We will continue in that mindset until there is sufficient cause to believe otherwise, while closely monitoring developments in both the State Capitol and Washington DC.

Despite the timely passage of State budgets in recent years, AAAs have experienced long delays in the actual receipt of funds from the State Controller's Office. Purportedly, this has been caused by communication problems between the Controller and the Department of Aging; once those issues are resolved each year, there continues to be an additional 2-3 day delay as a paper check is physically mailed from the Capitol to the AAA4 office just 5 miles away. Older Americans Act funds are one of the few categories of dollars not being transmitted by the State via electronic transfer.

Funded Partners are increasingly impacted by the delayed receipt of funds. Both the ability and the willingness to "float" dollars has declined over the past several years. Partners who are required or otherwise compelled to deliver services at full capacity in July often must borrow funds, yet they are prohibited from using OAA dollars to pay for any costs incurred (i.e., interest

rate charges) from doing so. Thus there is a financial disincentive for many organizations to provide uninterrupted service despite overarching federal goals and directives to the contrary. Local governments (e.g., the County of Sacramento) have provided “bridge money” to prevent the disruption of critical services like Meals on Wheels; they also incur costs in exchange for their altruistic efforts.

In the event of a permanent funding reduction, the type of funds affected and the magnitude of the cut would dictate our options. Currently, AAA4 has about 40 service contracts with organizations located throughout the region (only HICAP is provided in all seven counties by a single service provider). While this is a community-friendly model, it is not a very scalable one at this time. Modest reductions across the board could lead AAA4 to eliminate “non-mandated” services such as Residential Repairs/Modifications and Peer Counseling. Transfers would likely be requested to protect Nutrition programs.

Substantial funding reductions could easily put many of our small nonprofit partners into the red, if not out of business altogether. Larger organizations might be able to continue at a reduced scope and/or through a condensed service model. The most fiscally secure providers could replace lost public dollars with revenue from other sources; however, they could also find that dropping dwindling government funds completely, along with the onerous rules and regulations attached thereto, would be a more attractive alternative for them and for their clients/customers. In short, we would expect a substantial cut to ultimately unfold as a lose-lose-lose proposition for PSA 4.

SECTION 9 - AREA PLAN NARRATIVE GOALS AND OBJECTIVESPSA: **4**

GOAL #1: IN THE COUNTY OF NEVADA, WORK TO MAINTAIN AND ENHANCE A COORDINATED SYSTEM OF HOME AND COMMUNITY-BASED SERVICES AND SUPPORTS FOR OLDER ADULTS AND THEIR CAREGIVERS.

Rationale: AAA4 was established by a joint powers agreement between the seven partner Counties, and the Agency largely functions as a federation of those separate and distinct jurisdictions. Thus for the convenience of local residents and of their caregivers, appointed representatives and elected officials; the major goals contained in this Area Plan are subdivided by County.

1.1 Administrative Activities	Dates	Type	Status
(A) <u>Convene Funded Partners</u> : Periodically convene AAA4-Funded Partners serving Nevada County to facilitate effective and efficient inter-agency coordination of service efforts. <i>Regional Services Specialist-A & Direct Services Administrator, Assistant Director.</i>	7/2017 to 6/2019	A	New
(B) <u>Consider New Focal Points</u> : Assess venues in Nevada County to determine eligibility for designation as Focal Points. <i>Regional Services Specialist-A & Assistant Director.</i>	7/2017 to 6/2019	A	New
1.2 Contracted Services			
(A) <u>Support, Monitor & Evaluate Funded Partners</u> : For each of the following contracted services in Nevada County, provide direct support to the Funded Partners, monitor their compliance with requirements and evaluate their progress in meeting organizational and service goals: <ol style="list-style-type: none"> 1) Congregate Meals 2) Home-Delivered Meals 3) Legal Assistance 4) Residential Repairs/Modifications 5) Senior Information & Assistance 6) Transportation <i>Regional Services Specialist-A & Contracts Administrator, Staff Accountant-Auditor, Systems Specialist, Dietitian, Assistant Director.</i>	7/2017 to 6/2019	CS	Ongoing

1.3 Direct Services	Dates	Type	Status
<p>(A) <u>Support, Monitor & Evaluate Direct Services</u>: For each of the following AAA4 direct services offered in Nevada County, provide support, monitor compliance with requirements and evaluate progress in meeting service goals:</p> <p>1) Job Readiness</p> <p><i>Direct Services Administrator & Contracts Administrator, Staff Accountant-Auditor, Systems Specialist, Dietitian, Assistant Director.</i></p>	7/2017 to 6/2019	DS	Ongoing
1.4 Coordination Activities			
<p>(A) <u>Engage Focal Points</u>: Engage each of the AAA4 designated focal points in Nevada County listed below to promote optimal coordination with AAA4-funded services as appropriate. AAA4 shall assess the quantity and quality of service referrals, work with facility staff and volunteers to make improvements as needed, then reassess service referrals to measure progress.</p> <p>1) North San Juan Community Center</p> <p><i>Regional Services Specialist-A & Assistant Director.</i></p>	7/2017 to 6/2019	C	Revised

1.4 Coordination Activities (continued)	Dates	Type	Status
<p>(B) <u>Coordinate with Advisory Bodies</u>: Validate groups that represent the collective interests of older residents of Nevada County and/or their caregivers by publicly acknowledging and/or supporting their efforts, and seek to actively collaborate with such groups if doing so advances the goals of AAA4. Collaborations could include dedicated advocacy, promotion and training that yields tangible results for both parties. Such advisory bodies include but are not limited to:</p> <ol style="list-style-type: none"> 1) The Adult and Family Services Commission (AFSC) (currently serving as the County Commission on Aging) 2) Housing Committees 3) Transportation Committees 4) Veterans Committees 5) The Nevada County Health Collaborative 6) The Community Health Partnership 7) The Truckee-Tahoe Community Collaborative 8) The Elder Care Providers' Coalition <p><i>Regional Services Specialist-A & Direct Services Administrator, Assistant Director.</i></p>	7/2017 to 6/2019	C	Revised

1.4 Coordination Activities (continued)	Dates	Type	Status
<p>(C) <u>Connect with Key Stakeholders</u>: For the purposes of building and sustaining long-term services and supports for older residents of Nevada County, urge collaborative efforts within local communities that include key stakeholders who represent the broad areas listed below. AAA4 can help community leaders understand how aging and long-term care are now innate human issues that impact them all, and AAA4 can offer practical suggestions as to how they can play a positive role.</p> <ol style="list-style-type: none"> 1) The public sector Protecting vulnerable elders from abuse; streamlining eligibility and access to benefits; integrating long-term planning for housing, transportation and health care. 2) The private sector Helping employees plan for retirement; supporting family caregivers at work; hiring older workers. 3) The nonprofit sector Filling gaps; recruiting volunteers; forming alliances. 4) Health care providers Preparing for growth in all care settings; emphasizing self-care; investing in telemedicine. 5) Faith-based organizations Staying connected with the eldest members; spiritually supporting family caregivers; helping with end-of-life decisions. 6) Fraternal and charitable groups/foundations Providing financial support for older adults and their family caregivers. 7) Social Organizations Providing social support for older adults and their family caregivers. 8) Colleges and universities Educating everyone about the aging process; offering more professional geriatric training; doing research on older subjects. <p><i>Regional Services Specialist-A & Assistant Director, Executive Director.</i></p>	7/2017 to 6/2019	C	New

1.4 Coordination Activities (continued)	Dates	Type	Status
<p>(D) <u>Advance the ADRC</u>: Advance the goals and objectives of the Nevada County Aging and Disability Resource Connection by working with extended partners (e.g., Domestic Violence & Sexual Assault Coalition, Nevada County Fall Prevention Coalition, the Salvation Army, Western Sierra Medical Clinic and others) to build a continuum of help for people in need of long term services and supports. Hold an Annual Aging and Disability Conference to provide education and awareness of timely topics for consumers, caregivers and professionals and to help local residents find the resources they need.</p> <p><i>Executive Director & Information & Assistance Specialist, Regional Services Specialist-A.</i></p>	7/2017 to 6/2019	C	Revised
1.5 Program Development			
<p>(A) <u>Rural Meal Vouchers</u>: In the rural, northwest portion of Nevada County, explore the development of a meal voucher program. The primary, first-year objective is to meet with local organizations and stakeholders to determine whether there is sufficient interest to pursue establishing a “host” agency capable of assuming responsibility for operating a sustainable, meal voucher service for older adults that may or may not be reliant upon OAA funding via AAA4.</p> <p><i>Regional Services Specialist-A & Dietitian, Assistant Director.</i></p>	7/2017 7/2018 to 6/2019	PD	New Pending

GOAL #2: IN THE COUNTY OF PLACER, WORK TO MAINTAIN AND ENHANCE A COORDINATED SYSTEM OF HOME AND COMMUNITY-BASED SERVICES AND SUPPORTS FOR OLDER ADULTS AND THEIR CAREGIVERS.

Rationale: AAA4 was established by a joint powers agreement between the seven partner Counties, and the Agency largely functions as a federation of those separate and distinct jurisdictions. Thus for the convenience of local residents and of their caregivers, appointed representatives and elected officials; the major goals contained in this Area Plan are subdivided by County.

2.1 Administrative Activities	Dates	Type	Status
(A) <u>Convene Funded Partners</u> : Periodically convene AAA4-Funded Partners serving Placer County to facilitate effective and efficient inter-agency coordination of service efforts. <i>Regional Services Specialist-A & Direct Services Administrator, Assistant Director.</i>	7/2017 to 6/2019	A	New
(B) <u>Consider New Focal Points</u> : Assess venues in Placer County to determine eligibility for designation as Focal Points. <i>Regional Services Specialist-A & Assistant Director.</i>	7/2017 to 6/2019	A	New

2.2 Contracted Services	Dates	Type	Status
<p>(A) <u>Support, Monitor & Evaluate Funded Partners</u>: For each of the following contracted services in Placer County, provide direct support to the Funded Partners, monitor their compliance with requirements and evaluate their progress in meeting organizational and service goals:</p> <ol style="list-style-type: none"> 1) Caregiver Respite 2) Caregiver Support (Assessment & Case Management) 3) Congregate Meals 4) Disease Prevention (HomeMeds) Contract with Caring Choices to address medication-related problems and errors that endanger the lives and well-being of community dwelling older adults. HomeMeds meets the highest-level criteria for Title IIID funding as defined by CMS, an operating division of the U.S. Department of Health and Human Services. 5) Home-Delivered Meals 6) Legal Assistance 7) Personal Care 8) Residential Repairs/Modifications 9) Senior Information & Assistance 10) Transportation <p><i>Regional Services Specialist-A & Contracts Administrator, Staff Accountant-Auditor, Systems Specialist, Dietitian, Assistant Director.</i></p>	7/2017 to 6/2019	CS	Ongoing

