



AREA 1 AGENCY ON AGING

AREA PLAN 2016-2020

Full Version: Sections 1-22

Submitted for Approval
To the California Department of Aging
In Response to Requested Changes
November 17, 2016



2016-2020 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

To ensure all required components are included, "X" mark the far-right column boxes.
Enclose a copy of the checklist with your Area Plan; submit this form with the Area Plan due 5/1/16 only

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

TRANSMITTAL LETTER
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 1 Agency on Aging

PSA 1

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

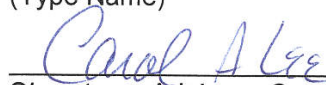
1. George Ingraham
(Type Name)


Signature: Governing Board Chair¹

19 APR 2016


Date

2. Carol Lee
(Type Name)


Signature: Advisory Council Chair

April 26, 2016
Date

3. Maggie Kraft
(Type Name)


Signature: Area Agency Director

April 26, 2016
Date

¹ Original signatures or official signature stamps are required.

APPROVED

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SECTION 1. MISSION STATEMENT

Our vision and mission, as determined by the A1AA Board of Directors:

Vision

- ♦ *We envision a community where older persons and those with disabilities have knowledge of and access to available resources that promote quality of life.*

Mission

- ♦ *Area 1 Agency on Aging will provide leadership and services that support older persons and those with disabilities through education, programs, advocacy and volunteerism.*

Our mission as defined by the California Department of Aging is to:

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.

Our mission as defined by the Older Americans Act is to:

Develop for older persons a comprehensive and coordinated delivery system of supportive services, nutrition services, and senior centers. This system is intended to:

- ♦ *Assist individuals to attain maximum independence in a home environment by provision of appropriate social services;*
- ♦ *Remove individual and social barriers to economic and personal independence;*
- ♦ *Via a continuum of community-based and in-home care, provide services and care for the vulnerable elderly, thereby preventing premature or inappropriate institutionalization.*

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

A. Physical Description

1. Geography and Climate

Planning and Service Area 1 (PSA 1) comprises Humboldt and Del Norte Counties located in the farthest north-west corner of the state. PSA 1 is bordered by the Oregon state border to the north, the Pacific Ocean to the west, Trinity County to the east, and Mendocino County to the south. The area consists of almost 3 million acres and encompasses 4,586 square miles, 13% of which is water. The land mass consists of densely forested and rugged ravines and mountainous areas, notable for their giant Redwood forests which provide approximately 20% of the total volume of all forest products produced in California. Humboldt County contains over 40% of all the remaining old growth coast as Redwood forests, most of which is protected or conserved by national, state and local forests and parks (680,00 acres and over 1,000 square miles). The remaining one-third of the area includes almost 150 miles of primitive coastline and an alluvial plane containing the Micropolitan Statistical Areas of Arcata-Eureka-Fortuna in Humboldt, with Eureka as the county seat for Humboldt, and Crescent City as the county seat and only incorporated city in Del Norte.

The area typically contends with inclement winter weather patterns, such as a fog, heavy rainfall and high wind gusts resulting in downed trees, flooded areas and mudslides making roads hazardous or impassable. During storms, power outages are frequent and sometimes take more than a day to repair. Coastal areas (where most of the population is concentrated) experience wet, cool winters and dry foggy summers. Temperatures ranging from low 30's and 40's in winter to high 50's. Summer temperatures experience average highs in the 60's. Inland, the mountainous areas can experience temperature extremes ranging from below freezing to above 100 degrees. Rainfall is heavy in winter months in all parts of the PSA; averages range between 30 to over 100 inches. Snow can accumulate anywhere from 2,000-3,000 feet elevation and is frequent in winter.

Located just offshore near Eureka, three tectonic plates meet; the Juan De Fuca, the Gorda and the Mendocino plates, known as the Mendocino Triple Junction, and one of the most seismically active areas in the continental United States. Both counties have experienced many earthquakes over 6.0 magnitude. Populated areas along the coastal alluvial plane are located within identified Tsunami zones. The Humboldt State University Geology Department has produced guidance in the form of "Living on Shaky Ground." Community members have access to regular training and advice on earthquake preparedness and are reminded that the possibility of an earthquake as high as Richter scale of 9 is a real possibility.

Along with many other areas in the state, the summer and fall of 2013, 2014 and 2015 had unprecedented wildfires. Older adults living in forested areas of both counties were impacted by evacuations and prolonged smoke exposure during these periods. Winter rainfall contributes to unstable and saturated soil in these burned areas resulting in slides.

2. Challenges and Constraints of Providing Services in PSA 1

Transportation, Limited Service Providers and Inadequate Funding

The area provides solitude for residents and tourists to enjoy, e.g. a pristine and beautiful coastline (the Lost Coast), the Redwoods, forests, streams, and mountain trails. This rugged country poses many challenges for an aging population, particularly with respect to transportation, both by land and air. Intense rainfall and damage from wildfires can lead to rockslides, mudslides, and frequent flooding on roadways, impacting the delivery of goods and services. Providing resources and services for the population is an ongoing challenge in PSA 1.

The rural and remoteness of the area makes it more costly and difficult for clients to access services. Sending staff to Hoopa, Redway, or Del Norte County takes hours of travel time and they frequently meet with construction or road closures. Services are congregated in the larger populated areas as "taking services to people" can be cost prohibitive. While transportation is available in most areas where services are located, many people needing services live outside the transit lines or have mobility issues and must rely on private transportation which is not always available. Public transportation is nonexistent in many areas and insufficient in those it serves. A few private transportation services exist, but have service range limitations or cost prohibitions. Door to door transportation services are rare and getting to and from services is a major concern for older adults. More than half of the population lives in the unincorporated areas of the PSA.

Rising energy costs also have a significant negative impact on older adults, many of whom are living on fixed incomes. PSA 1 has the highest gasoline costs in the state, reaching almost \$5 a gallon during 2011. For those who rely on automobiles, the high cost of gasoline compromises the ability to access necessary services.

Another area of concern is the shortage of doctors and other medical service providers in the PSA. Lack of service availability limits access to health care options, health care providers, and human/social services, forcing older adults to travel long distances to receive services. Medical providers are reluctant to move to the area due to limited career advancement, lower salaries and employment and social opportunities for their spouses and children. This situation has consistently resulted in the state designation of Humboldt and Del Norte Counties as "medically underserved areas." The one bright spot in the medical field is that rural health clinics are able to offer the opportunity for school loan forgiveness for medical professionals who choose to work in an underserved area.

Limited funding for senior programs forces the AIAA and other service providers in the aging network to target resources where the population is greater to achieve "economies of scale" while attempting to reach those who need the services the most. Publicity, outreach efforts, use of technology options, and collaboration to build the capacity of more isolated communities are also methods used to provide services. AIAA intends, to the extent possible, to allocate resources and reach the older population groups designated in the Older Americans Act; however, funding, staffing, geographic, and demographic limitations cause service restrictions.

B. Economic Description

1. Employment

Historically, timber, fishing and farming represented more than a third of the workforce in the area. Currently, the fishing, farming and forestry employment sector has declined to only 2.1% of the workforce. What had once been a totally resource-extractive economy has become somewhat more diverse and current job growth is in the education, health, social services, resources protection and restoration, and government sectors. This economic shift brought significant upheaval and social change as the economy shifted from resource-extraction to primarily service-sector dominant. Within the past year, there has been job growth in the education and health, trade, transportation and utilities, and government sectors. Unemployment rates have gone down for both counties compared to four years ago, as of February 2016, are currently at 5.3% for Humboldt and 8.6% for Del Norte in comparison to the State, which is at 5.7%. In the prior area plan the unemployment rate was 11.2% for Humboldt and 14.1% for Del Norte.

Along with Mendocino and Trinity counties, Humboldt is famous (or infamous) for being in the "Emerald Triangle," known as the largest cannabis-producing region in the United States. Growers have been cultivating in this area since the 1960's. It is widely known as one of the underground mainstays of

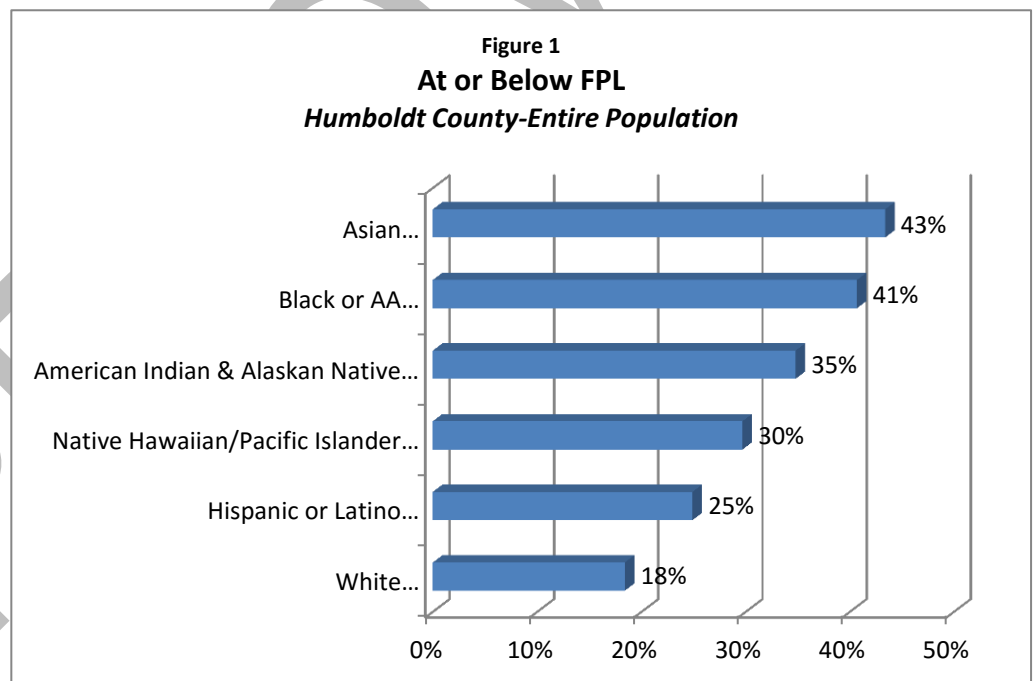
the area's economy and has major environmental, economic and social impacts. The industry has proliferated since the passage of Proposition 215, The Medical Marijuana ordinance has passed and Humboldt County is gearing up for state legalization. The Sheriff's Office reported that as of March, 2015 they have identified over 4,000 marijuana operations in the county, with just two officers assigned to this area of law enforcement. Local officials have been grappling with several ordinances to address the issue and Humboldt State University formed the first national Institute on Marijuana Research to act as an interdisciplinary clearinghouse of information promoting "rigorous and scholarly scientific study of marijuana issues." The Institute does not promote or denounce legalization. A recent Institute article notes that a fair number of older adults use marijuana as a method for reducing or eliminating use of opiates prescribed for health problems.

2. Economic Challenges

a. Poverty

According to the American Community Survey (2010-2014), the number of individuals living at or below poverty has risen by almost 4% to 20.8% in Humboldt County since the A1AA Area Plan of 2012-2016. The poverty level has remained constant in Del Norte County at 22.4%. These rates are higher than the state poverty rate which is at 13.2%. California ranks 45th in comparison to all 50 states. In 2016, the Federal Poverty Level (FPL) for one adult living anywhere in the country was \$11,880 per year. Median income for Humboldt County as of 2014 was \$42,153 and \$39,302 for Del Norte. This is significantly below the California median income of \$61,933.

People of color typically experience greater rates of poverty in comparison to the white population. Although the numbers of members from non-white groups are low in PSA 1 they have higher poverty rates. Figure 1 provides five year estimates (2010-2014) from the American Community Survey by race of those living at or below the federal poverty level in Humboldt County.



Along with the upcoming swell of Baby Boomers accessing services, the aging network is experiencing the effects of the changing local and state economy and the impact of the national recession. There are few local revenue sources for senior services. Local county and city government budgets have been negatively impacted starting with the 2008 mortgage crisis, the retirement of large numbers of Baby Boomers, the decline in tax revenues historically supplemented by the timber industry and the shift in resources from the county government to the state. Those same government agencies continue to experience unprecedented fiscal challenges. As a result, fewer dollars are available to support service delivery, compounded by increases in rising costs of energy, gasoline, workers' compensation, employee health insurance and pensions.

b. Housing

Lack of affordable housing is an ongoing problem and ranks high in identified unmet needs for seniors and low-income individuals. Subsidized housing is not available for most of those who seek this assistance; the Housing Authority is no longer accepting Section 8 applicants on the waiting list. Many properties are being rented as corporate housing to medical professionals to avoid the problem the area is experiencing with converting rentals to grow houses. The need for low/very-low income affordable homes has increased significantly, however, in Eureka, for example. over half of the land with the potential for development has physical constraints which prevent its improvement. The median rental payment for all sizes and types of rental housing in Humboldt County was \$894 and was \$772 in Del Norte County, according to data from the 2013 American Community Survey. Twenty-nine percent of renters living in Humboldt County with household incomes below \$20,000 per year are paying 30% or more of their income on housing costs.

PSA 1 continues to be impacted by the historic drop in housing prices, with some modest gains. As of January 2016, current data from the California Association of Realtors and Humboldt Association of Realtors, indicate that the median home selling price in Del Norte County is \$156,670 and in Humboldt County it is \$285,000 compared with California at \$468,330.

C. Population Description

The majority of the population lives along the coast plain and inland river valleys, while the population in mountain areas spans much wider areas. There are approximately 37.7 persons per square mile in Humboldt County and 29 persons per square mile in Del Norte County. All of PSA 1 is considered rural, except for the Eureka Census Division.

There are eight incorporated cities in the two-county area, including Arcata, Blue Lake, Crescent City, Eureka, Ferndale, Fortuna, Rio Dell and Trinidad. All but Crescent City are located in Humboldt County. The McKinleyville-Fieldbrook area is a census designated place and not incorporated, however, it is comparable in population size to the Arcata and Fortuna cities and is experiencing growth in the number of older adults.

1. Older Adults in PSA 1

a. Percentage by County

According to the American Community Survey five-year estimates (2010-2014) the total population for PSA 1 is 162,942. Figure 2 shows that Humboldt County has 83% of this total (n = 134,876) and Del Norte at 17% (n = 28,066). The median age for Humboldt is 37.4 years and for Del Norte is 39.2 years.

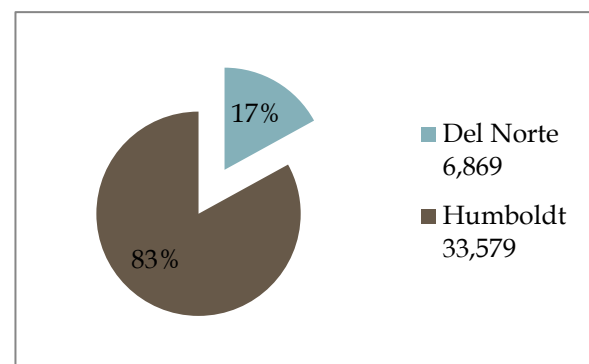


Figure 2
PSA 1 Adults Age 60+

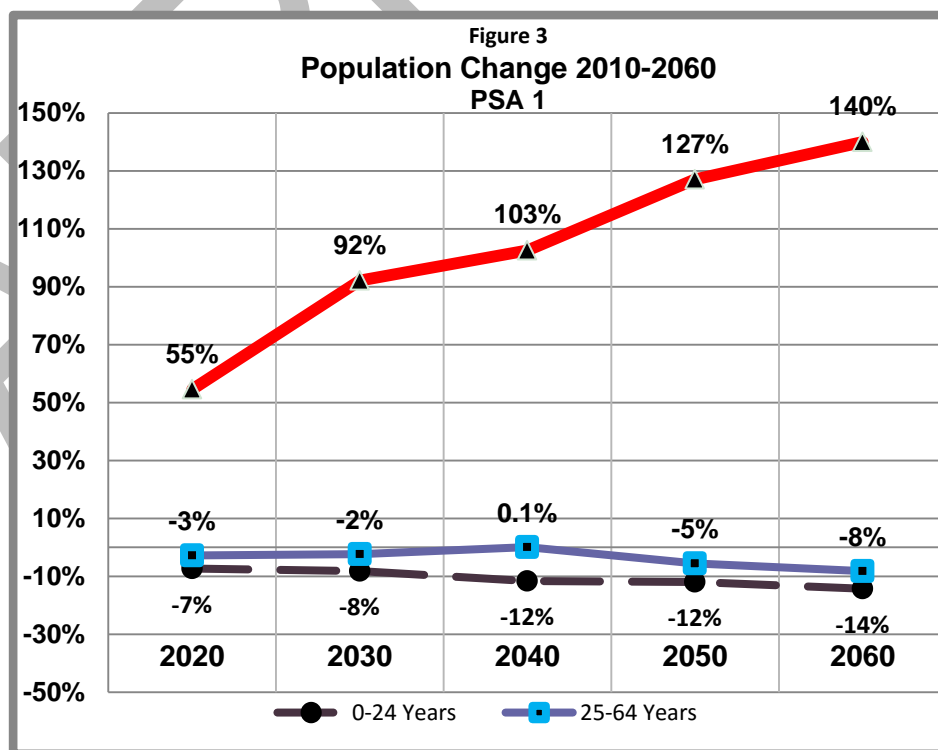
b. Population Growth of Older Adults

In 2010, according to data provided by the California Department of Aging, PSA 1 had a total of 31,985 adults age 60 and older. As of 2015, that number is 40,488, an increase of 27%. The largest increase is found in Humboldt County at 28% and Del Norte at 19%. The total number of adults 60+ is 6,869 for Del Norte and 33,579 for Humboldt (Table 1).

Table 1 Growth in the Proportion of Older Adults in PSA 1							
Year	Del Norte		Humboldt		PSA 1 Total		
	60+	County Total	60+	County Total	60+	PSA Total	% 60+
2010	5776	28,610	26,209	134,623	31,985	163,233	19.6%
2014	6,869	27,212	33,579	134,809	40,448	162,021	24.9%
Change	+1,093	-1,398	+7,370	+186	+8,463 26% Increase	-1,212	

Sources: California Department of Aging Projections for Intrastate Funding Formula, 2010 and 2016. American Community Survey 2010-2014

The California Department of Finance projects that by 2060, the proportion of the population that is age 65+ in PSA 1 will more than double, representing a growth rate of 141% between the years 2010-2060. Figure 3 shows a comparison of the projected demographic shift from 2010-2060 among three age groups in PSA 1: 1) The broken brown line represents the population age group 0-24; 2) The solid blue line represents the population age group, 25-64; and 3) The red line represents the population age group, 65+. This represents a significant demographic shift in the proportion of older adults relative to the younger age groups as the Baby Boomer group ages.



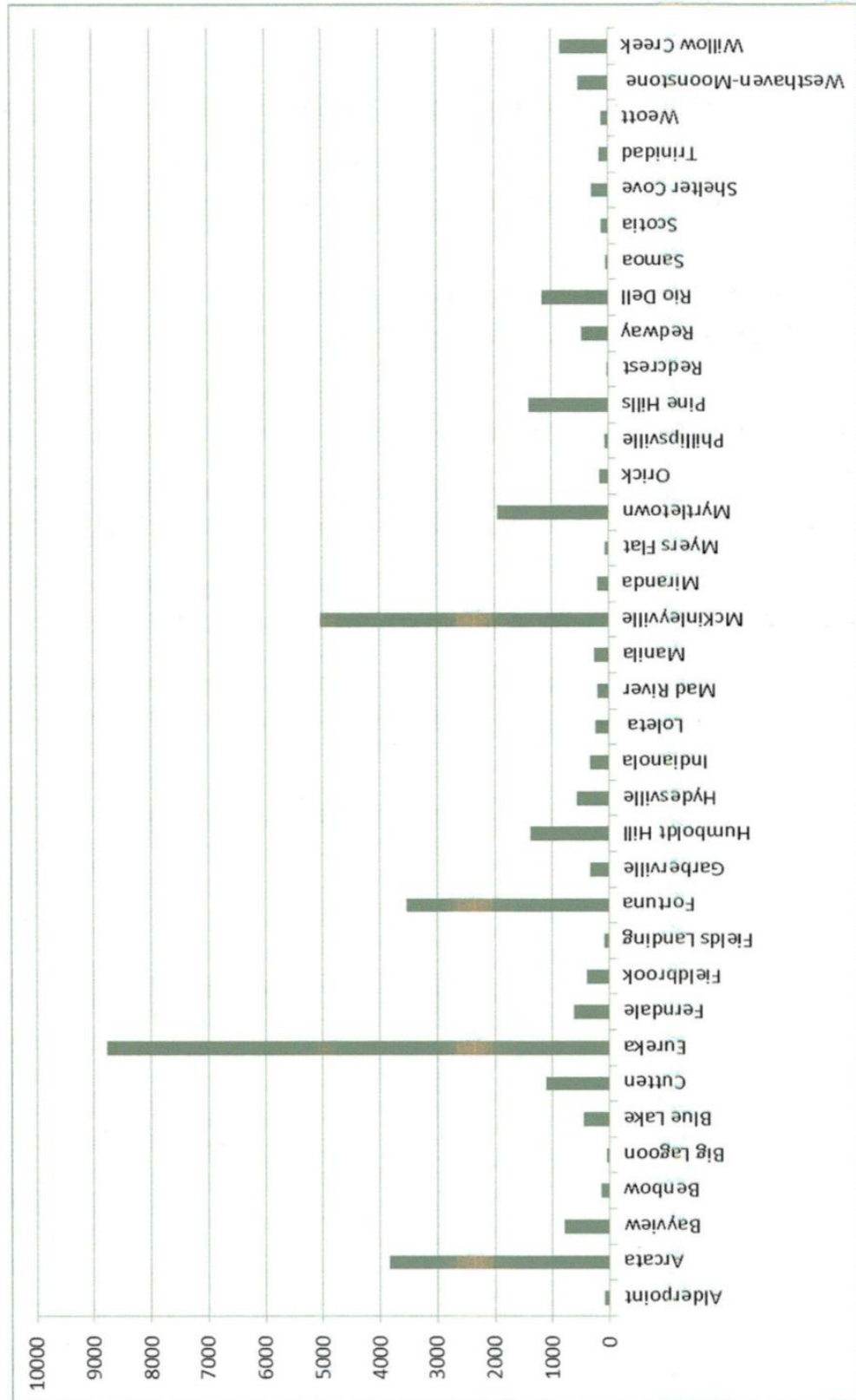
b. Location of Older Adults in Humboldt County

In 2014, a study using Geographical Information Systems (GIS) technology to map the locations of people in Humboldt County, ages 50+ was undertaken by two students from Humboldt State University Department of Environmental Science and Management Senior Planning Practicum class. The project, titled Spatial Analysis-Based Assessment of Current & Future Needs of the Aging Population in Humboldt County was coordinated with Area 1 Agency on Aging and mapped the location of available services relative to the locations of seniors to assess the communities likely to have a growing number of seniors and increased demand for housing and services in the future. The spatially-informed analysis was intended to assist planners and service providers to better adapt to the changing demographics in Humboldt County, and better assist seniors with aging in place.

