

# **Central Coast Commission For Senior Citizens**

## **AREA AGENCY ON AGING**

Planning and Service Area 17  
State of California

## **Area Plan on Aging**

**Fiscal Years 2012- 2016**

July 1, 2012 through June 30, 2013

**Operational Plan for**  
**First Year, FY 2012/13**

**DRAFT**

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# INTRODUCTION

The Central Coast Commission for Senior Citizens is the designated Area Agency on Aging for the Counties of San Luis Obispo and Santa Barbara. In its capacity as the Area Agency on Aging, the Agency is responsible for the implementation of the Older Americans and Older Californians Acts in this planning and service area.

The Older Americans Act is federal legislation originally enacted in 1965. The Older Americans Act presents objectives for the role of government concerning its older citizens and details an administrative structure with mandates to implement selected stated objectives. Area Agencies on Aging are created through the Older Americans Act. The AAA is the local link in the Aging Network established by the Older Americans Act. At the state level, the California Department of Aging is responsible for the implementation of the Older Americans Act. The Administration on Aging, within the Department of Health and Human Services, provides guidance through the regulatory and administrative process.

The Older Americans Act has been amended thirteen times since 1965. The recent amendments in November 2006 provide additional guidance to the Aging Network in the following areas: family caregiving, cost-sharing, and meals at adult day care centers. The Area Agency on Aging shares the responsibility of addressing present and future aging and long term care issues.

In 2012, the Older Americans Act is expected to be reauthorized. In 2010, the Administration on Aging sought comment for the development of the reauthorization. This Area Agency on Aging sent comment to strengthen the role of local services and identified several barriers to service delivery that could be improved with legislative changes. It is hoped that this reauthorization will be successful and that the Older Americans Act is strengthened in its roles in the local communities as we face an aging nation and community.

An Area Plan is developed by each Area Agency on Aging, as prescribed by the Older Americans Act, with guidance from the California Department of Aging. The Department of Aging provides Guidelines and Guidance for the annual update of the Plan. The Area Plan outlines the Area Agency on Aging intent to address the needs of the community. This Area Plan has been prepared to guide the Agency in its service to the community and to secure community input in these activities.

The Older Americans Act directs AAA's to serve as visible and effective leaders and advocates. Area Agencies on Aging have a federally mandated local leadership responsibility involved in system development. This role is reiterated in the amendments of the Older Californians Act. The Area Agency on Aging is to provide local leadership in accomplishing State and federal program goals.

The Guidance from the California Department of Aging stated that the Area Plan is intended to accurately reflect future activities of the AAA by involving and serving older individuals, their families and caregivers. It provides the format and structure to identify needs and address concerns in a manner consistent with the Older Americans Act and Older Californians Act to enable communities and AAA's to plan for the future.

Area Agencies on Aging are charged to address the broad spectrum of issues surrounding the involvement of older persons in our changing society. These persons live both in the community and in long- term care facilities. They include low-income minority individuals, those who are frail, isolated, abused, neglected and exploited, who have limited English- speaking ability, who live in rural areas, and who have neurological or organic brain dysfunction, as well as those with caregiver responsibilities. Area Agencies on Aging are charged to work proactively in the collaborative development of community- based systems of care which are responsive to the needs of this diverse population.

It is clear that Area Agencies on Aging face a number of challenges. A dynamic environment characterized by financial challenges, demographic change and diversity, administrative realignment and limited resources demands a flexible Area Plan. The Area Plan provides an opportunity to address the needs of older individuals in a manner consistent with the broad focus of the Older Americans Act: to preserve the dignity of older individuals while supporting their independence and involvement.

# Section 1: Mission Statement

Core mission statement required by the California Department of Aging is:

To provide leadership in addressing issues that relate to older Californians; to develop community based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.

The mission of the Central Coast Commission for Senior Citizens is to develop and implement a comprehensive and coordinated system of services in San Luis Obispo and Santa Barbara counties. The system of services is designed to address the continuum of care needs of senior citizens in the greatest social and economic need. The Agency will seek to secure and maintain maximum independence and dignity for senior citizens, with appropriate supportive and nutrition services.

The purpose of the Area Agency on Aging is to develop a comprehensive and coordinated system of services for older persons in San Luis Obispo and Santa Barbara counties. This system will:

- \* Secure and maintain maximum independence and dignity in a home environment for older persons capable of self care with appropriate supportive services.
- \* Remove individual and social barriers to economic and personal independence for older persons.
- \* Develop a continuum of care for the vulnerable elderly.
- \* Build a community based system of care that will serve each community in the planning and service area.
- \* Secure the opportunity for older individuals to receive managed in-home and community-based long term care services.

In fulfilling its mission, the Area Agency on Aging shall build upon the resources and the commitment unique to each community and shall be guided by a 10- point description of a community-based system that shall do all of the following:

- (1) Have a visible point of contact where anyone can go or call for help or information.
- (2) A range of options is available.
- (3) The options are accessible to all older individuals, regardless of income or level of dependency.
- (4) The system is supported by a commitment of public, private, voluntary and personal resources .
- (5) There is collaborative decision making among all concerned organizations and older individuals.
- (6) Special help or resources are available for the most vulnerable - those in danger of losing their independence.
- (7) Effective agency to agency to ensure referral (and follow-up) is provided.
- (8) There is sufficient flexibility to provide appropriate individualized assistance.
- (9) The system is tailored to the nature of the community.
- (10) The system is directed by leaders with the stature and ability to:
  - Convene all interested individuals;
  - Assess needs;
  - Design solutions;
  - Track success;
  - Stimulate change; and
  - Plan present and future community responses.

In developing systems of care for older persons, the Area Agency on Aging recognizes it is important to understand the process of aging. This will enable the Area Agency on Aging to build systems of care that respect these important concepts of aging. The ten concepts of aging are adopted from the Texas Department of Aging:

- 1) *Aging is universal.* It is common to every population and is not just a modern-day phenomenon in western civilization.
- 2) *Aging is normal.* 'Growing Up' is spoken of with respect; 'growing old' with fear. This fear develops from the stereotyped picture of aging as a loss of faculties, beauty, energy and memory.
- 3) *Aging is variable.* Each individual ages in a unique way. The state of later life develops from former personal life patterns.

- 4) *Dying is normal and Inevitable.* It is difficult for many to accept the idea that while a full, satisfying life is being lived, death can be anticipated as a meaningful closure of life.
- 5) *Aging and Illness are not necessarily coincidental.* The stereotype image again lingers, but individuals should prepare for healthy old age through improved living habits in early and middle years.
- 6) *Older People Really Represent three Generations.* The group known as 'aged' cover the years 65-112, representing two and often three, generations and may include parents, grandparents and great-grandparents. No other age group includes such diversity.
- 7) *Older People Can and Do Learn.* Capacity to learn new things and re-learn the old is not necessarily diminished by old age. Learning patterns may change from youth and the speed of learning may slow, but learning ability appears to be culturally determined, not restricted by years.
- 8) *Older People Can and Do Change.* As one grows older, many adjustments become necessary. Family members die, housing situations change, new activities are developed, and new friendships established.
- 9) *Older People Want to remain Self-Directed.* Where dependency on others for decision making exists among older people, it has often been learned as a direct result of loss of a sense of purpose and self respect. To prevent this loss when older adults undergo life changes, their self direction and sense of control should be maintained as much as possible, even if they become dependent in some ways.
- 10) *Older People are Vital Human Beings.* Although physical disability is often associated with mental inadequacy, it should be recognized that the need for physical help in crossing the street does not mean that the person does not know where he is going.

## Section 2: Description of the Planning and Service Area

### Physical Characteristics

The Central Coast Commission for Senior Citizens, Area Agency on Aging, serves persons living in San Luis Obispo and Santa Barbara Counties. These coastal counties lie between two major metropolitan areas, Los Angeles and San Francisco Bay area. This planning and service area is bordered by Monterey County to the north the Pacific Ocean to the west and south and Ventura and Kern Counties to the East. Both counties have been long term significant retirement communities for persons residing in other areas. This is the result of the excellent climate and living conditions.

A review of the residents of both counties revealed that they value quality of life and are concerned about offshore oil development, water and air quality, and urban sprawl. Both counties rely on tourism and agriculture, and recently, vineyards. Both counties have community colleges, universities, prisons and historic missions. Both counties have large mountain ranges dividing urban areas from rural regions and both have geographic distinctions.

San Luis Obispo County became in the 1990's among the top three fastest growing counties in the State. This is also true for the older population. A review in 2005 of San Luis Obispo County in twenty years reveals that the growth of the senior population is recognized as a major contributor. This has been influenced by many factors. Santa Barbara County has experienced significant growth in its total population; that growth has been focused on the northern portion of the County. While both counties still have agriculture as the major income producer there has been growth in many other sectors; creating tensions between the urban and agricultural communities.

Growth has been affected in recent years by the significant increases in the cost of housing and the most recent recession and housing crisis. Both the Cities of San Luis Obispo and Santa Barbara have been identified in recent surveys as among the top unaffordable living communities in the Nation. As a result, population projections have been revised to reflect slower growth. However, the growth of the retired population is still projected to be significant; many retirees moving to the region sell a home in a metropolitan area and therefore can afford the local housing prices. The impacts of the significant housing prices is widespread. The current economic and housing crisis is seen as a short term but significant issue for older persons.

There are fifteen cities in the two county region. In San Luis Obispo there are seven cities. They are: Arroyo Grande, Grover Beach, Pismo Beach, San Luis Obispo, Morro Bay, Atascadero, and Paso Robles. Other communities in San Luis Obispo County include: Cambria, Cayucos, Los Osos, Oceano, San Miguel, Santa Margarita, Nipomo, Shell Beach and Templeton. In Santa Barbara County there are eight cities: Santa Barbara, Carpinteria, Solvang, Buellton, Lompoc,

Santa Maria, Goleta and Guadalupe. Other communities in Santa Barbara County include: Orcutt, New Cuyama, Los Alamos, Los Olivos, Summerland, Montecito and Vandenberg Village.

These cities and communities are geographically separated from others in the County. The Cities of San Luis Obispo and Santa Barbara serve as the county seats. However, in both counties there is tremendous pressure to develop decentralized or regionalized services to address the needs of constituents outside the county seats. This includes the need to address senior services in a manner reflecting the independence of different communities.

It had long been conventional wisdom that San Luis Obispo County was a conservative community and that Santa Barbara was a liberal bastion. But the results of recent elections and polls indicate otherwise. Both counties are nearly an equal blend of conservatives and liberal politics. The counties do share concerns about several issues. Both San Luis Obispo and Santa Barbara County have dealt with big commercial development, coastal zone construction, growth limits and population growth, harbor dredging and balancing tourism and local interests.

### **Demographic Characteristics**

At the time of the development of this draft, there has not been time to review and analyze the initial information from the 2010 Census. Information will be added to this Plan as time permits. As a result, this section is minimal.