2.3 Direct Services	Dates	Type	Status
<p>(A) <u>Support, Monitor & Evaluate Direct Services</u>: For each of the following AAA4 direct services offered in Placer County, provide support, monitor compliance with requirements and evaluate progress in meeting service goals:</p> <p>1) Job Readiness</p> <p><i>Direct Services Administrator & Contracts Administrator, Staff Accountant-Auditor, Systems Specialist, Dietitian, Assistant Director.</i></p>	7/2017 to 6/2019	DS	Ongoing
2.4 Coordination Activities			
<p>(A) <u>Engage Focal Points</u>: Engage each of the AAA4 designated focal point in Placer County listed below to promote optimal coordination with AAA4-funded services as appropriate. AAA4 shall assess the quantity and quality of service referrals, work with facility staff and volunteers to make improvements as needed, then reassess service referrals to measure progress.</p> <p>1) Maidu Community Center</p> <p><i>Regional Services Specialist-A & Assistant Director.</i></p>	7/2017 to 6/2019	C	Revised
<p>(B) <u>Coordinate with Advisory Bodies</u>: Validate groups that represent the collective interests of older residents of Placer County and/or their caregivers by publicly acknowledging and/or supporting their efforts, and seek to actively collaborate with such groups if doing so advances the goals of AAA4. Collaborations could include dedicated advocacy, promotion and training that yields tangible results for both parties. Such advisory bodies include but are not limited to:</p> <p>1) The Older Adult Advisory Commission (OAAC) (currently serving as the County Commission on Aging)</p> <p>2) The Placer Collaborative Network</p> <p><i>Regional Services Specialist-A & Direct Services Administrator, Assistant Director.</i></p>	7/2017 to 6/2019	C	Revised

2.4 Coordination Activities (continued)	Dates	Type	Status
<p>(C) <u>Connect with Key Stakeholders</u>: For the purposes of building and sustaining long-term services and supports for older residents of Placer County, urge collaborative efforts within local communities that include key stakeholders who represent the broad areas listed below. AAA4 can help community leaders understand how aging and long-term care are now innate human issues that impact them all, and AAA4 can offer practical suggestions as to how they can play a positive role.</p> <ol style="list-style-type: none"> 1) The public sector Protecting vulnerable elders from abuse; streamlining eligibility and access to benefits; integrating long-term planning for housing, transportation and health care. 2) The private sector Helping employees plan for retirement; supporting family caregivers at work; hiring older workers. 3) The nonprofit sector Filling gaps; recruiting volunteers; forming alliances. 4) Health care providers Preparing for growth in all care settings; emphasizing self-care; investing in telemedicine. 5) Faith-based organizations Staying connected with the eldest members; spiritually supporting family caregivers; helping with end-of-life decisions. 6) Fraternal and charitable groups/foundations Providing financial support for older adults and their family caregivers. 7) Social Organizations Providing social support for older adults and their family caregivers. 8) Colleges and universities Educating everyone about the aging process; offering more professional geriatric training; doing research on older subjects. <p><i>Regional Services Specialist-A & Assistant Director, Executive Director.</i></p>	7/2017 to 6/2019	C	New

2.4 Coordination Activities (continued)	Dates	Type	Status
<p>(D) <u>Advance the ADRC</u>: Advance the goals and objectives of the Placer County Aging and Disability Resource Connection through continued participation in the development, implementation and on-going operation of the Placer ADRC. The primary objective in 2017-18 is to apply for State designation.</p> <p><i>Executive Director & Information & Assistance Specialist, Regional Services Specialist-A.</i></p>	7/2017 to 6/2019	C	Revised
2.5 Program Development			
(A) <i>Not Applicable</i>	7/2017 to 6/2019	PD	N/A

GOAL #3: IN THE COUNTY OF SACRAMENTO, WORK TO MAINTAIN AND ENHANCE A COORDINATED SYSTEM OF HOME AND COMMUNITY-BASED SERVICES AND SUPPORTS FOR OLDER ADULTS AND THEIR CAREGIVERS.

Rationale: AAA4 was established by a joint powers agreement between the seven partner Counties, and the Agency largely functions as a federation of those separate and distinct jurisdictions. Thus for the convenience of local residents and of their caregivers, appointed representatives and elected officials; the major goals contained in this Area Plan are subdivided by County.

3.1 Administrative Activities	Dates	Type	Status
(A) <u>Convene Funded Partners</u> : Periodically convene AAA4-Funded Partners serving Sacramento County to facilitate effective and efficient inter-agency coordination of service efforts. <i>All Regional Services Specialists & Direct Services Administrator, Assistant Director.</i>	7/2017 to 6/2019	A	New
3.2 Contracted Services			
(A) <u>Support, Monitor & Evaluate Funded Partners</u> : For each of the following contracted services in Sacramento County, provide direct support to the Funded Partners, monitor their compliance with requirements and evaluate their progress in meeting organizational and service goals: <ol style="list-style-type: none"> 1) Caregiver Respite 2) Caregiver Support (Assessment & Case Management) 3) Congregate Meals 4) Grandparent Information (Community Education) 5) Grandparent Support (Support Groups) 6) Home-Delivered Meals 7) Legal Assistance 8) Peer Counseling 9) Personal Care 10) Residential Repairs/Modifications 11) Senior Information & Assistance 12) Transportation <i>All Regional Services Specialists & Contracts Administrator, Staff Accountant-Auditor, Systems Specialist, Dietitian, Assistant Director.</i>	7/2017 to 6/2019	CS	Ongoing

3.3 Direct Services	Dates	Type	Status
<p>(A) <u>Support, Monitor & Evaluate Direct Services</u>: For each of the following AAA4 direct services offered in Sacramento County, provide support, monitor compliance with requirements and evaluate progress in meeting service goals:</p> <p>1) Diabetes Education & Empowerment Program (DEEP) Continue to work with the Health Services Advisory Group (HSAG) - Medicare Quality Improvement Organization (QIO) for California to collaborate with the Centers for Medicare & Medicaid Services (CMS) - Healthy People, Healthy Communities Aim to promote effective prevention and treatment of chronic disease to reduce disparities in diabetes care in a targeted population. Implement a series of the evidence-based diabetes self-management (DSM) education in Sacramento County: Diabetes Empowerment Education Program (DEEP). DEEP meets the highest-level criteria for Title IIID funding as defined by CMS, an operating division of the U.S. Department of Health and Human Services.</p> <p>2) Job Readiness</p> <p><i>Direct Services Administrator & Contracts Administrator, Staff Accountant-Auditor, Systems Specialist, Dietitian, Assistant Director.</i></p>	7/2017 to 6/2019	DS	Ongoing
3.4 Coordination Activities			
<p>(A) <u>Engage Focal Points</u>: Engage each of the AAA4 designated focal points in Sacramento County listed below to promote optimal coordination with AAA4-funded services as appropriate. AAA4 shall assess the quantity and quality of service referrals, work with facility staff and volunteers to make improvements as needed, then reassess service referrals to measure progress.</p> <p>1) Citrus Heights Community Center 2) Ethel Hart Multipurpose Senior Center 3) Galt Concilio 4) Mission Oaks Community Center 5) Rancho Cordova Community Center 6) Samuel C. Pannell Meadowview Community Center</p> <p><i>All Regional Services Specialists & Assistant Director.</i></p>	7/2017 to 6/2019	C	Revised

3.4 Coordination Activities (continued)	Dates	Type	Status
<p>(B) <u>Coordinate with Advisory Bodies</u>: Validate groups that represent the collective interests of older residents of Sacramento County and/or their caregivers by publicly acknowledging and/or supporting their efforts, and seek to actively collaborate with such groups if doing so advances the goals of AAA4. Collaborations could include dedicated advocacy, promotion and training that yields tangible results for both parties. Such advisory bodies include but are not limited to:</p> <ol style="list-style-type: none"> 1) The Adult and Aging Commission (AAC) (currently serving as the County Commission on Aging) 2) The Older Adult Collaborative 3) Housing Committee 4) Transportation Committee 5) Veterans Committee 6) Primary Health Care Committee 7) Mental Health Committee 8) Public Health Committee <p><i>All Regional Services Specialists & Direct Services Administrator, Assistant Director.</i></p>	<p>7/2017 to 6/2019</p>	<p>C</p>	<p>Revised</p>

3.4 Coordination Activities (continued)	Dates	Type	Status
<p>(C) <u>Connect with Key Stakeholders</u>: For the purposes of building and sustaining long-term services and supports for older residents of Sacramento County, urge collaborative efforts within local communities that include key stakeholders who represent the broad areas listed below. AAA4 can help community leaders understand how aging and long-term care are now innate human issues that impact them all, and AAA4 can offer practical suggestions as to how they can play a positive role.</p> <ol style="list-style-type: none"> 1) The public sector Protecting vulnerable elders from abuse; streamlining eligibility and access to benefits; integrating long-term planning for housing, transportation and health care. 2) The private sector Helping employees plan for retirement; supporting family caregivers at work; hiring older workers. 3) The nonprofit sector Filling gaps; recruiting volunteers; forming alliances. 4) Health care providers Preparing for growth in all care settings; emphasizing self-care; investing in telemedicine. 5) Faith-based organizations Staying connected with the eldest members; spiritually supporting family caregivers; helping with end-of-life decisions. 6) Fraternal and charitable groups/foundations Providing financial support for older adults and their family caregivers. 7) Social Organizations Providing social support for older adults and their family caregivers. 8) Colleges and universities Educating everyone about the aging process; offering more professional geriatric training; doing research on older subjects. <p><i>All Regional Services Specialists & Assistant Director, Executive Director.</i></p>	7/2017 to 6/2019	C	New

3.4 Coordination Activities (continued)	Dates	Type	Status
<p>(D) <u>Advance the ADRC</u>: In coordination with Resources for Independent Living (RIL), begin initial planning and development work for a Sacramento County Aging and Disability Resource Connection.</p> <p><i>Executive Director & Information & Assistance Specialist, Regional Services Specialists.</i></p>	7/2019 to 6/2020	C	<i>Revised</i>
3.5 Program Development			
(A) <i>Not Applicable</i>	7/2017 to 6/2019	PD	N/A

GOAL #4: IN THE COUNTY OF SIERRA, WORK TO MAINTAIN AND ENHANCE A COORDINATED SYSTEM OF HOME AND COMMUNITY-BASED SERVICES AND SUPPORTS FOR OLDER ADULTS AND THEIR CAREGIVERS.

Rationale: AAA4 was established by a joint powers agreement between the seven partner Counties, and the Agency largely functions as a federation of those separate and distinct jurisdictions. Thus for the convenience of local residents and of their caregivers, appointed representatives and elected officials; the major goals contained in this Area Plan are subdivided by County.