Using the 2010 Census, adults aged 50 years and older living in communities designated by the Census Bureau were mapped in five-year age increments to allow planners and other stakeholders to not only locate the distribution of seniors, defined as people over 60 years of age, but also to locate aging Baby Boomers who may be aging in place within Humboldt County. Figure 4 on the following page provides a summary of people age 50 and older by census region. Using the 2014-15 A1AA Senior Information Guide and independent research, senior services such as food banks, residential care facilities and senior centers were also mapped. This information can help to identify which areas have a higher concentration of seniors and are currently well-served and which ones will likely need more services in the future. It is important to note that this study did not include outlying smaller areas within the county, designated by the census bureau as Census County Divisions (CCD). These are areas delineated by the Census Bureau in cooperation with state, tribal, and local officials for statistical purposes.

Figure 4

People Over 50 in Humboldt County



The study was presented to the Humboldt County Board of Supervisors in May 2014 and helped to start a discussion within the county regarding the need for better planning to meet this aging demographic. Planners and key stakeholders throughout the county were invited and provided copies of the report. The presentation was recorded and the links and written materials were provided to the public upon request.

c. Racial & Ethnic Diversity

The numbers and percentages of race/ethnicity for the 60+ age group are shown in Table 2. In general, PSA 1 is less ethnically diverse than many areas of the state. Native Americans have the highest percentage, followed by those of Hispanic or Latino origin.

Table 2: Population of 60+ by Race/Ethnicity			
60+ Population	Hum	Del	PSA 1
White	24,553 (89%)	5,014 (85.6%)	29,567 (88.5%)
Native American	894 (3.4%)	255-(4.4%)	1,149 (3.4%)
Latino	798 (2.9%)	241 (4.1%)-	1,039 (3.1%)
Asian	320 (1.2%)	82 (1.4%)-	402 (1.2%)
African American	124 (0.4%)	35 (0.6%)	159 (0.5%)
Pacific Islander	22 (0.1%)	7 (0.1%)-	29 (0.1%)
Other Race-Alone	253 (0.9%)	94 (1.6%)-	341 (1.0%)
Other Race- 2 or more	593 (2.2%)	128-(2.2%)	721 (2.2%)
Total	27,557 (82%)	5,856 (17.5%)	33,407
<i>Source: Census 2010 SF1, PD12 A-F Sex By Age By Race</i>			

d. Income and Older Adults in PSA 1

Social security makes up 50% or more of the incomes for 55% of Californians age 65 and older. In 2011, the median annual Social Security payment for a single elder in Humboldt and Del Norte Counties was \$12,523. Use of the Federal Poverty Level is very limiting and a better measure of real poverty is the Elder Economic Index, developed by the UCLA Center for Health Policy. The Elder Economic Index is a measure of poverty that takes into account the true cost of living based on the county of residence. The official FPL does not include regional information, which can vary greatly, nor does it account for the type of housing for which a senior must pay. Finally, there is no adjustment for age variation and research has shown much higher health care costs for older adults. The Elder Index is a more accurate measure of identifying the true and “hidden” poor that the FPL misses, those seniors who fall within the gap of being above the official poverty line, but below adequate income to meet their expenses.

According to the Elder Economic Security Index the minimal basic annual expenses for a single, elder individual living in Del Norte County is between \$18,179- \$28,231 depending on whether they rent or own their own home. For an elderly couple, the range is \$28,500- \$38,552. It is estimated that 54.3% of those classified as “a single elder head of household age 65 and older, living in Del Norte County” are “economically insecure” and 15.7% of those identified as economically insecure are already living below the FPL. Figure 5 compares the Federal Poverty Guidelines with the Elder Economic Index for a one-person household in Del Norte County, and Figure 6 shows that a single elder living in a one-person

household needs an income of \$21,461 to remain economically secure. More information can be found at:
<http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/elder-index-data/Pages/elder-index-data.aspx>

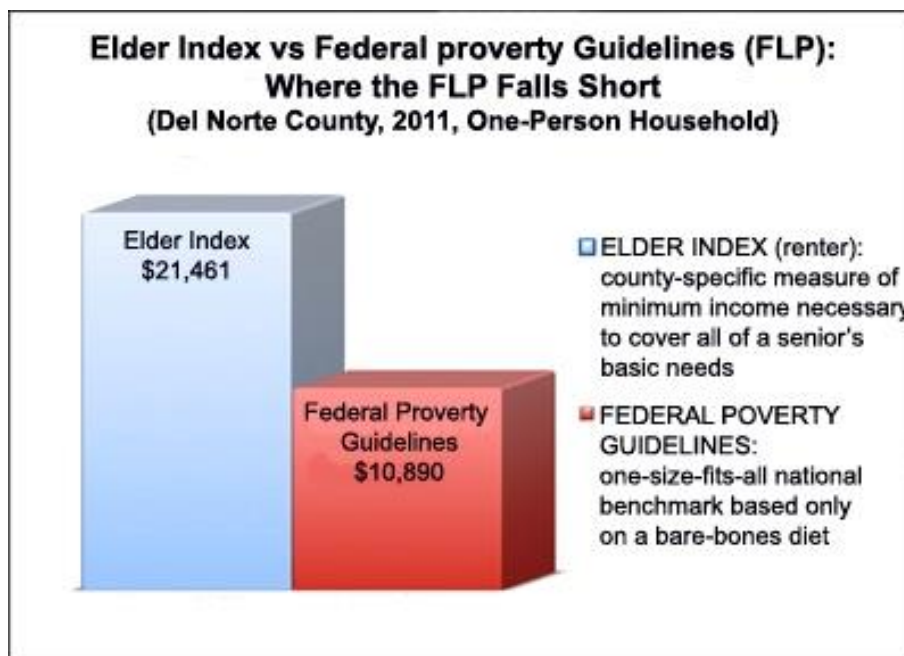


Figure 5

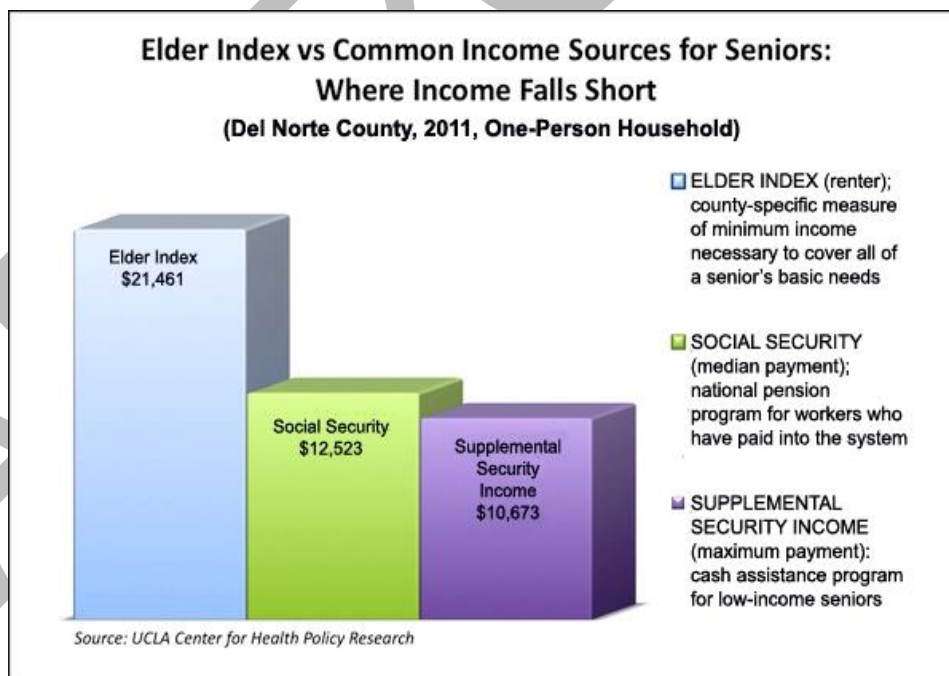


Figure 6

In Humboldt County, the minimal basic annual expenses for a single elder is between \$18,049- \$31,026; for an elderly couple, the range is \$28,371- \$41,348. In Humboldt County, 47.9% of those classified as “a single elder head of household age 65 and older” are “economically insecure” and 15.5% of this group are already living below the FPL Figure 7 compares the Federal Poverty Guidelines with the Elder

Economic Index for a one-person household in Humboldt County, and Figure 8 shows that a single elder living in a one-person household needs an income of \$22,001 to remain economically secure.

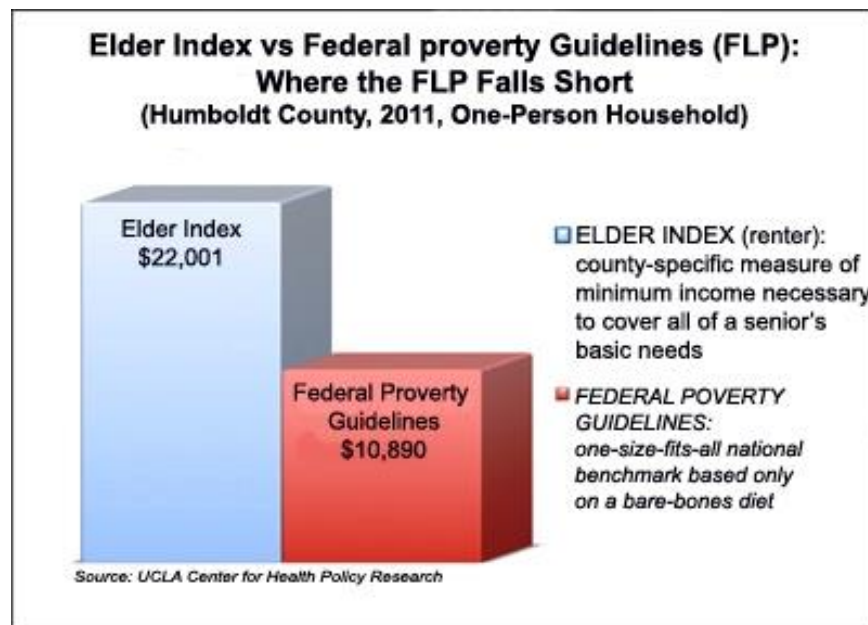


Figure 7

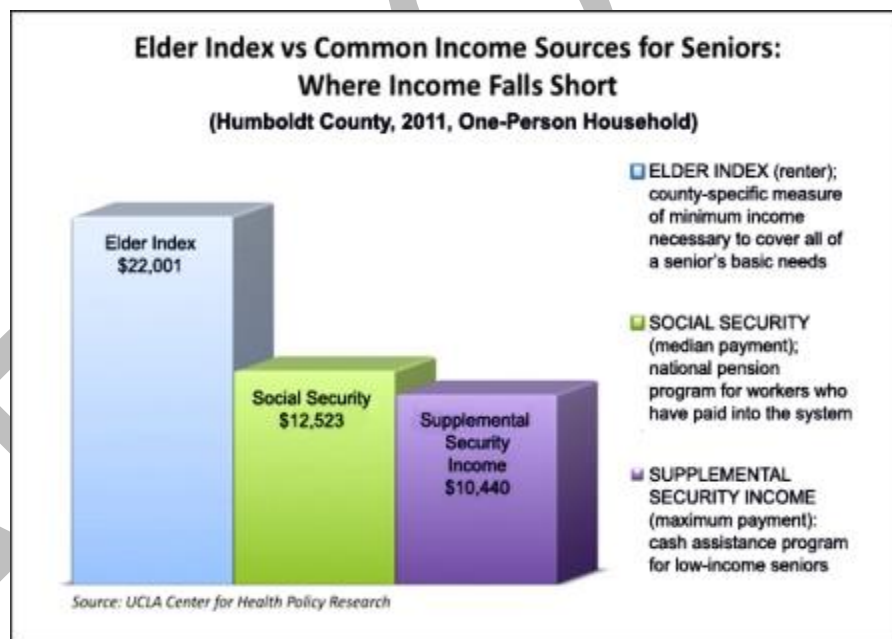


Figure 8

e. Older persons with greatest social need

Social need is determined by several non-economic factors including: language or communication barriers (including linguistically isolated individuals), rural isolation, and physical or mental limitations. Table 3 on the following page provides estimates of the older adult population in PSA 1 who may meet the definition of greatest social need. Almost a third of older adults (29%) in PSA 1 are rurally isolated and 22% live alone. A much smaller number has language barriers, reflecting the smaller number of racial and ethnic minority groups in the PSA.

f. Older Adults with Disabilities

As people age, the likelihood of developing a disability increases. Disabilities include sensory, physical, mental and/or self-care limitations. According to the American Community Survey (ACS) five year estimates (2010-2014), 40% of people in Humboldt County over age 65 and 49% in Del Norte are disabled. Table 4 provides a breakdown of the types and percentages of disabilities that affect the 65 and older populations in Humboldt and Del Norte.

Table 3: 2016 California Department of Aging (CDA) 60+ Population Demographics by County (Prepared by CDA Data Team: 10-31-2015)							
Source:	DoF & A	DOF-1	AoA-3	AoA-1	DOF-2	AoA-2	DHCS
PSA 1	Pop 60+	Minority 60+	Non-English 60+	Low Income 60+	Geographic Isolation 60+	Lives Alone 60+	Medi-Cal Elig. 60+
Del Norte	6,869	1,235	30	1,085	2,523	1,489	1,053
Humboldt	33,579	4,080	185	2,970	9,202	7,517	3,466
Total	40,448	5,315 (13%)	215 (.5%)	4,055 (10%)	11,725 (29%)	9,006 (22%)	4,519 (11%)

Over 25% of older adults in the PSA have ambulatory difficulties, which is defined by the ACS as “a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying.” Cognitive difficulty was defined as “serious difficulty concentrating, remembering, or making decisions.” Respondents were asked if they had “difficulty dressing or bathing” which was defined as “difficulty with self-care.” “Difficulty with independent living” asked respondents if they had problems doing errands alone, such as visiting a doctor’s office or shopping “due to a physical, mental or emotional condition.”

Table 4 : Prevalence of Disability by Type for 65+						
Area of Limitation	Del Norte		Humboldt		PSA 1 Total	
	Number	Percent	Number	Percent	Number	Percent
Hearing	958	24%	3,581	19%	4,539	20%
Vision	442	11%	1,295	7%	1,737	8%
Cognitive	481	12%	1,833	10%	2,314	10%
Ambulatory	1,216	30%	4,777	25%	5,993	26%
Self-care	556	14%	1,836	10%	2,392	10%
Independent Living	703	17%	3,078	16%	3,148	14%
Number Surveyed	4,038		18,844		22,882	
Source: American Community Survey 2010-2014						

According to the Alzheimer’s Association, approximately 4,450 of people 65 years of age and older in PSA 1 currently have Alzheimer Disease. With an increasingly older adult population, the percentage of people with Alzheimer’s is projected to grow from 11% to 17% by 2020 and to 42% by 2025. Since Alzheimer’s disease represents, on average, about 70% of all dementia cases, it is likely that there may be a higher number of individuals with some form of non-Alzheimer’s related dementia in PSA 1.5 In 2003, the number of Americans with Alzheimer’s disease (AD) was estimated to be 4 million. In 2014, the number of Americans coping with AD was estimated to be more than 5.3 million.

D. Caregiving in PSA 1

The vast majority of care (85%) in the United States is provided by unpaid family members and friends. The number of older adults needing care is increasing with the aging of the Baby Boomer population.

Approximately 37% of Californians, aged 65 and older, report having a disability and receiving some level of informal care. It is estimated that 3.4 million caregivers of older adults provide over \$36 million dollars of informal/unpaid care in California.

The demographic shift resulting in an increase in the proportion of people 65 and older over the next several decades (2010 – 2060) will have a big impact on caregivers and the need for caregiving. As this Baby Boomer population ages, the need for services to support unpaid caregivers is essential to their health and the health of our communities.

A recent survey conducted by the Area 1 Agency on Aging found that 21% and 26% of respondents in Humboldt and Del Norte Counties, respectively, were providing care or other support for someone over 60 years of age. Respondents provided local or long-distance care for elderly parents - typically a mother - or a spouse or other relative. Many reported providing care for a friend or neighbor or in some other volunteer capacity.

The challenges faced by family/informal caregivers of persons with dementia can be emotionally and mentally overwhelming, physically taxing and time consuming. Caregivers often must either relinquish or reduce hours of employment to meet the demands of caregiving. Those caring for people with dementia face additional challenges. Alzheimer's disease is a multi-level, multi-faceted illness with which caregivers must cope while at the same time facing the "loss" of the person they once knew

E. Unique Resources in PSA 1

1. Local community support

The community is fortunate to have local foundations that have historically supported senior programs; three foundations target their grant funding almost exclusively to older adults. The local senior service community also receives generous corporate and private sector support. This support is evidenced in donations, grants, and awards to specific programs and through discounted products offered to older adults.

2. Local Aging Network and service system

Services in Humboldt County are located primarily in and around the larger populated area of the Eureka-Arcata-Fortuna corridor. Del Norte County has a smaller population base (17% of PSA 1) and consists of fewer resources located primarily in Crescent City. A1AA provides direct and contracted services to achieve its goals to provide the widest distribution of services within funding and geographic constraints. The Agency coordinates with service providers to strengthen the aging network in PSA 1 and publishes the Senior Information Guide to consolidate information about the service network available to older adults. The SIG is organized in eight topic areas listing services and resources pertinent to older adults and their caregivers. SIG topic areas and sample listings include: ¹

Crisis

This critical section includes listings of services in both counties, such as, Adult Protective Services, Child Welfare and Abuse Hotlines, County Mental Health services, resources for rape crisis, domestic violence, victims of crimes and information such as 2-1-1 Humboldt, A1AA Senior Information & Assistance, Senior News, Suicide Prevention Hotlines and Tri-County Independent Living Center.

Advocacy, Education, Employment, Financial, Legal

Listings include non-profit, county, state and federal resources that provide advocacy related to a general or particular concern, such as the A1AA Advisory Council, HICAP, Human Rights Commission,

¹Please see the latest published Senior Information Guide for detailed information about resources.

Humboldt Mediation Services, Long Term Care Ombudsman, Public Guardian/Conservator, and the Senior Action Coalition. Education listings include College of the Redwoods, (campuses in both counties), Del Norte Reads program and Eureka Adult School. Employment listings include the Del Norte Workforce Center, Experience Works, the Job Market and the Small Business Development Center. Financial and Legal listings are for county and state resources.

Caregiving

Listings include care management resources such as the Multi-Purpose Senior Services Program at the Humboldt Senior Resource Center, the North Coast Aids Project and the Redwood Coast Regional Center (serving both counties). Adult Day care listings are only in Humboldt County. Grandparent resources include Changing Tides (Humboldt), the Foster Grandparent Program (both counties) and the Foster Kinship Program at College of the Redwoods. Other listings include Head Start, Healthy Kids Humboldt and Two Feathers Native American Family Services. Listings are provided for caregiver hiring and assistance, including a list of fee-for-service caregiver agencies located in Humboldt County. Other listings include resources for Alzheimer's, Cancer, Caregiver Support Groups and the Blue Lake Rancheria program.

End of Life

Listings include Vital Records, funeral, and Hospice and palliative care services located in both counties. There are resources for organ donation, and a widow/widower's support group.

Food and Nutrition

A Food Resource Guide is an insert that lists dining centers, farmer's markets, food delivery services (unsubsidized and subsidized) and food pantries. Food resources contain the largest number of listings that are widely dispersed throughout both counties indicating the importance of having access to food for older adults in PSA 1.

Housing

This section provides information on housing resources, including advocacy, residential care facilities, temporary shelter, home repair and modification and resources that provide financial or other assistance for home energy needs (both counties). Most listings are in Humboldt County with some available at the state and national level.

Medical

Listings are provided for assistive devices and technology, home health care, dental, state and national health education and information on specific conditions, health insurances, resources for hearing and speech, listings of hospitals and medical clinics and non-crisis behavioral health, prescriptions, rehabilitation services and skilled nursing facilities, veterans and resources for vision.

Transportation

Listings of the transportation options that exist in Del Norte and Humboldt Counties, ranging from public transportation to specialized door-to-door services; includes fixed route, medical transport and other transportation resources such as a community van and taxi cabs.

Well-Being

This section covers listings of the Community and Family Resource Centers, fitness and recreation options, LGBT resources, resources for pet owners and resources for veterans. A list of Senior Centers, Senior Villages, support groups, telephone reassurance programs, and options for volunteering are also provided.

3. Summary of the number of Resources by county in PSA 1 as listed in the Senior Information Guide 2016-17:

Table 5

Resource Category	Resource Type	Humboldt	Del Norte
Advocacy, Education, Employment, Financial & Legal	Advocacy	13	2
	Education	10	2
	Employment	4	3
	Financial Assistance	1	1
	Legal Assistance	9	3
Caregiving	Alzheimer's Resource	1	-
	Care Management	3	1
	Caregivers-Fee Based	4	-
	Caregiver Support Groups	2	-
	Day Care	4	-
	Grandparents Raising Grandchildren	6	1
	Respite Resources (Elderly)	1	-
	Hospice	5	1
Food & Nutrition	Dining Centers	11	4
	Farmer's Markets	10	1
	Food Delivery (unsubsidized)	4	-
	Food Delivery-Groceries	5	-
	Food Delivery-Meals (subsidized)	7	2
	Food Pantries (includes all sites)	28	6

Resource Category	Resource Type	Humboldt	Del Norte
Housing	Permanent Housing	7	2
	Residential Care Facilities for the Elderly	16	1
	Temporary Shelter	3	-
	Home Repair and Modification (loans and grants)	4	2
	Energy Assistance	4	1
	Permanent Housing	7	2
Medical	Assistive Devices and Technology	3	-
	Home Health Care	2	2
	Dental	5	1
	Health Education (Various Conditions)	5	1
	Hearing and Speech	1	-
	Hospitals and Medical Clinics	27	9
	Non-Crisis Behavioral Health	7	-
	Rehabilitation Services	11	3
	Skilled Nursing Facilities	6	-
	Support Groups (Medical)	9	-
	Veterans	4	1
	Vision	4	-
Transportation	Fixed Route	7	1
	Medical Transport	2	1
	Other Rides	4	-
	Other Transportation Resources	3	2
Well-Being	Community and Family Resource Centers	15	1
	Fitness and Recreation	4	1
	Lesbian/Gay/Bisexual/Transgender	2	-
	Pets	9	3
	Senior Centers	8	1
	Senior Villages	1	-
	Telephone Reassurance	3	1
	Volunteering	2	1

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

The Area 1 Agency on Aging (A1AA) is one of thirty-three Area Agencies on Aging in California. The duties, responsibilities and powers of Area Agencies are defined in the Older Americans Act and the Older Californians Act. Since 1980 the A1AA, a private, non-profit corporation, has carried out a wide range of activities on behalf of older persons, including advocacy efforts, planning functions, documentation of need, program coordination and development, and contracting and directly providing services.