The California Department of Aging provided information from several sources in a chart '2011 Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF)'. Based on this information, the following information is available:

	<b>San Luis Obispo County</b>	<b>Santa Barbara County</b>	<b>PSA 17</b>
<b>Population 60+</b>	62,250	79,355	141,605
<b>Non Minority 60+</b>	54,284	58,336	112,620
% of total 60+ pop	87%	74%	80%
<b>Minority 60+</b>	7,966	21,019	28,985
% of total 60+ pop	13%	26%	20%
<b>Low Income 60+</b>	4,665	6,810	11,475
% of total 60+ pop	7%	9%	8%
<b>Medi-Cal eligible 60+</b>	3,727	7,710	11,437
% of total 60+ pop	6%	10%	8%
<b>Geo Isolation 60+</b>	8,910	3,589	12,499
% of total 60+ pop	14%	5%	9%
<b>SSI/SSP 65+</b>	678	1,949	2,627
<b>Population 75+</b>	21,440	27,343	48,783
% of total 60+ pop	34%	34%	34%
<b>Lives Alone 60+</b>	11,350	15,510	26,860
% of total 60+ pop	18%	20%	19%
<b>Non English 60+</b>	304	1,255	1,559
% of total 60+ pop	0.5%	2%	1%

During the first years of the 21<sup>st</sup> century, the rate of growth continues to be a significant issue in both counties. The pattern established in the 1990's is continuing when comparing the two counties. Growth rate in San Luis Obispo is faster than that of Santa Barbara County although the numbers are still greater in Santa Barbara County. Based on the 2011 data from the California Department of Aging, 44 % of the 60+ population resides in San Luis Obispo County and 56 % reside in Santa Barbara County.

The demographic information regarding projections by the Department of Finance will also be updated.

**California Elder Economic Security Index**

In February 2008, UCLA Health Policy Research released a policy brief that demonstrated that the Federal Poverty Level accounts for less than half to a third of the basic costs incurred by California adults age 65 and older. Yet the BPL measurement is used to determine for which government benefits seniors qualify, as well as how much state and federal funds local communities receive for services. This Policy Brief states that the official federal measure of poverty is based on an outdated approach, which was originally designed in the 1960's. The Brief continues to present the California Elder Economic Security Index.

The Elder Economic Security Index is the basic income needed to make ends meet for retired persons aged 65 and older. It reflects actual costs at the county level and varies by housing type and health status. The annual amounts presented are for individuals and couples who own their own homes (with and without a mortgage) and who rent. The amounts presented in the Index are also identified to be for seniors in good health.

The Elder Economic Security Index is calculated using data on the basic costs of living for older adults in each county in California. Owner's costs include mortgage (if any), taxes, insurance, and utility expenses. Food costs are based on the USDA's low-cost food plan for meals eaten at home, adjusted for county cost variations. Transportation includes local automobile use. Health care includes out of pocket health care costs and premiums for an elder in good health. For elders in fair or poor health, out of pocket costs increase by \$30./month; for excellent or very good health costs decrease by \$25./month. Miscellaneous costs cover expenses not included elsewhere, such as non prescription medicines, cleaning products, household items, personal hygiene items and telephone.

The Elder Economic Security Index reveals the following for San Luis Obispo County, CA 2007:

Elder Person			Elder Couple		
Owner w/o mortgage	Owner w mortgage	Renter, One Bedroom	Owner w/o mortgage	Owner w mortgage	Renter, One Bedroom
\$ 17,587.	\$ 30,588.	\$ 22,380.	\$ 27,956.	\$ 40,957.	\$ 32,749.

The Elder Economic Security Index reveals the following for Santa Barbara County, CA 2007:

Elder Person			Elder Couple		
Owner w/o mortgage	Owner w mortgage	Renter, One Bedroom	Owner w/o mortgage	Owner w mortgage	Renter, One Bedroom
\$ 18,320.	\$ 33,401.	\$ 24,566.	\$ 28,689.	\$ 43,770.	\$ 34,935.

The AAA Advisory Council reviewed this information and the Elder Economic Security Standard Index for San Luis Obispo and Santa Barbara Counties at their meeting in April 2008. It was the decision of the AAA Advisory Council to use this new Index for future advocacy efforts. It reveals the true economic insecurity of both counties. In reviewing the data of the income levels of senior citizens, by using the Elder Economic Security Index it reveals that nearly 45% of local senior citizens in these two counties are economically insecure.

**Resources and Constraints**

Services within this two county region are strongly influenced by its geography. Both counties have geographic barriers to accessing services. Both counties have a north and south region that has developed uniquely in order to address the needs of its specific community. This has had an impact on the service delivery system.

Additionally, growth in the regions within the counties has been uneven, causing realignment in services and allocations of public funds. Growth continues to be an important influence, especially in senior services. The growth in the senior population and the expected growth in the old- old population resulting from significant migration of the young- old to this area for retirement in the 1980's through mid 2000's will be evident on the demand for services.

In addition, each community has a different tradition of helping and caring. The Santa Barbara City area is renowned for its philanthropic endeavors. This includes the human services community, as well as health care, the arts and the humanities. As a result, this community has a rich tradition that is unparalleled. The remainder of the two county region has a stronger agricultural, rural influence. This is still evident through both private and public priorities.

Parts of this region have been embraced by new technological business developments and are on a fast track. Additionally, the small business sector of all communities has been influenced by the entrance and success of the big box stores. A major financial sector is agriculture and the recent years have seen dramatic changes in the crops grown and the labor needs of these crops. The balance between agriculture and other industries and growth will continue to be a point of discussion.

Government is a major employer in both counties. State government is a leading employer in San Luis Obispo County. The local economy is somewhat insulated from both nationally and state level economic woes but there is an influence that has impacted some employment sectors. Current economic predictions show continuing economic downturn in the region for years. Both counties continue to be concerned as is evident with their continued focus on economic development (e.g. broadening their economic base).

The recent housing crisis has also impacted the two county area in an unequal manner. The City of Santa Maria has been identified as among the areas in the nation with an extremely high number of subprime mortgages. As a result, the Santa Maria community is facing an increasing slower economy than other areas of the region.

All of these emerging negative economic signs contribute to the slowing local economies. This will impact senior services in several ways. Local public support is a critical component of the budgets of local service providers. Without strong local economies and strong local government the ability to meet the local matching requirements as well as the gap filling in budgets with declining federal and state funds will seriously impact the local aging network.

## **Service System**

Both counties are fortunate to have an extremely cooperative and energetic network of senior service providers. In recent years this Area Agency on Aging has worked to develop a coordination of service providers through various committees, which are county or regionally based. Agencies work very cooperatively to serve older persons and through committees can openly address any barriers.

Over 30 years ago the AAA initiated the Long Term Care Planning Councils to serve as the focal point for discussion and deliberation regarding long term care system development as well as information exchange and problem solving. The Planning Council in Santa Barbara County has merged with the County Senior Citizens Advisory Commission to become in 1992 the Aging and Long Term Care Network. In 1999 this organization evolved into the Adult and Aging Network. In 1998, the County of San Luis Obispo created a new commission, Adult Services Policy Council. This AAA participates in these committees.

In both counties there is a recognition that there is cooperation among the agencies. In some issues the AAA is the lead agency- such as the development of Elder Abuse Coordinating Councils & Interagency Case Coordination Committees. The leadership in the two county community for the development of a home and community based long term care system and senior services is shared. It is shared among three key agencies and they are: County Departments of Public Health, County Departments of Social Services and the Area Agency on Aging. As a result, the community has a unique character of services delivery which is tailored to the specific nature of the community.

The Area Agency on Aging is a visible leader related to aging issues. The Area Agency on Aging is actively engaged in advocacy on behalf of older persons. The Area Agency on Aging, through its Advisory Council and staff, interact with senior service providers, volunteers, and the senior community to provide effective and efficient services for older adults.

The Area Agency on Aging provides funding to many of the senior services provided in the community. The AAA funding has proven to be an important component in the development of the system, as other funding sources have followed the AAA in funding many new services and programs. The amendments of the Older Californians Act required the Area Agency on Aging to assume administrative responsibility for state funded programs: Brown Bag program, Health Insurance Counseling and Advocacy Program, Linkages, Respite Purchase of Service, Respite Registry, and Alzheimer's Resource Day Care Center.

The Older Americans Act Amendments of 2000 provided funding for new programs and services and the expansion of existing programs and services for caregivers. This also allowed the AAA to experiment with caregiver programs, some of which were not successful. Those that were able to secure and maintain clients are continuing to meet a community need. Those that were not able to secure sufficient clients have been discontinued.

AAA funding between the counties is completed by a formula that reflects the senior citizen population within the region. Based on information from the Department of Aging's 2011 Population data the following: 62,250 persons aged 60+ in San Luis Obispo and 79,355 persons aged 60+ in Santa Barbara County, for a two county total is 141,605. As a result the Agency will use the 44/56 ratio for the allocation of monies, except as determined in specific situations by the AAA Board of Directors.

An example of funding that does not follow this 44/56 allocation is the funding for the Elder Abuse Prevention grant activities. The Board of Directors determined when those funds originated in the Older Americans Act that they be divided equally between the counties and this was supported in the public hearing process.

## **Section 3: Description of the Area Agency on Aging**

The Central Coast Commission for Senior Citizens, which is the designated Area Agency on Aging for San Luis Obispo and Santa Barbara Counties, is a private non profit corporation. It was created in 1975 to serve as the Area Agency on Aging. Since that time it has served continuously in that role as well as other roles, as needed.

The Central Coast Commission for Senior Citizens is governed by a 12 -member Board of Directors. The Corporate Bylaws require that at least 51% of the members of the Board of Directors be persons over the age of 60. The Bylaws also allow five local political organizations to make nominations for vacant seats on the Board. These include: Santa Barbara County and San Luis Obispo County Board of Supervisors, and the City Councils of Santa Maria, San Luis Obispo and Santa Barbara. All other members of the Board are secured through a community- based nominations process. The membership is equally shared between the two counties.

Advising the Board of Directors on all aspects of the operation of the Area Agency on Aging is an Advisory Council. The Advisory Council is a 30-member body that includes equal representation from both counties. The Advisory Council includes three task forces and several committees, both ongoing and ad hoc. The task forces include: Health, Legislation/ Advocacy and Nutrition. The committees include: Executive, Needs Assessment (joint with the Board), Proposal Review Committee (joint with the Board), Nominating (joint with the Board), and Older Americans Month.

Additional guidance to the AAA operations is provided through the following committees of the Board of Directors: Planning and Allocations, Long Range Planning, Finance and Bylaws and Policy Development. In addition, representatives from the Area Agency on Aging serve on numerous community committees and councils.

As a non profit organization, this Area Agency on Aging has extensive relations with other non profit community agencies, senior organizations that nominate people for Board and Council positions and municipalities, such as cities and counties. Certainly, a weakness of a non profit AAA is the lack of financial resources to tap when State and Federal budgets are delayed and funding is delayed.

The strengths of the non profit Area Agency on Aging is that its single purpose is to be the Area Agency on Aging for San Luis Obispo and Santa Barbara County. This single focus guides the governing board, advisory council and the staff. This single focus is a positive.

The Area Agency on Aging provides leadership in the community through its coordination, development, administrative and advocacy activities. The AAA Advisory Council serves as the focal point for advocacy on behalf of older persons through its review of pending state and federal legislation and dissemination of this information, conduct of a biannual senior advocacy training seminar and specific advocacy efforts on behalf of low cost housing, senior services, etc.

The Board of Directors has a policy for the development of Agency policy. The policy allows for the initiation of policy by both internal and external entities. The actual process depends on the nature of the policy to be developed. However, if the impact of the policy is broad the process would include community input; if the policy is limited in scope then the process would be limited.

The leadership of the AAA is evident in its initiation/ participation in community- wide committee and councils. These include, but are not limited to: Senior Substance Abuse committee, Adult and Aging Network in SB County, Elder Abuse Prevention Councils, Inter Agency Case Coordination committees, Senior Center Network, Active Aging Task Forces and POLST/Advance Health Care Directives seminar series. Additionally, the AAA uses limited AAA funds for the development of new services, as funding permits.