4.1 Administrative Activities	Dates	Type	Status
<p>(A) <u>Convene Funded Partners</u>: Periodically convene AAA4-Funded Partners serving Sierra County to facilitate effective and efficient inter-agency coordination of service efforts. <i>Regional Services Specialist-A & Direct Services Administrator, Assistant Director.</i></p>	7/2017 to 6/2019	A	New
4.2 Contracted Services			
<p>(A) <u>Support, Monitor & Evaluate Funded Partners</u>: For each of the following contracted services in Sierra County, provide direct support to the Funded Partners, monitor their compliance with requirements and evaluate their progress in meeting organizational and service goals:</p> <ol style="list-style-type: none"> 1) Congregate Meals 2) Home-Delivered Meals 3) Legal Assistance 4) Residential Repairs/Modifications 5) Senior Information & Assistance <p><i>Regional Services Specialist-A & Contracts Administrator, Staff Accountant-Auditor, Systems Specialist, Dietitian, Assistant Director.</i></p>	7/2017 to 6/2019	CS	Ongoing

4.3 Direct Services	Dates	Type	Status
(A) <i>Not Applicable</i>	7/2017 to 6/2019	DS	N/A
4.4 Coordination Activities			
<p>(A) <u>Engage Focal Points</u>: Engage each of the AAA4 designated focal points in Sierra County listed below to promote optimal coordination with AAA4-funded services as appropriate. AAA4 shall assess the quantity and quality of service referrals, work with facility staff and volunteers to make improvements as needed, then reassess service referrals to measure progress.</p> <p>1) Western Sierra Residential Center <i>Regional Services Specialist-A & Assistant Director.</i></p>	7/2017 to 6/2019	C	Revised
<p>(B) <u>Coordinate with Advisory Bodies</u>: Validate groups that represent the collective interests of older residents of Sierra County and/or their caregivers by publicly acknowledging and/or supporting their efforts, and seek to actively collaborate with such groups if doing so advances the goals of AAA4. Collaborations could include dedicated advocacy, promotion and training that yields tangible results for both parties. Such advisory bodies include but are not limited to:</p> <p>1) Housing Committee 2) Transportation Committee 3) Veterans Committee 4) Primary Health Care Committee 5) Mental Health Committee 6) Public Health Committee</p> <p><i>Regional Services Specialist-A & Direct Services Administrator, Assistant Director.</i></p>	7/2017 to 6/2019	C	Revised

4.4 Coordination Activities (continued)	Dates	Type	Status
<p>(C) <u>Connect with Key Stakeholders</u>: For the purposes of building and sustaining long-term services and supports for older residents of Sierra County, urge collaborative efforts within local communities that include key stakeholders who represent the broad areas listed below. AAA4 can help community leaders understand how aging and long-term care are now innate human issues that impact them all, and AAA4 can offer practical suggestions as to how they can play a positive role.</p> <ol style="list-style-type: none"> 1) The public sector Protecting vulnerable elders from abuse; streamlining eligibility and access to benefits; integrating long-term planning for housing, transportation and health care. 2) The private sector Helping employees plan for retirement; supporting family caregivers at work; hiring older workers. 3) The nonprofit sector Filling gaps; recruiting volunteers; forming alliances. 4) Health care providers Preparing for growth in all care settings; emphasizing self-care; investing in telemedicine. 5) Faith-based organizations Staying connected with the eldest members; spiritually supporting family caregivers; helping with end-of-life decisions. 6) Fraternal and charitable groups/foundations Providing financial support for older adults and their family caregivers. 7) Social Organizations Providing social support for older adults and their family caregivers. 8) Colleges and universities Educating everyone about the aging process; offering more professional geriatric training; doing research on older subjects. <p><i>Regional Services Specialist-A & Assistant Director, Executive Director.</i></p>	7/2017 to 6/2019	C	New
<p>(D) <u>Advance the ADRC</u>: Explore potential expansion of the Nevada County Aging and Disability Resource Connection into Sierra County.</p> <p><i>Executive Director & Information & Assistance Specialist, Regional Services Specialist-A.</i></p>	7/2019 to 6/2020	C	Revised

4.5 Program Development			
(A) <i>Not Applicable</i>	7/2017 to 6/2019	PD	N/A

GOAL #5: IN THE COUNTY OF YOLO, WORK TO MAINTAIN AND ENHANCE A COORDINATED SYSTEM OF HOME AND COMMUNITY-BASED SERVICES AND SUPPORTS FOR OLDER ADULTS AND THEIR CAREGIVERS.

Rationale: AAA4 was established by a joint powers agreement between the seven partner Counties, and the Agency largely functions as a federation of those separate and distinct jurisdictions. Thus for the convenience of local residents and of their caregivers, appointed representatives and elected officials; the major goals contained in this Area Plan are subdivided by County.

5.1 Administrative Activities	Dates	Type	Status
(A) <u>Convene Funded Partners</u> : Periodically convene AAA4-Funded Partners serving Yolo County to facilitate effective and efficient inter-agency coordination of service efforts. <i>Regional Services Specialist-B & Direct Services Administrator, Assistant Director.</i>	7/2017 to 6/2019	A	New
(B) <u>Consider New Focal Points</u> : Assess venues in Yolo County to determine eligibility for designation as Focal Points, including but not limited to: 1) Winters Senior Center (scheduled to open in 2018) 2) RISE, Inc. <i>Regional Services Specialist-A & Assistant Director.</i>	7/2017 to 6/2019	A	New
5.2 Contracted Services			
(A) <u>Support, Monitor & Evaluate Funded Partners</u> : For each of the following contracted services in Yolo County, provide direct support to the Funded Partners, monitor their compliance with requirements and evaluate their progress in meeting organizational and service goals: 1) Caregiver Respite 2) Caregiver Support (Assessment & Case Management) 3) Congregate Meals 4) Home-Delivered Meals 5) Legal Assistance 6) Senior Information & Assistance 7) Transportation (including Vouchers) <i>Regional Services Specialist-B & Contracts Administrator, Staff Accountant-Auditor, Systems Specialist, Dietitian, Assistant Director.</i>	7/2017 to 6/2019	CS	Ongoing

5.3 Direct Services	Dates	Type	Status
<p>(A) <u>Support, Monitor & Evaluate Direct Services</u>: For each of the following AAA4 direct services offered in Yolo County, provide support, monitor compliance with requirements and evaluate progress in meeting service goals:</p> <p>1) Job Readiness</p> <p><i>Direct Services Administrator & Contracts Administrator, Staff Accountant-Auditor, Systems Specialist, Dietitian, Assistant Director.</i></p>	7/2017 to 6/2019	DS	Ongoing
5.4 Coordination Activities			
<p>(A) <u>Engage Focal Points</u>: Engage each of the AAA4 designated focal points in Yolo County listed below to promote optimal coordination with AAA4-funded services as appropriate. AAA4 shall assess the quantity and quality of service referrals, work with facility staff and volunteers to make improvements as needed, then reassess service referrals to measure progress.</p> <p>1) Davis Senior Center 2) West Sacramento Community Center 3) Woodland Senior and Community Center</p> <p><i>Regional Services Specialist-B & Assistant Director.</i></p>	7/2017 to 6/2019	C	Revised

5.4 Coordination Activities (continued)	Dates	Type	Status
<p>(B) <u>Coordinate with Advisory Bodies</u>: Validate groups that represent the collective interests of older residents of Yolo County and/or their caregivers by publicly acknowledging and/or supporting their efforts, and seek to actively collaborate with such groups if doing so advances the goals of AAA4. Collaborations could include dedicated advocacy, promotion and training that yields tangible results for both parties. Such advisory bodies include but are not limited to:</p> <ol style="list-style-type: none"> 1) The Yolo County Commission on Aging (serving as the County Commission on Aging) 2) The Davis Senior Citizens Commission 3) The Woodland Commission on Aging 4) The West Sacramento Parks, Recreation and Intergenerational Services (serving as the City Commission on Aging) 5) The Yolo County Homeless & Poverty Action Coalition (HPAC) (addressing housing issues) 6) Veterans of Foreign Wars (VFW) (Davis, West Sacramento & Woodland) 7) Yolo County Health Council 8) Yolo County Local Mental Health Board 9) Yolo County Health and Human Services Agency: Healthy Yolo Project – Healthy Aging Workgroup <p><i>Regional Services Specialist-B Direct Services Administrator, Assistant Director.</i></p>	7/2017 to 6/2019	C	Revised

5.4 Coordination Activities (continued)	Dates	Type	Status
<p>(C) <u>Connect with Key Stakeholders</u>: For the purposes of building and sustaining long-term services and supports for older residents of Yolo County, urge collaborative efforts within local communities that include key stakeholders who represent the broad areas listed below. AAA4 can help community leaders understand how aging and long-term care are now innate human issues that impact them all, and AAA4 can offer practical suggestions as to how they can play a positive role.</p> <ol style="list-style-type: none"> 1) The public sector Protecting vulnerable elders from abuse; streamlining eligibility and access to benefits; integrating long-term planning for housing, transportation and health care. 2) The private sector Helping employees plan for retirement; supporting family caregivers at work; hiring older workers. 3) The nonprofit sector Filling gaps; recruiting volunteers; forming alliances. 4) Health care providers Preparing for growth in all care settings; emphasizing self-care; investing in telemedicine. 5) Faith-based organizations Staying connected with the eldest members; spiritually supporting family caregivers; helping with end-of-life decisions. 6) Fraternal and charitable groups/foundations Providing financial support for older adults and their family caregivers. 7) Social Organizations Providing social support for older adults and their family caregivers. 8) Colleges and universities Educating everyone about the aging process; offering more professional geriatric training; doing research on older subjects. <p><i>Regional Services Specialist-B & Assistant Director, Executive Director.</i></p>	7/2017 to 6/2019	C	New

5.4 Coordination Activities (continued)	Dates	Type	Status
<p>(D) <u>Advance the ADRC</u>: Advance the goals and objectives of the Yolo County Aging and Disability Resource Connection by completing the application process and implementing the services. The primary objective in 2017-18 is to revise and resubmit the application for State designation.</p> <p><i>Executive Director & Information & Assistance Specialist, Regional Services Specialist-B.</i></p>	7/2017 to 6/2019	C	Revised
5.5 Program Development			
<p>(A) <u>Rural Meal Vouchers</u>: In Winters and the surrounding area, develop and implement a meal voucher program. The primary, first-year objective is to meet with local organizations and stakeholders to determine whether there is sufficient interest to pursue establishing a “host” agency capable of assuming responsibility for operating a sustainable, meal voucher service for older adults that may or may not be reliant upon OAA funding via AAA4.</p> <p><i>Regional Services Specialist-B & Dietitian, Assistant Director.</i></p>	7/2017 to 6/2019	PD	New

GOAL #6: IN THE YUBA – SUTTER AREA, WORK TO MAINTAIN AND ENHANCE A COORDINATED SYSTEM OF HOME AND COMMUNITY-BASED SERVICES AND SUPPORTS FOR OLDER ADULTS AND THEIR CAREGIVERS.

Rationale: AAA4 was established by a joint powers agreement between the seven partner Counties, and the Agency largely functions as a federation of those separate and distinct jurisdictions. Thus for the convenience of local residents and of their caregivers, appointed representatives and elected officials; the major goals contained in this Area Plan are subdivided by County, with the exception of the Yuba – Sutter area whose population density straddles the border between those two Counties.