A1AA's Financial Operations

The Area 1 Agency on Aging is a 501(c)(3) organization responsible for the stewardship of federal, state, county and city funds with 69% of our total funding provided through the California Department of Aging. In addition, grants and contributions are received from foundations, private donors and fundraising efforts and the Agency benefits from a 50% ownership interest in its 434 7th Street building. During fiscal year 2014-2015 the agency utilized its reserves for a portion of its operating expenditures, primarily to pay for unreimbursed costs for activities related to our specific Area Agency obligations and mandates and building costs. A1AA is using reserves again in fiscal year 2015-16.

A1AA has enjoyed a history of unqualified audit reports by an independent CPA and favorable monitoring reports from its oversight agencies. While the 50% ownership interest in our building is an asset, the 10 year triple net lease that was signed in 2008 is not. The lease locked in a 3% annual cost increase and stipulated that A1AA file and pay all property taxes and provide repairs to the building out of our 50% revenue. Fiscal years 2016-2020 will see a significant tightening up of our operations and Area Plan administrative budgets until we can negotiate a more favorable lease.

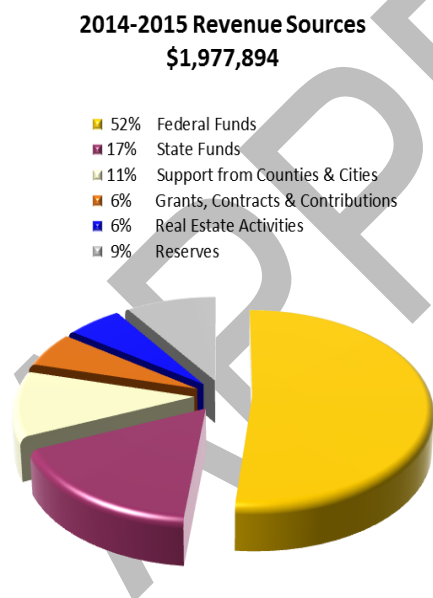


Figure 9

2014-2015 Operating Expenditures
\$1,977,984

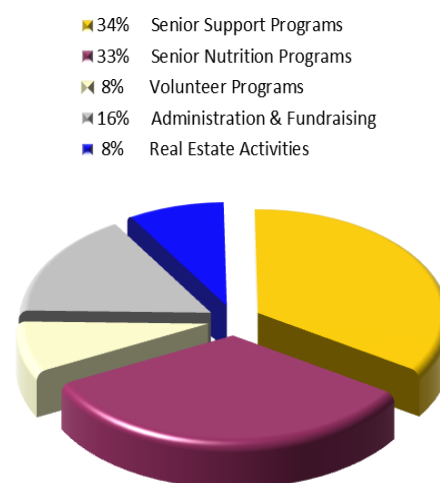


Figure 10

Governing Board and Advisory Council

The governing policy-making body of the A1AA is a twelve member Board of Directors (nine members are residents of Humboldt County and three members are residents of Del Norte County) and has oversight for all operations of A1AA including the Area Plan and its components.

The A1AA Advisory Council consists of members from Humboldt and Del Norte Counties to advise and provide input to the Board of Directors and staff on development and implementation of the Area Plan. The Council functions as a non-partisan advocacy body on behalf of older persons in PSA 1. The Council is involved with needs identification, holding public hearings on the area plan, sponsoring forums as needed, and providing outreach and education to address issues of concern as they arise for older adults in PSA 1.

Staffing

A1AA employs 10 full time and 10 part time staff (as of April 2016), and two consultants. The relationship of the staff to the Agency's programs is delineated on the A1AA Organization Chart found in section 21. In addition, the A1AA uses the services of more than 50 in-house volunteers who provide support to the Agency's staff and programs.

A1AA PROGRAM HIGHLIGHTS 2014-2015:

Senior Information and Assistance (I & A)

I & A provides access points for seniors, their families, caregivers and professionals in Humboldt and Del Norte Counties to obtain information and connections to essential services. A1AA Services Specialists provided 2,631 contacts by phone or in person to 1,973 seniors, family members and/or professionals requesting information and referral to services. Additional accomplishments are:

- Provided 179 hours of Visiting for 13 clients in their homes to provide safety checks and reassurance.
- Updated and published 14,000 copies of the Senior Information Guide, half of which were distributed throughout PSA 1.
- Published 34 articles in local print media related to older adults and/or caregivers.

Caregiver Services

Caregiver Services provides training and support to seniors, caregivers and their families. Our caregiver registry provides referrals of trained caregivers to seniors and people with disabilities. A1AA's Caregiver Services staff:

- Provided Caregiver Information and Assistance for 35 caregivers.
- Conducted 4 sessions of 6 classes, providing 508 hours of caregiver training for 47 caregivers.
- Provided Registry assistance for 145 clients.
- Provided 195 hours of respite care for 10 caregivers.

Nutrition & Health Promotion

- Contracted with three providers to serve 45,058 meals at five lunch sites and delivered 59,965 meals to 371 home-bound seniors.
- Provided 20 nutrition education sessions to 1,843 congregate and home-delivered meal recipients.
- Distributed 250 Senior Farmers Market coupon booklets

- Coordinated and trained 41 instructors who provided 16 Strength Training Resources for Osteoporosis for the Northcoast Group ongoing sessions to well over a hundred seniors.

Senior Legal Services

- Provided 2,052 hours of legal advice to 582 seniors in individual and/or group sessions.

Health Insurance Counseling and Advocacy Program (HICAP)

HICAP provides individual client counseling, community education, and informal advocacy regarding Medicare and related programs. A1AA's certified HICAP counselors:

- Assisted 4,272 individuals with selection of Medicare Part D plans and resolution of other Medicare questions.
- Saved Humboldt & Del Norte Medicare beneficiaries approximately \$1,591,950 in one year.

Volunteer Center of the Redwoods & RSVP (VCOR/RSVP)

VCOR/RSVP ensures that volunteers get connected to meaningful opportunities to serve with positive impacts in their community. Volunteer program staff:

- Supported 248 RSVP volunteers who gave 25,035 hours of service
- Expanded the Volunteer Driver program to provide free rides for seniors to their medical appointments

2016-2020 GOALS

Goal 1

Area 1 Agency on Aging will help older adults, their caregivers, and individuals with disabilities improve awareness of and access to community based services and resources within the local, regional, state and national network.

Goal 2

Area 1 Agency on Aging will provide direct and contracted services that support and strengthen the health and well-being of older adults, their caregivers and individuals with disabilities to increase independence and encourage healthy aging.

Goal 3

Area 1 Agency on Aging will strengthen community capacity to better support an aging population by increasing awareness of the needs of older adults. We will advocate at the systems level to improve the coordination of and access to resources and services for older adults.

PROPOSED CHANGES FOR 2016-2020:

1. Title III E - Family Caregiver Support Program

Area 1 Agency on Aging will no longer provide direct FCSP services in FY 2016-17. We are contracting with Redwood Caregiver Resource Center to offer services in PSA 1. Contracting these funds to an existing organization specializing in services to caregivers will lead to increased and improved coordination of services. A1AA will work with Redwood Caregiver Resource Center to ensure a smooth transition of the program.

2. Title III D - Health Promotion, Stay Active and Independent for Life Program (SAIL)

A1AA will no longer provide the Strength Training Resources for Osteoporosis (STRONG) exercise program and will be changing to Stay Active and Independent for Life. (SAIL)

The California Center for Rural Policy (CCRP) published a policy statement reviewing the literature and current data as of 2010, “It Takes A Village...to Prevent a Fall,” and identified that senior falls were a problem in the Redwood Coast and outlining a series of actions to reduce the incidence of falls in PSA 1. Data from the study revealed that Humboldt and Del Norte Counties had higher incidences of seniors who fell to the ground more than once in the past 12 months (18% for both) in comparison to the state (14.5%).

The Stay Active and Independent for Life (SAIL) is an evidenced-based program that can help to address this problem. SAIL was initially called the Senior Falls Prevention Study conducted by researchers from the Washington State Department of Health and Centers for Disease Control and Prevention from 2003-2005. After several years, the study was published in the Journal of Gerontology providing statistically significant and replicable evidence that participants demonstrated improved balance, mobility skills and leg strength. Fear of falling was also shown to be reduced among participants. The following year, six program sites in four communities further demonstrated the effectiveness of SAIL. SAIL is recognized by the Administration on Aging as meeting the highest level of criteria for an evidence-based program and is listed as an approved physical activity program on the website for the Center for Healthy Aging, National Council on Aging. Our physical therapist consultant began training STRONG instructors in the current early 2016 in order to fully implement by July 1, 2016.

3. Title III C - Nutrition Education for Congregate and Home-Delivered Meal Participants

Title III D changes no longer allow the use of Title III D funds to provide nutrition education. The A1AA dietitian previously provided this nutrition education to assist nutrition contractors. The California Code of Regulations, Section 7638.11 has always required that nutrition contractors provide at least four sessions and/or nutrition education information bulletins per year, and all IIIC nutrition providers were informed in February 2016 that they will be expected to fulfill this responsibility directly, per CCR, as of July 1, 2016.

A1AA’s role in the local aging network

A1AA is a recognized entity for leading senior service system development efforts in Humboldt and Del Norte Counties. During the period of 2016-2020, A1AA will provide direct and contracted services to support the independence and well-being of older adults. The agency also provides leadership in advocating for the needs of older adults and ongoing coordination to strengthen community capacity for an emergent older population using OAA and other leveraged funds.

Past development activities to improve life for seniors and their caregivers include the Volunteer Driver Program to provide transportation between communities for frail and disabled older adults unable to drive and the Senior Action Coalition. Recent examples include being the springboard for the Redwood Coast Village and the Gold Star Move Management/Stay Put Initiatives. None of these programs were developed with Older Americans Act funding.

A1AA enjoys cooperative relationships with leaders in city and county government, local corporations, other non-profits and the community at large. In the coming four year area plan cycle, A1AA will continue to evaluate the aging service system of PSA 1 through the Advisory Council and informal contacts with members of the aging network and those who are served by it.

For the 2016-2020 Area Plan, A1AA has established goals and objectives to continue service delivery and look for ways to improve system coordination. A1AA will provide leadership in advocating for the needs of older adults and work to strengthen community capacity for an increasingly older population. However, we are not adequately funded to provide staff to participate in most collaborative activities. Maintaining staffing levels to engage in this role while also meeting our responsibilities to report to the California Department of Aging requires us to utilize our reserves on a regular basis. It is possible that we will not be able to sustain our Area Agency designation through this four year Area Plan cycle.

APPROVED

SECTION 4. PLANNING PROCESS AND ESTABLISHING PRIORITIES

Planning for services within PSA 1 involves ensuring that all OAA and CDA program requirements and mandates are met. Due to shrinking funding and increased demand for services, the agency has had no choice but to focus on meeting the minimum required mandates, programs and services outlined by CDA and the OAA.

There is limited ability to provide services beyond this or to add any new OAA funded services. For the past two years, the Board of Directors and staff have been working to address this systemic issue, including evaluation of the possibility of giving up the Area Agency on Aging designation and becoming a provider of direct services only.

A1AA's planning process provides opportunity for input from the community at public hearings, Board of Directors' and Advisory Council meetings. Much of what we do during the planning process helps educate the public about the services that are available and identify unmet needs, but lack of funding means we aren't able to address most of these unmet needs, except on a very limited basis. Input through public hearings and Advisory Council outreach helps inform the "adequate proportion" and percentages of funds for priority services. The targeting of services to the highest need individuals (target populations) informs where and how the limited services and resources will be distributed and which services take precedence during budget cuts.

A1AA conducts senior needs assessment activities to learn from older adults about their lives and their needs. To the extent possible, the Advisory Council and staff respond to issues as they arise. One example is the issue of affordable housing. Since funding is inadequate to meet many of the needs, it is important that seniors themselves become involved in self-advocacy and empowered through information to help themselves and each other to the greatest extent possible.

These guidelines, needs, and funding resources require that A1AA continually re-evaluate priorities and future service plans even though available funding is already being used to meet identified needs.

An outline of steps involved in planning is provided below:

1. Review CDA Program Memos, Contracts, Data Dictionary, OAA-referenced laws and other related documents to determine CDA mandated and allowable activities and to ensure compliance with contract requirements.
2. Review projected budget for the upcoming fiscal year and draft proposed staffing and program patterns to ensure that we meet the following pre-determined and mandated programs and services:
 - i. -Area Planning/Contracting/Data Reporting
 - ii. -HICAP (Direct Services)
 - iii. -LTCOP (Direct Services)
 - iv. -Senior Nutrition Programs (Contracted)
 - v. -Priority Services
 1. -Access (Direct Services)
 2. -In-Home (Direct Services)
 3. -Legal Services (Contracted)
2. Draft objectives and goals and present them to our Leadership Team and staff, and to the public during the public hearing process, to the Advisory Council, and Board of Directors.

3. Review needs assessment and other data to determine the extent to which it may be possible to meet needs while also collecting information on unmet needs.
4. Encourage seniors to advocate for their needs using multiple venues.
 - i. Public agencies
 - ii. Government entities
 - iii. Other organizations that serve targeted populations
5. Present final area plan to Advisory Council for recommendation to the Board of Directors for final approval to submit to CDA.

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SECTION 5. NEEDS ASSESSMENT

A. Redwood Coast Village/Needs Assessment Survey

As noted in Section 2, the California Department of Finance projects that over the next several decades PSA 1 will experience a 140% increase in the proportion of people age 65+ years and older in comparison to younger age groups. PSA 1 has already grown by 28% in the number of people age 60 and older (Table 2, Section 2). This demographic shift is already impacting our communities. Medical, social, health and other community-based services are seeing increased demand for services as funding for these services declines.

Impacts on housing will be significant as an aging population addresses the possibility of declining health and energy or changes in willingness and ability to care for one's home. At one end of the aging spectrum are those who are still able to care for their homes and choose to remain there. Resources and housing choices are much more limited for seniors with declining health or who may have experienced a life-changing event, such as a fall. Choices include remaining in existing homes that may be unsafe and/or unmanageable, moving to assisted living facilities (which are limited to those who can afford the high cost), moving in with a family member or other caregiver, or into a nursing home if changes are the result of a serious health crisis. Seniors of all ages prefer to remain in settings that allow for maximum independence. The large Baby Boomer population is in a position to overtax existing options while expecting and demanding different choices in their later years. In addition, Baby Boomers may not be saving enough money to afford current options.

One solution to help seniors continue to age in place is the "Village" concept. "Villages" are membership-driven grassroots organizations, run primarily by volunteers with some paid staff. They coordinate access to affordable services including transportation, health and wellness programs, home repairs and basic help around the house, social and educational activities. They offer discounted services through a list of vetted or recommended businesses. While it isn't a physical place where everyone lives, it brings people with common needs and interests together. The Area 1 Agency on Aging joined the Village to Village Network in July 2014 and began investigating the level of interest in a local Village. This report shares the survey results.

Funds were made available to A1AA from the St. Joseph Health Care System to conduct a survey which was designed to meet the agency's area planning needs and to help evaluate interest among older adults in joining a "Village." A workgroup of key stakeholders met and developed a survey which was reviewed and approved by the Advisory Council, then piloted with several groups of seniors. The final survey was mailed and provided to people aged 50 and older. The intention was to identify the future and current needs of Baby Boomers as well as seniors beyond the Boomer cohort. The survey was made available in paper form and online using Survey Monkey and links were provided via Area 1 Agency on Aging Facebook and website pages.

1. Survey Response Rate

A total of 3,494 surveys were mailed to Humboldt and Del Norte County residents. Of those mailed, 598 surveys were returned, resulting in a response rate of 18.1%. A total of 490 surveys were completed online and 156 surveys were completed at various senior centers. Surveys were also delivered to libraries and other locations where seniors assemble. Calculating a response rate for these was not possible. Table 6 provides a breakdown of the number and percentage

Table 6		
Number of Surveys Returned Humboldt and Del Norte Counties		
County	Number	%
Del Norte County	232	18.6%
Humboldt County	1012	81.4%
Total	1244	

of surveys returned. Surveys from out of the area or unidentifiable as to zip code of residence were excluded from the analysis.

2. Geographic Areas (Humboldt)

Survey results from Humboldt County were sorted into zip codes and then grouped together into three main regions representing geographic areas with the largest population clusters. Del Norte County returns were too small to break out by region and are aggregated at the county level for this report. For purposes of this report results will not be provided for the three distinct geographic areas, but will be provided for the two counties only (Table 7).

Table 7		
Number of Surveys Returned Humboldt Regions		
Humboldt Region	Number	%
Greater Eureka Area	463	45.7%
Greater Fortuna Area	169	16.7%
Northern Humboldt	380	37.6%
Total	1012	

3. Respondent Characteristics

a. Age

Respondents ranged in age from 29 to 102 years. Table 8 provides a comparison of the number of respondents by age, grouped in ten year increments for the two counties.

Table 8		
Percentage of Respondents By Age Group Humboldt and Del Norte Counties		
Age Group	Del Norte	Humboldt
<50 Years	3%	1%
50-59 Years	24%	12%
60-69 Years	35%	44%
70-79 Years	20%	26%
80-89 Years	15%	13%
90+ Years	2%	3%

b. Gender

In Del Norte County, 74% were female (n = 177) and 24% were male (n = 55). These percentages were almost identical for Humboldt County: 75% were female (n=756) and 25% were male (n=243).

c. Race/Ethnicity

Table 9 provides the Race/Ethnicity breakdown for Humboldt and Del Norte Counties and compares the number of survey respondents in each category with Census 2010 data. The race/ethnicity distribution of the respondents closely matches the percentages from Census, 2010.

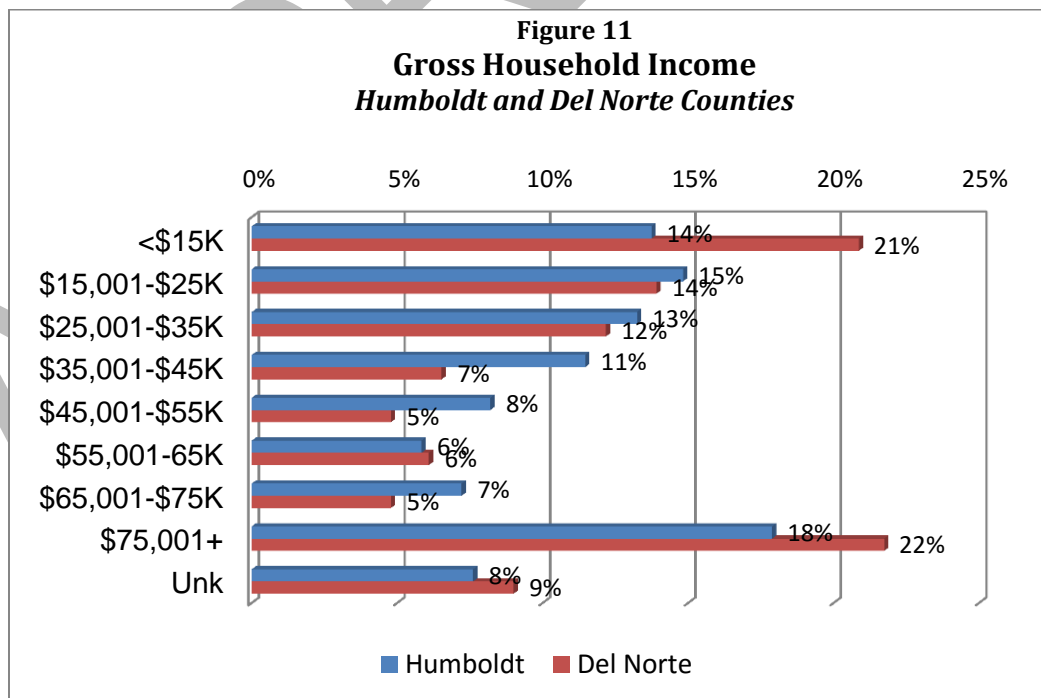
Table 9 Race/Ethnicity By County				
Race/Ethnicity	Humboldt		Del Norte	
	Survey Respondents	Census, 2010	Del Norte	Census 2010
African American	<1%	<1%	<1%	<1%
Asian/Pacific Islander	1%	1.2%	1%	1.4%
Caucasian/White	91%	89%	86%	85.6%
Hispanic/Latino	1%	2.9%	5%	4.1%
Native American	1%	3.4%	3%	4.4%
Other	1%	1%	2%	2.2%
Unknown	3%		3%	

e. Work/Retirement Status

Sixty-four percent of Humboldt and 51% of Del Norte Respondents were fully retired. A greater percentage of Del Norte respondents reported that they were working full time (24%), or part-time (16%) compared to Humboldt respondents (14% working full time and 14% work part time). Two percent of all respondents said they were unemployed and seeking work. Four percent of Humboldt and 5% of Del Norte respondents reported that they were disabled.