A recent example of the leadership of the AAA regards the development of the Good Neighbor Program in San Luis Obispo County. When significant IHSS cuts were proposed in the State Budget, AAA asked several other agencies to join an ad hoc task force to develop a local program to meet some of the needs that would be unmet – such as transportation, grocery shopping. This ad hoc task force met for nearly a year to develop the program, which is operated by a local non profit organization.

Other examples are the development of FAST (Financial Abuse Specialist Team). With a subcommittee of the Prevention Council the AAA secured funding for the development and implementation of FAST. FY 2004/05 was the first year of operation and it has been very successful. In 2008 the AAA Advisory Council had the DMV Senior Ombudsman as a speaker. As a result, the AAA partnered with the local AARP and senior centers to bring the Car Fit program to the two county region. This is a very successful program and is PSA wide.

The leadership in the two county community for the development of a home and community based long term care system and senior services is shared, a partnership. It is shared among local agencies and three key agencies are: County Departments of Public Health, County Departments of Social Services and the Area Agency on Aging. As a result, the community has a unique character of services delivery which is tailored to the specific nature of the community.

It is anticipated that the framework for discussion of home and community based service system development will continue to occur within the two Adult & Aging Policy Councils. The AAA will actively participate in these Councils looking at the issues of service delivery, service integrations and access to services.

The AAA Advisory Council will complete its role and function as prescribed in the Older Californian and Older Americans Acts. The primary sources of funds for the Area Agency on Aging are currently the Older Americans and Californians Acts.

The leadership challenges facing the Area Agency on Aging include, but are not limited to: securing additional volunteers as community participation continues to decline in all service organizations nationwide; development of new funding sources to meet the unmet needs and needs not adequately met, particularly local public monies; and securing new contractors particularly contractors that are financially solvent. Volunteers are a critical component of the leadership of this organization and significant volunteer efforts are required annually.

The leadership role of the Area Agency on Aging is evident as described below:

1. The Area Agency on Aging provides as a direct service a specialized Senior Citizens Information and Assistance service that is a visible point of contact to secure information or help. This service also provides referral and follow up services.
2. The Area Agency on Aging collaboratively sponsors two publications (one for each county) that details the programs and service options available for senior citizens and caregivers in the planning and service area.
3. The Area Agency on Aging funds a range of programs and services for senior citizens which are accessible regardless of income or level of dependency.
4. The Area Agency on Aging joins with other public, private, voluntary and personal resources to ensure to availability of services.
5. The Area Agency on Aging collaborates with other local organizations and older individuals in its works. The results of these efforts is unique in each county reflecting the need to tailor the Agency's work to the nature of each unique community.
6. The Area Agency on Aging collaborates and funds services to provide special help or resources are available for the most vulnerable. An example of the collaboration is the development of the Financial Abuse Specialist Team.
7. The Area Agency on Aging endeavors to ensure flexibility in the service delivery system to provide appropriate individualized assistance. The Agency convenes meetings to encourage problem solving and increased coordination.
8. The Area Agency on Aging works with community leaders to address the needs of older persons. This includes convening meetings of interested persons, assessing community needs, problem solving, reviewing community success, advocating for needed changes and planning.

From time to time since the creation of the Central Coast Commission for Senior citizens in 1975, it has been necessary for the Commission to provide direct services. In the 1980's the Commission provided the senior nutrition, home care and retired senior & volunteer program services in San Luis Obispo County to ensure the adequate supply of these services. During 2005-2010, the Commission provided homemaker and personal care services in the Santa Maria Valley and San Luis Obispo County to ensure an adequate supply of services.

Again, the Commission found it necessary in September 2011 to provide Long Term Care Ombudsman services in Santa Barbara County to ensure the availability of this vital service. It is the intent of the Commission to rebuild the service and release a Request For Proposal to secure a contractor as soon as the program is brought into compliance with the State and Federal rules, regulations and requirements.

## **Section 4: Planning Process/ Establishing Priorities**

The Area Agency on Aging has a formal planning process for the development of the Area Plan and its annual updates. This planning process is outlined in Policy # 2600 of the Central Coast Commission Policy and Procedure Manual. The policy statement reads: The AAA supports the development of an Area Plan which ensures maximum community participation, particularly from the Aging Network. The policy provides the timetable for each of the activities of the planning process.

The AAA Advisory Council and the Planning and Allocations Committee of the Board of Directors lead the Area Plan development process. The key activities of the Area Plan development process include:

- needs assessment review and update. The AAA Advisory Council reviews the data secured annually from the senior Information and assistance program. This information includes the calls that identified unmet needs as well as the category of the original request in each call. This information allows the AAA to adjust services as appropriate.
- development of a DRAFT Area Plan for community comment at 4 public hearings
- joint review, study and discussion by the AAA Advisory Council and Board to both prepare the Draft for public comment and to revise the Draft for submission to the Ca. Department of Aging.

The majority of the Area Plan development is completed prior to late January of each year. This has been done so that the Area Plan process can impact the annual Request For Proposal (RFP) that is released by the AAA - affecting

the funding priorities of the Area Agency on Aging. Another impact of the Area Plan development process is evident in the priorities for program development, advocacy and coordination.

During the Area Plan, FY 2012/16, the Area Agency on Aging will continue its multi year Requests For Proposal process. This policy includes an annual RFP for a portion of the available Federal and State funds. Members of the Board of Directors and Advisory Council are actively engaged in the development of the Area Plan. They participated in the Needs Assessment process, development of the draft Area Plan, conduct the four public hearings, review the public hearings and review and finalize the Area Plan for submission to CDA.

In the planning for the FY 2012/16 Area Plan, the Area Agency on Aging included the Title III/VII funded organizations and the community based service programs in the information provided in the Area Plan. The notifications for the public hearings specifically noted the need for public comment either at the hearings or in writing or any other mechanism. In this activity the AAA seeks input from other funding sources, such as those in the public private and voluntary sectors. This includes services funded through other funding sources.

In addition to the funding issues facing the Area Agency on Aging, attention is focused at the public hearings on the program development, coordination and advocacy roles of the Area Agency on Aging. These are the major areas of the planning process: seeking input into funding as well as other activities of the Area Agency on Aging. The goals and objectives are presented and discussed in the information materials and the public hearings.

## **Section 5: Needs Assessment**

This Area Agency on Aging has conducted an assessment of the needs of older persons in the planning and service area several times during its 37 years of operation. Each of these assessments has presented similar results. The primary concern of older persons regards their desire to remain self sufficient.

It is the intent of this Area Agency on Aging to conduct an assessment of needs in Summer 2012. The AAA Advisory Council and Board of Directors will be engaged in the development, implementation and analysis of the assessment. This needs assessment will include all target populations identified in both the Older Californians Act and Older Americans Act.

## **Section 6: Targeting**

Targeting consists of a range of activities designed to enhance service delivery to an identified population. According to the Older Americans Act, the Area Agency on Aging provides services for seniors aged 60 and over and considers the following target populations:

- \* Low Income minority older persons
- \* Older individuals with greatest economic need. This means the need resulting from an income level at or below the poverty line.
- \* Older individuals with greatest social need. This means the need caused by non-economic factors which include: physical and mental barriers, language barriers, cultural, social or geographical isolation, including isolation caused by racial or ethnic status that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently.
- \* Older Native Americans
- \* Isolated, abused, neglected, and/ or exploited older individuals
- \* Frail older individuals and their caretakers.
- \* Older individuals residing in rural areas.
- \* Older individuals who are of limited English- speaking ability.
- \* Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction and their caretakers.
- \* Unemployed low income persons who are 55 years old or older.
- \* Caregivers as defined in the Family Caregiver Support Program, which includes older caregivers providing care and support to persons with developmental disabilities.

The methodology used to identify the target population included the Area Agency's on Aging review of the Older Americans Act, Older Californians Act and regulations. In addition, the mission statement of the Area Agency on Aging identifies the priority target areas, which are compatible with those outlined in the Older Americans Act. In an effort to ensure that the Area Agency's priorities are reflective of the targeting, the AAA solicits input from providers of services to those in greatest social and economic need.

It is the philosophy of this Area Agency on Aging that it is proper to interpret the Older Americans Act to support their priority to provide services to support the needs of the frail, at-risk vulnerable elderly. This will be accomplished by direct service grants and program development, coordination and advocacy.

Based on input from the needs assessment and demographic information, services are targeted to those communities having socially and economically needy older persons. Methods utilized to ensure reaching and serving older persons with greatest social and economic needs, with particular attention to low income minority individuals, include:

- 1) Request for Proposal (RFP) process focuses on targeted populations.
- 2) Application review process contains a point scoring mechanism which provides for recognizing and distinguishing those applications which indicate the ability to reach and serve targeted populations.
- 3) Additional preference is given to those applicants clearly indicating ability to reach and serve targeted populations. Minority service providers are encouraged to apply for funding.
- 4) Bilingual information publications about funded programs have been prepared in languages other than English and distributed to appropriate target groups.
- 5) The Agency conducts program evaluations on effectiveness of outreach efforts to reach target populations utilizing NAPIS data and monitoring reports.

The above strategies have been designed and implemented to address barriers.

In reviewing the Intra PSA funding, the AAA decided to include in this Plan the intent to continue using the 60 plus population as the foundation for the distribution. The AAA supports the services need to be offered to persons age 60 and over. As a result it uses this population as the basis for the allocation between the counties. The Area Agency on Aging believes that targeting of limited public resources can be best achieved by requiring all programs and services to complete outreach activities and to identify client goals to the targeted populations. The AAA reviews the proposed outreach activities of contractors to achieve their targeting goals and then monitors its achievement of the goals. This will ensure that preference is given to the targeted populations.

Additionally, the Area Agency on Aging will complete the following activities during the Fiscal Year in this Area Plan to enhance the local targeting efforts:

1. Actively solicit participation of the representatives from the ethnic minority community for membership on the AAA Advisory Council and Board of Directors;
2. Encourage the translation of information materials in such languages as may be appropriate;
3. Continue the conduct of focused forums to gather information about the needs of seniors with cultural and linguistic diversity.

Members of the target population serve on the AAA Advisory Council and provide valuable counsel in the development of the Area Plan, work on the Proposal Review Committee and advocacy activities. The target populations of the Older Americans Act and the Older Californians Act are the foundation of the targeting priorities of the AAA: seniors in greatest social and economic need and ethnic minority older persons.

## **Section 7: Public Hearings**

This section will be completed after the completion of the four (4) public hearings scheduled for January 2012.

## Section 8: Identification of Priorities

It is important that the Area Agency on Aging develop priorities for both its program development, advocacy and coordination activities and the funding for which it is responsible. In identifying the priorities the AAA considers the targeting mandates, adequate proportion information and the results of the needs assessments.

The Area Agency on Aging utilizes the annual Area Plan development process as an opportunity to refine its priorities and hear from the community. In the Draft Area Plan released for public hearings in January 2012, the AAA proposes an adequate proportion of monies to be spent for national priority services identified in the Older Americans Act (access, in home and legal services). The AAA proposed the following level of adequate proportion in the development of the FY 2009/12 Area Plan for Title III B funds: Access - 5% In Home Services - 20 % Legal - 5%.

The minimum percentage has a limited impact of the funding priorities established by the AAA. The primary considerations for AAA priorities are needs assessment results and the planning process. Through the planning process the AAA learns of the availability or change in the availability of other funds, administrative changes, changes in services and target populations.