6.1 Administrative Activities	Dates	Type	Status
(A) <u>Convene Funded Partners</u> : Periodically convene AAA4-Funded Partners serving the Yuba – Sutter area to facilitate effective and efficient inter-agency coordination of service efforts. <i>Regional Services Specialist-C & Direct Services Administrator, Assistant Director.</i>	7/2017 to 6/2019	A	New
6.2 Contracted Services			
(A) <u>Support, Monitor & Evaluate Funded Partners</u> : For each of the following contracted services in the Yuba – Sutter area, provide direct support to the Funded Partners, monitor their compliance with requirements and evaluate their progress in meeting organizational and service goals: <ol style="list-style-type: none"> 1) Caregiver Respite 2) Legal Assistance 3) Residential Repairs/Modifications 4) Respite Care 5) Senior Information & Assistance 6) Transportation (Vouchers Only) <i>Regional Services Specialist-C & Contracts Administrator, Staff Accountant-Auditor, Systems Specialist, Dietitian, Assistant Director.</i>	7/2017 to 6/2019	CS	Ongoing

6.3 Direct Services	Dates	Type	Status
<p>(A) <u>Support, Monitor & Evaluate Direct Services</u>: For each of the following AAA4 direct services offered in the Yuba – Sutter area, provide support, monitor compliance with requirements and evaluate progress in meeting service goals:</p> <ol style="list-style-type: none"> 1) Congregate Meals (Vouchers Only) 2) Home-Delivered Meals 3) Job Readiness <p><i>Direct Services Administrator & Contracts Administrator, Staff Accountant-Auditor, Systems Specialist, Dietitian, Assistant Director.</i></p>	7/2017 to 6/2019	DS	Ongoing
6.4 Coordination Activities			
<p>(A) <u>Engage Focal Points</u>: Engage each of the AAA4 designated focal points in the Yuba – Sutter area listed below to promote optimal coordination with AAA4-funded services as appropriate. AAA4 shall assess the quantity and quality of service referrals, work with facility staff and volunteers to make improvements as needed, then reassess service referrals to measure progress.</p> <p>1) Olivehurst Senior Center</p> <p>2) Yuba City Senior Center</p> <p><i>Regional Services Specialist-C & Assistant Director.</i></p>	7/2017 to 6/2019	C	Revised
<p>(B) <u>Coordinate with Advisory Bodies</u>: Validate groups that represent the collective interests of older residents of the Yuba – Sutter area and/or their caregivers by publicly acknowledging and/or supporting their efforts, and seek to actively collaborate with such groups if doing so advances the goals of AAA4. Collaborations could include dedicated advocacy, promotion and training that yields tangible results for both parties. Such advisory bodies include but are not limited to:</p> <ol style="list-style-type: none"> 1) The Sutter County Commission on Aging 2) The Yuba City Commission on Aging 3) The Yuba County Commission on Aging 4) Housing Committee 5) Transportation Committee 6) Veterans Committee 7) Primary Health Care Committee 8) Mental Health Committee 9) Public Health Committee <p><i>Regional Services Specialist-C & Direct Services Administrator, Assistant Director.</i></p>	7/2017 to 6/2019	C	Revised

6.4 Coordination Activities (continued)	Dates	Type	Status
<p>(C) <u>Connect with Key Stakeholders</u>: For the purposes of building and sustaining long-term services and supports for older residents of the Yuba – Sutter area, urge collaborative efforts within local communities that include key stakeholders who represent the broad areas listed below. AAA4 can help community leaders understand how aging and long-term care are now innate human issues that impact them all, and AAA4 can offer practical suggestions as to how they can play a positive role.</p> <ol style="list-style-type: none"> 1) The public sector Protecting vulnerable elders from abuse; streamlining eligibility and access to benefits; integrating long-term planning for housing, transportation and health care. 2) The private sector Helping employees plan for retirement; supporting family caregivers at work; hiring older workers. 3) The nonprofit sector Filling gaps; recruiting volunteers; forming alliances. 4) Health care providers Preparing for growth in all care settings; emphasizing self-care; investing in telemedicine. 5) Faith-based organizations Staying connected with the eldest members; spiritually supporting family caregivers; helping with end-of-life decisions. 6) Fraternal and charitable groups/foundations Providing financial support for older adults and their family caregivers. 7) Social Organizations Providing social support for older adults and their family caregivers. 8) Colleges and universities Educating everyone about the aging process; offering more professional geriatric training; doing research on older subjects. <p><i>Regional Services Specialist-C & Assistant Director, Executive Director.</i></p>	7/2017 to 6/2019	C	New

6.4 Coordination Activities (continued)	Dates	Type	Status
<p>(D) <u>Advance the ADRC</u>: In conjunction with the FREED Center for Independent Living and prospective local partners, determine whether a Yuba – Sutter Aging and Disability Resource Connection would be more viable as an expansion of the Nevada ADRC or as a standalone entity. The primary objectives in 2017-18 are to form an advisory committee, write the protocols and identify extended partners.</p> <p><i>Executive Director & Information & Assistance Specialist, Regional Services Specialist-C.</i></p>	7/2017 to 6/2019	C	Revised
6.5 Program Development			
<p>(A) <u>Rural Meal Vouchers and/or Transportation Services</u>: In the rural, foothills area of Yuba County, explore the development of a meal voucher program and/or transportation services. The primary, first-year objective is to meet with local organizations and stakeholders to determine whether there is sufficient interest to pursue establishing a “host” agency capable of assuming responsibility for operating a sustainable meal voucher services for older adults that may or may not be reliant upon OAA funding via AAA4.</p> <p><i>Regional Services Specialist-C & Dietitian, Regional Services Administrator, Assistant Director.</i></p>	7/2017 to 6/2019	PD	New

GOAL #7: THROUGHOUT PLANNING AND SERVICE AREA 4 (PSA 4), WORK TO MAINTAIN AND ENHANCE A COORDINATED SYSTEM OF HOME AND COMMUNITY-BASED SERVICES AND SUPPORTS FOR OLDER ADULTS AND THEIR CAREGIVERS.

Rationale: This goal contains objectives that pertain to each of the seven counties individually and/or objectives that pertain to the service area as a whole.

7.1 Administrative Activities	Dates	Type	Status
<p>(A) <u>Convene Nutrition Directors</u>: Periodically convene the Directors of AAA4-Funded Congregate and Home-Delivered Meal programs for the purposes of training, networking and improved delivery of services. <i>Dietitian & Regional Services Specialists, Direct Services Administrator, Direct Services Specialist, Assistant Director.</i></p>	7/2017 to 6/2019	A	New
<p>(B) <u>Pubic Information</u>: Utilize print materials, the AAA4 website, Facebook and other appropriate means to disseminate information about: 1) the Agency's goals, activities and priority issues, 2) the various services available through Funded Partners, and 3) other public programs and resources for Older Adults and Family Caregivers. <i>Strategic Planning Administrator & Direct Services Specialist, Executive Director.</i></p>	7/2017 to 6/2019	A	New
<p>(C) <u>Legislative Advocacy</u>: Work with the Legislative Committee to track and evaluate state and federal legislation, policies and budget decisions that impact Older Adults in PSA 4 and/or affect AAA4 priority issues, then take positions and promote those positions via public testimony and/or letters of support. <i>Executive Director & Regional Services Specialist-B.</i></p>	7/2017 to 6/2019	A	New
7.2 Contracted Services			
<p>(A) <u>Support, Monitor & Evaluate Funded Partners</u>: For the following service under a single contract to cover PSA 4, provide direct support to the Funded Partner, monitor their compliance with requirements and evaluate their progress in meeting organizational and service goals, including service to all persons 60 and older regardless of citizenship status: 1) Health Insurance Counseling & Advocacy Program (HICAP) <i>Regional Services Specialist-B & Contracts Administrator, Staff Accountant-Auditor, Systems Specialist, Assistant Director.</i></p>	7/2017 to 6/2019	CS	New

7.3 Direct Services	Dates	Type	Status
<p>(A) <u>Support, Monitor & Evaluate Direct Services</u>: For each of the following services under a single contract to cover PSA 4, provide support, monitor compliance with requirements and evaluate progress in meeting service goals:</p> <ol style="list-style-type: none"> 1) Caregiver Access (Information & Assistance) 2) Caregiver Information (Public Information) 3) Elder Abuse Prevention <ul style="list-style-type: none"> • The Direct Services Administrator will work closely with the Ombudsman Program Coordinator to re-evaluate the goals and objectives of the EAP grant Units of Service categories (Public Education Sessions, Training Sessions for Professionals, Distribution of Education Materials) and assess the effectiveness of current activities, and work with staff to improve and/or enhance services. • Make recommendations/suggestions for developing programs for the prevention and treatment of elder abuse, neglect, and exploitation. • Conduct training for individuals, professionals, and paraprofessionals in relevant fields on the identification, prevention, and treatment of elder abuse, neglect, and exploitation, with particular focus on prevention and enhancement of self-determination and autonomy. • Ensure the coordination of AAA4 direct services and 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. • Coordinate with providers of elder abuse prevention to create a consistent message and related collateral, outreach materials, and educational tools; create an AAA4 Elder Abuse Prevention Program brochure to distribute with other relevant informational materials. 	7/2017 to 6/2019	DS	New

7.3 Direct Services (continued)	Dates	Type	Status
<p>4) LTC Ombudsman</p> <ul style="list-style-type: none"> • Conduct multiple and varied outreach activities independently and in coordination with other AAA4 direct services (e.g., MIPPA, SNAP-Ed, Yuba-Sutter MOW, Dine-Around-Town, Mature Edge, RSVP, etc.) to educate the public and service providers about the program's mission and role in the community. • The Direct Services Administrator and other key AAA4 staff will work closely with the Ombudsman Program Coordinator to improve efficiencies in data reporting and effectiveness in service provision, including but not limited to training, technical assistance and provision of new tools (e.g., laptops with specific software will be provided to key staff enabling secure access to the agency's server which will result in increased efficiency for field workers). • Work with Ombudsman Program Coordinator to determine staffing needs; develop job descriptions and recruit hire and train new and existing staff to assist with expanding and enhancing the program. <p>5) Nutrition Education 6) Senior Information & Assistance</p> <p><i>Direct Services Administrator & Contracts Administrator, Staff Accountant-Auditor, Systems Specialist, Dietitian, Assistant Director, Executive Director.</i></p>	7/2017 to 6/2019	DS	New
7.4 Coordination Activities			
<p>(A) <u>Engage Age-Friendly Communities</u>: Validate each of the Age-Friendly Communities in PSA 4 that have been designated (or are seeking designation) from the World Health Organization by publicly acknowledging and/or supporting their efforts, and seek to actively collaborate with such groups if doing so advances the goals of AAA4. Collaborations could include dedicated advocacy, promotion and training that yields tangible results for both parties.</p> <ol style="list-style-type: none"> 1) City of Davis (designation pending) 2) City of Roseville 3) City of West Sacramento (designation pending) 4) City of Winters (designation pending) 5) City of Woodland (designation pending) 6) County of Placer (designation pending) 7) County of Yolo (designation pending) <p><i>Executive Director & Regional Service Specialist-A, Regional Services Specialist-B, Assistant Director.</i></p>	7/2017 to 6/2019	C	New