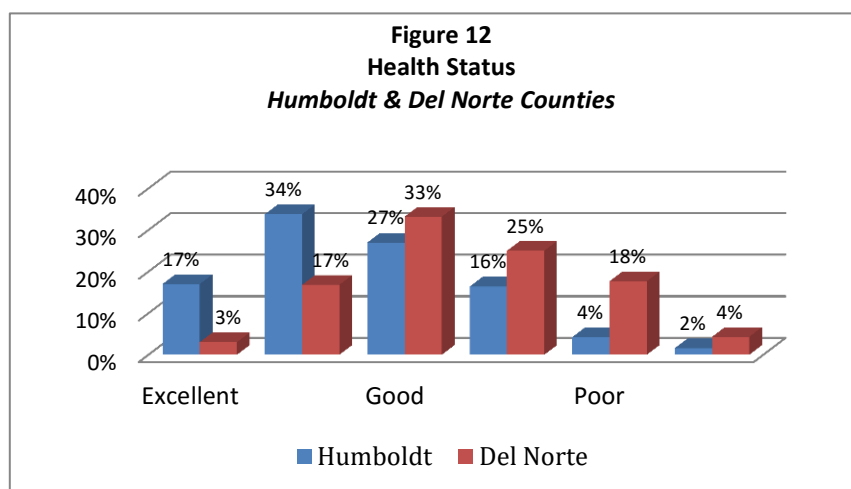
g. Income Levels

Figure 11 below shows the respondents' income level by county of residence.



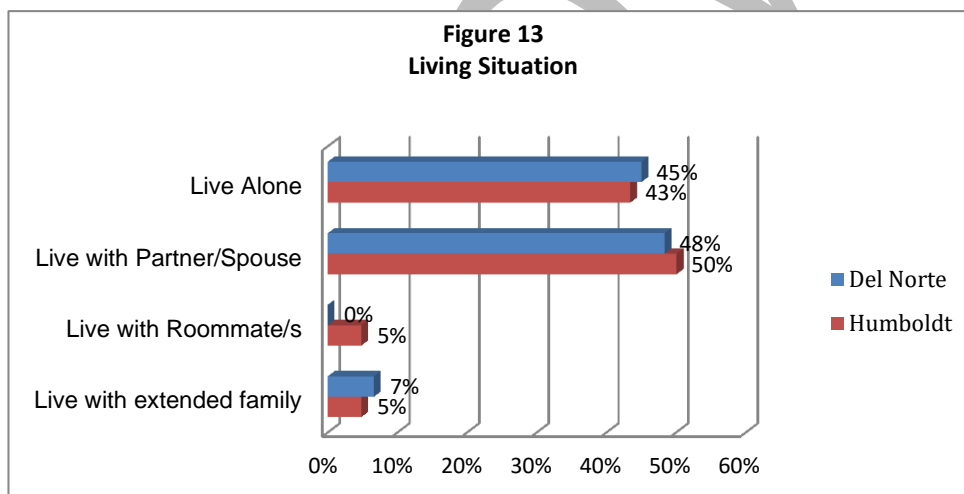
h. Health Status

Del Norte respondents rated their health status lower than Humboldt respondents (Figure 12).



f. Living Situation

Results were evenly split between living with a spouse/partner versus living alone for respondents in both counties (Figure 13).



g. Housing Situation

Respondents were asked to indicate whether they were homeowners with or without a mortgage or were renting. Forty-five percent (45%) of Humboldt respondents (n = 440) were homeowners without a mortgage, 34% had a mortgage (n=333) and 20% were renting. Forty-one percent (41%, n = 92) of Del Norte respondents were homeowners without mortgages, 32% (n = 72) still had mortgages and 27% (n = 61) were renting.

4. Housing Issues

a. Factors Affecting Ability to Remain in Current Housing

In Humboldt, the ability to continue to drive was the biggest factor impacting whether respondents thought they could remain in their current housing as they aged. In Del Norte, access to medical services was the number one factor. Other factors that would have a “great impact” for all respondents included not having enough money, house/yard being too big, having physical challenges and decline with aging,

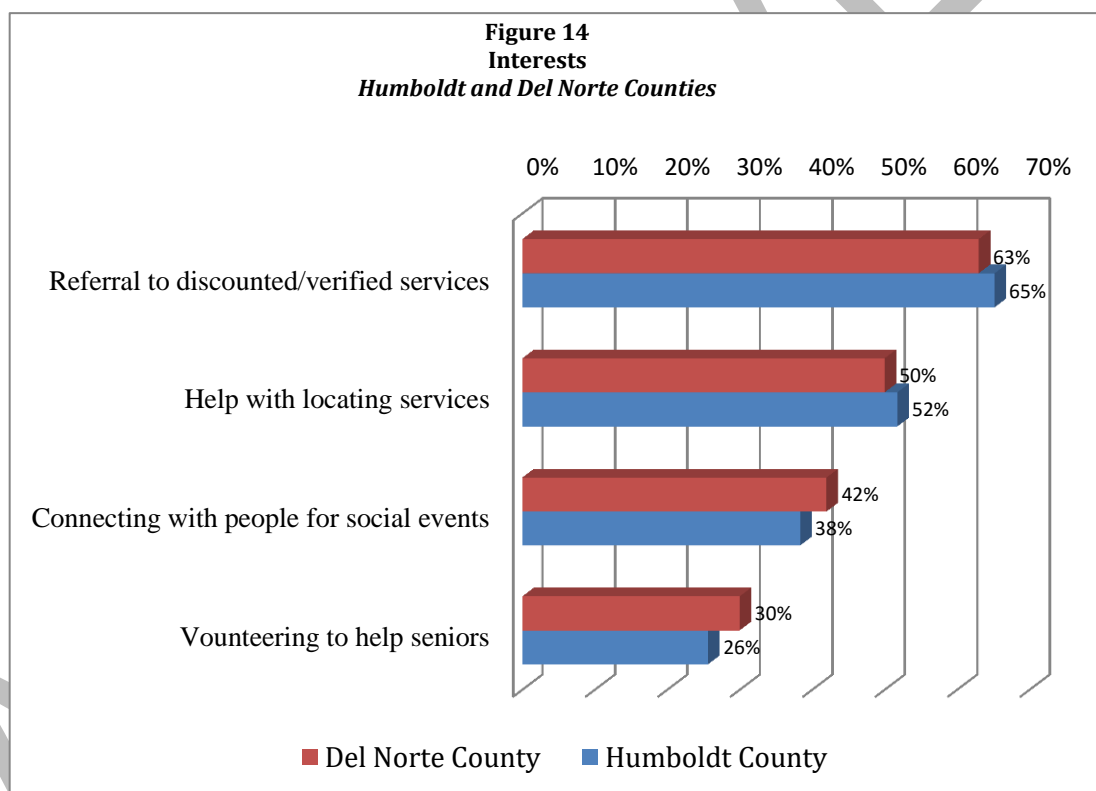
and the inability to access other (nonmedical) services. Of lesser importance, but still listed, included not wanting to live alone and a desire to live closer to family

b. Preferred Living Situation

Respondents were asked what type of living situation they would prefer if they did have to move. The majority of respondents indicated they wanted an energy-efficient home, walkable communities (e.g. sidewalks), to live closer to public transportation and services, to own or rent a smaller lot/home, and to live in multi-generational neighborhoods. Respondents were least interested in: living in assisted living facilities, moving in with their families, living in a rural setting (farther from town), living with family out of the area, and living in a senior mobile home park or shared housing in their current community.

5. Interests & Need for Services

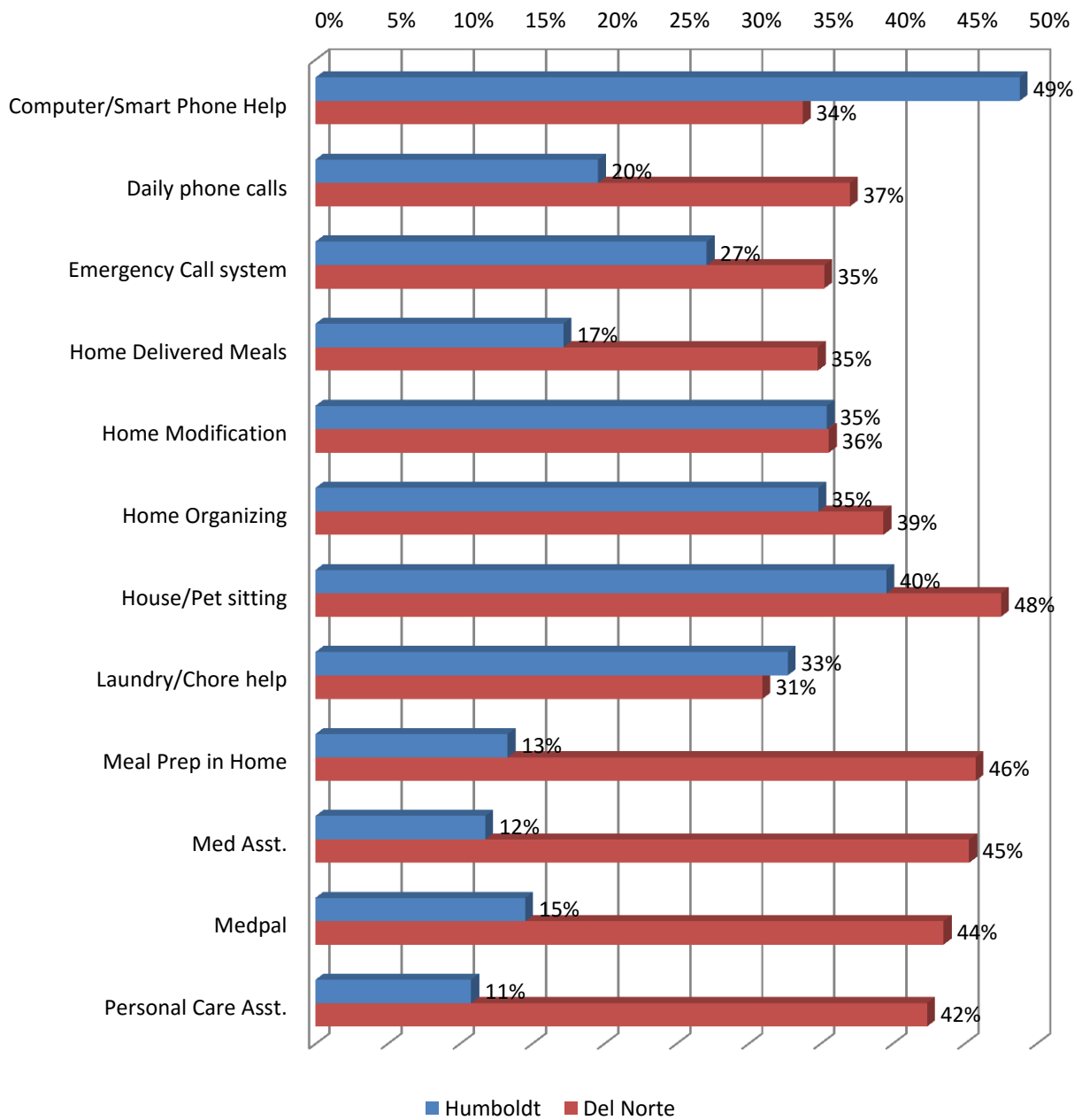
Respondents were asked to indicate their level of interest in each of the four areas listed ranging from no interest at all to very interested (Figure 14). The majority of respondents indicated that their greatest interest was “Referral to discounted and/or verified services” followed by “Help with locating services.”



a. Need for Independent Living Support Services

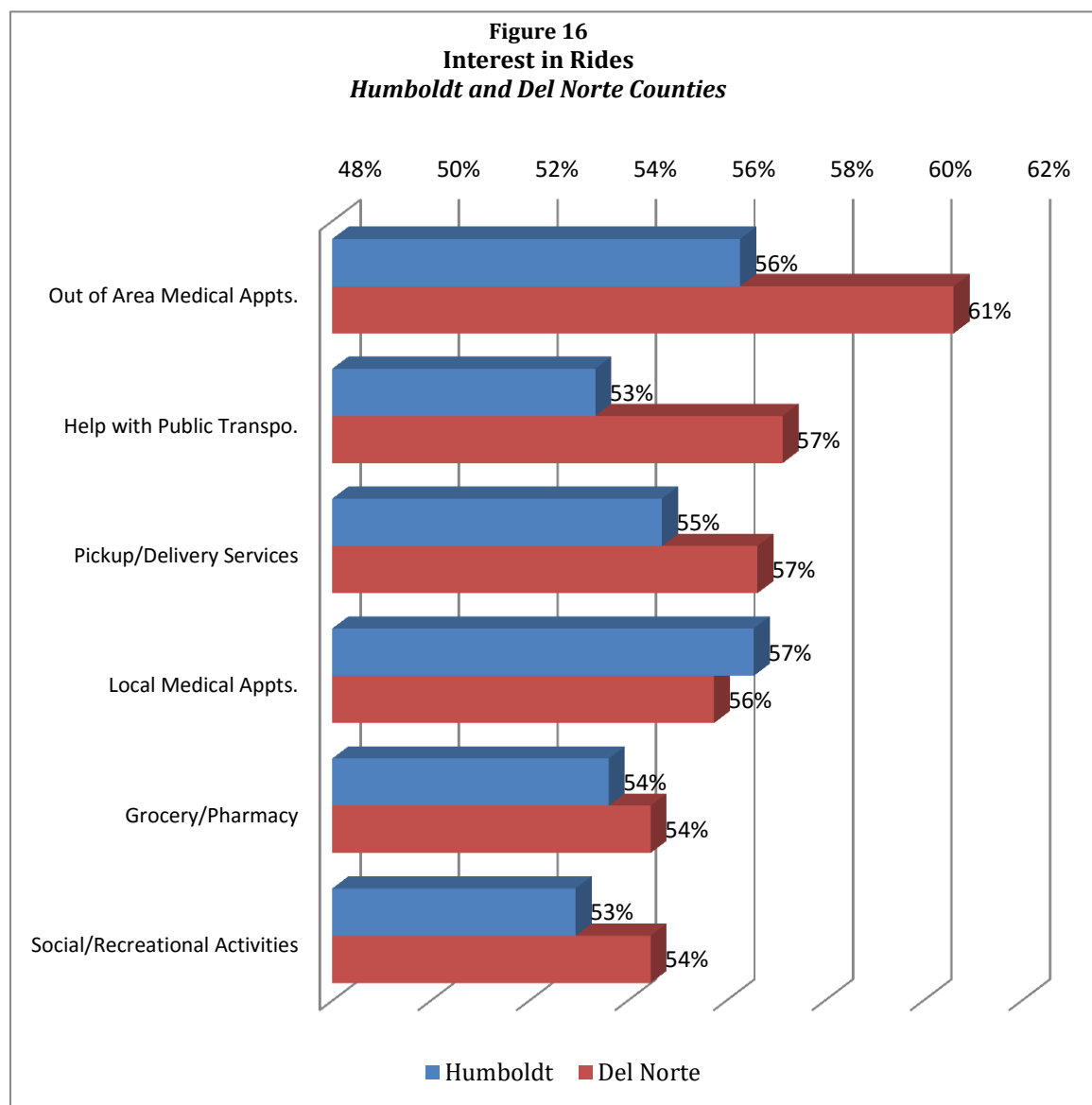
There were notable differences between Del Norte and Humboldt respondent rankings on items related to Independent Living Support. The top five items for Del Norte respondents as shown in Figure 15, were 1) House/Pet Sitting, 2) Meal Preparation in the home, 3) Medication assistance in the home, 4) Someone to go with me to medical/dental appointments, and 5) Personal care assistance (e.g. help with eating, bathing, walking, dressing, grooming.) With the exception of House/Pet Sitting, the top five needs were very different in Humboldt County. Humboldt respondents were interested in 1) Computer/Smart Phone Help, 2) House/Pet Sitting, 3) Home Organizing, 4) Laundry/Chore Help, and 5) Home Modification.

Figure 15
Independent Living Support
Humboldt and Del Norte Counties



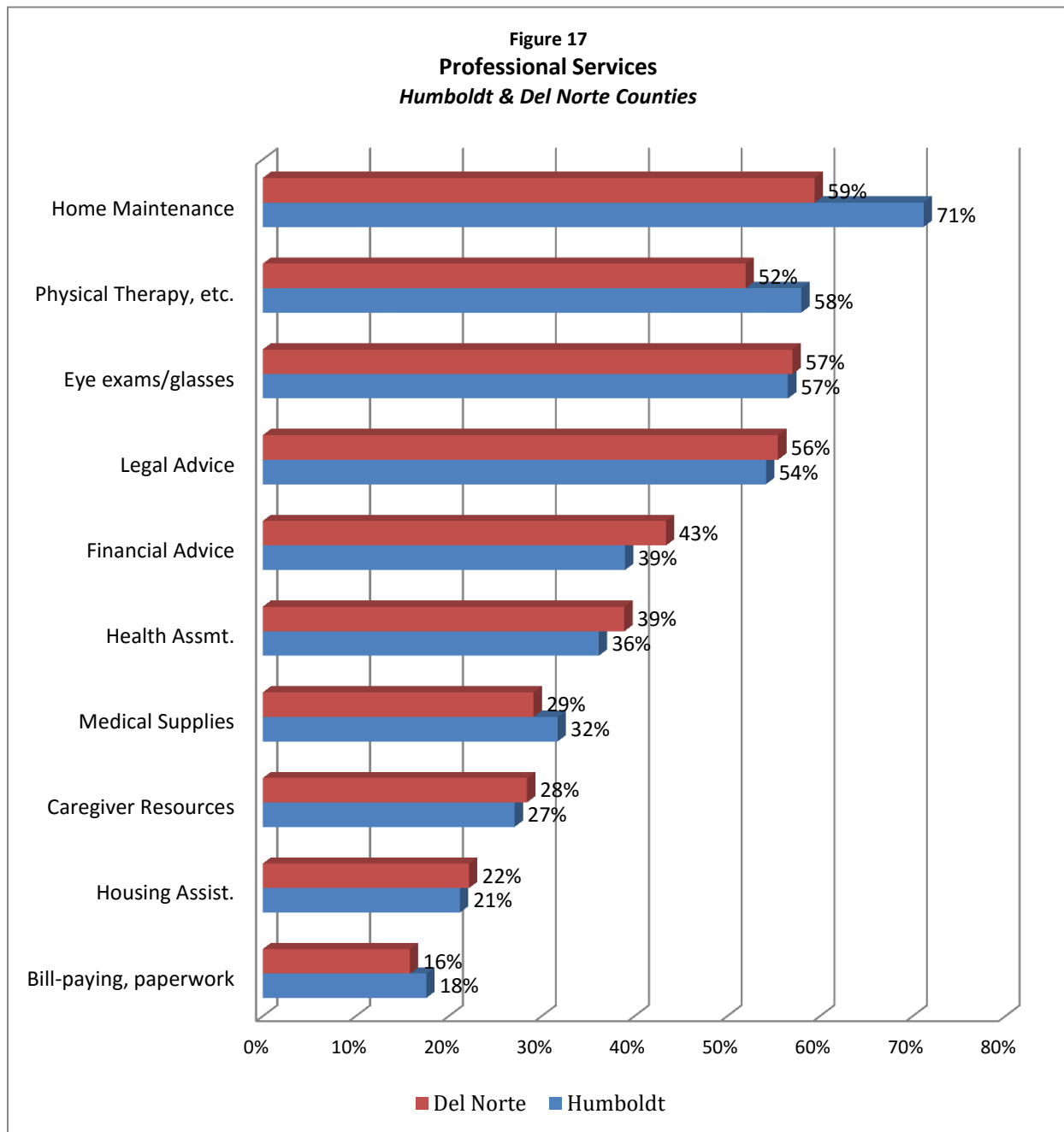
b. Interest in Rides

Respondents were asked about their transportation needs (Figure 16). Sixty-one percent (61%) of Del Norte respondents have interest in out-of-area rides for medical appointments and 57% want help with using public and specialized transportation, which included help with travel planning/escort, Dial-A-Ride, bus tickets, etc.



c. Need for Professional Services

Respondents were asked to indicate how soon they would use discounted professional services. Figure 17 provides the combined results for respondents who selected “Would Use Now” and “Would Use Soon” (1-5 years).” The top six services were the same for both counties with slight variation in the order between Humboldt and Del Norte Counties. Three of these are health-related services.



6. Conclusion

There was a reasonable response rate from older adults in both counties and good representation of ages, race/ethnicity groups and income levels. Needs identified through this survey have been used in the planning process to develop goals and objectives for the coming four year cycle. These include the following identified needs:

a. Help with locating services:

In discussions with staff and feedback from this survey, A1AA has targeted Goal 1 to specifically address this need. Objectives will include the biennial publication of the Senior Information Guide providing information through printed and Internet media, staffing Information and Assistance programs in both counties, providing HICAP appointments and workshops and access to Legal Advice and Outreach to Caregivers.

Results from this survey were used to explore interest in the development of a village. A1AA has been the catalyst to launch the Redwood Coast Village which is in a development phase. RCV is designed to be a volunteer-based resource that will assist seniors with accessing discounted services according to their needs, e.g. professional, medical, etc. as well as provide assistance through the use of volunteers. RCV plans to “go live” July 2016.

b. Health needs:

Respondents also identified needs related to health and remaining independent. Goal 2 provides services to contribute to the health and well-being of older adults. Objectives include: In-Home Visiting, Home Delivered and Congregate Meals, Nutrition Education, Coupons for Farmer’s Markets, and health promotion through the Staying Active and Independent for Life (SAIL) program. Expanded services are planned for family caregivers and include comprehensive assessment, counseling, caregiver training, support groups and respite.

c. Transportation needs:

Goal 2, Objective 2.1.2 is designed to provide access to medical appointments and food resources for clients in Humboldt County, and Goal 3, Objective 3.1.4, Service Improvement, will provide support and technical assistance as needed to the Del Norte Senior Center for the development of a volunteer driver program.

d. Housing needs:

Goal 3, Objective 3.1 8, Senior Housing Research to identify best practices in housing support programs and systems to address the housing needs of low-income and homeless seniors and seniors living in their own homes who need help to remain independent.

In the coming year, as time allows, further analysis will be conducted to study the results of targeted populations, in particular, those in the low income group, those in the oldest age group and those respondents who rated their health at a lower level.