In the development of the Service Unit Plan, this Area Agency on Aging has developed for public comment a statement regarding what it would do if funding was increased or decreased. This statement follows:

If funding is reduced, at whatever level of reduction, the reductions will be made to follow the priorities proposed in the this Area Plan. The priorities are presented below. In the event that a reduction in funding is received, the Area Agency on Aging would make the reductions as follows:

Priority 1: The following services would receive minimum or no reduction: home delivered meals, Adult Day Care, Personal Care and Housekeeping/ Homemaking and AAA Operations. (Note 1: The LTC Ombudsman program funding is mandated directly from CDA over which the AAA has no control; however, if we did have control we would probably put this program in Priority 1. Note 2: Administration of the program by the AAA must be maintained.)

Priority 2: The following services would receive a minimum reduction: congregate meals.

Priority 3: all other programs were placed in this priority, which means they would receive the majority of the reduction in funding.

It should be noted that the basis for the Contingency Plan as expressed above is that the services which help the most vulnerable section of the senior population, the frail elderly, to continue to reside in their own homes or community, are the services which the AAA wants to maintain at near full funding as possible.

However, the actual change in funding priorities is significantly influenced by the funding sources. The continuing challenge to allocate the Family Caregiver Support program monies restricts the AAA's ability to enhance its support of respite care services. The decline in the availability of local public matching monies will continue to impact allocation of these program funds. The administrative requirements when receiving funds from multiple programs within Title III B and/or Title III E needs to be addressed so that providers are encouraged to consider utilizing new funds or multiple funds for program services.

The Area Agency on Aging uses its knowledge of programs and services in the two county region to leverage and maximize resource utilization by preventing duplication, encouraging coordination and promoting collaborative efforts. This will continue to be illustrated through partnerships in applying for other funding, such as foundations. The identification of priorities leads directly to the identification of goals and objectives for the Area Agency on Aging.

The governing board has a policy that delegates the AAA advocacy responsibility to the AAA Advisory Council. The Agency recognizes that the AAA is in reality a small player in the funding arena; therefore, its advocacy role is essential in its efforts to address the breadth and diversity of senior needs. Activities include advocacy regarding housing projects, and other agencies as issues develop at the local level.

# Section 9: Narrative Plan Goals and Objectives

## GOAL 1: Health

All older adults will have access to healthcare that is affordable and appropriately delivered by a provide network that is knowledgeable and sensitive to the needs of older adults.

**Rationale:** Increased numbers of seniors Boomers 2010/2020.

- ◆ Major financial challenges- current recession/depression
  - Decreased philanthropy (grant funding)
  - Pension plans at risk
  - Increased incremental costs (i.e. co-pays)
  - Decreased capacity to finance own needs
- ◆ Decreased professional/ paraprofessionals by 2020
- ◆ Grossly inadequate Long Term Care reform
- ◆ Unique opportunity to redesign health system
  - Political climate
  - Capacity/need pressure
- ◆ Alternative therapy potential

A Senior Friendly community will include, but not be limited to, the following health related components:

- ✓ Access and health care providers that understand chronic disease
- ✓ Ensure access to chronic disease management programs
- ✓ Eliminate telephone menus and allow direct access to a knowledgeable and caring person at insurance companies and health care providers
- ✓ Provide for a navigator
- ✓ Support tele health access and service delivery
- ✓ Promote language that is consumer friendly

### Year 1 (FY 12/13)

Objective 1: AAA Advisory Council will advocate for the retention of the Affordable Care Act and the consumer protections for Medicare in that significant legislation.

Objective 2: AAA Advisory Council will work with HICAP to advise the community of HICAP and its value for Medicare beneficiaries.

## Goal 2: Transportation

A senior friendly community will provide all seniors with safe, adequate and accessible transportation for medical appointments, shopping, necessary social services and personal needs.

**Rationale:** Needs assessments continue to identify transportation as an unmet need. Based on a review of the needs assessment, this appears to reflect transportation that is not available in remote areas, problems with distance to public transportation, problems of transportation between counties and to metropolitan areas, program that didn't meet expectations, cost for medical transportation is prohibitive and schedules that don't meet seniors needs.

A Senior Friendly community will include, but not be limited to, the following transportation related components:

- ✓ Available door to door service (not curb to curb)
- ✓ Discounts for accessible taxi services
- ✓ Accessible vehicles for non- ADA transit services
- ✓ Identify seats in the front of public transit for frail & disabled
- ✓ Encourage seniors to engage in civic responsibility such as 'Rides For Seniors'.
- ✓ Covered, lighted and safe bus stops

### Year 1 (FY 2012/13)

Objective 1: AAA Advisory Council will advocate for increased transportation options for older adults.

Objective 2: AAA Advisory Council will continue to coordinate local Car Fit events, providing at least six Car Fit events.

Objective 3: AAA Advisory Council will continue to support volunteer –based transportation services..

### Goal 3: Housing & Home Maintenance

A Senior Friendly community will have an adequate supply of various types of housing (for independent and assisted living needs) that are available and affordable, with attention to the needs of low income seniors and specialized needs.

**Rationale:** Needs assessments continue to identify the need for housing as a top unmet need. Low incomes among the elderly significantly contribute to the housing problems faced by this population. This region has high housing costs due to many factors. As a result the availability of low cost housing is at a premium- long waiting lists are the norm. Many federal and state programs designed to assist seniors require advocacy and outreach to ensure that all eligible persons secure the services or resources available from these programs. Home ownership in this region is high and needs to be supported through affordable home maintenance programs for low income home owners.

Additionally, the recently completed Family Caregiver Needs Assessment identified home repair as a top community service that they would use if available. The AAA funding for this service has expanded in recent years and has reached its funding limit. Further expansion will require innovative approaches, such as volunteer components.

A Senior Friendly community will include, but not be limited to, the following related components relative to housing and home maintenance:

- ✓ Sidewalks and adequate lighting to provide a safe pedestrian alternative
- ✓ Universal design that expands the availability of ramps and wide doorways
- ✓ Update of the General Plan & Housing Elements to promote universal design
- ✓ Safety and fall prevention activities, such as bathroom pull cords

#### Year 1 (FY 2012/13)

Objective 1: AAA Advisory Council will support the development of housing for low income senior citizens.

Objective 2: AAA Advisory Council will support the continued operations of mobile home parks that include senior citizens, including rent control.

### Goal 4: In Home Services & Respite Care

A senior friendly community will assure that seniors will be able to maintain their independence and dignity by remaining in their homes through the provision of services that enhance their self-sufficiency and self care.

**Rationale:** Needs assessments continue to identify the need for in home services and respite care as a priority. A primary value presented by older persons is that of self-sufficiency. This reflects an acceptance of in home and community based services if it is designed to assist in remaining at home and independent. The recent needs assessment reveals that in home services is a major concern.

The Older Americans Act Amendments of 2000 recognize the significant need for in home services and respite care. The creation and funding of the National Family Caregiver Support Program evidences this recognition. The needs of the caregivers are of serious concern; too often there are inadequate resources, personnel and funding to provide satisfactory care. Non-paid caregivers continue to provide 75-80 percent of the care for older persons. Additionally, the needs of older caregivers for relatives (kinship caregivers) are being recognized; more older persons serve in these capacities.

A Senior Friendly community will include, but not be limited to, the following In Home Service related components:

- ✓ In Home Services that are available, accessible and affordable
- ✓ Well trained Caregivers
- ✓ Provide on going training and education for caregivers
- ✓ Volunteer based caregiver opportunities
- ✓ Pet visiting programs for the home bound
- ✓ Incentives for families to provide caregiving

## **Year 1 (FY 2012/13)**

Objective 1: AAA Advisory Council will support the In Home Supportive Service program which provide an important service for low income senior citizens. AAA will continue to participate in the IHSS Public Authority Advisory Committee and its advocacy, if existing.

Objective 2: AAA Advisory Council will support the development of a local licensing or permit process for in home care providers or State legislation that mandates a reasonable system that enhances the safety of seniors as care recipients.

## **Goal 5: Elder Information and Assistance Program**

A senior friendly community will assure that seniors shall have access to a comprehensive and coordinated Information and Assistance system, linking them to the network of care services.

**Rationale:** The increasing number of senior citizens, the complexity of their problems and the developments in the aging network merit the development and maintenance of a specialized Information and Assistance system. This unique system will focus attention on the needs of older persons and increase awareness of these needs.

This system will allow for a unique response to elder needs. As the system continues to develop during this four year Area Plan period it is envisioned that the system will include: volunteer opportunities for seniors helping seniors, link designated focal points, provide education and training opportunities regarding elder/aging issues, utilize technology to expand the Senior Resource Directories and client access and provide interpreter services. This continues to be a top need identified by both local and national surveys.

The Elder Information and Assistance system that was initiated in the FY 93/97 Area Plan will continue to develop in response to needs identified. Efforts in this Area Plan cycle shall include efforts to continue to coordinate with other local Information and Referral services and ensure seniors are linked to this specialized elder information and assistance system.

A Senior Friendly community will include, but not be limited to, the following Information related components:

- ✓ Web based resources
- ✓ Information brought to neighborhoods, libraries, community centers
- ✓ Senior focused media such as TV, radio and newspapers
- ✓ Specialized senior information & referral

## **Year 1 (FY 2012/13) Objectives**

Objective 1: AAA Advisory Council will advocate for expansion of the Agency website to serve as a clearinghouse for senior related events and information.

Objective 2: AAA Advisory Council will initiate a campaign with local employers regarding eldercare and the Agency website which includes AAA publications, such as the Senior Resource Directories.

Objective 3: AAA staff will work with local agencies and foundations to develop a media campaign targeting various community stakeholders to increase awareness of aging and aging issues.

## **Goal 6: Financial Assistance / Legal Assistance**

A Senior Friendly community will ensure that the income of seniors, particularly low income seniors, will be protected, preserved and augmented. Seniors should have access to legal consultation and assistance in their non-business personal affairs problems. Seniors should have access to an income to ensure Economic Security as defined by the Economic Security Index developed by UCLA Public Policy Institute.

**Rationale:** Needs assessments continue to identify the need for financial assistance as a top unmet need. This was especially true in the needs assessments completed by Hispanic elderly. While poverty among the elderly has been reduced in recent decades there continues to be an unacceptable level of poverty among the elderly. Many federal and state programs designed to assist seniors require advocacy and outreach to ensure that all eligible persons secure the services or resources available from these programs.

Recently, the costs of living have seriously increased for older persons. While overall inflation is reported to be limited, the prescription drug increases in the past year have averaged 17%, while energy costs have skyrocketed and housing costs continue to escalate. The other portion of the equation is revenue. Investment income has been battered in recent years. As a result with costs escalating and revenues declining, this creates a precarious financial situation for many older persons, not just those of low income.

A Senior Friendly community will include, but not be limited to, the following Financial and Legal related components:

- ✓ Affordable legal assistance
- ✓ Eligibility for means tested programs that reflect the Economic Security Index developed by UCLA
- ✓ Freedom from fear of scams, cons and all forms of abuse, neglect and exploitation
- ✓ Adequate retirement income

### **Year 1 (FY 2012/13) Objectives**

Objective 1: AAA Advisory Council will promote the AARP Tax Aide program.

Objective 2: AAA staff will coordinate the Elder Abuse Prevention Council of Santa Barbara County. This will be accomplished through the conduct of nine meetings. Through the Prevention Council, the AAA will develop a neighborhood based community education program and present an annual Prevention Training Conference in both north and south County.

Objective 3: AAA Board of Directors and staff will sponsor the operation of a Financial Abuse Specialist Team (FAST) in Santa Barbara County. This will be accomplished through securing grant funds for program operations and funds for FAST sustainability.