7.4 Coordination Activities (continued)	Dates	Type	Status
<p>(B) <u>Coordinate with Area Wide Advisory Bodies</u>: Validate groups that represent the collective interests of older residents of PSA 4 and/or their caregivers by publicly acknowledging and/or supporting their efforts, and seek to actively collaborate with such groups if doing so advances the goals of AAA4. Collaborations could include dedicated advocacy, promotion and training that yields tangible results for both parties. Such bodies include but are not limited to:</p> <ol style="list-style-type: none"> 1) The California Commission on Aging (CCoA) 2) The Triple-A Council of California (TACC) 3) The Sacramento Area Council of Governments (SACOG) 4) StopFalls Sacramento 5) Housing Committee 6) Transportation Committee 7) Veterans Committee 8) Primary Health Care Committee 9) Mental Health Committee 10) Public Health Committee <p><i>Executive Director & Assistant Director, Direct Services Administrator, Regional Services Specialist-B.</i></p>	<p>7/2017 to 6/2019</p>	<p>C</p>	<p>New</p>

7.4 Coordination Activities (continued)	Dates	Type	Status
<p>(C) <u>Connect with Key Stakeholders</u>: For the purposes of building and sustaining long-term services and supports for older residents in PSA 4, urge collaborative efforts within local communities that include key stakeholders who represent the broad areas listed below. AAA4 can help community leaders understand how aging and long-term care are now innate human issues that impact them all, and AAA4 can offer practical suggestions as to how they can play a positive role.</p> <ol style="list-style-type: none"> 1) The public sector Protecting vulnerable elders from abuse; streamlining eligibility and access to benefits; integrating long-term planning for housing, transportation and health care. 2) The private sector Helping employees plan for retirement; supporting family caregivers at work; hiring older workers. 3) The nonprofit sector Filling gaps; recruiting volunteers; forming alliances. 4) Health care providers Preparing for growth in all care settings; emphasizing self-care; investing in telemedicine. 5) Faith-based organizations Staying connected with the eldest members; spiritually supporting family caregivers; helping with end-of-life decisions. 6) Fraternal and charitable groups/foundations Providing financial support for older adults and their family caregivers. 7) Social Organizations Providing social support for older adults and their family caregivers. 8) Colleges and universities Educating everyone about the aging process; offering more professional geriatric training; doing research on older subjects. <p><i>Executive Director & Assistant Director, Strategic Planning Administrator.</i></p>	7/2017 to 6/2019	C	New

7.4 Coordination Activities (continued)	Dates	Type	Status
<p>(D) <u>Advance ADRCs Statewide</u>: Advance the shared goals and objectives of all Aging and Disability Resource Connections by working closely with the State ADRC Program Director and by participating in the Statewide Advisory Committee. Additionally, AAA4 is a member of the SCAN Foundation's Community of Constituents – a statewide coalition to promote best practices in Long Term Services and Supports. This requires a monthly call among all the members to discuss best practices and share successes. AAA4 participates in those calls, as well as the annual Community of Constituents Conference and quarterly regional meetings.</p> <p><i>Executive Director & Information & Assistance Specialist.</i></p>	7/2017 to 6/2019	C	New
<p>(E) <u>Confront Food Insecurity</u>: Coordinate with groups in the service area to promote wellness and independence among vulnerable older adults through the expansion of nutritional services designed to address food security issues. This may be accomplished in several ways, including, but not limited to developing partnerships with area food banks, medical facilities, social service agencies and Cal Fresh (SNAP) contractors.</p> <p><i>Dietitian & Assistant Director, Executive Director.</i></p>	7/2017 to 6/2019	C	New
7.5 Program Development			
(A) <i>Not Applicable</i>	7/2017 to 6/2019	PD	N/A

SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES**PSA 4****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](#).

1. Personal Care (In-Home)**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	7,916	3	3.3k
2017-2018	7,876	2 & 3	2.2(A)7 & 3.2(A)9
2018-2019			
2019-2020			

2. Homemaker (In-Home)**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)**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	392,433	2 & 3	2.2f & 3.3f
2017-2018	488,283	1, 2, 3, 4, 5 & 6	1.2(A)2, 2.2(A)5, 3.2(A)6, 4.2(A)2, 5.2(A)4 & 6.3(A)2
2018-2019			
2019-2020			

5. Adult Day/ Health Care (In-Home)**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)**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			
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	201,571	2 & 3	2.2g & 3.3b
2017-2018	209,942	1, 2, 3, 4, 5 & 6	1.2(A)1, 2.2(A)3, 3.2(A)3, 4.2(A)1, 5.2(A)3 & 6.3(A)1
2018-2019			
2019-2020			

9. Nutrition Counseling**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	57,589	3	3.3o
2017-2018	63,863	1, 2, 3, 5 & 6	1.2(A)6, 2.2(A)10, 3.2(A)12, 5.2(A)7 & 6.2(A)6
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	7,599	3	3.3g
2017-2018	9,160	1, 2, 3, 4, 5 & 6	1.2(A)3, 2.2(A)6, 3.2(A)7, 4.2(A)3, 5.2(A)5 & 6.2(A)2
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	19,709	2	2.2e
2017-2018	21,020	1, 2, 3, 4, 5, 6 & 7	7.3(A)5 & All objectives above for Congregate and Home-Delivered Meals
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	35,057	3	3.1a & 3.3n
2017-2018	39,719	1, 2, 3, 4, 5, 6 & 7	1.2(A)5, 2.2(A)9, 3.2(A)11, 4.2(A)5, 5.2(A)6, 6.2(A)5 & 7.3(A)6
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			
2017-2018			
2018-2019			
2019-2020			

15. NAPIS Service Category – “Other” Title III 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

Other Supportive Service Category Employment**Unit of Service Activities**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	104	1	1.2b
2017-2018	136	1, 2, 3, 5 & 6	1.3(A)1, 2.3(A)1, 3.3(A)2, 5.3(A)1 & 6.3(A)3
2018-2019			
2019-2020			

Other Supportive Service Category Peer Counseling**Unit of Service Hours**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	9,396	3	3.3i
2017-2018	14,616	3	3.2(A)8
2018-2019			
2019-2020			

Other Supportive Service Category Residential Repairs**Unit of Service One Modification**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	443	3	3.3l
2017-2018	331	1, 2, 3, 4 & 6	1.2(A)4, 2.2(A)8, 3.2(A)10, 4.2(A)4 & 6.2(A)3
2018-2019			
2019-2020			

Other Supportive Service Category Respite

Unit of Service One Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	N/A	N/A	N/A
2017-2018	520	6	6.2(A)4
2018-2019			
2019-2020			

16. Title IIID/ Disease Prevention and Health Promotion

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

Unit of Service = 1 contact**Service Activities:** DEEP and HomeMeds

- **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	128	3	3.3d
2017-2018	425	2 & 3	2.2(A)4 & 3.3(A)1
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%.

<p>1. FY 2014-2015 Baseline Resolution Rate: Number of complaints resolved <u>1,464</u> + Number of partially resolved complaints <u>302</u> divided by the Total Number of Complaints Received <u>2,566</u> = Baseline Resolution Rate <u>69%</u> FY 2016-17 Target Resolution Rate <u>69%</u></p>
<p>2. FY 2015-2016 Baseline Resolution Rate: Number of complaints resolved <u>1,464</u> + Number of partially resolved complaints <u>471</u> divided by the Total Number of Complaints Received <u>2,732</u> = Baseline Resolution Rate <u>71%</u> FY 2017-18 Target Resolution Rate <u>71%</u></p>
<p>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 _____ %
Program Goals and Objective Numbers: <u>7.3(A)4</u>

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

1. FY 2014-2015 Baseline: number of Resident Council meetings attended <u>47</u> FY 2016-2017 Target: <u>47</u>
2. FY 2015-2016 Baseline: number of Resident Council meetings attended <u>48</u> FY 2017-2018 Target: <u>48</u>
3. FY 2016-2017 Baseline: number of Resident Council meetings attended _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of Resident Council meetings attended _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>7.3(A)4</u>

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

1. FY 2014-2015 Baseline number of Family Council meetings attended <u>10</u> FY 2016-2017 Target: <u>10</u>
2. FY 2015-2016 Baseline number of Family Council meetings attended <u>10</u> FY 2017-2018 Target: <u>10</u>
3. FY 2016-2017 Baseline number of Family Council meetings attended _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline number of Family Council meetings attended _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>7.3(A)4</u>

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

1. FY 2014-2015 Baseline: number of consultations <u>742</u> FY 2016-2017 Target: <u>742</u>
2. FY 2015-2016 Baseline: number of consultations <u>648</u> FY 2017-2018 Target: <u>648</u>
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>7.3(A)4</u>

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>1,485</u> FY 2016-2017 Target: <u>1,485</u>
2. FY 2015-2016 Baseline: number of consultations <u>865</u> FY 2017-2018 Target: <u>865</u>
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>7.3(A)4</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>20</u> FY 2016-2017 Target: <u>20</u>
2. FY 2015-2016 Baseline: number of sessions <u>20</u> FY 2017-2018 Target: <u>20</u>
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>7.3(A)4</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

The ombudsman program plans to initiate contact with local law enforcement to promote and improve relationships between ombudsman and local law enforcement entities to improve response and investigation of abuse complaints and other non-complaint related items.

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 **66** divided by the total number of Nursing Facilities **66** = 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 **47** divided by the total number of Nursing Facilities **65** = Baseline **73 %**

FY 2017-2018 Target: **73 %**

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: **7.3(A)4**

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 <u>27</u> divided by the total number of RCFEs <u>793</u> = Baseline <u>3.40</u> % FY 2016-2017 Target: <u>3.40</u> %
2. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>757</u> divided by the total number of RCFEs <u>771</u> = Baseline <u>98</u> % FY 2017-2018 Target: <u>98</u> %
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: <u>7.3(A)4</u>

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: <u>3.07</u> FTEs FY 2016-2017 Target: <u>3.07</u> FTEs
2. FY 2015-2016 Baseline: <u>3.8</u> FTEs FY 2017-2018 Target: <u>6</u> 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: <u>7.3(A)4</u>

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>27</u> FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers <u>27</u>
2. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers <u>32</u> FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers <u>20</u>
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: 3.3 J <u>7.3(A)4</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

Ombudsman and volunteers will regularly attend NORS Consistency Training to improve on investigative and reporting techniques.

The program will explore utilizing additional staff and/or volunteers for data entry purposes. The program will explore other means of data entry to make data entry more time effective and cost efficient.