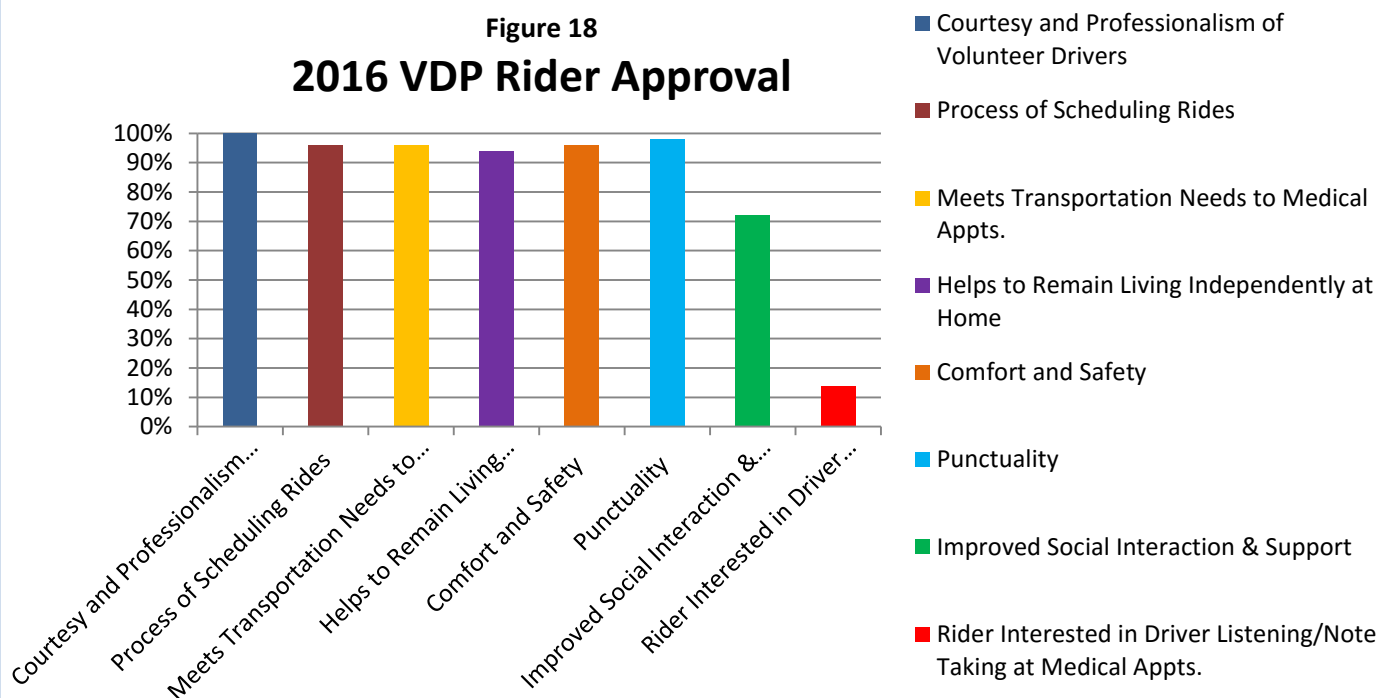
B. Volunteer Driver Rider Survey

In the spring of 2016 A1AA conducted a telephone survey of 50 riders who have used the Volunteer Driver Program (VDP) within the last 12 months. Participants were randomly selected from a list of 164 riders who received services between January and December of 2015. All surveys were conducted over the telephone. To ensure anonymity of each survey, no personal information was provided on the survey itself.

The Volunteer Driver Program has served Humboldt County since 2011, and is a free service available to passengers who are at least 50 years of age and/or disabled, who are living independently with limited resources. The program is for medical transportation and grocery rides. Riders must live in the region between the Eel River Valley to the south, and Trinidad to the north. Rides are provided by local volunteers, many of whom come from VCOR’s RSVP program. Scheduling grocery rides works the same as it does for medical rides, with one week minimum notice required. Priority is given to the most disabled or frail when driver availability is limited.

Figure 18 provides the results of the survey indicating that the majority of riders in the Volunteer Driver Program are satisfied or very satisfied with the program.

Figure 18
2016 VDP Rider Approval



Almost every rider surveyed reported an example of how the volunteer driver program benefitted them. The feedback indicated overwhelmingly positive outcomes and gratitude. Several commented that prior to using our program they were missing medical appointments.

- *“Your service is my only way to get to where I need to. It took 5 hours to take the bus to one of my medical appointments. Your service has been so helpful. The cars are nice, the drivers are nice. The drivers are so supportive.”*
- “It’s benefited me a lot in giving me peace of mind, knowing I can go to my appointments without a lot of hassle. I know I can count on them.”
- “It has taken a lot of pressure off of family and friends. I don’t feel as guilty having to ask for rides.”
- “It’s difficult to put into words, but seriously--if it wasn’t for A1AA, I don’t know what I’d do. I honestly don’t know. I’d have been in all kinds of problems. They have saved my skin!”

C. LGBTQ Survey

In 2013-14, the film *Gen Silent* was shown followed by a discussion about aging issues for the LGBTQ community. As a follow-up, A1AA I and A staff held a series of LGBTQ Aging Issues Roundtables to provide ongoing discussion regarding the issues facing LGBTQ Seniors in the community. An average of twelve participants attended each session, mostly women. The age range varied, with one participant in her twenties, ranging up to 78 years. Discussions focused on aging, housing, and interest in new models such as shared housing, buying land for container housing, and starting communities where people care for each other as they age. These housing issues were related to economic fears participants had related to aging.

Research shows that members of the LGBTQ community frequently form social networks and bonds that provide support and help reduce the isolation and rejection that historically has occurred growing up in the dominant heterosexual culture. As a result, there is less likelihood of reaching out to mainstream

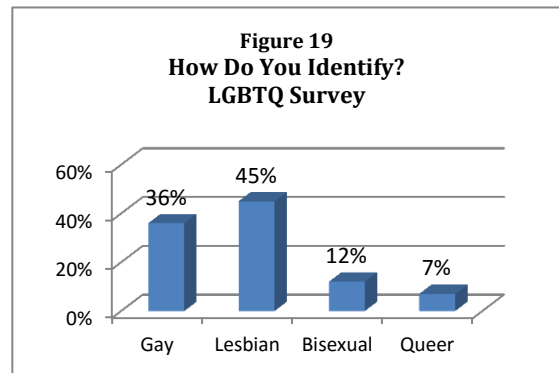
services and programs. When Roundtable participants were asked if they utilized existing services, most commented that they didn't think to or need to.

Humboldt County holds a PRIDE parade and event and Roundtable participants suggested that a survey could gather data about the local LGBTQ aging community during the event in September 2013. The results of the survey follow.

1. LGBTQ Respondent Characteristics

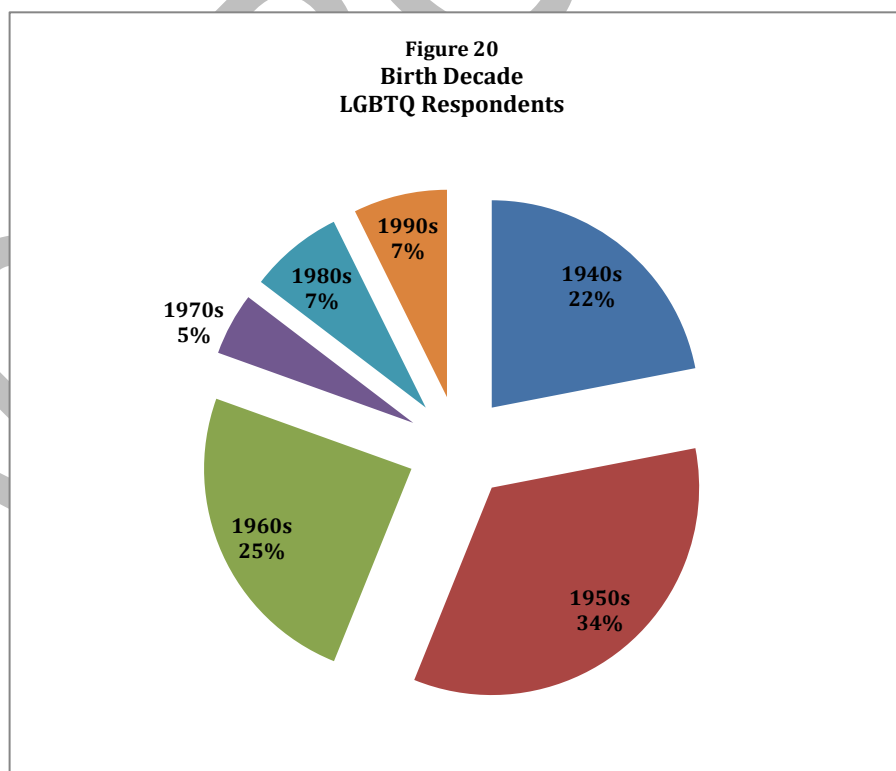
A total of 79 surveys were completed. Forty-two respondents identified as LGBTQ. Of the 42 respondents who identified as LGBTQ, 36% identified as Gay, 45% as Lesbian; 12% as Bisexual and 7% as Queer (Figure 19).

The following results are for those 42 people who identified as LGBTQ.



a. Age

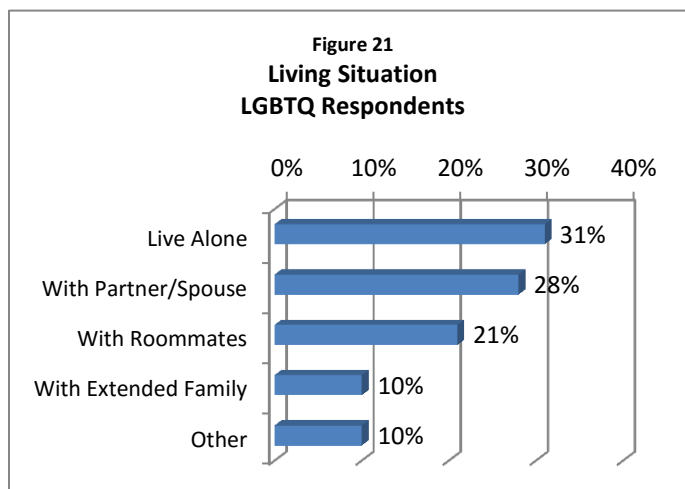
Respondents were asked to indicate the decade in which they were born. Figure 20 provides a breakdown by decade of birth. Eighty-one percent (81%) were born between 1940 and 1969. The remainder (19%) were born between 1970 and 1999.



b. Living Situation

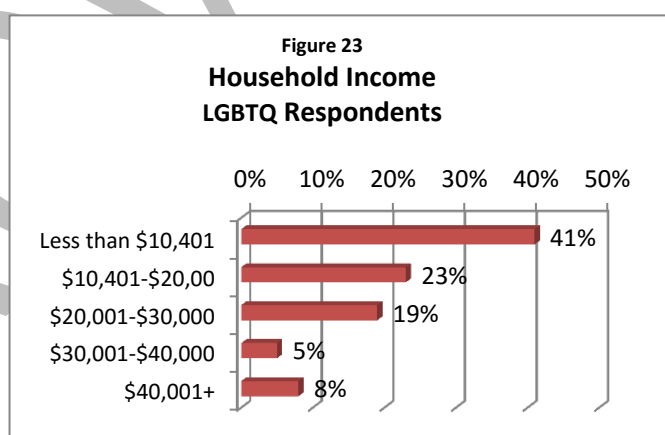
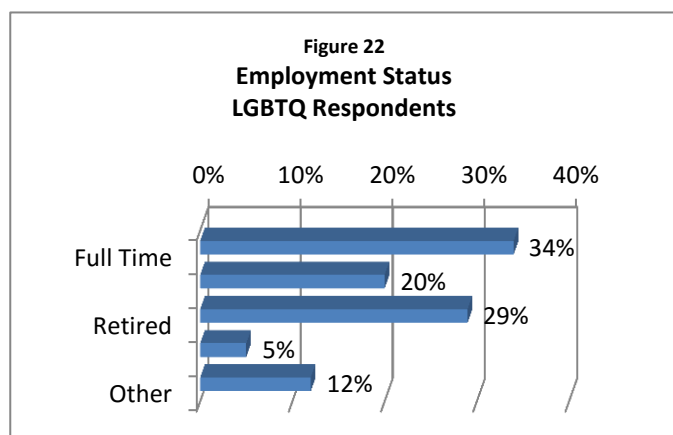
Thirty-one percent of respondents (n=42) live alone, 28% live with a partner or spouse, while 21% live with a roommate and 10% live with extended family (Figure 21).

Respondents were asked to indicate their relationship status and 35% were married, in a domestic partnership or living with a significant other. Five percent (5%) were divorced, 24% were never married, 2% were widowed and 2% were separated. The “other” group included three people who were in a relationship but living separately.



c. Employment and Income

Fifty-four percent of the respondents were employed either full time (34%) or part time (20%). Twenty-nine percent were retired and 5% were unemployed (Figure 22).

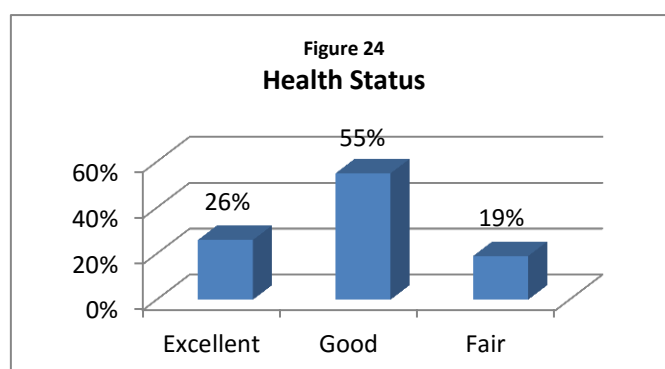


Twenty-one respondents answered the two questions about annual household income and income source. Of these, 41% receive less than \$10,401 annual household income (Figure 23). Sources of income included employment, (43%), Social Security Disability (21%), self-employment (14%), Social Security Retirement (12%), Pensions (10%), Investments (10%) and SSI (2%).

d. Health Status and Caregiving

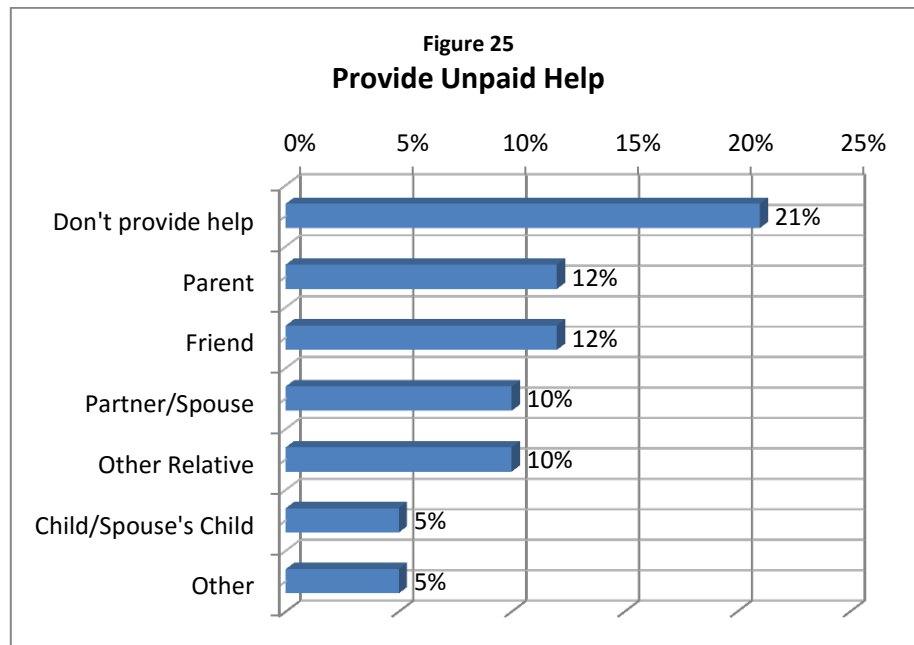
Respondents were asked to rate their health ranging from poor to excellent (Figure 24). No respondents rated their health as poor and most (81%) indicated that their health was good to excellent.

Only 2% of respondents indicated that they needed help with self-care activities such as cooking, cleaning, bathing, dressing, taking medications and paying bills, or

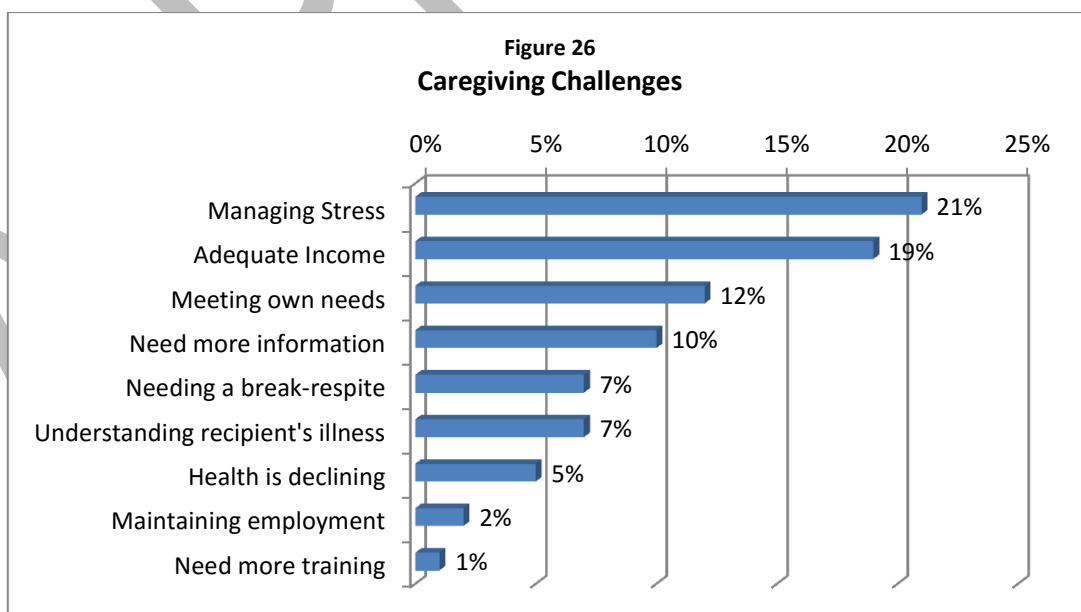


activities such as shopping, transportation, cleaning or meal preparation. Those needing help reported receiving it from their partner/spouse (19%), friends (19%), or other relative (17%).

Ten percent reported that they provided help to their partner/spouse, parent (12%), other relative (10%) or a friend (12%). Twenty-one percent said they do not provide help to anyone (Figure 25).



Twenty-one percent of those who provided unpaid help indicated that managing stress was their biggest caregiver challenge. This figure is lower than reported in the general population. Figure 26 provides the order of caregiving challenges from most to least for those respondents who were caregivers. Respondents were allowed to select more than one challenge.



e. Sensitivity of Service Providers

Respondents were asked, “Do you feel that senior service providers would be sensitive to you if your sexual orientation and/or gender identity were known?” Fifty-two percent (52%) of the respondents said yes to this question.

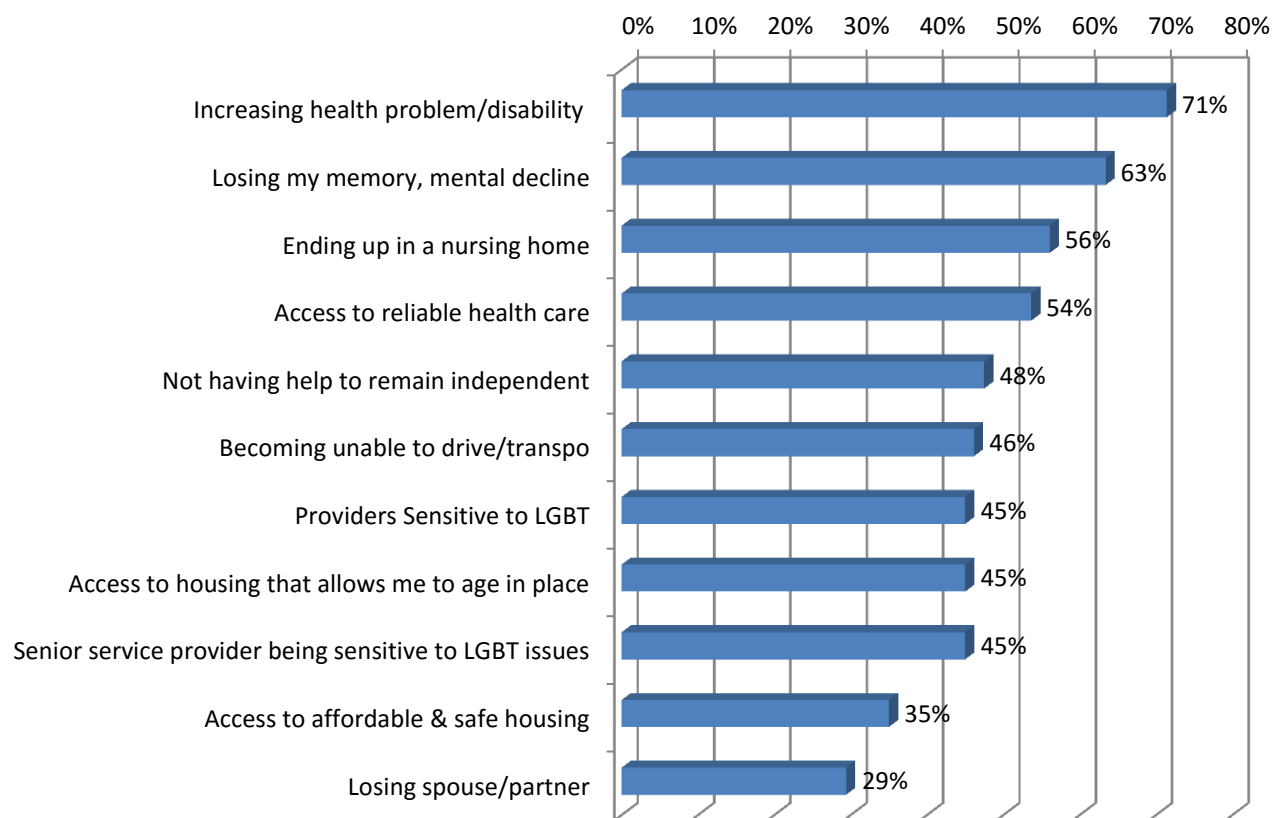
f. Experience with Discrimination

When asked, “Have you or a friend experienced discrimination due to sexual orientation or gender identity when accessing senior services or senior housing, 19% indicated that they or a friend had experienced discrimination due to their sexual orientation or gender identity when accessing senior services or senior housing.

g. Aging Concerns

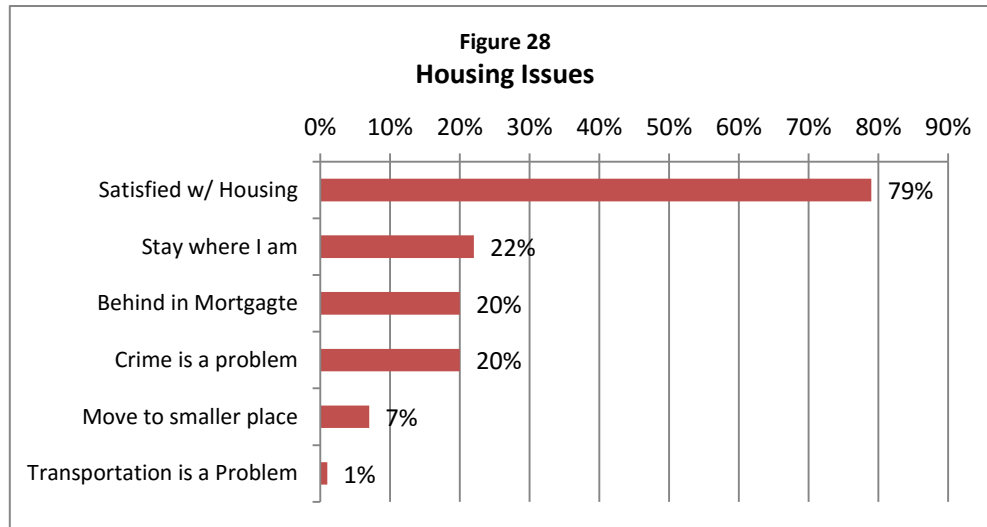
Respondents were asked to rate eleven concerns about aging on a Likert Scale ranging from 1- not concerned, 2-slightly concerned, 3-concerned, 4-very concerned and 5-extremely concerned. The results, (Figure 27) provide the percentages of those who responded with either 4-very concerned or 5-extremely concerned. The respondents were most concerned about facing a potential health or disability problem, including being concerned about losing their memory or having mental decline. Fifty-six percent of the respondents were concerned about ending up in a nursing home and 54% were concerned about having access to reliable health care.