Objective 4: AAA Advisory Council and Board of Directors will fund elder abuse prevention services through Title VIIB monies from the Older Americans Act. This will be accomplished through the RFP and renewal processes. Outcome will be provision of elder abuse prevention community education services.

Objective 5: AAA Advisory Council will advocate for the maintenance and expansion of federal and state programs that ensure the financial security of senior citizens. Programs such as Social Security will continue to be a focus of reform efforts at the federal level and the Advisory Council needs to strongly advocate to maintain critical benefits and support reform that doesn't harm future benefits. State budget deliberations regarding SSI/SSP will also require advocacy efforts. The AAA Advisory Council will utilize the Economic Security Index for its advocacy efforts.

Objective 6: AAA Advisory Council will advocate for state funding and priorities to support maintenance of federal programs for low-income elderly that may be eliminated due to economic conditions and welfare and other reforms enacted by the federal government.

Objective 7: AAA Advisory Council and Board of Directors will fund legal assistance services that have as a priority the maintenance of public benefits for older persons, housing and abuse prevention.

## **Goal 7: Nutrition & Food Safety**

A senior friendly community will assure that seniors will have access to nutritious meals and food stuffs that enhance their capability to remain independent, including short term recuperation periods and long term care needs. A senior friendly community will also assure that attention is directed to the current food safety issues: obesity and poor health the result of overconsumption of calories, salt, sugar and unhealthy fat.

**Rationale:** Nutrition and food continue to be a need among older persons. For low income older persons this basic need is difficult to meet. Current services such as congregate and home delivered meals have been able to meet some of this need in the past three decades. As a result this need isn't presented as a top unmet need in recent needs assessments. However, for those poor or those elderly too frail to prepare nutritious meals, the need is primary and must be met with publicly funded programs.

The recently completed Family Caregiver Needs Assessment identifies home delivered meals as a top service that caregivers would use if available. Currently, the programs are at maximum capacity with their limited financial resources. The objective is to continue to grow this essential service for frail senior citizens.

The development of the Nutrition Screening Initiative (NSI) by the federal government is an effort to focus attention in all health and human services on the risk inherent with inadequate nutrition as well as the relationship between this risk and health and human service needs.

Additionally, the Information and Assistance program reports increasing requests for grocery delivery services. A scan of the community also reveal a new resource: small businesses that will cook a weeks meals in a persons home or shops where meals that are delivered. These new businesses are generally responsive to the working baby boomer generation but are also a resource for older persons. As a result, an older individual has options for food and nutrition that weren't available when the senior nutrition program began in the 1970's.

Some consider the greatest food-related threat to good health is the overconsumption of calories, sugar, salt and unhealthy fat. Unhealthy diet and physical inactivity are second only to tobacco as underlying causes of death. Current efforts to promote healthy eating have been limited to guidelines and education. Stronger action is needed.

#### **Year 1 (FY 2012/13) Objectives**

Objective 1: AAA Advisory Council Nutrition Task Force will advocate for increased targeting of the home delivered meal and congregate meal program to improve the 'nutritional risk' reporting and status of the programs as measured by the NSI. The goal is to increase the number and percentage of program participants who are at 'nutritional risk' to at least the statewide average (75%).

Objective 2: Continue to allocate funds for the provision of congregate meals, home delivered meals and nutrition education to ensure equal access to these services throughout the two county region.

Objective 3: AAA Advisory Council will coordinate with local agencies to implement the Seniors Farmer Market program in compliance with the rules from the California Department of Food & Agriculture.

Objective 4: AAA Advisory Council will advocate for workshops to address the nutritional problems and enhance healthy living.

### **Goal 8: Enhancements / Social Activities**

A Senior Friendly community will assure that all seniors shall have access to information, activities and events that enhance the quality of life.

**Rationale:** Needs assessments by both the Area Agency on Aging and other local organizations/committees continue to find that there is a significant need for socialization, recreation and other services that address the quality of life issues. Senior centers throughout the region are focal points for their communities with regard to information, activities and events.

#### **Year 1 (2012/13) Objectives**

Objective 1: AAA shall participate in community events that will promote awareness of aging services. This will include but not be limited to: health faires, Chamber of Commerce events, church activities, and civic and fraternal organizations.

Objective 2: Sponsor activities for Older Americans Month (OAM), highlighting the achievements of older persons, programs for older persons and intergenerational efforts. This will be accomplished through sponsoring the 29<sup>th</sup> Annual OAM activities with the outcome of two (2) local events.

### **Goal 9: Long Term Care System Development**

A Senior Friendly community shall assure that a comprehensive and coordinated system of community and home based services exists and is an integral part of the local long term care system of care.

**Rationale:** Both the Older Americans and Older Californians Acts direct the Area Agency on Aging to develop a system of care that addresses the needs of older persons and/or adults with impairments.

#### **Year 1 (FY 2012/13) Objective**

Objective 1: AAA staff will coordinate with the Adult Services Policy Council of San Luis Obispo County and Aging & Adult Network of Santa Barbara County.

## **Goal 10: Mental Health and Substance Abuse**

A Senior friendly community will assure all seniors and older adults shall have access to mental health care and substance abuse prevention and intervention services that are affordable, timely and appropriate.

**Rationale:** Mental illness is real and can be reliably diagnosed. Mental illness is treatable. Treatment of mental illness is also cost effective. The lack of adequate mental health treatment for older persons is serious. This situation is exacerbated by the 'carve out' of dementia care from public mental health treatment in California.

The results of local community forums and the HOPE Symposium in April 2000 reveal that the older population is falling through the cracks and that an unmet needs exists for expanded services to treat this population and permit them the dignity of care in the least restrictive environment that address all their needs, including mental health.

Medicare provides very limited reimbursement for mental health care for older persons. There are limited assessment services and treatment options. Recent attention has resulted in both state and federal legislation addressing the inequitable access to mental health care services.

Mental health care and access to mental health care is not identified by older persons as a priority concern. However, service providers would rank it high in terms of unmet needs in the community and its impact on ability to access other care in the community. The recent Family Caregiver Needs Assessment Project identified that counseling and support groups would be a top service that caregivers would use if available.

Substance abuse and addiction among older adults is a largely invisible problem. Families don't speak about the addictions to alcohol and prescription drugs; they talk about the results: hip fractures, falls, confusion, disability, illness, physician visits, hospital and nursing home stays. The recent CASA (Center on Addiction and Substance Abuse at Columbia University) study of older women stated: 'The most alarming finding is that hardly any primary care physicians- 1% of the sample- even consider a substance abuse diagnosis when presented with typical early symptoms of alcohol and prescribed drug abuse among mature women. For most physicians – as well as family, friends, and caregivers – substance abuse is not even on the radar screen.'

'With physicians, family, friends and other caregivers either looking the wrong way- or the other way- the substance abuse problems of the older woman will get worse and can become life-threatening. Until our nation makes a strong commitment to effective prevention and treatment strategies, this chronic disease will remain in hiding and the tragic consequences and costs will mount.

### **Year 1 (FY 2012/13) Objectives**

Objective 1: AAA staff will present information about Senior Suicide at two forums highlighting Annual Suicide Prevention Week.

Objective 2: Continue to fund mental health services for older adults, providing community education services. Community education services will educate groups of older persons, their families, friends and community organizations on rights, benefits and entitlements for older persons residing at home or living in institutional settings. This activity will be completed by contractor through allocations that are the responsibility of the AAA Advisory Council and Board of Directors.

Objective 3: AAA Advisory Council will advocate for expanded Medicare coverage of mental health services provided by LCSW's.

Objective 4: AAA will expand its website to both include coverage of mental health & substance abuse as well as links.

## **Goal 11: Family Caregiver Support Program**

A Senior Friendly community will assure that Family caregivers will have access to services authorized by the Older Americans Act, Title III E. These services are designed to provide respite and caregiver training and education.

**Rationale:** Needs assessments continue to identify the significant role of caregivers, both family and non-family, in the ability of community-living older persons and children under the age of 18 to be safe and secure. A needs assessment of family caregivers was completed in 2004/05. Implementation of the recommendations from the Report will continue throughout the years of this four year Area Plan.

It is a generally accepted fact that 60-80% of caregiving is provided by family members. These family caregivers are the foundation of the home and community-based long term care services. According to a most recent National Long Term Care Survey, over 7 million people are informal caregivers, i.e. spouses, adult children, and other relatives and friends. These unpaid caregivers provide unpaid help to 5.2 million older people with disabilities living in the community with at least one functional limitation in their activities of daily living.

Among non-institutionalized persons needing assistance with activities of daily living (ADLs), 65% depend solely on family and friends and another 30% supplement family care with services from paid providers. Little more than 5% rely exclusively on paid services. According to 'America's Families Care Report' the degree of caregiver involvement in long term care has remained fairly constant in recent decades. This is significant given the changes in the American family: greater numbers of women in the work force, increased family mobility, and other changes in the family structure. The importance of caregiving is supported by the fact that 50% of the elderly with long term care needs but who have no family network are in nursing homes compared to only 7% of those who have family caregivers. Therefore, the inclusion within the Older Americans Act of monies singularly directed to family caregivers is important.

Newspapers, social service agencies and researchers concur that there is an increasing number of grandchildren living in grandparent – maintained households. The increase in grandchildren living in these living arrangements has been attributed to the growth in drug use among parents, teen pregnancy, divorce, the rise in single-parent households, mental and physical illness, AIDS, crime, child abuse and neglect, and incarceration of parents.

#### **Year 1 (FY 2012/13) Objectives**

Objective 1: AAA will enhance its website with information and resources for Family Caregiver Support program.

Objective 2: AAA Advisory Council and Board of Directors will allocate funds to at least eight of the ten categories required for family caregivers and grandparent caregivers as required by the Older Americans Act.

## **Goal 12: Health Promotion**

A Senior Friendly community will assure that all seniors have access to health promotion information and resources including opportunities for improving fitness and independence through physical activity, proper nutrition, and healthy lifestyles.

**Rationale:** For many adults, growing older seems to involve an inevitable loss of strength, energy, and fitness. The frail health and loss of function associated with aging, such as difficulty walking long distances, climbing stairs, or carrying groceries, is in large part due to physical inactivity.

Active Aging is a movement sweeping the nation to address the need to engage the older adult in more physical activity. People of all ages can benefit from regular, moderate physical activity. In our aging society there is a increasing need to make communities more activity- friendly.

Older people, in particular, are at higher risk for the health problems that being active can prevent. In addition, physical activity along with good nutrition can be an important part of managing problems that might already be present, such as diabetes, high blood pressure, or elevated cholesterol.

Many older Americans are inactive and even more do not get enough physical activity to provide important health benefits. Data from the Centers for Disease Control Prevention indicate that about 28 percent to 34 percent of adults aged 65 to 74 and 35 percent to 44 percent of adults ages 75 or older are inactive. Estimates from a study by Harvard researchers calculated that the direct medical costs attributable to inactivity and obesity accounted for nearly 10 percent of all health care expenditures in the United States. Being inactive results in loss of muscle strength and balance and increases the risk of falls. The impact of a lack of physical activity on medical care costs is likely to grow as a result of an aging population, unless trends in physical activity change.

## Year 1 (FY 2012/13) Objectives

Objective 1: Allocate monies to support the Active Aging Task Force in San Luis Obispo Counties. Activities will include fitness testing at local senior events and communities, development of new strength-training classes, Car Fit activities, training for case managers in the need to include fitness goals in case plans and other public awareness activities

Objective 2: AAA Advisory Council and Board of Directors will utilize One Time Only Title IIID monies - health promotion and disease prevention by expanding the Vial of Life program throughout two-county region.