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: Area 4 Agency on Aging

Fiscal Year	Total # of Public Education Sessions
2016-2017	17
2017-2018	17
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Professionals
2016-2017	37
2017-2018	37
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2016-2017	44
2017-2018	0
2018-2019	
2019-2020	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	107
2017-2018	107
2018-2019	
2019-2020	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2016-2017	1,918	Resident rights information, "Toxic Drugs in Nursing Facilities"
2017-2018	1,918	"Put a Stop to Poor Care"; "Elder Abuse, It's a Crime"; NCEA's "Red Flags of Abuse"
2018-2019		

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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	2,423
2017-2018	2,423
2018-2019	
2019-2020	

TITLE III E 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 III E Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<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: 22 Total est. audience for above: 200	5	5.2a,b
2017-2018	# of activities: 24 Total est. audience for above: 200	7	7.3(A)2
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2016-2017	150	3	3.1b
2017-2018	200	7	7.3(A)1
2018-2019			
2019-2020			

Access Assistance		Total contacts	
Support Services	Total hours		
2016-2017	3,798	3	3.3a
2017-2018	5,398	2, 3 & 5	2.2(A)2, 3.2(A)2 & 5.2(A)2
2018-2019			
2019-2020			
Respite Care	Total hours		
2016-2017	17,203	3	3.3a
2017-2018	18,447	2, 3, 5 & 6	2.2(A)1, 3.2(A)1, 5.2(A)1 & 6.2(A)1
2018-2019			
2019-2020			
Supplemental Services	Total occurrences		
2016-2017			
2017-2018			
2018-2019			
2019-2020			

Direct and/or Contracted IIIE Services

Grandparent Services Caring for Children	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	# of activities and Total est. audience for above		
2016-2017	# of activities: 15 Total est. audience for above: 400	3	3.3a
2017-2018	# of activities: 20 Total est. audience for above: 500	3	3.2(A)4
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	12	3	3.3a
2017-2018			
2018-2019			
2019-2020			
Support Services	Total hours		
2016-2017	48	3	3.3a
2017-2018	48	3	3.2(A)5
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			

**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	2,612	3.3e
2017-2018	2,612	7.2(A)1
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2016-2017	87	3.3e
2017-2018	87	7.2(A)1
2018-2019		
2019-2020		

Section 2: Federal Performance Measures

Fiscal Year (FY)	PM 2.1 Total Client Contacts (Estimated)	Goal Numbers
2016-2017	18,715	3.3e
2017-2018	18,715	7.2(A)1
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.2 Persons Reached at PAM Events (Estimated)	Goal Numbers
2016-2017	17,844	3.3e
2017-2018	17,844	7.2(A)1
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.3 Contacts with Medicare Beneficiaries Due to Disability (Estimated)	Goal Numbers
2016-2017	2,513	3.3e
2017-2018	2,513	7.2(A)1
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.4 Low-income Medicare Beneficiary Contacts (Estimated)	Goal Numbers
2016-2017	9,687	3.3e
2017-2018	9,687	7.2(A)1
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.5 Contacts with One or More Qualifying Enrollment Topics (Estimated)	Goal Numbers
2016-2017	16,306	3.3e
2017-2018	16,306	7.2(A)1
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.6 Total Part D Enrollment/Assistance Contacts (Estimated)	Goal Numbers
2016-2017	7,926	3.3e
2017-2018	7,926	7.2(A)1
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.7 Total Counseling Hours (Estimated)	Goal Numbers
2016-2017	9,343	3.3e
2017-2018	9,343	7.2(A)1
2018-2019		
2019-2020		

Section 3: HICAP Legal Services Units of Service (if applicable) ⁴

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2016-2017	200	3.3e
2017-2018	200	7.2(A)1
2018-2019		
2019-2020		

⁴ 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	170	3.3e
2017-2018	170	7.2(A)1
2018-2019		
2019-2020		

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2016-2017	150	3.3e
2017-2018	150	7.2(A)1
2018-2019		
2019-2020		

SECTION 11 - FOCAL POINTS**PSA 4****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
Asian Community Center of Sacramento Valley, Inc.	7375 Park City Dr., Sacramento, CA 95831
West Sacramento Community Center	1075 W. Capitol Ave., West Sacramento, CA 95691
Cordova Senior Activities Center	3480 Routier Road, Rancho Cordova, CA 95827
Davis Senior Center	646 A Street, Davis, CA 95616
Ethel McLeod Hart Multipurpose Senior Center	915 27th Street, Sacramento, CA 95816
Gold Country Community Services	841 Old Tunnel Road, Grass Valley, CA 95945
Inc. Seniors of Sierra County	302 First Street, Loyalton, CA 96118
Maidu Community Center	1550 Maidu Drive, Roseville, CA 95661
Mission Oaks Community Center	4701 Gibbons Drive, Carmichael, CA 95608
North Gold Senior Mountaineers	29190 State Hwy 49, North San Juan, CA 95960
Olivehurst Community Center	4979 Olivehurst Avenue, Olivehurst, CA 95964
Samuel C. Pannell Meadowview Community Center	2450 Meadowview Road, Sacramento, CA 95833
Senior Center of Elk Grove	8830 Sharkey Avenue, Elk Grove, CA 95624
Sierra Senior Services	10040 Estates Drive, Truckee, CA 96161
South County Services, Inc.	539 N. Lincoln Way, Galt, CA 95632
Stanford Settlement, Inc.	450 West El Camino Avenue, Sacramento, CA 95833
Western Sierra Residential Center, Inc.	749 Main Street, Downieville, CA 95936
Woodland Senior and Community Center	2001 East Street, Woodland, CA 95776

SECTION 12 - DISASTER PREPAREDNESS

PSA 4

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 disaster mission of A4AA is to maintain the continuity of critical services to older persons and to ensure, to the maximum extent possible, that the special needs of all older persons are adequately met for a safe and full recovery from a disaster. In order to fulfill our mission, A4AA has developed an Agency Emergency Plan to enable our organization to plan and prepare to meet the needs of our staff, subcontracted service providers, and the people we serve in the event of a disaster. This includes continuation of essential office functions (e.g., processing provider reimbursement checks). Additionally, subcontractors that provide these vital services are also required to maintain up-to-date disaster and emergency plans. The A4AA Disaster Response Coordinator (formerly Disaster Preparedness Coordinator) acts as the liaison between subcontractors and CDA.
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
John Gulserian	Nevada Co. OES: OES Manager	Office:530-265-1515 Cell:	oes@co.nevada.ca.us
Rod Rodriguez	Placer Co. OES: Emergency Services Coordinator	Office:530-886-4600 Cell:	placeroes@placer.ca.gov
N/A	Sacramento County OES: 24/7 Duty Officer	Office:916-874-4670 Cell:	info@sacOES.org
Lee Brown	Sierra Co. OES: Coordinator	Office:530-289-2850 Cell:	lbrown@sierracounty.ca.gov
Lori Hersant	Sutter Co. OES: Emergency Operations and Loss Prevention Manager	Office:530-822-4575 Cell:	lhersant@co.sutter.ca.us
N/A	Yolo Co. OES:	Office:530-406-4930 Cell:	N/A

Scott Bryan	Yuba Co. OES: Emergency Operations Mrg.	Office:530-749-7520 Cell:	sbryan@colyuba.ca.us
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3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Nancy Vasquez	Direct Services Administrator	Office: 916-486-1876 Cell:916-337-2257	nvasquez@agencyonaging4.org

4. List critical services the AAA will continue to provide after a disaster and describe how these services will be delivered: A4AA and its subcontractors are required to maintain an up-to-date Agency Emergency Plan. These written plans include goals for business continuity in the event of a disaster or emergency, as well as Site Emergency Resource Surveys to aid in resource allocation. At a minimum, if possible, services will continue based on existing scopes of service and funding levels. If additional funding is made available, A4AA will coordinate services and resources among our providers to maximize response levels to fit the need within our region.

Critical Services

How Delivered?

a I&A	a I&A providers must have emergency procedures in place that include how they will coordinate up-to-date post-emergency information with organizations in order to provide critical referrals to needed services (e.g., shelter locations for people with special needs and animals, forms completion, financial assistance, mental health, etc.)
b Transportation	b Transportation providers are required to coordinate available automobiles with their correspondnig County agencies, when appropriate, for the purpose of evacuation, meal and supply delivery, etc.
c Nutrition	c Many of our nutrition providers maintain emergency meal inventories and/or have MOUs with alternate meal preparation sites in order to continue or expand food services.
d Legal	d Legal service providers are prepared to assist older adults with post-emergency forms completion (e.g., FEMA applications) and other related services.

5. List any agencies with which the AAA has formal emergency preparation or response agreements. A4AA has no formal agreements with any preparation or response agencies. However, Nancy Vasquez is a member of the Sacramento County Volunteer Organizations Active in Disasters (VOAD) Steering Committee to ensure that the special needs older adults are included in all preparedness and response activities within the County.
6. Describe how the AAA will:
 - Identify vulnerable populations. A4AA requires all subcontractors to designate Disaster Coordinators and Alternate Coordinators and will coordinate information and services with those individuals affected by an emergency, including how older adults have been affected. This information is reported to the CDA-AAA Disaster Assistance Coordinator.
 - Follow-up with these vulnerable populations after a disaster event. A4AA's Disaster Response Coordinator will follow-up with subcontractor Disaster Coordinators in affected areas to determine the outcomes, if applicable, at various intervals (e.g., 24, 48, 72 hours, and longer term if necessary) following an emergency.

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 funds⁵ 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 30% 17-18 45 **35%** 18-19 45 **35%** 19-20 **TBD**%

In-Home Services:

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

2016-17 15% 17-18 20 **15%** 18-19 20 **15%** 19-20 **TBD** %

Legal Assistance Required Activities:⁶

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

2016-17 8% 17-18 12 **10%** 18-19 12 **10%** 19-20 **TBD** %

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. Beginning in 2017, AAA4 agreed that these percentages should justly arise from the Community-Centered process described in Section 4. From the perspective of our Older Adult population, surely none of these allocations are “sufficient.” From an administrative perspective, AAA4 will be implementing a more stringent outcomes-based approach to evaluate how effectively each OAA-funded service is truly meeting the needs it is intended to meet; going forward, that information will provide a more stable foundation for discussing the relative sufficiency of these allocations.

⁵ 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.

⁶ Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES**PSA 4****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 type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Program Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long-Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIID	16-17	17-18	18-19	19-20
<input type="checkbox"/> Disease Prevention and Health Promo.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIIE ⁷	16-17	17-18	18-19	19-20
<input type="checkbox"/> Information Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VIIA	16-17	17-18	18-19	19-20
<input type="checkbox"/> Long-Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII	16-17	17-18	18-19	19-20
<input type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

⁷ Refer to PM 11-11 for definitions of Title III E categories.

Targeting is explained in detail in Section 6 of this plan. In short, many of the direct services provided by A4AA are designed to reach particular audiences that include one or more of the targeted groups. A4AA makes a concerted effort to reach out to organizations that serve targeted communities to be sure they are aware of Older Americans and Older Californians Act programs.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 4

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: Employment (Mature Edge Job Readiness Program)

Check applicable funding source:⁸

☒ 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 service⁹ : A4AA received approval from the Department of Aging to provide a Title III-B senior employment program as a direct service in 2001. Area 4 plans to

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.

continue this activity throughout the 2012-16 planning cycle in Placer and Sacramento counties. During FY 2014-2015 this program was enhanced and expanded to Yolo, Yuba, Sutter, and Nevada Counties.