Figure 27
Concerns About Aging
LGBT Respondents

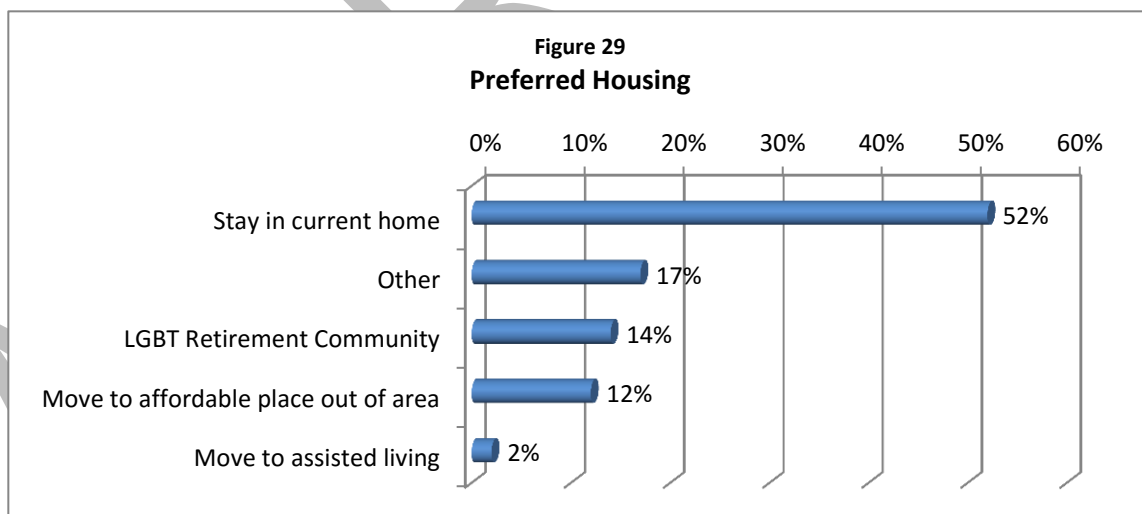


h. Housing

As indicated in Section 2, housing is an issue for older adults in PSA 1. LGBTQ respondents were asked to rate their housing needs on several dimensions. Figure 28 shows that 79% of the respondents were satisfied with their current housing situation. Twenty-two percent want to remain where they are as they age and 7% indicated they would like to move to a smaller place. Twenty percent (20%) were behind in their mortgage and 20% said that crime was a problem where they were living.



When asked what housing situation they would prefer to live in for their retirement, 52% want to remain in their current home, 17% were interested in something other than their current situation, 14% would prefer to live in an LGBTQ retirement community, 12% would like to move to an affordable place out of the area and 2% want to move into assisted living (Figure 29).



Conclusion

As a result of Roundtable discussions and needs assessment from the LGBTQ survey, A1AA has added objective 1.1.3: Ensure Inclusivity for LGBTQ Older Adults which will ensure that written and Internet-based information is inclusive of LGBTQ older adults by using inclusive terminology and images. The agency will also work to ensure a welcoming environment by posting information about inclusivity and will provide training as needed to staff and contractors to increase sensitivity and awareness around inclusivity for LGBTQ.

SECTION 6. TARGETING

A. Overview of Targeting in PSA 1

The Older Americans Act requires that “services be targeted to older people with greatest economic and social need, with particular attention to low-income minority older people, older individuals residing in rural areas, low income individuals and frail individuals (including individuals with any physical or mental functional impairment).” Outreach, defined as “providing information and encouragement about existing services and benefits to older individuals” is targeted to these groups, and includes “older individuals who have severe disabilities, who are limited English-speaking and who have Alzheimer’s disease or related disorders with neurological and organic brain dysfunction and the caretakers of these individuals.” Targeting priorities include:

- 1) Older individuals who have the greatest economic need, defined as; *“the need resulting from an income level at or below the poverty line (as defined by the Office of Management and Budget and adjusted by the Secretary in accordance with Section 673(2) of the Community Services Block Grant Act (42 USC 3002(27)).”*

As noted in Sections 2 and 3, the percentage of those at or below the federal poverty for Humboldt County and remained constant for Del Norte County residents. The median income for both counties is more than \$20,000 below the state median. It is estimated that more than half of people aged 65+ are economically insecure in both counties, based on the Elder Economic Security Index. Providing low income older adults with access to services is an important objective for A1AA.

Estimates of the percentages of minorities age 65+ and older in Humboldt County are provided in Table 10 (current data is not available for Del Norte County). The estimates reflect the fact that PSA 1 is not as ethnically diverse as other areas of the state, however, the estimates indicate that 5% of Native Americans living in Humboldt County are at or below the federal poverty level. Females are disproportionately impacted in all groups.

Table 10				
Race (Humboldt County)	Male 65+	Female 65+	Total	Percent
White	502	749	1251	90.3%
Black or African American	8	0	8	0.6%
American Indian & Alaskan Native	17	52	69	5.0%
Asian	0	4	4	0.3%
Native Hawaiian/Pacific Islander	0	0	0	0.0%
Hispanic or Latino	4	49	53	3.8%
Source: American Community Survey Five Year Estimates, 2010-2014				

- 2) Older individuals who have the greatest social need, defined as *“the need caused by non-economic factors which include, a) physical and mental barriers; b) language barriers, and c) cultural, social or geographical isolation, including isolation caused by racial or ethnic status, that: i) restricts the ability of an individual to perform daily tasks, or ii) threatens the capacity of the individual to live independently (42 USC 3002(28)).”*

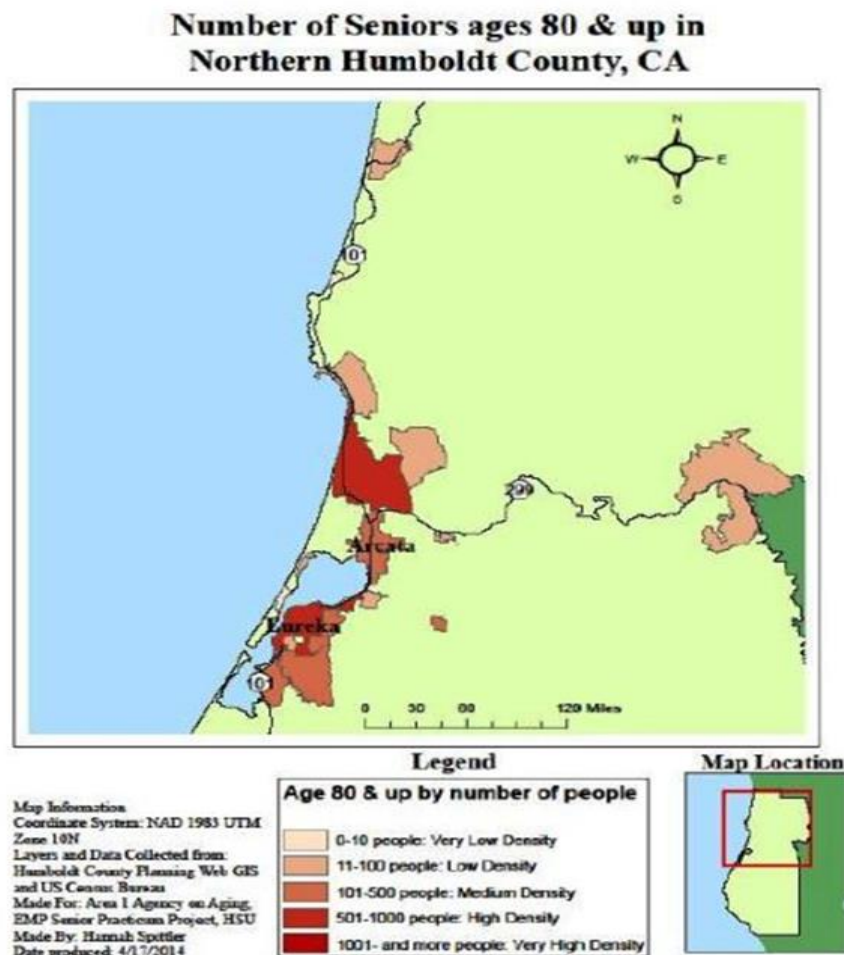
Rural/Geographic Isolation: The California Department of Aging has indicated per State Program Reports, PM 97-02, rural is defined as follows: “Rural status will be individually determined for each registered client, using the client’s zip code matched to Census boundaries.” Rural area, as defined by

the Census means any area not defined as urban. The Census defines an urban area as “a central place and adjacent densely settled territory with a combined minimum population of 50,000.” Also, it is an incorporated place or census designated place with 20,000 or more inhabitants.

According to the California Department of Aging, Table 2 (Section 2) 29% of adults 60+ in PSA 1 are geographically isolated. Rural isolation is a significant factor for older adults living outside the Micropolitan areas of Eureka-Fortuna-Arcata and Crescent City regions where larger populations are congregated and services are more easily accessed. The geographic and climate challenges, coupled with limited transportation resources described in Section 2, make it very difficult and at times, impossible, for older adults living in the most remote regions of both counties to access services.

Data from the Spatial Analysis-Based Assessment of Current & Future Needs of the Aging Population in Humboldt County conducted by HSU students (Section 2.1.b) allowed AIAA to identify where adults age 80 and older reside in Humboldt County. This group is most likely to experience the greatest impact related to aging including limited mobility, greater likelihood of a disabling or limiting conditions, and greater likelihood of frailty. They may also be at greater risk of isolation due to these limitations, as well as potential for abuse or exploitation, while at the same time having inability to access needed resources to address these conditions. Figures 30 and 31 provide a spatial map of those at age 80 years and older in Northern and Southern Humboldt areas.

Figure 30



Number of Seniors ages 80 & up in Southern Humboldt County, CA

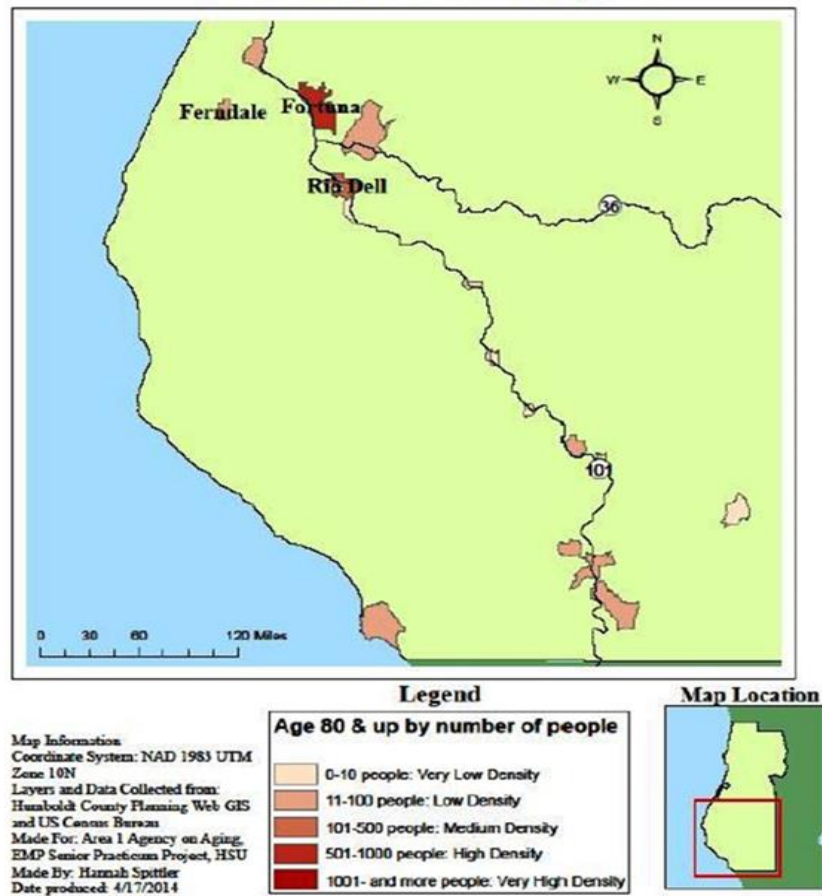


Figure 31

Older adults with disabilities: It is estimated that a significant number of adults age 65+ in PSA 1 are impacted by limitations and disabilities, ranging from hearing and vision impairments up to and including possible dementia and cognitive decline (Tables 2 and 3, Section 2). This population is widely dispersed throughout the region. They may also be impacted by rural isolation and economic insecurity. Informal caregiving is often the one and in many cases only thing that allows older adults with disabilities to remain in their homes and to maintain a level of independence that would not be possible with institutionalization.

3. Older Native Americans

A comparison of the percentages from Tables 9 (from the 2010 decennial Census) and Table 10 (from the American Community Survey five year estimates, 2010-2014) indicates that the percentage of Older Native Americans has remained stable at 5% of the 65+ population in Humboldt County. American Indian tribal lands encompass approximately 95,000 acres and there are eight federally recognized tribes: Bear River Band of Rohnerville Rancheria, Big Lagoon Rancheria, Blue Lake Rancheria, Hoopa Valley Tribe, Karuk Tribe, Table Bluff Rancheria, Trinidad Rancheria, and the Yurok Tribe. According to the Humboldt County Department of Health and Human Services Community Health Assessment, 2013, Native Americans are more likely to have a shorter life. On average, in Humboldt County, non-white and American Indian/Alaska Native persons die approximately twelve years earlier than their white

counterparts. This trend has continued over the past decade. Many Elders access services through programs available through the tribes and Title VI programs.

B. Addressing the Needs of Targeted Older Adults

In the coming four year cycle, for 2016-2020, A1AA has planned services and developed goals and objectives to provide outreach and services to assist in meeting the needs of targeted groups, as funding allows. Many individuals fall into more than one targeted group. For example, a low-income senior can also have significant health problems and financial concerns. Highest quality service delivery is based on addressing each person's need on an individualized basis. A1AA has designated a significant portion of its budget for Information and Assistance services in both counties which will enable staff to respond to questions, provide advocacy and referral to services for clients to assist them in locating resources and benefits, such as affordable housing, transportation, legal resources and medical care. I and A staff will continue to provide safety checks, information, referral, advocacy and assistance to seniors who are home-bound through In-Home Visiting program. Low-income clients in need of legal assistance will be served through Senior Legal Services.

A1AA currently has a Spanish-speaking staff member in the Information and Assistance program that assists with translation when needed. Staff uses a fee-based language translation line to provide HICAP and other services. HICAP staff provides training to senior service providers who are members of tribal organizations on a regular basis.

Understanding and navigating the maze of resources and services in the region can be confusing. A1AA has regularly updated the Senior Information Guide (SIG), the only local publication with a comprehensive listing of services for seniors and people with disabilities in the PSA. The SIG is widely distributed. Both clients and providers of senior services rely primarily on the SIG when assisting older adults and adults with disabilities. A1AA recently completed publication of the 2016-17 SIG which features a larger font and increased focus on resource entries vs. general narrative and increased resources for veterans and the LGBTQ populations.

A1AA staff regularly participates in health fairs and related events to provide outreach at public venues. HICAP staff provides appointments at various sites throughout PSA 1. I and A staff provide Visiting in a client's home and Legal Services focuses efforts on providing access to the courts and legal systems for low-income clients. Nutrition programs conduct in-home assessments for seniors requesting home delivered meals. Redwood Caregiver Resource Center will work in coordination with the Humboldt Senior Resource Center to provide outreach efforts two days a week to identify targeted caregivers through the FCSP contract.

Access to good nutrition and timely medical care is challenging for older adults who are in the greatest economic or socially needy categories. Home-delivered meals will continue to be provided to home-bound seniors throughout PSA 1 and contractors will continue to focus efforts on serving targeted groups to the best of their financial ability. Transportation to access medical and food resources will be provided via the Volunteer Driver Program in Humboldt County. A1AA will provide technical assistance and support to the Del Norte Senior Center for the development of a Volunteer Driver Program to expand transportation services in Del Norte County. Older adults who are impaired to the extent that they need caregivers to assist them with activities of daily living are an important group needing services. A1AA has provided FCSP as a direct service. Starting in 2016-17 A1AA will be subcontracting this program to Redwood Caregiver Resource Center. The initial year (2016-17) will involve capacity building and service coordination for the new contractor leading to improved and expanded services for caregivers

Older adults residing in institutions are one of the most vulnerable groups and A1AA has an important role through its Long Term Care Ombudsman Program to continue to ensure that the rights of this group are protected and their needs for quality care addressed.

C. Barriers Addressing the Needs of Targeted Older Adults

Many barriers have been identified in Sections 2 and 3. The biggest barriers to accessing services for groups identified as “target populations” are financial, geographic (including transportation); a client’s physical limitations; lack of sufficient providers and resources; and culture. Services are primarily located in the larger population centers and providing services in the more rural regions is challenging. Often people who live in these areas cannot access the transportation necessary to get to services. It is too costly for service providers to travel to the outlying areas to make services available on a consistent basis. Some of these barriers (financial, geographic and physical) can be overcome by using alternative service provision, such as telephone, website and video-conferencing. This can reduce the need to travel to obtain services. However, the individual must have the type of equipment necessary and the technical skills to access this type of service delivery. While it is understood that many seniors may not have access to a computer, some seniors in rural areas may not even have a phone. Lack of adequate funding, the growing senior population, funding silos, fragmented systems, competing priorities, and restrictive eligibility criteria all have a major impact on service delivery.

APPROVED

SECTION 7. PUBLIC HEARINGS**PSA 1**

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	3/15/16	Del Norte Senior Center, Crescent City	28	No	No
	4/7/16	Humboldt Senior Resource Center Eureka, CA	16	No	No
2017-18					
2018-19					
2019-20					

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

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

Public hearing notices were published in local newspapers and on the A1AA web and Facebook pages. Flyers were mailed to senior centers and service providers. A summary of proposed activities and changes for Area Plan 2016-2020 was distributed to service providers, county libraries and senior centers.

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
n/a

4. Attendees were provided the opportunity to testify regarding setting minimum percentages

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.

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.

The proposed adequate proportion percentages were discussed at both public hearings. No comments were made related to the distribution of priority services.

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

Funding: there were questions about where A1AA funding comes from and how it is allocated to the counties, why it is allocated by population size, what kinds of grants we receive and what kind of fund-raising is done and how many area agencies on aging exist. Participants asked what can be done to address the increase of the senior population size and increase the funding and it was suggested that they contact representatives to advocate for OAA reauthorization and increases. There were comments about the adverse impact that sequestration has had on programs. Accessing Americorps as a possible means of help with fund-raising was suggested.

Representatives from a health organization asked if there was a physician to help with advocating for services for the elderly.

Programs and Eligibility: Participants asked what age OAA targeted and had questions specific to accessing the In-Home Visiting program. There were questions about the assistance that is available for helping Veterans and homeless seniors.

Caregiving: There is a growing need for trained, professional caregivers.

Participants commented that property taxes and fire taxes for those living outside the city limits are too high and asked if there was a way to reduce property taxes for elderly.

Transportation: Del Norte needs a Volunteer Driver Program and would like to start one.

Housing: there is a need for moderate and affordable housing for seniors.

One participant asked if there was help for seniors to pay of a student loan.

There were several requests and suggestions specific to the Del Norte Senior Center (i.e. more computers, a public telephone, a fax machine for seniors to access).

There is a need for a resource to work out budgets and regular payments of bills when unexpected medical expenses add on top of a tight budget for clients with medical problems who are seriously ill

A summary of comments submitted by nutrition service provider follows:

Congregate Meals

In 2013 weekly congregate meals were reduced by one day because of decreased funding. Meals are served at three dining centers Tuesday – Friday. It is still the goal to return to service five days per week. As of the end of February, over 19,492 meals have been provided through our congregate program. With four months remaining in this fiscal year, we expect to exceed the contract of 26,837 meals.

Home Delivered Meals

We continue with the reduction set in place in 2013 providing four delivery days and still providing 5 total meals per week.

In FY 14-15, in order to work towards a financially stable position, we made the conscious decision to reduce the number of meals delivered through attrition. As people left the program we did not enroll new participants. For nearly one year no new participants were enrolled in McKinleyville, Arcata or Eureka. The waiting list reached a high of 127 in May of 2015. With the start of FY 15-16, we began enrolling again. As of the end of February we had 33 people on our waiting list. As of the end of February, we have provided 24,734 home delivered meals. With a contract of 35,018 meals, we are projecting we will meet that goal.

Participant donations

Difficult economic conditions continue to take a toll on the older adult population. Since 2012, participant donations in the dining centers have decreased an average of 30% and in home delivered meals 7%. Efforts are continually made to encourage donations. Our population of at risk individuals, especially at the Eureka Site, continues to grow. I believe this has affected donations.