Objective 3: AAA Advisory Council and staff will promote Fall Prevention/Safety precautions through distribution of information materials at local events.

Objective 4: AAA Advisory Council and staff will collaborate with Active Aging Task Forces to implement Fall Prevention workshops throughout the two county region.

Objective 5: AAA will implement a Medication Management program that uses the MUST for Senior Program and brings that to the local senior neighborhoods, such as low income senior housing and other facilities.

## Section 10: SERVICE UNIT PLAN: 2012-16

2012-16 Four-Year Planning Period; CCR Article 3, Section 7300 (d)

### The Service Unit Plan utilizes NAPIS (National Aging Program Information System) Categories

The following information reflects the programs funded under Titles III and VII of the Older Americans Act (OAA) and reported to the California Department of Aging via a management information system known as National Aging Program Information System (NAPIS).

### Title III/VII

1. <u>Personal Care</u> (InHome)*			Units of Service= 1 hour
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2012-13	1,140	4	
2013-14	1,140	4	
2014-15	1,140	4	
2015-16	1,140	4	

  

2. <u>Homemaker</u> (In Home) *			Units of Service = 1 hour
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2012-13	12,497	4	
2013-14	12,497	4	
2014-15	12,497	4	
2015-16	12,497	4	

  

3. <u>Chore</u> (InHome) *			Units of Service= 1 hour
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2012-13	0		
2013-14	0		
2014-15	0		
2015-16	0		

  

4. <u>Adult Day Care</u>			Units of Service = 1 hour
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers

2012-13	6,000	4
2013-14	6,000	4
2014-15	6,000	4
2015-16	6,000	4

5. Case Management

Units of Service = 1 hour  
 Not applicable **X**  
 Associated Program Goal and  
 Objective Numbers

Fiscal Year	Proposed Units of Service	Goal Numbers
2012-13	0	
2013-14	0	
2014-15	0	
2015-16	0	

6. Congregate Meals

Units of service = 1 meal  
 Associated Program Goal and  
 Objective Numbers

Fiscal Year	Proposed Units of Service	Goal Numbers
2012-13	90,768	7
2013-14	85,768	7
2014-15	80,768	7
2014-15	75,768	7

7. Home Delivered Meals

Units of service = 1 meal  
 Associated Program Goal and  
 Objective Numbers

Fiscal Year	Proposed Units of Service	Goal Numbers
2012-13	204,312	7
2013-14	194,312	7
2014-15	191,455	7
2015-16	185,455	7

8. Nutrition Education

Unit of Service = 1 session  
 Associated Program Goal and  
 Objective Numbers

Fiscal Year	Proposed Units of Service	Goal Numbers
2012-13	3,906	7
2013-14	3,996	7
2014-15	3,906	7
2015-16	3,906	7

9. Nutrition Counseling

Units of service = 1 hour  
 Not applicable **X**  
 Associated Program Goal and  
 Objective Numbers

Fiscal Year	Proposed Units of Service	Goal Numbers
2009-10	0	
2013-14	0	
2014-15	0	
2015-16	0	

10. Assisted Transportation (Access) \*

Units of Service = 1 one way trip  
 Not applicable **X**  
 Associated Program Goal and  
 Objective Numbers

Fiscal Year	Proposed Units of Service	Goal Numbers
2012-13	0	
2013-14	0	
2014-15	0	

2015-16 0

11. Transportation (Access) \*

Units of Service = 1 one way trip  
Associated Program Goal and  
Objective Numbers

Fiscal Year	Proposed Units of Service	Goal Numbers
2012-13	0	2
2013-14	0	2
2014-15	0	2
2015-16	0	2

12. Legal Assistance \*

Units of Service = 1 hour  
Associated Program Goal and  
Objective Numbers

Fiscal Year	Proposed Units of Service	Goal Numbers
2012-13	2,030	6
2013-14	2,030	6
2014-15	2,030	6
2015-16	2,030	6

13. Information and Assistance (Access) \*

Unit of Service = 1 contact  
Associated Program Goal and  
Objective Numbers

Fiscal Year	Proposed Units of Service	Goal Numbers
2012-13	4,200	5
2013-14	4,200	5
2014-15	4,200	5
2015-16	4,200	5

14. Outreach (Access) \*

Unit of Service = 1 contact  
Associated Program Goal and  
Objective Numbers  
Not Applicable X

Fiscal Year	Proposed Units of Service	Goal Numbers
2012-13	0	
2013-14	0	
2014-15	0	
2015-16	0	

15. NAPIS Service Category 16 – Other

Title III D Health Promotion

Service Activity - Medication Management

Unit of Service = sessions  
Associated Program Goal and  
Objective Numbers

Fiscal Year	Proposed Units of Service	Goal Numbers
2012-13	15	12
2013-14	15	12
2014-15	15	12
2015-16	15	12

Title III D Health Promotion

Service Activity – Community education/information

Unit of service= event  
Associated Program Goal and  
Objective Numbers

Fiscal Year	Proposed Units of Service	Goal Numbers
2012-13	24	12
2013-14	24	12
2014-15	24	12
2015-16	24	12

Title III B Supportive Services

Service Activity- **Residential Repairs/Modifications**

Fiscal Year	Proposed Units of Service	Goal Numbers
2012-13	458	3
2013-14	458	3
2014-15	458	3
2015-16	458	3

Unit of service = **modification**  
Associated Program Goal and Objective Numbers

Title IIIB Supportive Services  
Service Activity – Mental Health Therapy

Fiscal Year	Proposed Units of Service	Goal Numbers
2012-13	300	10
2013-14	300	10
2014-15	300	10
2015-16	300	10

Unit of Service = hours  
Associated Program Goal and Objective Numbers

Title III B Supportive Services

Service Activity- Registry

Fiscal Year	Proposed Units of Service	Goal Numbers
2012-13	0	
2013-14	0	
2014-15	0	

Unit of Services = 1 match  
Associated Program Goal and Objective Numbers

## Title III B and Title VIIA LONG TERM CARE OMBUDSMAN PROGRAM OUTCOMES 2009-2012 Planning Period

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)]

This section will require revision following the selection/designation of a new Long Term Care Ombudsman program for Santa Barbara County.

Measures and Targets:

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

The average California complaint resolution rate for FY 2009-10 was 73%.

1. FY 2010-11 Baseline Resolution Rate: ____ Number of complaints resolved <u>1180</u> + Number of partially resolved complaints _ divided by the Total Number of Complaints Received _ = Baseline Resolution Rate
2. FY 2012-13 AoA Resolution Rate Target: Resolution Rate
3. FY 2011-12 AoA Resolution Rate FY 2013-14 Target: Resolution Rate _
4. FY 2012-13 AoA Resolution Rate FY 2014-15 Target: Resolution Rate _
5. FY 2013-2014 AoA Resolution Rate FY 2015-16 Target Resolution Rate
Program Goals and Objective Numbers:

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

1. FY 2010-11 Baseline: number of meetings attended
2. FY 2012-2013 Target:
3. FY 2011-2012 AoA Data: FY 2013-14 Target:

4. FY 2012-13 AoA Data: FY 2014-15 Target
5. FY 2013-14 AoA data: FY 2015-16 Target:
Program Goals and Objective Numbers:

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

1. FY 2010-11 Baseline: number of meetings attended
2. FY 2012-2013 Target:
3. FY 2011-2012 AoA Data: FY 2013-14 Target:
4. FY 2012-13 AoA Data: FY 2014-15 Target
5. FY 2013-14 AoA data: FY 2015-16 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 2010-11 Baseline: number of consultations__
2. FY 2012-13 Target:
3. FY 2011-2012 AoA Data: FY 2013-14 Target:
4. FY 2012-13 AoA Data: FY 2014-15 Target
5. FY 2013-14 AoA data: FY 2015-16 Target:
Program Goals and Objective Numbers:

E. Information and Consultation to Individuals (AoA Report, Part III-D, #5) Count of instances of ombudsman representatives' interactions with residents, family members, friends and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax or in person.

1. FY 2010-11 Baseline: number of consultations__
2. FY 2012-13 Target:
3. FY 2011-2012 AoA Data: FY 2013-14 Target:
4. FY 2012-13 AoA Data: FY 2014-15 Target
5. FY 2013-14 AoA data: FY 2015-16 Target:
Program Goals and Objective Numbers:

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

1. FY 2010-11 Baseline: number of sessions
2. FY 2012-13 Target:
3. FY 2011-2012 AoA Data: FY 2013-14 Target:
4. FY 2012-13 AoA Data: FY 2014-15 Target

5. FY 2013-14 AoA data: FY 2015-16 Target:
Program Goals and Objective Numbers:

G. Systems Advocacy: FY 2012-13 Activity:

Systemic Advocacy Effort(s):
------------------------------

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 a quarter not in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. Note: This is not the total number of visits per year. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2010-11 Baseline: ___% Number of Nursing Facilities visited at least once a quarter not in response to a complaint ____ divided by the number of Nursing Facilities ____.
2. FY 2012-13 Target: 100%
3. FY 2011-2012 AoA Data: FY 2013-14 Target:
4. FY 2012-13 AoA Data: FY 2014-15 Target
5. FY 2013-14 AoA data: FY 2015-16 Target:
Program Goals and Objective Numbers:

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 a quarter not in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. Note: This is not the total number of visits per year. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2010-11 Baseline: ___% Number of RCFEs visited at least once a quarter not in response to a complaint ____ divided by the number of RCFEs ____.
2. FY 2012-13 Target:
3. FY 2011-2012 AoA Data: FY 2013-14 Target:
4. FY 2012-13 AoA Data: FY 2014-15 Target
5. FY 2013-14 AoA data: FY 2015-16 Target:
Program Goals and Objective Numbers:

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

(One FTE generally equates to 40 hours per week or 1,760 hours per year). This number may only include staff time legitimately charged to the LTC Ombudsman Program. For example, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5. Time spent working for or in other programs may not be included in this number.

Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2010-11 Baseline: FTEs _____
2. FY 2012-13 Target: number of FTEs ____
3. FY 2011-2012 AoA Data: FY 2013-14 Target:
4. FY 2012-13 AoA Data: FY 2014-15 Target
5. FY 2013-14 AoA data: FY 2015-16 Target:
Program Goals and Objective Numbers:

**D. Number of Certified LTC Ombudsman Volunteers (AoA Report Part III. B.2. – Staff and Volunteers)**  
 Verify numbers of volunteers with Ombudsman Program Coordinator.

1. FY 2010-11 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2010 ____
2. FY 2012-13 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2013 _
3. FY 2011-12 AoA Data: certified LTC Ombudsman volunteers FY 2013-14 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2014 _

4. FY 2012-2013 AoA Data: ____ certified volunteers  FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2015 ____
5. FY 2013-2014 AoA Data: ____ certified volunteers  FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2016 ____
Program Goals and Objective Numbers:

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

Measures and Targets:

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

1. FY 2010-2011 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV _____  Please obtain this information from the local LTC Ombudsman Program Coordinator.
2. FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV _____
3. FY 2011-2012 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____

FY 2013-2014 Target \_\_\_\_\_

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

FY 2014-2015 Target \_\_\_\_\_

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

FY 2015-2016 Target: \_\_\_\_\_

Program Goals and Objective Numbers:

## Title VIIB ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

2012-16 Four Year Planning Period

Fiscal Year	Total # of Public Education Sessions
2012-13	50
2013-14	50
2014-15	50
2015-16	50

Fiscal Year	Total # of Training Sessions for Professionals
2012-13	10
2013-14	10
2014-15	10
2015-16	10

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2012-13	2
2013-14	2
2014-15	2
2015-16	2

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2012-13	15
2013-14	15
2014-15	15
2015-16	15

Fiscal Year	Total # of Copies of Educational Materials or Products to be Distributed	Description of Educational Materials or Products
2012-13		
2013-14		
2014-15		
2015-16		

# Title III E SERVICE UNIT PLAN

2012-16 Four Year Planning Period  
CCR Article 3, Section 7300 (d)

This Service Unit Plan utilizes the five broad federal 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.