The continued downturn in the economy has caused a steady increase in the number of older people contacting our program. At the same time, it is more challenging than ever for older workers to compete for an extremely limited supply of positions.

The *Mature Edge* Job Readiness Program offers a series of interactive job readiness sessions preparing the mature worker for a productive and successful job search. Sessions include preparing effective targeted resumes and cover letters, strategic interviewing, access to the job market, and the skills necessary to maintain a job. Additionally, the Program offers one-on-one job coaching, referrals to computer training and appropriate employment opportunities, and access to area employers who are seeking older workers.

The Job Readiness Program is the only employment program for seniors in PSA 4 without income restrictions, and while there are many employment programs in the area, the Job Readiness Program is the only employment program designed specifically to assist seniors sixty years of age and over.

A4AA can assure an economical delivery of services by charging only direct operation costs to the Job Readiness Program.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 4

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:¹⁰

☐ 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 service¹¹ : A4AA received approval from the California Department of Aging (CDA) to provide Title III-C1 nutrition education activities in 2008 and Title III-C2

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.

nutrition education in 2014.

Nutrition education is mandated for both C1 and C2 programs. Under C1, Area 4 requires each of its nutrition providers to conduct four nutrition education sessions at each congregate site annually. With the national concern over obesity and high blood pressure, and recognition that chronic diseases such as diabetes and hypertension cause an immense financial toll on individuals and on the health care system, the Administration on Aging (AoA) has revised and enhanced the definition of nutrition education to the following:

The purpose of nutrition education is to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction.

The goals of the A4AA Nutrition Education Program are to ensure that all three focus areas (culturally sensitive nutrition education, physical fitness and health) in the expanded definition are implemented in our planning and service area.

Now that A4AA has become the home delivered meal (HDM) and congregate meal provider in the Yuba-Sutter region, A4AA's staff dietitian is the consulting RD for this program and does produce the required nutrition education material for HDM and congregate clients.

A4AA is uniquely equipped to provide this service in a cost efficient manner.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 4

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:¹²

☐ 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 service¹³ : Although there was never a pre-existing plan for A4AA to become a direct service nutrition provider, a series of unforeseen circumstances has caused

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.

that to occur.

When A4AA began SFY 2012-13, we were under contract with the Community Action Agency of Butte County, Inc. (CAA) to provide congregate and home delivered meals in Yuba and Sutter Counties. In March of 2013, CAA decided to terminate its contract with A4AA due to financial difficulties, particularly the loss of local CSBG funding.

To prevent a break in home delivered meal (HDM) services to existing clients in the Yuba-Sutter area, the A4AA Governing Board approved 15-month Purchase of Service Agreements with Mom's Meals and Home & Health Care Management (HHCM), both of which are for-profit entities. Subsequently, the California Department of Aging (CDA) notified A4AA that this action was in violation of the procurement procedures specified in Title 22 of the California Code of Regulations. Due to the urgency of the situation, however, CDA agreed to authorize the Service Agreements to go into effect but only through June 30, 2013.

A4AA then issued a Request for Proposals (RFP) to determine if any other organization was willing and able to provide "traditional" congregate and home delivered nutrition services in the Yuba-Sutter area.

No organization responded to that RFP with a complete proposal that met the minimum requirements of a traditional elderly nutrition program. However, a partial proposal was received from the Bateman Meals administrative office in Atlanta, Georgia. Bateman only expressed interest in producing and delivering meals to the homes of pre-established HDM clients. At that point, A4AA's Governing Board approved the following actions:

1. Seek permission from CDA to negotiate a new, 1-year vendor agreement with HHCM so they may continue to assess potential and existing HDM clients for eligibility without a break in service. This agreement would be effective July 1, 2013 and would be renewable annually for an additional three state fiscal years (through June 30, 2017).
2. Issue a Request for Bids (RFB) for HDM production and delivery only, beginning October 1, 2013 and renewable annually for an additional three state fiscal years (through June 30, 2017). This will allow A4AA to make a fair, objective evaluation of Mom's Meals, Bateman Meals and any other applicant, based upon the following key factors: (a) meal costs and company profit ratios, (b) overall quality of service, and (c) long-term program sustainability.
3. Pursue the development and implementation of a restaurant voucher pilot project in the Yuba-Sutter area with a target start date of October 1, 2013.

Mom's Meals and Bateman Meals were the only applicants to respond to the RFB. Ultimately, Bateman Meals was selected, and by default, A4AA became the lead administrative operator of what is now called **Yuba-Sutter Meals on Wheels**, a partnership between Bateman and Home & Health Care Management.

It is the intent of A4AA to continue in this role as the direct service nutrition provider for home delivered meals until such time as another organization is willing and able to take over the program and also demonstrates they can do so in a more economical manner.

Unfortunately, similar circumstances unfolded in Placer County during SFY 2013-14. In October of 2013, Seniors First informed A4AA that due to financial difficulties that were exacerbated by the shutdown of the federal government, they were in jeopardy of closing all A4AA-funded services for what was then an undetermined period of time. A4AA informed CDA of the situation and executed a one-month contract with Seniors First, so that they would be reimbursed for their costs to provide home delivered meals in Western Placer County during the month of October.

Once again, A4AA took immediate action to prevent a gap in service by entering into agreements with Bateman Meals and Home & Health Care Management, still for-profit entities. And once again, A4AA was required to issue an RFP to determine if any other organization was willing to provide “traditional” home delivered nutrition services in the area.

This time, two applicants did apply: Meals on Wheels by ACC and the prior provider, Seniors First. In January of 2014, the Governing Board awarded the service contract to Meals on Wheels by ACC. That agreement covers the balance of SFY 2013-14 and is renewable for three additional state fiscal years.

Thus during the transitional period that took place (October 28, 2013 through January 24, 2014), A4AA was also the direct service nutrition provider for Western Placer County.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 4

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 Meals

Check applicable funding source:¹⁴

☐ 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 service¹⁵ : At this time, A4AA is operating a restaurant voucher program in Yuba City as a Direct Service.

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.

When A4AA began SFY 2012-13, we were under contract with the Community Action Agency of Butte County, Inc. (CAA) to provide congregate and home delivered meals in Yuba and Sutter Counties. In March of 2013, CAA decided to terminate its contract with A4AA due to financial difficulties, particularly the loss of local CSBG funding.

While A4AA prevented a gap in Home Delivered Meals and has subsequently become the HDM provider, “traditional” congregate services in the Yuba-Sutter area did cease as there were no responses to an RFP to restore them.

In Yuba County, a group of individuals were able to solicit funds from a private donor to establish a fee-for-service noontime lunch program shortly after CAA services ended. This service continues to be offered at the Olivehurst Senior Center, and it is more popular than the A4AA-funded program previously operated at that site.

In Sutter County, however, no such programs were developed. The Yuba City Senior Center’s inability to offer in-kind kitchen and dining space was among the major obstacles in continuing some type of service.

Consequently, A4AA began researching restaurant vouchers as an alternative means of serving older adults in the Yuba City area. The pilot project began service in May of 2014.

Since May of 2014 A4AA has been providing a non-traditional restaurant voucher meal program. This voucher meal is a hot or other appropriate meal that is provided at an A4AA-approved restaurant, which complies with all applicable guidelines and regulation for regular congregate meals. Meals must be eaten at the approved restaurant to be counted. Vouchers are distributed to program participants at the beginning of each month at the Yuba City Senior Center. Additionally, nutrition education and other pertinent education and information is regularly provided.

SECTION 16 - GOVERNING BOARD**PSA 4****GOVERNING BOARD MEMBERSHIP
2016-2020 Four-Year Area Plan Cycle**

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

Total Number of Board Members: 17 seats; 17 currently occupied**Name and Title of Officers:** **Office Term Expires:**

Eldon Luce – Chair	12/31/17
Karla Gustafson – 1 st Vice Chair	12/31/17
Maxine Milner Krugman – 2 nd Vice Chair	12/31/17
Andrew Burton – Secretary/Clerk	12/31/17
Nancy Pennebaker– Treasurer/Auditor	12/31/17

Names and Titles of All Members: **Board Term Expires:**

Supervisor Heidi Hall (Nevada County)	12/31/17
Supervisor Richard Anderson, Alternate (Nevada County)	12/31/17
Andrew Burton (Nevada County)	12/31/17
Eldon Luce (Placer County)	12/31/17
Karla Gustafson (Placer County)	12/31/17
Supervisor Jim Holmes, Alternate (Placer County)	12/31/17
Supervisor Phil Serna (Sacramento County)	12/31/17
Supervisor Susan Peters (Sacramento County)	12/31/17
Supervisor Don Nottoli (Sacramento County)	12/31/17
Supervisor Patrick Kennedy (Sacramento County)	12/31/17
Supervisor Sue Frost (Sacramento County)	12/31/17
Maxine Milner Krugman, Alternate (Sacramento County)	12/31/17
Miko Sawamura, Alternate (Sacramento County)	12/31/17
Carl Burton, Alternate (Sacramento County)	12/31/17
Supervisor Scott Schlefstein (Sierra County)	12/31/17
Supervisor Jim Beard, Alternate (Sierra County)	12/31/17
Dan Farrington (Sierra County)	12/31/17
Supervisor Mat Conant (Sutter County)	12/31/17
Tonya Beebe, Alternate (Sutter County)	12/31/17
Becky Bowen (Sutter County)	12/31/17
Supervisor Jim Provenza (Yolo County)	12/31/17
Nancy Pennebaker, Alternate (Yolo County)	12/31/17
Dr. Sheila Allen (Yolo County)	12/31/17
Supervisor Mike Leahy (Yuba County)	12/31/17
Supervisor Doug Lofton, Alternate (Yuba County)	12/31/17
Chris Parent (Yuba County)	12/31/17

SECTION 17 - ADVISORY COUNCIL**PSA 4****ADVISORY COUNCIL MEMBERSHIP
2016-2020 Four-Year Planning Cycle**

OAA 2006 306(a)(6)(D)
45 CFR, Section 1321.57
CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies) 35 seats; 21 currently occupied

Number of Council Members over age 60 18 of 21

	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
Race/Ethnic Composition		
White	<u>71%</u>	<u>85%</u>
Hispanic	<u>10%</u>	<u>5%</u>
Black	<u>5%</u>	<u>5%</u>
Asian/Pacific Islander	<u>11%</u>	<u>5%</u>
Native American/Alaskan Native	<u>1%</u>	<u>0%</u>
Other	<u>2%</u>	<u>0%</u>

Name and Title of Officers:**Office Term Expires:**

Gayle Diamond, Chair (Yuba County)	6/30/19
Seth Brunner, Vice Chair (Yolo County)	6/30/19
Gloria Plasencia, Secretary (Placer County)	6/30/20
Gloria Plasencia, Treasurer (Placer County)	6/30/20

Name and Title of other members:**Office Term Expires:**

Norm Sauer (Nevada County)	6/30/19
vacant (Nevada County)	6/30/18
Timothy Giuliani (Nevada County)	6/30/19
Ben Eagleton (Placer County)	6/30/20
David Wiltsee (Placer County)	6/30/18
Meghan Rose (Sacramento County)	6/30/19
Lola Young, (Sacramento County)	6/30/18
Dave Pevny (Sacramento County)	6/30/20
vacant (Sierra County)	6/30/19
Etta Ramos (Sutter County)	6/30/20
Tanna Thomas (Sutter County)	6/30/20
Charlotte Dorsey (Yolo County)	6/30/19
Lydia Bourne (Yolo County)	6/30/19
Alice Moore (Yolo County)	6/30/20
Wallace Pearce (Yolo County)	6/30/20
Elizabeth Yeh (Yolo County)	6/30/19
Sheila Gee (Yuba County)	6/30/20

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 type="checkbox"/>	<input checked="" 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): AAA4 rarely has active health care providers on our Advisory Council; we do have a retired MD and a retired RN. Elected officials serve on the Governing Board but rarely on the Advisory Council.