Final Comments

The changes we have made to both congregate and home delivered meals are directly caused by the lack of available funding for these programs. The costs of producing meals are constantly increasing without a similar increase in federal and state dollars to cover the increased costs. To meet these increasing costs, staff wages (except for mandated increases) have, in essence, remained stagnant.

The Agency continues to look at options for foundation support as well as growth in other programs within the agency to help support this vital program.

We anticipate we will provide over 65,000 meals by the end of this fiscal year. We believe this program continues to have a high impact on our community as we take in to account that it is more than just a meal. It is about health, nutritious food, socialization, and wellness checks.

We do appreciate and thank A1AA for your support of seniors and organizations such as HSRC and ask that you advocate for increases both at the state and federal level.

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

As a result of the Del Norte public hearing, A1AA added objective 3.1.7 to provide technical support and training to Del Norte Senior Center to develop a Volunteer Driver Program in Del Norte County.

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SECTION 8. IDENTIFICATION OF PRIORITIES

The first priority is to meet categorical funding and legislative mandates which dictate the programs and services that must be funded. These mandates set limitations on how much money is available to provide services addressing identified needs of target populations.

Failure of federal, state, and local funding to keep pace with inflation and the cost of doing business, the growing population of people 60+ requiring more services, and funding changes impacting rural areas due to the Intrastate Funding Formula, all make it difficult to meet the service needs of older adults in PSA 1.

At this year's annual public hearings A1AA updated the community on the local Older Americans Act funding levels and service requirements and what impact any loss in funding could have on services. We encouraged interested older adults to advocate for systems change and learn how to find and use the services they need now.

Public input is collected through needs assessments, direct feedback from service users regarding existing and non-existing services, public hearings, and Advisory Council outreach. Input is also collected from agency managers and direct line staff regarding client calls and issues, and regular contact with service providers in the aging network. This information is taken into consideration as A1AA continues to streamline and re-focus efforts in order to provide services and meet as many needs as possible with available funding.

While A1AA strives to meet the needs of targeted populations, serving those who have the greatest need, we are legally obligated to serve any older adult who seeks services. In the effort to achieve efficiency with inadequate funding, A1AA has designed this Area Plan based using the planning process described here and in Section 4. We have narrowed our focus to three important goals where we can do the most good for the greatest number and still meet the demands of categorical and legislative mandates.

Goal #1

Area 1 Agency on Aging will help older adults, their caregivers and individuals with disabilities, improve awareness of and access to community based services and resources within the local, regional, state and national network.

Rationale: Many people do not understand or know how to access services that assist seniors, caregivers, and people with disabilities to resolve problems and maintain independence. Providing an entry point for seniors and their caregivers is critical to link them to services. Providing published and Internet-based information reaches seniors and their caregivers throughout PSA 1. Addressing barriers to access supports the Vision of A1AA and the Older Americans Act.

We have increased our minimum percentage of Access from 20% to 40% as a result of the above mentioned input to ensure that the public is able to get a "foot in the door" so that they may be directed to services and resources to meet other needs.

Goal #2:

Area 1 Agency on Aging will provide direct and contracted services that support and strengthen the health and well-being of older adults, their caregivers and individuals with disabilities to increase independence and encourage healthy aging.

Rationale: Older adults in PSA 1 have a strong desire to age in place. Services that assist individuals with maintaining their health and independence are critical to assist older adults with

remaining independent as long as possible and directly supports the Mission of the Area 1 Agency on Aging and the intent of the Older Americans Act.

A1AA will continue to provide and where possible, expand services to assist with meeting the desire of most seniors to age in place. Adequate proportion for In-Home services will remain at 3% and 10% for Legal Services in the coming year.

Goal #3:

Area 1 Agency on Aging will strengthen community capacity to better support an aging population by increasing awareness of the needs of older adults. We will advocate at the systems level to improve the coordination of and access to resources and services for older adults.

Rationale: As the Baby Boomer population ages, the number of older adults needing services will significantly increase. Resources and funds for services have not increased to keep pace with this population's current and future service needs. It is critical that stake holders and service providers in PSA 1 understand how this trend is impacting our communities. Providing advocacy to increase understanding of these issues and improve coordination within the aging network is essential to remain responsive to the needs of older adults.

Meeting healthcare needs, particularly in Del Norte County, is an ongoing challenge. Access to health care is an issue for people of all ages living in rural counties. A1AA will continue to work with partners to advocate for improvements in health care provision. The Advisory Council will receive and respond to requests for letters of support or opposition as needed. We will continue to support efforts such as PACE and other providers who strive to improve resources for older adults.

The agency has experienced significant staffing changes since the last Area Plan. In the past year, we have hired a new Fiscal Director, a new Information and Assistance Manager, and a bookkeeper. We have had staffing changes in Information and Assistance, HICAP, Data Reporting and Management, the Volunteer Driver Program, RSVP, and our Fiscal Department through a combination of resignations and position changes.

Our Planner/Contract Manager position is underfunded at only 20 hours per week and it is challenging to meet workload demands including new contracts and a new four-year plan without exceeding allocated hours. A1AA staff requested and received permission from CDA to conduct a noncompetitive process for its nutrition and legal services contracts and postpone the normal competitive request for proposal process until 2016-17 due to staffing changes and the lack of adequate funding for staff time to complete these activities.

We anticipate more changes in the coming four-year cycle, including the potential need to sell our portion of our office building and/or move from this location, and/or discontinue our function as an Area Agency on Aging. Our plan is to provide high quality services as outlined for FY 2016-17 and to actively analyze our fiscal situation and be responsive to changes as they arise. Our agency continues to use its reserve funds to pay for the Area 1 Agency on Aging functions.

SECTION 9 - AREA PLAN NARRATIVE GOALS AND OBJECTIVES**PSA 1**

Goal #1: Area 1 Agency on Aging will help older adults, their caregivers and individuals with disabilities, improve awareness of and access to community based services and resources within the local, regional, state and national network.

Rationale: Many people do not understand or know how to access services that assist seniors, caregivers, and people with disabilities to resolve problems and maintain independence. Providing an entry point for seniors and their caregivers is critical to link them to services. Providing published and Internet-based information reaches seniors and their caregivers throughout PSA 1. Addressing barriers to access supports the Vision of A1AA and the Older Americans Act.

List Objective Number(s) ____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] <u>1.1 Public Information</u>	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
1.1.1 Senior Information Guide, Title IIIB Update and distribute copies of the Senior Information Guide, listing services, resources and information about community-based resources and services critical to older adults and adults with disabilities. <i>Executive Director, I & A Manager</i>	July 1, 2016-June 30, 2017		
1.1.2 Printed and Internet-Based Media Publish articles about issues important to seniors and caregivers in local printed and Internet-based media. Maintain A1AA website and Facebook page and other social media with information about its mission and services and post current information relevant to aging in PSA 1. <i>Executive Assistant/Social Media Coordinator.</i>	July 1, 2016-June 30, 2017		
1.1.3 Ensure Inclusivity for LGBT Older Adults Ensure that written and Internet-based information is inclusive of LGBT older adults by using inclusive terminology and images. Ensure a welcoming environment by posting information about inclusivity. Provide training as needed to staff and contractors to increase sensitivity and awareness around inclusivity for LGBT. <i>Executive Assistant/Social Media Coordinator, Program Managers, Planner/Contract Manager.</i>	July 1, 2016-June 30, 2017		
<u>1.2 Advocacy and Assistance for Clients</u> 1.2.1 I & A Services, Title IIIB Access* I & A Services: provide access points at both Information and Assistance offices for seniors, their families, caregivers, people with disabilities and other service providers to obtain information and connections to community-based services. <i>I & A Manager</i>	July 1, 2016-June 30, 2017		

⁴ Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

⁵ Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

List Objective Number(s) _____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C ⁶	Update Status ⁷
1.2.2 Health Insurance Counseling and Advocacy Program Offer year-round individual counseling appointments for seniors and adults with disabilities who are eligible for Medicare and those preparing for Medicare. <i>HICAP Manager</i>	July 1, 2016-June 30, 2017		
1.2.2.1 HICAP Workshops Provide workshops to educate and inform seniors and organizations that support them about Medicare, fraud prevention and related programs, education and enrollment in federal subsidy programs <i>HICAP Manager</i>	July 1, 2016-June 30, 2017		
1.2.3 Legal Advice, Title IIIB, Legal* Contract, monitor and support legal services for seniors and adults with disabilities in PSA 1. <i>Planner/Contract Manager</i>	July 1, 2016-June 30, 2017		
1.2.4 Caregivers, Title IIIE, FCSP Contract to provide caregiver outreach services to identify eligible caregivers in PSA 1 to improve access to FCSP services and monitor to ensure compliance with all requirements <i>Planner/Contract Manager</i>	July 1, 2016-June 30, 2017		
1.2.5 Long Term Care Ombudsman Program Recruit, retain and maintain volunteer Ombudsman. <i>LTCOP Coordinator/Manager</i>	July 1, 2016-June 30, 2017		
1.2.5.1 Provide two trainings to the skilled nursing homes regarding resident rights and role of the Ombudsman to improve the quality of care and the quality of life for residents. <i>LTCOP Coordinator/Manager</i>	July 1, 2016-June 30, 2017		
1.2.5.2 Elder Abuse Prevention Provide training sessions to community-based organizations to improve the identification and prevention of elder abuse, neglect and exploitation. <i>LTCOP Coordinator/Manager</i>	July 1, 2016-June 30, 2017		

⁶ Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

⁷ Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal #2:

Area 1 Agency on Aging will provide direct and contracted services that support and strengthen the health and well-being of older adults, their caregivers and individuals with disabilities to increase independence and encourage healthy aging.

Rationale: Older adults in PSA 1 have a strong desire to age in place. Services that assist individuals with maintaining their health and independence are critical to assist older adults with remaining independent as long as possible and directly supports the Mission of the Area 1 Agency on Aging and the intent of the Older Americans Act.

List Objective Number(s) _____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C ⁸	Update Status ⁹
2.1 Maintain Independence and Increase Well-Being			
2.1.1 In-Home Visiting, Title IIIB, In-Home* Visit clients in their homes to provide contact, safety checks, and reassurance. <i>I & A Manager</i>	July 1, 2016- June 30, 2017		
2.1.2 Transportation, Title IIIB Access Provide rides to older adults and adults with disabilities to obtain necessary medical services and food resources. <i>I & A Manager.</i>	July 1, 2016- June 30, 2017		
2.1.3 Home Delivered Meals, Title IIIC-2 Contract to provide meals delivered to eligible seniors at their place of residence and monitor to ensure compliance with all requirements. <i>Registered Dietitian, Planner/Contract Manager.</i>	July 1, 2016- June 30, 2017		
2.1.4 Congregate Meals, Title IIIC-1 Contract to provide meals to eligible individuals at congregate meal settings in PSA 1 and monitor to ensure compliance with all requirements. <i>Registered Dietitian, Planner/Contract Manager</i>	July 1, 2016- June 30, 2017		
2.1.5 Nutrition Education, Title IIIC-1 & C-2 Contract to promote healthy eating through approved nutrition education programs delivered quarterly to congregate and home-delivered meal participants. <i>Registered Dietitian, Planner/Contract Manager</i>	July 1, 2016- June 30, 2017		
2.1.6 Access to Locally Grown Food Facilitate the distribution of Farmer's Market Coupons to promote wellness among vulnerable older adults. <i>I & A Program Manager.</i>	July 1, 2016- June 30, 2017		

⁸ Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

⁹ Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

List Objective Number(s) _____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C ¹⁰	Update Status ¹¹
<u>2.1 7 Staying Active and Independent for Life Program (SAIL), Title IIID*</u> Reduce the risk of falls among older adults by contracting with licensed physical therapist to train and evaluate instructors in SAIL, an evidence-based fall prevention exercise and education program that has been approved by the National Council on Aging in the highest level of research tiers. Research has shown that a program that includes aerobics, strengthening, and balance components is effective in preventing falls in older adults. <i>Consultant Physical Therapist.</i>	July 1, 2016- June 30, 2017		
<u>2.1.7.1 Evaluate SAIL Program, Title III D</u> Evaluate SAIL program participants with approved, evidenced-based, semi-annual assessments by instructors for strength and balance changes. Evaluate SAIL program based on instructor and participant feedback through evaluations. The SAIL Program Instructor Evaluation Fidelity document will be used for evaluations. <i>Consultant Physical Therapist</i>	July 1, 2016- June 30, 2017		
<u>2.1.8 Caregivers, Title III E, FCSP</u> Contract to provide services such as caregiver respite, comprehensive assessment, caregiver counseling, caregiver support groups and training to improve outcomes for caregivers in PSA 1 and monitor to ensure compliance with all requirements <i>Planner/Contract Manager</i>	July 1, 2016- June 30, 2017		

¹⁰ Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

¹¹ Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal #3:

Area 1 Agency on Aging will strengthen community capacity to better support an aging population by increasing awareness of the needs of older adults. We will advocate at the systems level to improve the coordination of and access to resources and services for older adults.

Rationale: As the baby boomer population ages, the number of older adults needing services will significantly increase. Resources and funds for services have not increased to keep pace with this population's current and future service needs. It is critical that stake holders and service providers in PSA 1 understand how this trend is impacting our communities. Providing advocacy to increase understanding of these issues and improve coordination within the aging network is essential to remain responsive to the needs of older adults.

List Objective Number(s) _____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C¹²	Update Status¹³
<u>3.1 Increase Knowledge and Provide Systems</u>			
<u>Advocacy</u>			
3.1.1 Advisory Council Coordinate and support an advisory council, which provides input to A1AA related to areas identified as priority needs, to assist with public hearings and the development of the area plan., <i>Planner/Contract Manager</i>	July 1, 2016- June 30, 2017		
3.1.2 Systems Advocacy Advocate at local, state, regional, and national levels about issues impacting older adults, their caregivers, and adults with disabilities. <i>Executive Director, Planner/Contract Manager, Advisory Council Members.</i>	July 1, 2016- June 30, 2017		
3.1.3 Community Coordination Work with business, government, tribal groups, educational and other community-based organizations to increase their understanding of aging issues and participate in activities that improve and expand service delivery for older adults. <i>Executive Director, I & A Manager, Planner/Contract Manager</i>	July 1, 2016- June 30, 2017		
3.1.4 Service Improvement Provide support and technical assistance as needed to the Del Norte Senior Center for the development of a volunteer driver program. <i>I & A Manager</i>	July 1, 2016- June 30, 2017		
3.1.5 Service Coordination Participate in meetings with Humboldt Senior Resource Center to discuss strategic partnerships. <i>Executive Director, A1AA Board of Directors</i>	July 1, 2016- June 30, 2017		

¹² Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

¹³ Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

List Objective Number(s) ____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C ¹⁴	Update Status ¹⁵
3.1.6 Disaster Preparation Advocate for the needs of vulnerable, frail and/or isolated older adults with disaster preparation organizations such as the American Red Cross, Voluntary Organizations Active in Disaster and other appropriate organizations. <i>Executive Director</i>	July 1, 2016- June 30, 2017		
3.1.7 Area Planning and Aging Research Conduct needs assessment and other research activities to identify and understand the needs of older adults, remain current on aging demographics in PSA 1, inform community stake holders, and plan services. <i>Planner/Contract Manager, Advisory Council Members</i>	July 1, 2016- June 30, 2017		
3.1 8 Senior Housing Research Research best practices in housing support programs and systems to address the housing needs of low-income and homeless seniors and seniors living in their own homes who need help to remain independent. <i>I & A Manager , Planner/Contract Manager, Advisory Council Members</i>	July 1, 2016- June 30, 2017		

¹⁴ Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

¹⁵ Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES**PSA 1****TITLE III/VIIA SERVICE UNIT PLAN OBJECTIVES
CCR Article 3, Section 7300(d)**

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

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

Report the units of service to be provided with **ALL funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VIIA.

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0		
2017-2018			
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	0		
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	0		
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	57,000	2	2.1.3
2017-2018			
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	0		
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	0		
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	0		
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	42,000	2	2.1.4
2017-2018			
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	0		
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	1,200	2	2.1.2
2017-2018			
2018-2019			
2019-2020			

11. Legal Assistance**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	1,694	1	1.2.3
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	1,400	2	2.1.5
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	2,250	1	1.2
2017-2018			
2018-2019			
2019-2020			

14. Outreach (Access)**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0		
2017-2018			
2018-2019			
2019-2020			

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

- Each **Title IIIB** “Other” service must be an approved NAPIS Program 15 service listed on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.
- Identify **Title IIIB** services to be funded that were not reported in NAPIS categories 1–14 and 16. (Identify the specific activity under the Other Supportive Service Category on the “Units of Service” line when applicable.)

Title IIIB, Other Priority and Non-Priority Supportive Services

For all Title IIIB “Other” Supportive Services, use the appropriate Service Category name and Unit of Service (Unit Measure) listed in the CDA Service Categories and Data Dictionary.

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

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

Other Supportive Service Category Public Information **Unit of Service** 1 Activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	18	1	1.1.1, 1.1.2
2017-2018			
2018-2019			
2019-2020			

Other Supportive Service Category Visiting (In Home) **Unit of Service** 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	135	2	2.1.1
2017-2018			
2018-2019			
2019-2020			

16. Title IIID/ Disease Prevention and Health Promotion

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

Unit of Service = 1 contact

Service Activities: Staying Active and Independent for Life (SAIL) Program

- **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	20,000	2	2.1.7; 2.1.7.1
2017-2018			
2018-2019			
2019-2020			

TITLE IIIB and Title VIIA:
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

2016–2020 Four-Year Planning Cycle

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

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

The AAA will establish targets each year in consultation with the local LTC Ombudsman Program Coordinator. Use the yearly baseline data as the benchmark for determining yearly targets. Refer to your local LTC Ombudsman Program's last three years of AoA data for historical trends. Targets should be reasonable and attainable based on current program resources.

Complete all Measures and Targets for Outcomes 1-3.

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

Measures and Targets:

A. Complaint Resolution Rate (AoA Report, Part I.E, Actions on Complaints)

The average California complaint resolution rate for FY 2013-2014 was 73%.

<p>1. FY 2014-2015 Baseline Resolution Rate: Number of complaints resolved <u>52</u> + Number of partially resolved complaints <u>20</u> divided by the Total Number of Complaints Received <u>157</u> = Baseline Resolution Rate <u>46</u>% FY 2016-17 Target Resolution Rate <u>70</u>%</p>
<p>2. FY 2015-2016 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2017-18 Target Resolution Rate _____%</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>Goal 1, Objective 1.2.5</u>

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

1. FY 2014-2015 Baseline: number of Resident Council meetings attended <u>56</u> FY 2016-2017 Target: <u>45</u>
2. FY 2015-2016 Baseline: number of Resident Council meetings attended _____ FY 2017-2018 Target: _____
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>Goal 1, Objective 1.2.5</u>

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

1. FY 2014-2015 Baseline number of Family Council meetings attended <u>4</u> FY 2016-2017 Target: <u>4</u>
2. FY 2015-2016 Baseline number of Family Council meetings attended _____ FY 2017-2018 Target: _____
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: _____

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>85</u> FY 2016-2017 Target: <u>60</u>
2. FY 2015-2016 Baseline: number of consultations _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>Goal 1, Objective 1.2.5.1</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>136</u> FY 2016-2017 Target: <u>125</u>
2. FY 2015-2016 Baseline: number of consultations _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>Goal 1, Objective 1.2.5</u>

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

1. FY 2014-2015 Baseline: number of sessions <u>16</u> FY 2016-2017 Target: <u>12</u>
2. FY 2015-2016 Baseline: number of sessions _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of sessions _____ FY 2018-2019 Target: _____
1. FY 2017-2018 Baseline: number of sessions _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>Goal 1, Objective 1.2.5.2</u>

G. Systems Advocacy

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

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, State-wide, or even national in scope. (Examples: Work with LTC facilities to promote person-centered care and reduce the use of anti-psychotics, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.

Enter information in the box below.

Systemic Advocacy Effort(s) for the current fiscal year 2016-17

- Continue the long-range PSA-01 LTCOP Systemic Advocacy goal and objective to effect California Department of Social Services Community Care Licensing (CCL) regulatory reforms in licensed RCFE facility admission criteria, and ineffective oversight of licensees responsible for valid, informed pre-placement evaluations of potential residents. This includes appropriate, timely reviews of care plans for existing residents.
- Support LTCOP pathways to state regulatory reforms, including participation in the alliance of the Office of the State Long-Term Care Ombudsman (OSLTCO), California Advocates for Nursing Home Reform (CANHR), the California Long-Term Care Ombudsman Association (CLTCOA a professional association and others, to ensure valid evaluations and prescreening of residents for placement that can meet their individual physical, psychological and social needs.
- Provide leadership to implement local LTCOP activities to reduce inappropriate RCFE admissions:
 - Reinforce importance of appropriate and valid pre-admission screenings with licensees during facility visits.
 - Train local Certified Ombudsman representative to identify and document cases of inappropriate admissions, and possible resident neglect and abuse resulting from lack of staff or untrained staff. Advocate for those residents, with their permission, and resolve inappropriate and harmful placements by means available to the LTCOP.

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 6 divided by the total number of Nursing Facilities 7 = Baseline **86%**

FY 2016-2017 Target: **85%**

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

FY 2017-2018 Target: _____%

3. FY 2016-2017 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2018-2019 Target: _____%
4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2019-2020 Target: _____%
Program Goals and Objective Numbers: <u>Goal 1, Objective 1.2.5</u>

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 10 divided by the total number of RCFEs 19 = Baseline 53% FY 2016-2017 Target: 75%
2. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2017-2018 Target: _____%
3. FY 2016-2017 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2018-2019 Target: _____%
4. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2019-2020 Target: _____%
Program Goals and Objective Numbers: <u>Goal 1, Objective 1.2.5</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: 1.28 FTEs FY 2016-2017 Target: 1.28 FTEs
2. FY 2015-2016 Baseline: _____ FTEs FY 2017-2018 Target: _____ FTEs
3. FY 2010-2011 Baseline: _____ FTEs FY 2013-2014 Target: _____ FTEs
4. FY 2010-2011 Baseline: _____ FTEs FY 2014-2015 Target: _____ FTEs
Program Goals and Objective Numbers: Goal 1, Objective 1.2.5

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

1. FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers 10 FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers 10
2. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: Goal 1, Objective 1.2.5

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

Training will continue to be provided on a monthly basis on how to document case complaints. NORS trainings will be provided volunteers. The training will include review of NORS coding with examples using sample cases to show how to code a case complaint. Our goal in the coming year is to update an older computer with new/current capabilities provided funds can be made available.