## For Direct Services

CATEGORIES	1	2	3
Direct III E Family Caregiver Services	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	<b># of activities and Total est. audience for above</b>		
2012-13	# of activities: 6 Total est. audience for above: 50	11	1
2013-14	# of activities: 6 Total est. audience for above: 50	11	1
2014-15	# of activities: 6 Total est. audience for above: 50	11	1
2015-16	# of activities: 6 Total est. audience for above: 50	11	1
Access Assistance	<b>Total contacts</b>		
2012-13	138	11	1
2013-14	138	11	1
2014-15	138	11	1
2015-16	138	11	1
Support Services	<b>Total hours</b>		
2012-13	0	11	1
2013-14	0	11	1
2014-15	0	11	1
2015-16	0	11	1
Respite Care	<b>Total hours</b>		
2012-13	0	11	1
2013-14	0	11	1
2014-15	0	11	1
2015-16	0	11	1
Supplemental Services	<b>Total occurrences</b>		
2012-13	0	11	1
2013-14	0	11	1
2014-15	0	11	1
2015-16	0	11	1

Direct III E Grandparent Services	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	<b># of activities and Total est. audience for above</b>		
2012-13	# of activities: 2 Total est. audience for above: 45	11	1
2013-14	# of activities: 5 Total est. audience for above: 45	11	1
2014-15	# of activities: 5 Total est. audience for above: 45	11	1
2015-16	# of activities: 5 Total est. audience for above: 45	11	1

Access Assistance	<b>Total contacts</b>		
2012-13	10	11	1
2013-14	10	11	1
2014-15	10	11	1
2015-16	10	11	1
Support Services	<b>Total hours</b>		
2012-13	0	11	1
2013-14	0	11	1
2014-15	0	11	1
2015-16	0	11	1
Respite Care	<b>Total hours</b>		
2012-13	0	11	1
2013-14	0	11	1
2014-15	0	11	1
2015-16	0	11	1
Supplemental Services	<b>Total occurrences</b>		
2012-13	0	11	1
2013-14	0	11	1
2014-15	0	11	1
2015-16	0	11	1

### For Contracted Services

Contracted III E Family Caregiver Services	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	<b># of activities and total est. audience for above:</b>		
2012-13	# of activities: 0 Total est. audience for above: 0		
2013-14	# of activities: 0 Total est. audience for above: 0		
2014-15	# of activities: 0 Total est. audience for above: 0		
2015-16	# of activities: 0 Total est. audience for above: 0		
Access Assistance	<b>Total contacts</b>		
2012-13	0	11	1
2013-14	0	11	1
2014-15	0	11	1
2015-16	0	11	1
Support Services	<b>Total hours</b>		
2012-13	800	11	1
2013-14	800	11	1
2014-15	800	11	1
2015-16	800	11	1
Respite Care	<b>Total hours</b>		
2012-13	4,300	11	1
2013-14	4,200	11	1
2014-15	4,100	11	1
2015-16	4,000	11	1
Supplemental Services	<b>Total occurrences</b>		
2012-13	2	11	1
2013-14	2	11	1
2014-15	2	11	1
2015-16	2	11	1

<b>Contracted III E Grandparent Services</b>	<b>Proposed Units of Service</b>	<b>Required Goal #(s)</b>	<b>Optional Objective #(s)</b>
Information Services	<b># of activities and Total est. audience for above</b>		
2012-13	# of activities: 0 Total est. audience for above: 0	11	1
2013-14	# of activities: 0 Total est. audience for above: 0	11	1
2014-15	# of activities: 0 Total est. audience for above: 0	11	1
2015-16	# of activities: 0 Total est. audience for above: 0	11	1
Access Assistance	<b>Total contacts</b>		
2012-13	60	11	1
2013-14	60	11	1
2014-15	60	11	1
2015-16	60		
Support Services	<b>Total hours</b>		
2012-13	2	11	1
2013-14	2	11	1
2014-15	2	11	1
2015-16	2		
Respite Care	<b>Total hours</b>		
2012-13	0	11	1
2013-14	0	11	1
2014-15	0	11	1
2015-16	0	11	1
Supplemental Services	<b>Total occurrences</b>		
2012-13	6	11	1
2013-14	6	11	1
2014-15	6	11	1
2015-16	6		

## **HICAP SERVICE UNIT PLAN**

2009-2012 Three-Year Planning Period  
CCR Article 3, Section 7300 (d)

### Section 1. Primary HICAP Units of Service

Fiscal Year (FY)	1.1 Estimated Number of Unduplicated Clients Counseled	Goal Numbers
2012-13	1,200	1
2013-14	1,200	1
2014-15	1,200	1
2015-16	1,200	1
Fiscal Year (FY)	1.2 Estimated Number of Public and Media events	Goal Numbers
2012-13	100	1
2013-14	100	1
2014-15	100	1
2015-16	100	1

### Section 2: Federal Performance Benchmark Measures

Fiscal Year (FY)	2.1 Estimated number of contacts for all clients counseled	Goal Numbers
2012-13	7,000	1
2013-14	7,000	1
2014-15	7,000	1
2015-16	7,000	1

Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts for duplicated client counts.

Fiscal Year (FY)	2.2 Estimated Number of Persons reached at Public and Media events	Goal Numbers
2012-13	9,000	1
2013-14	9,000	
2014-15	9,000	
2015-16	9,000	

Fiscal Year (FY)	2.3 Estimated Number of Beneficiaries with Medicare Status due to a disability contacts	Goal Numbers
2012-13	135	
2013-14	135	
2014-15	135	
2015-16	135	

Fiscal Year (FY)	2.4 Estimated Number of Low Income Beneficiaries unduplicated	Goal Numbers
2012-13	165	
2013-14	165	
2014-15	165	
2015-16	165	

Fiscal Year (FY)	2.5 Estimated Number of Enrollment and Enrollment Assistance contacts
2012-13	1,500
2013-14	1,500
2014-15	1,500
2015-16	1,500

Fiscal Year (FY)	2.6 Estimated Part D Enrollment and Enrollment Assistance Contacts
2012-13	400
2013-14	400
2014-15	400
2015-16	400

Fiscal Year (FY)	2.7 Estimated Number of Counselor FTE's in PSA
2012-13	2.0
2013-14	2.0
2014-15	2.0
2015-16	2.0

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

Fiscal Year (FY)	3.1 Estimated Number of Clients represented per SFY (units of service)
2012-13	0
2013-14	0
2014-15	0

2015-16	0
---------	---

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per SFY (uos)
2012-13	0
2013-14	0
2014-15	0
2015-16	0

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours per SFY (uos)
2012-13	0
2013-14	0
2014-15	0
2015-16	0

## Section 11: Focal Points

This Area Agency on Aging supports the intent of the Older Americans Act to utilize community focal points for targeting of services. In this region twelve communities have been identified and each has a designated focal point. They are:

Community	Focal Point
1. North San Luis Obispo County (Paso Robles - Atascadero - Templeton- Shandon - San Miguel)	Paso Robles Senior Center 207 Scott St.
2. San Luis Obispo City area	San Luis Obispo Sr. Center 1445 Santa Rosa St.
3. Coastal area (Cambria - Cayucos- Morro Bay - Los Osos)	Morro Bay Sr. Center 1001 Kennedy Way
4. Five cities area (Arroyo Grande -Pismo/Shell Beach- Grover-Oceano)	Central Coast Sr. Center 1580 Railroad Ave.
5. Nipomo area	Nipomo Senior Center 200 E. Dana St.
6. Santa Maria Valley (Guadalupe - Orcutt- Santa Maria )	Santa Maria Sr. Center 510 E. Park St.
7. Cuyama	New Cuyama Recreation Cnt
8. Santa Ynez Valley (Solvang, Los Alamos, Los Olivos )	Solvang Senior Center 1745 Mission Dr.
9. Lompoc Valley	Lompoc Community/Sr. Cntr 125 W. Chestnut
10. Santa Barbara City	Westside Senior Center 423 W. Victoria
11. Goleta Valley	Goleta Senior Center 5679 Hollister Ave.
12. Carpinteria / Summerland	Carpinteria Sr. Center 941 Walnut Ave.

## Section 12: Disaster Preparedness

**Disaster Preparation Planning** Conducted for the 2012-2016 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:
- 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
		Office: Cell:	

- Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
		Office: Cell:	

- 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	a
b	b
c	c
d	d

- List any agencies with which the AAA has formal emergency preparation or response agreements.
- Describe how the AAA will:
  - Identify vulnerable populations.
  - Follow-up with these vulnerable populations after a disaster event.

# Section 13: Priority Services

2012-16 Four Year Planning Cycle

Funding for ACCESS, IN-HOME SERVICES, AND LEGAL ASSISTANCE

The CCR, Article 3, Section 7312, requires that the AAA 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 Area Agency on Aging through the planning process. The minimum percentage of applicable Title III B funds 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 & percentage of Title III B funds Expended in/or to be expended in FY 2012-13 through FY 2015-16**

### Access:

Case Management, Assisted Transportation, Transportation,  
Information and Assistance and Outreach

FY 12-13 7%    FY 13-14 7%    FY 14-15 7%    FY 15-16 7%

### InHome Services:

Personal Care, Homemaker and Home Health Aides, Chore, In-Home Respite, Daycare as respite services for families, Telephone Reassurance, Visiting and Minor Home Modification

FY 12-13 20%    FY 13-14 20%    FY 14-15 20%    FY 15-16 20%

### Legal Assistance Required Activities:

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

FY 2012-13 5%    FY 2013-14 5%    FY 2014-15 5%    FY 2015-16 5%

1. Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. Allocations are justified and determined to be sufficient to meet the need based on a number of factors. These include but are not limited to: public comment provided through the planning process, no waiting list for services presented by contractors and the needs assessment results.
2. Appendix V must be updated if the minimum percentages change from the initial year of the 4-year Plan.
3. Provide documentation that prior notification of the Area Plan public hearing(s) was provided to all interested parties in the PSA and that notification indicated that a change was proposed, the proposed change would be discussed at the hearing, and all interested parties would be given an opportunity to testify regarding the change. Yes.
4. Submit a Report (e.g. transcript of that portion of the public hearing(s) in which adequate proportion is discussed) documenting that the proposed change in funding for this category of service was discussed at Area Plan public hearings. Yes.