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

AAA4 is a joint powers authority. The Governing Board is composed of members of each of the seven county Boards of Supervisors or their appointees. The 35 member Advisory Council is composed of representatives from each of the seven counties. Individual Advisory Council members may be appointed by County Boards of Supervisors, County Commissions on Aging (or their equivalents) or by the Council’s Executive Committee.

2016-2020 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act of 1965, as amended (OAA), designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]¹⁶ CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services (PM 05-19)

1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title IIIB requirements: The "planning and delivery of programs and services" may be assumed to include legal services given the federal minimum adequate proportion requirement to provide them.
2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? Beginning July 1, 2017, AAA will increase the allocation from 8% to 12%.
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). In general, there has been an increase in the number of housing foreclosures, landlord/tenant, consumer finance (debt collection, contract, warranties), elder abuse and income insecurity issues as a direct result of the downturn in the economy. Seniors have also requested estate planning services (wills, trusts, advance health care directives and financial powers of attorney) from the legal providers. At the close of FY 2014-15, total funding for legal services was budgeted at \$290,556.
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? Yes.
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? **This will be done following the RFP currently in progress.**
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: **This will be done following the RFP currently in progress.**
7. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discussion: **At this time, Applicants for Legal Services have been provided the targeting information from the CA Statewide Guidelines.**

¹⁶ For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or chisorom.okwuosa@aging.ca.gov

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

Fiscal Year	# of Legal Assistance Services Providers
2016-2017	4
2017-2018	5
2018-2019	
2019-2020	

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

10. What methods of outreach are Legal Services providers using? Discuss: A4AA-funded legal services providers use a variety of outreach methods, including but not limited to: advertising in newspapers; maintaining websites; leaving flyers and brochures at senior centers in English and in other languages; coordinating with other appropriate agencies and organizations; conducting community education presentations; and, through radio programs.

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

Fiscal Year	Name of Provider	Geographic Region covered
2016-2017	a. Legal Services of Northern California (LSNC) – Legal Assistance b. LSNC – Senior Legal Hotline c. Yuba-Sutter Legal Center for Seniors	a. Nevada, Placer, Sierra, and Yolo counties b. Sacramento County c. Sutter and Yuba counties
2017-2018	a. Community Legal b. Legal Services of Northern California (LSNC): Mother Lode Office c. LSNC: Sacramento Office – Senior Legal Hotline d. LSNC: Yolo Office e. Yuba-Sutter Legal Center for Seniors	a. Nevada, Sierra, Sutter & Yuba counties b. Placer County c. Sacramento County d. Yolo County e. Sutter & Yuba counties
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: LSNC and the Yuba-Sutter Legal Center serve clients over the phone and have public offices where face-to-face appointments can be made. The Senior Legal Hotline is primarily a telephone assistance program

but can handle walk-ins, appointments and may even do home visits in certain circumstances. Each program also conducts clinics at designated senior centers, A4AA designated Focal Points and legal clinics in rural areas on a regular basis.

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): The major types of legal issues handled include: housing issues, denial of public benefits, consumer debts, estate planning, nutrition, health and personal safety. Increases have been observed in landlord/tenant, estate planning and consumer debtor-creditor, foreclosure cases, cases with seniors unable to afford to pay for housing and basic needs, property transfer cases, and more elder abuse cases (especially financial abuse by live-in adult children). The Grandparent program focuses on visitation, custody and guardianship cases. In terms of trends, they have observed the use of administrative writs as the sole remedy for review of adverse decisions involving Child Protective Services.

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: None of the providers have indicated they have changed the types of cases they handle.

15. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss: Providers cited language barriers, financial barriers (both for clients and for the providers themselves), transportation barriers and administrative barriers due to a contraction of community and government resources, including reduced office hours. Reaching socially isolated seniors, also in rural areas were also identified as challenges. Strategies include finding more funding sources, doing more outreach and offsite visits for those with travel difficulties, partnering with community based organizations and coordinating structures within the senior legal services provider community.

16. What other organizations or groups does your legal service provider coordinate services with? Discuss: A4AA-funded providers coordinate with each other and with many other organizations, including but not limited to: advocacy groups, multi-disciplinary elder abuse teams, California Advocates for Nursing Home Reform, California Rural Legal Assistance, Caregiver Resource Centers, veterans' stand downs, charitable organizations, county agencies (APS, Community Services, IHSS, Mental Health, Welfare Dept.), courts, family resource centers, government offices, health care providers, hospice programs, HICAP (the Health Insurance Counseling and Advocacy Program), housing coalitions, independent living centers, law schools, lawyer referral services, libraries, Native American programs, ombudsman, religious organizations, self-help centers, senior centers, Senior Information and Assistance providers, Social Security offices, volunteer groups, and women's programs. Legal providers have also participated in the California Legal Model Approaches grant activities.

SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW¹⁷

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

☒ No. Title IIIB funds not used for Acquisition or Construction.

☐ Yes. Title IIIB funds used for Acquisition or Construction.

Complete the chart below.

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

¹⁴ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM

**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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver 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 type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver 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 type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input 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.**

Grandparent Services

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

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

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

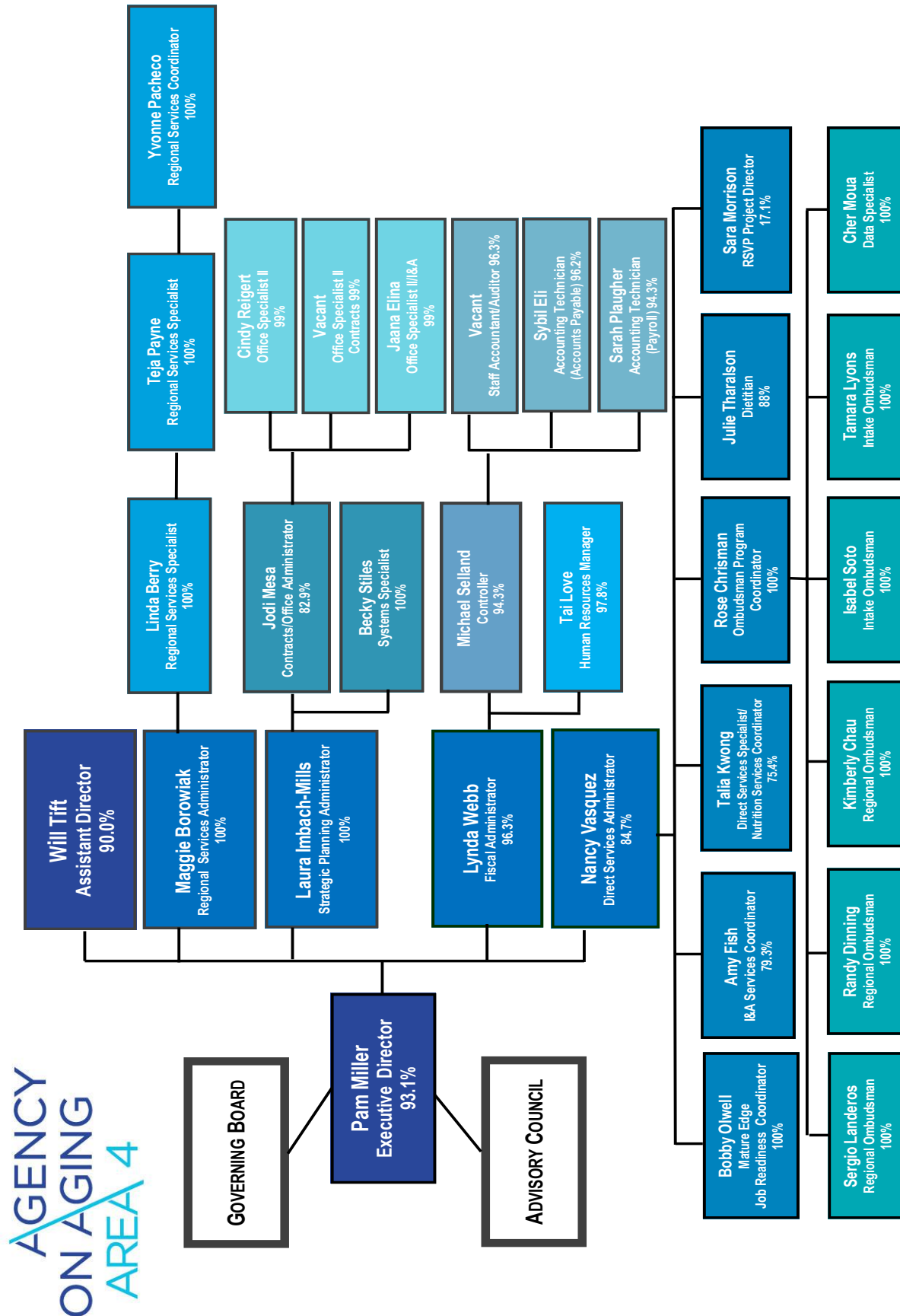
- Provider name and address of agency
- Description of the service
- Where the service is provided (entire PSA, certain counties, etc.)
- Information that influenced the decision not to provide the service (research, needs assessment, survey of senior population in PSA, etc.)
- How the AAA ensures the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

Grandparent Support Services, Supplemental Services & Respite Care

Lilliput Children’s Services
8391 Auburn Blvd.
Citrus Heights, CA 95610

Lilliput partners with the Sacramento County Department of Health and Human Services to support two kinship support service centers in north and south Sacramento. These centers offer support groups, recreational activities, peer mentoring, respite care and referrals for low-cost legal and counseling services. On a very limited basis, individuals in need can also receive bus passes and emergency funds. Area 4 maintains communication with Lilliput to ensure services are continuing.

SECTION 21 - ORGANIZATION CHART



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.

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