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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.

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TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

The agency receiving Title VIIA Elder Abuse Prevention funding is:

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

Fiscal Year	Total # of Training Sessions for Professionals
2016-2017	2
2017-2018	
2018-2019	
2019-2020	

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

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	6
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2016-2017	25	Role of the Ombudsman/Investigation of EA
2017-2018		
2018-2019		

Fiscal Year	Total Number of Individuals Served
2016-2017	50
2017-2018	
2018-2019	
2019-2020	

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TITLE IIIIE SERVICE UNIT PLAN OBJECTIVES**PSA 1****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 IIIIE 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: Total est. audience for above:		
2017-2018	# of activities: Total est. audience for above:		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2016-2017	90	1	1.2.4
2017-2018			
2018-2019			
2019-2020			

Support Services	Total hours		
2016-2017	278	2	2.1.8
2017-2018			
2018-2019			
2019-2020			
Respite Care	Total hours		
2016-2017	488	2	2.1.8
2017-2018			
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	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2016-2017	# of activities: Total est. audience for above:		
2017-2018	# of activities: Total est. audience for above:		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		

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

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

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

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

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

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

¹⁶ If not providing a Title V program, then enter PSA number followed by "Not providing".

**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	3,439	1
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2016-2017	60	1
2017-2018		
2018-2019		
2019-2020		

Section 2: Federal Performance Measures

Fiscal Year (FY)	PM 2.1 Total Client Contacts (Estimated)	Goal Numbers
2016-2017	2,353	1
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.2 Persons Reached at PAM Events (Estimated)	Goal Numbers
2016-2017	1,857	1
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.3 Contacts with Medicare Beneficiaries Due to Disability (Estimated)	Goal Numbers
2016-2017	423	1
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.4 Low-income Medicare Beneficiary Contacts (Estimated)	Goal Numbers
2016-2017	1,022	1
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.5 Contacts with One or More Qualifying Enrollment Topics (Estimated)	Goal Numbers
2016-2017	1,854	1
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.6 Total Part D Enrollment/Assistance Contacts (Estimated)	Goal Numbers
2016-2017	1,310	1
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.7 Total Counseling Hours (Estimated)	Goal Numbers
2016-2017	1,395	1
2017-2018		
2018-2019		
2019-2020		

Section 3: HICAP Legal Services Units of Service (if applicable) ¹⁷

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

¹⁷ 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		
2017-2018		
2018-2019		
2019-2020		

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

SECTION 11 - FOCAL POINTS**PSA 1****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
Arcata Community Center	321 Martin Luther King Parkway, Arcata 95521
Del Norte Senior Center*, **	1765 Northcrest Drive, Crescent City 95531
Fortuna Senior Center*	2280 Newburg Road, Fortuna 95540
Ferndale Senior Resource Agency*	100 Main Street, Ferndale 95536
Healy Senior Center*	456 Briceland Road, Redway 95560
Hoopla Senior Center*	Loop Road, Hoopa, CA 95546
Humboldt Senior Resource Center*, **	1910 California Street, Eureka 95501
Karuk Senior Center/Panaminik Center*	459 Asip Road, Orleans 95556
Klamath Senior Center*	219 Salmon Avenue, Klamath 95548
K'ma:w Medical Center	1200 Airport Road, Hoopa 95546
McKinleyville Senior Center*	1620 Pickett Road, McKinleyville 95519

*Senior Centers = 9

**Funded in part by OAA

SECTION 12 - DISASTER PREPAREDNESS

PSA 1

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)

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 Area 1 Agency on Aging (A1AA) is involved in the community's disaster preparedness efforts, both to assist the general population in the event of a disaster and to ensure the health and safety of seniors and persons with disabilities. A1AA is member of Humboldt County's VOAD (Voluntary Organization Active in Disaster) and the COAD (Community Organizations Active in Disaster) in Del Norte County. RSVP has an MOU with Red Cross to assist in recruiting volunteers for them. A1AA works with VOAD in Humboldt County to determine how to assist seniors in the event of a major disaster. All A1AA disaster relief efforts are coordinated with the Office of Emergency Services.

1. 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
Dorie Lanni	Program Coordinator	Office: 707.268.2500 Cell:	dlanni@co.humboldt.ca.us
Cindy Henderson	Emergency Preparedness Coordinator	Office: 707.464.2527 Cell:	chenderson@co.del-norte.ca.us

2. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Maggie Kraft	Executive Director	Office: 707-442-3763, ext. 201	mkraft@a1aa.org

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

Critical Services	How Delivered?
a Information and Assistance b Reassurance, safety checks c	a I & A staff will provide via phone, home visits and in emergency shelters/centers b A1AA staff and volunteers will provide via

d	phone, home visits and in emergency shelters/centers as requested, in coordination with OES, Red Cross and VOAD
---	---

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

A1AA is a member of VOAD in Humboldt and COAD in Del Norte and keeps current through these groups regarding disaster preparedness. A1AA coordinates with senior centers within the PSA as well as the Red Cross. RSVP assists in finding volunteers to help Red Cross with disaster preparedness and response. In Del Norte, our smaller staff and volunteer members coordinate with the Del Norte Senior Center to assist with response.

5. Describe how the AAA will:

- **Identify vulnerable populations.**
-
- We will identify vulnerable populations through records kept in our SAMS data base, through community outreach and referral, and through community partners who serve the frail and vulnerable, such as Home Delivered meal programs, MSSP, PACE, Adult Day Health Services and Adult Protective Services. Our Ombudsman and volunteers will focus their efforts in the long term care facilities
- .
- **Follow-up with these vulnerable populations after a disaster event.**
-
- Available staff will be assigned to check on any vulnerable clients without other community or senior service supports, or ask requested by OES/Red Cross.

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 funds¹⁸ 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 40% 17-18 _____% 18-19 _____% 19-20 _____%

In-Home Services:

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

2016-17 3% 17-18 _____% 18-19 _____% 19-20 _____%

Legal Assistance Required Activities:¹⁹

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

2016-17 10% 17-18 _____% 18-19 _____% 19-20 _____%

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. As discussed in several sections, the reality is that funding is not sufficient to meet the needs of a growing older population in PSA 1. We recognize that our proportion of In-Home Services is small. A1AA will continue to work with partners to advocate for improvements in community-based services that address these needs and will continue to seek outside funding when appropriate. We will continue to support efforts such as PACE and other providers who strive to improve resources for older adults.

¹⁸ 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.

¹⁹ 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 1****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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long-Term Care Ombudsman	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIIE ²⁰	16-17	17-18	18-19	19-20
<input type="checkbox"/> Information Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access Assistance	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

²⁰ Refer to PM 11-11 for definitions of Title III E categories.

A1AA has developed this area plan to provide the activities directly and through contracting to assist in meeting the needs of targeted groups, as funding allows. This plan is outlined through the objectives in section 9 and includes activities that (1) promotes information and access to services, (2) engages in activities to maintain independence and encourage healthy aging, and (3) builds partnerships and collaboration in the community to increase awareness of aging issues.

Objectives to ensure target populations are served throughout the PSA include:

- Providing direct Information and Assistance Services to seniors, their families and caregivers and professionals in Humboldt and Del Norte counties (*Objs. 1.1.1-1.1.2, 1.2.1; 2.1.1*).
- Provide regular trainings and workshops to distribute information about aging issues and services available (*Objs. 1.2.2.1,*).
- Participating in collaborative efforts with service providers and other key stakeholders to improve the coordination of and access to resources and services for older adults. (*Objs. 3.1.1-33.1.8*)

APPROVED

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: Transportation (Goal 2, Objective 2.1.2)

Check applicable funding source:²¹

☒ 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 service²² : Transportation has been identified as a key need in PSA 1 and is an important service that provides access to medical and food resources. Start-up funding was made available in prior years and the use of a volunteer-based program has enabled us to continue the service at a lower cost than if using paid drivers.

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.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 1

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: In-Home Visiting (Goal 2, Objective 2.1.1)

Check applicable funding source:²³

☒ 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 service²⁴ : Results of public hearings and needs assessment indicated that seniors have concerns about safety and remaining independent while living in their homes. Staff determined that providing in-home visiting and follow up telephone contacts would assist seniors with identifying barriers to remaining independent through assessments, referral and follow-up. There are no other programs available that offer in-home visiting of this nature.

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.

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: HICAP (Goal 1, Objectives 1.2.2 & 1.2.2.1)

Check applicable funding source:²⁵

☐ 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 service²⁶ : A1AA received approval to provide HICAP as a direct service on July 2, 1998. PSA1 is a rural area with a lack of adequate providers able to offer this service. In addition, the outreach and advocacy provided through the HICAP mission and services increase visibility of our agency as a leading voice in aging issues in the community. A1AA would request to continue this 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.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**PSA 1**

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: Public Information

Check applicable funding source:²⁷

☒ 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 service²⁸: A1AA develops and produces a Senior Information Guide every other calendar year. The SIG is critical in providing information to seniors, caregivers and providers in the aging network about services and resources available in PSA 1. The current SIG covers calendar years 2016 & 2017. The next printed SIG will be released in the first quarter of 2018. In the interim years, enough copies are available to allow for continuous distribution to clients and at various venues and the updated information for the next publication is collected. When possible, the information in the SIG is modified. We also publish relevant and important articles in print and Internet media using our Facebook and Web site. *Note: Revised 10-3-16*

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.

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

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

Total Number of Board Members: 12**Name and Title of Officers:****Office Term Expires:**

George Ingraham, MD	Chair	11/16
John Gambin, MD	Vice-Chair	11/16
Diane Lehman	Secretary	11/16
Sid Noyes, CPA	Treasurer	11/16

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

George Ingraham, MD	11/18
John Gambin, MD	11/20
Diane Lehman	11/22
Sid Noyes	11/18
Dianne Bennett, Del Norte	11/23
Tom Cochran, Del Norte	11/18
Diana Fraga	11/23
Nyle Henderson	11/22
Naomi Johnson	11/20
Darlene Penfold	11/19
Sheila Rocker Heppe	11/21
Del Norte Member	Vacant

PSA _____

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

Number of Council Members over age 60

% on
Advisory Council

White
Hispanic
Black
Asian/Pacific Islander
Native American/Alaskan Native
Other

86%
3.1%
.5%
1.2%
3.4%
3.2%

67%
0%
0%
0%
0%
33%

Office Term Expires:

Name and Title of Director		Since Term Expires
Carol A. Lee	President	7/17
Amanda Haney	Vice-President	7/17

Office Term Expires:

Carol A. Lee	6/18
Amanda Haney, Del Norte	6/22
Supervisor Rex Bohn	6/19
Supervisor Gerry Hemmingsen, Del Norte	6/24
Bonnie MacGregor	6/19
Tim Marks	6/23
Slyvia Shaw	6/23
Del Norte Member	Vacant
Humboldt Member	Vacant
Humboldt Member	Vacant
Humboldt Member	Vacant
Humboldt Member	Vacant

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 checked="" type="checkbox"/>	<input type="checkbox"/>
Individuals with Leadership Experience in Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Explain any "No" answer(s):

We continue to seek a Health Care Provider Representative but as of this writing, we have not located anyone yet.

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

A1AA’s Board ratifies the Advisory Council nominees by majority votes.

2016-2020 Four-Year Area Planning Cycle

This section must be completed and submitted with the Four-Year Area Plan. Any changes to this Section must be documented on this form and remitted with Area Plan Updates.²⁹

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

Area 1 Agency on Aging will provide leadership and services that support older persons and those with disabilities through education, programs, advocacy and volunteerism.

2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? 10%.

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).

Access to housing in PSA 1 is a significant problem. The goal of Legal Services is to provide access to the courts, particularly for targeted groups. Clients who don't have housing, for example, Veterans, who are typically older adults, have difficulty following the rules of the court if they are unable to show up on time or if they lack housing and/or transportation.

The other key issue for PSA 1 is the rural and remote area of PSA 1 makes it costly and very difficult for clients to access services. The travel time becomes an impediment when sending staff or volunteers to Hoopa, Redway or Del Norte County due to the geographic and climate problems we have with transportation. It is critical to understand that there's a higher cost associated with providing services in rural areas.

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?

Yes, our provider is required to set goals and objectives each year and these are evaluated annually through the continuation application/contracting process and through site monitoring visits which are conducted biennially. The top four priorities are 1) Eligibility for benefits (for low-income and disabled older adults; 2) Housing; 3) Family Law; and 4) Consumer/Financial Rights.

²⁹ For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or chisorom.okwuosa@aging.ca.gov

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: *I and A refers clients to Senior Legal Services or directly to the Legal Services of Northern California office in Eureka, depending on the issue presented. In FY 2016-17, staff plan to meet with Legal Services staff to discuss improved coordination and referral for seniors and caregivers.*

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

Discussion: *Legal Services staff provide Senior Law Days in each county and advertise these and appointments through printed and electronic media. Receptionists at each location where services are provided are trained to identify clients within the targeted populations for priority appointments.*

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

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

9. Does your PSA have a hotline for legal services? *PSA 1 does not have a hotline for legal services. We publish information and the phone number for the Senior Legal Hotline in Sacramento.*

10. What methods of outreach are Legal Services providers using? *Legal Services staff provide Senior Law Days in each county and advertise these and other services through printed and electronic media.*

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 b. c.	a. Humboldt and Del Norte Counties b. c.
2017-2018	a. b. c.	a. b. c.

2018-2019	a. b. c.	a. b. c.
2019-2020	a. b. c.	a. b. c.

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

Services are accessed primarily through referral from local organizations and our I and A staff. Additional services are provided at ongoing senior legal day events.

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 top four priorities are 1) Eligibility for benefits (for low-income and disabled older adults; 2) Housing; 3) Family Law; and 4) Consumer/Financial Rights. Concerns about housing for the houseless has become more of an issue.

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: No

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

Inadequate funding for increasing demand for services and geographic barriers discussed in Section 2 and in the response to Question 3.

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

Del Norte Senior Center and the Humboldt Senior Resource Center are key locations where legal services are provided. The office of Senior Legal Services is housed at Humboldt Senior Resource Center.

SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW³⁰

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	IB 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 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	<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 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Support Services	<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	<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 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	<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 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 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	<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 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 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	<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 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 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:

Family Caregiver Supplemental Services-Caring for the Elderly

A1AA will be contracting with the Redwood Caregiver Resource Center (RCRC) to provide services for caregivers. RCRC also contracts with other PSA’s and is well-qualified to expand their services in PSA 1. Caregiver Information Services will continue to be provided by A1AA, but no OAA funds will be expended for these services. The following entities will provide both Information Services and/or Supplemental Services:

Redwood Caregiver Resource Center (office will be located at Humboldt Senior Resource Center)
1925 California Street
Eureka CA 95501

Area 1 Agency on Aging
434 7th Street
Eureka CA 95501

Humboldt Senior Resource Center (HSRC)
1910 California Street
Eureka, CA 95501

A1AA will distribute the Senior Information Guide, I and A staff will continue to provide information and to caregivers and referral will be made to RCRC as appropriate. A1AA and HSRC will continue to publish articles pertinent to caregivers through printed and Internet media platforms and will provide referral information in these articles to RCRC. RCRC and HSRC will provide caregiver information during outreach and other activities when in contact with caregivers.

Supplemental services were not identified as top needs during the public hearing and needs assessment process, however, A1AA will provide assistive devices that have been made available by non-OAA funds as a part of their In-Home Visiting program.

Monitoring and future needs assessment activities will ensure that needs are being addressed and continuity is maintained in these activities as planned.

Grandparent support services are offered in the PSA through the following:

Changing Tides

2259 Myrtle Avenue
Eureka, CA 95501

Provides information, education and support for grandparents or non-relatives raising children. Helps with guardianship and other legal and family issues. Education and support opportunities to caregivers of children and youth in out-of-home care.

Foster/Kinship/Adoption education Program-College of the Redwoods

7351 Tompkins Hill Road, Redwood Business Complex B, forum Rm 107
Eureka, CA 95501

Provides Foster Grandparents as tutors and mentors for special needs children. Volunteers must meet income eligibility requirements at no more than 200% of poverty, plus medical exemptions.

Foster Grandparent Program (Del Norte and Humboldt)

1440 California Street
Crescent City, CA 95531

Provides quality education and support opportunities to caregivers of children and youth in out-of-home care to meet the foster children's educational, emotional, behavioral, and developmental needs. Services are provided throughout PSA1.

Head Start – Northcoast Children's Services

1266 9th Street, Arcata, CA 95521

Integrated services include early childhood education, child and adult mental health services, extensive family services including education, social services, provision of basic needs, health, dental and nutritional services, case management, resource and referral, family literacy and parent involvement.

Healthy Kids, Humboldt

2200 Harrison Avenue
Eureka, CA 95501

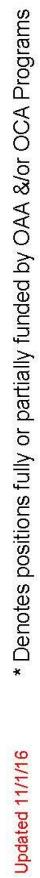
Assistance with enrollment in the Children's Health Insurance Programs for children ages 0-19, including Medi-Cal, Healthy Families and Cal Kids.

Two Feathers Native American Family Services

2355 Central Avenue, Ste. C
McKinleyville, CA 95519

APPROVED

**Area 1 Agency on Aging Organization Chart
Effective July 1, 2016**



Section 21, continued: Organization Chart: Abridged Descriptions of OAA Funded Job Duties³¹

1. Executive Director - 100% FTE, 66% OAA Funded

Responsibilities include planning and implementing programs; supervising and monitoring agency operations; developing and maintaining positive working relationships with funding sources, community agencies, and local, state and national representatives; overseeing the development of the Area Plan; overseeing grant awards and management; formulating and monitoring operational, personnel and fiscal and investment policies; interpreting agency goals to the public; acting as a recognized advocate for the rights of older adults; and assisting the Board and Advisory Council in their activities.

2. Executive Assistant – 100% FTE, 66% OAA Funded

Serve as assistant to the Area 1 Agency on Aging (A1AA) Executive Director and provides general support to A1AA administrative and program staff, prepares correspondence, agendas, minutes, and periodic reports. Serve as clerical support to the A1AA Board of Directors and A1AA Advisory Council.

3. Planner/Contract Manager- 62% FTE, 100% OAA Funded

This position is responsible for planning, research, and program development and evaluation activities and provides staff support to Advisory Council and oversight of special projects. The Planner-Contract Manager is responsible for developing and facilitating collaborative community groups to identify unmet needs and develop potential solutions. This position has responsibility for administering/monitoring agency-funded contracts, including: development, management, oversight.

4. Data Manager – 8.5% FTE, Currently Part of I & A Manager Duties

The A1AA Data Manager works closely with and provides training and support to direct A1AA program staff and contracted A1AA service providers to deliver accurate and timely reporting to the California Department of Aging and is responsible for reporting service delivery data to A1AA staff, management, and Board of Directors (BOD) as needed.

5. Receptionist – 100% FTE, 26% OAA Funded

Answer multi-line telephone system and direct calls to appropriate program staff; greet visitors, and refer individuals to appropriate program. Maintain confidential files of business accounts, confidential documents and forms. Assist with calendaring events for the conference rooms.

6. Director of Finance – 100% FTE, 68% OAA Funded

Under the direction of the Executive Director, this position is responsible for financial management and human resource management systems of the Area 1 Agency on Aging.

7. I & A Manager – 100% FTE, 92% OAA Funded

This position has responsibility for the day-to-day management and supervision of Area 1 Agency on Aging (A1AA) Information and Assistance and Home Visiting services (I&A) in Humboldt and Del Norte Counties. The manager is expected to work closely with staff, other agencies, community members, local governmental and non-profit agencies, committees, and boards as appropriate to ensure the coordination and provision of responsive and accessible services.

³¹ All A1AA full time positions are 35 hours per week. Percentages for OAA funding are rounded estimates.

8. Volunteer Driver Program Coordinator/Service Specialist – 51% OAA, 100% OAA Funded

Responsible for coordinating the Volunteer Driver Program to provide transportation assistance for medical appointments for older adults; assesses the needs of clients/riders and links them to available transportation services in Humboldt County. This position is responsible for the home visiting program which includes visiting clients in their homes to provide contact, safety checks and reassurance.

9. Service Specialist – 57% FTE, 100% OAA Funded

This position provides assistance to older adults, their caregivers, families and community service providers through phone, walk-in, written contacts, and home visits to assess their needs and link them to available services. The service includes follow-up and data entry to assure service delivery and documentation of provided services. This position may include home visiting services to visit clients in their homes and provide contact, safety checks and reassurance.

10. OMB Coordinator – 100% FTE, 100% OAA Funded

The Long-Term Care Ombudsman Program (LTCOP) Coordinator/Manager is responsible for the day-to-day management of the Long-Term Care Ombudsman Program (LTCOP).

11. OMB Admin Assistant – 43% FTE, 100% OAA Funded

Under the direction and supervision of the Long-Term Care Ombudsman Program Coordinator/Manager, the Ombudsman Administrative Assistant supports community outreach, media and marketing, and maintenance of program data processes and systems. Also assists Program Coordinator/Manager with timely, accurate and required documentation and reports.

12. HICAP Manager – 100% FTE, 100% OAA and/or OCA Funded

The HICAP Manager has the primary responsibility for the day to day management of the Humboldt County and Del Norte County HICAP Program offices. This includes direct supervision of HICAP staff and overseeing HICAP staff's supervision of HICAP volunteers. The HICAP Manager is expected to work closely with agency staff, community members, health care providers, local governmental and non-profit agencies, and any collaborative, committees, and boards as appropriate to ensure client advocacy and public education regarding Medicare, health insurance and long term care insurance issues.

13. HICAP Counselors – Two @ 100% FTE, One @ 91% FTE, Funded by OAA and/or OCA

This position advocates for Medicare eligible clients and informs the public and all interested parties about Medicare and private health insurance programs and options.

14. HICAP Volunteer Coordinator – 70% FTE, Funded by OAA and/or OCA

This position provides primary support for, and supervision of, HICAP volunteers including recruitment, training, scheduling and technical assistance.

15. HICAP Coordinator-Del Norte – 80% FTE, Funded by OAA and/or OCA

The Del Norte County HICAP Coordinator provides information, advocacy and assistance for Medicare eligible clients. Duties include informing the public and all interested parties about Medicare and private health insurance programs and options. The HICAP Coordinator is responsible for extensive outreach in Del Norte County.

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.