# Section 14: Notice of Intent to Provide Direct Services

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

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

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

## Check applicable direct services

## Check each applicable Fiscal Year

<b>Title III B</b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
X <input type="checkbox"/> Information and Assistance	X <input type="checkbox"/>	X <input type="checkbox"/>	X <input type="checkbox"/>	X <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"/>
X <input type="checkbox"/> Long-Term Care Ombudsman	X <input type="checkbox"/>	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Title III D</b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
X <input type="checkbox"/> Health Promotion	X <input type="checkbox"/>	X <input type="checkbox"/>	X <input type="checkbox"/>	X <input type="checkbox"/>
X <input type="checkbox"/> Medication Management	X <input type="checkbox"/>	X <input type="checkbox"/>	X <input type="checkbox"/>	X <input type="checkbox"/>

<b>Title III E <sup>1</sup></b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
X <input type="checkbox"/> Information Services	X <input type="checkbox"/>	X <input type="checkbox"/>	X <input type="checkbox"/>	X <input type="checkbox"/>
X <input type="checkbox"/> Access Assistance	X <input type="checkbox"/>	X <input type="checkbox"/>	X <input type="checkbox"/>	X <input type="checkbox"/>
<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Title VII A</b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
X <input type="checkbox"/> Long-Term Care Ombudsman	X <input type="checkbox"/>	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Title VII B</b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
X <input type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation	X <input type="checkbox"/>	X <input type="checkbox"/>	X <input type="checkbox"/>	X <input type="checkbox"/>

Describe below the methods that will be used to assure that target populations will be served throughout the PSA.

1. Each Title III/ VII subcontractor is required to complete outreach as an activity. Each application for funding requires the presentation of an Outreach Plan. The outreach activities are negotiated through the Request For Proposal process and are unique to each provider. This is also true for direct services.

2. A Senior Resource Directory is prepared for each county and widely distributed. This free Directory is an effective outreach tool and refers questions to the Senior Information and Assistance programs.

3. Information specific to the direct service of the Long Term care Ombudsman service in Santa Barbara County. This service will be directly provided to ensure that the service is available in Santa Barbara County. Following the State termination of the prior contractor, this Area Agency on Aging released two (2) Requests for Proposal will no interested parties submitting an application for funding.

The Board of Directors of the Central Coast Commission for Senior Citizens agreed to provide this service directly at their meeting in August 2011, effective September 1, 2011. In order to provide this service, the Central Coast Commission for Senior Citizens has created three job descriptions – Program Manager, Staff Ombudsman and Program Assistant. The Commission has also submitted requests for funding from the County of Santa Barbara and several local foundations. The Commission will request that the AAA Advisory Council serve as the Project Advisory Council, which the SLTCO has advised is allowable.

<sup>1</sup> Refer to PM 11-11 for definitions of Title III E categories.

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Section 15:

**REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

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

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Complete and submit a separate Section 15 for EACH type of service not specified in Section 14. The request for approval may include multiple funding sources for a specific source.

If not requesting approval to provide any direct services in Appendix IB, check this box .

**Identify Service Category: HICAP**

Check applicable funding source:<sup>2</sup>

III B  III C-1  III C-2  III E  VII a  **HICAP - YES**

Basis of Request for Waiver:

**Necessary to Assure an Adequate Supply of Service, OR**

More economical if provided by the AAA than comparable services purchased from a service provider.

Check each applicable Fiscal Year(s)

**FY 2012-13**  **FY 2013-14**  **FY 2014-15**  **FY 2015-16**

**Justification:** Provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.<sup>3</sup>

HICAP is a direct service. There is no two county agency serving these two counties. As a result, two one county HICAP programs would duplicate administration and program costs. Therefore, one entity is more cost effective.

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<sup>2</sup> Appendix IB does not apply to Title V (SCSEP)

<sup>3</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement

## Section 16: Governing Board

Number of member on the Board: 12

Name / Title of Officers	Term Expires
Mike Suddarth, Treasurer	June 2013
Lee Diaz, President	June 2013
Bob Putman, Secretary	June 2012
Karen O'Neil, Vice President	June 2012

Names/Titles of all other Board members	Term Expires
Linda Hardy	June 2013
Cole Lucas	June 2012
Michael Sloan	June 2013
Darrell Freeman	June 2013
Lori Gross	June 2013
Jim Talbott	June 2013

There are twelve members of the Board of Directors. Recruitment is underway for the vacant positions.

## Section 17: Advisory Council

Older Americans Act Regulation 1321.57  
California Code of Regulations, Article 3, Section 7302 (a) (12)

Total Council Membership (including vacancies)	30
Number of Council members 60+	14

Race/ Ethnic Composition	% of PSA 60+ population	% on Advisory Council
White	85.0%	93.0%
Hispanic	11.0%	0.0%
Black	1.0%	0.0%
Asian/ Pacific Islander & Native American	0.6. %	7.0%
Other	3. %	0

Names/Titles of officers and date term expires  
Chair- Will Schuyler  
Vice Chair- Dorothy Schlitz  
Secretary- Jan Dreyer

Names/Titles of other Advisory Council members and date term expires  
Charles Archibald  
Kathleen Bellefontaine'  
Gwat Bhattacharjie  
Marsha Epstein  
Steve Lavagnino  
Alice Loh  
Amy Mallett  
Tim O'Keefe  
Brad Parks  
Kathleen Sullivan  
Martin Tucker  
Phillip Waggoner  
Jim West

Low Income Representative	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
Disabled Representative	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO
Supportive Services Representative	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
Health Care Provider Representative	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
Veteran Health Care Representative (if appropriate)	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
Local Elected Officials	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO
Persons with Leadership Experience in the Private and Voluntary sector	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO

Explain any "NO" answers: Currently there is no representative of the Veterans Health Care system, or the disabled community on the Council. Recruitment is underway.

Briefly describe the process designated by the local governing body to appoint advisory council members:

Potential members of the AAA Advisory Council are solicited from local senior citizens organizations, service clubs, service provider organizations, and interested agencies in the Spring of each year. Interested persons are interviewed by a Nominating committee and recommendations of candidates are presented to the Advisory Council in May. At the May meeting new members are elected by the Council. The election is ratified by the Board of Directors at their June meeting.

## Section 18: Legal Assistance

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

The mission of the Central Coast Commission for Senior Citizens is to develop and implement a comprehensive and coordinated system of services in San Luis Obispo and Santa Barbara counties. The system of services is designed to address the continuum of care needs of senior citizens in the greatest social and economic need. The Agency will seek to secure and maintain maximum independence and dignity for senior citizens, with appropriate supportive and nutrition services.

The purpose of the Area Agency on Aging is to develop a comprehensive and coordinated system of services for older persons in San Luis Obispo and Santa Barbara counties. This system will:

- \* Secure and maintain maximum independence and dignity in a home environment for older persons capable of self care with appropriate supportive services.
- \* Remove individual and social barriers to economic and personal independence for older persons.
- \* Develop a continuum of care for the vulnerable elderly.
- \* Build a community based system of care that will serve each community in the planning and service area.
- \* Secure the opportunity for older individuals to receive managed in-home and community-based long term care services.

2. Based on your local needs assessment, what % of Title III B funding is allocated to Legal services? 8.83%

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).

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

The target population is that described in the Older Americans Act. Each applicant for Title III B funding must present an Outreach Plan to address each specific target population. The Legal Services Providers have such an Outreach Plan.

The target population is low income seniors, low income ethnic minority seniors, ethnic minority seniors, older individuals residing in rural areas, and seniors in greatest social need.

5. How many AAA funded legal assistance providers are in the PSA? Complete table below

Fiscal Year	# Legal Service Providers	
2012-13	2	
2013-14	2	
2014-15	2	
2015-16	2	

6. Does your PSA have a hotline for legal services? No

7. What methods of outreach are providers using? Discuss.

Providers use a variety of methods. They include, but are not limited to: local media, flyers, presentations, senior faires, satellite offices, and community events. A successful outreach is inclusion in the Senior Information Guide for San Luis Obispo County and Senior Resource Directory for Santa Barbara County.

8. What geographic regions are covered by each Provider? Complete table below.

Fiscal Year	Name of Provider	Geographic Region covered
2012-13	Legal Alternatives Corporation Legal Aid Foundation	San Luis Obispo County Santa Barbara County
2013-14	Legal Alternatives Corporation Legal Aid Foundation	San Luis Obispo County Santa Barbara County
2014-15	Legal Alternatives Corporation Legal Aid Foundation	San Luis Obispo County Santa Barbara County
2015-16	Legal Alternatives Corporation Legal Aid Foundation	San Luis Obispo County Santa Barbara County

9. Discuss how older adults access Legal Services in your PSA?

Older adults access legal services by telephoning the appropriate office and making an appointment with the intake worker. There are also several outreach sites at local senior centers.

10. What are the major legal issues in your PSA? Include new trends of legal problems in your area.

Major legal issues regard housing, income maintenance and elder abuse protection. This hasn't changed since the creation of HICAP which diverted these cases to HICAP. The nature of housing has changed to include foreclosure and financial elder abuse.

11. In the past four years, has there been a change in the types of legal issues handled by the Title III-B legal provider(s) in your PSA? Discuss. Increasing needs of grandparent caregivers and assistance with dealing with the housing crisis.

12. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss. None identified. Both providers have developed and implemented strategies: in Santa Barbara County LAF secured funding for Legal Resource Centers which promote self representation; in San Luis Obispo County LAC uses attorneys that volunteer time to a pre set number of referrals from the program.

13. What other organizations or groups does your legal service providers coordinate services with? Both participate in the Elder Abuse Prevention Councils, and Adult & Aging Network and Adult Services Policy Council. They have MOU's and informal relationships with the extensive local aging networks in each county. Both legal service providers are an integral component of the local senior service network.

## Section 19: Multi-Purpose Senior Center Acquisition or Construction

No Title III B funds have been used for MPSC Acquisition or Construction

# Section 21: 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)

### 2012-16 Four-Year Planning Cycle

Based on PSA review of current support needs and services for family caregivers and grandparents (or other older relative of a child), does the AAA **intend** to use Title III E and/or matching FCSP funds to provide each of the following federal Title III E services for both family caregivers and grandparents?

Check YES or NO for each of the services identified below.

#### FAMILY CAREGIVER SUPPORT PROGRAM for FY 2012-16

Family Caregiver Information Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Family Caregiver Access Assistance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Family Caregiver Support Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Family Caregiver Respite Care	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Family Caregiver Supplemental Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**and**

Grandparent Information Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Grandparent Access Assistance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Grandparent Support Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Grandparent Respite Care	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Grandparent Supplemental Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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

Justification: For any of the five support services not funded, explain why services will not be funded or how these services are being addressed in the PSA, attach additional pages if necessary.

Explain how each service category not funded is being addressed in the PSA.

## Section 21: Organization Chart

## Section 22: Assurances

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

### A. Assurances

#### 1. OAA 306(a)(2)

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

(A) services associated with access to services (transportation, health services (including mental health services) outreach, information and assistance, (which may include information and assistance to

consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.

5. OAA 306(a)(4)(B)

Use outreach efforts that —

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

6. OAA 306(a)(4)(C)

Ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

7. OAA 306(a)(5)

Coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(9)

Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

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

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

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

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

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

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

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

11. 306(a)(14)

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

12. 306(a)(15)

Funds received under this title will be used—

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in OAA 2006 306(a)(4)(A)(i); and
- (B) in compliance with the assurances specified in OAA 2006 306(a)(13) and the limitations specified in OAA 2006 212;

B. Additional Assurances:

Requirement: OAA 305(c)(5)

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

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

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

- (i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

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

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

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

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

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

- (i) public education to identify and prevent abuse of older individuals;
- (ii) receipt of reports of abuse of older individuals;

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

Requirement: OAA 307(a)(15)

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

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

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

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

Requirement: OAA 307(a)(18)

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

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Requirement: OAA 307(a)(26)

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

Requirement: OAA 307(a)(27)

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

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

CFR [1321.53(a)(b)]

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

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

- (1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
- (2) Provide a range of options:

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.61(b)(4)]

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

CFR [1321.61(d)]

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

CFR [1321.69(a)]

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