

FOUR-YEAR AREA PLAN ON AGING

JULY 1, 2012 – JUNE 30, 2016

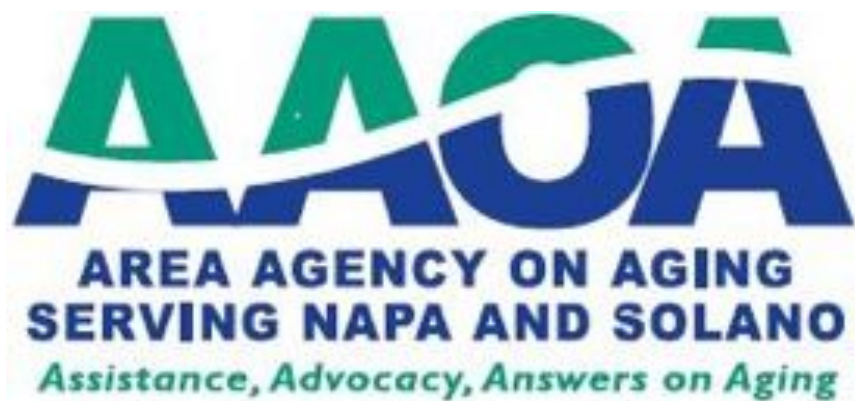


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TRANSMITTAL LETTER
Four-Year Area Plan
2012-2016

AAA Name: Area Agency on Aging Serving Napa and Solano

PSA 28

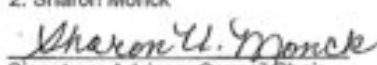
This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director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

1. Donald Bond


Signature: Governing Board Chair

4/17/12
Date

2. Sharon Monck


Signature: Advisory Council Chair

4/17/12
Date

3. Leanne Martinsen


Signature: Area Agency Director

5-1-12
Date

SECTION 1. MISSION STATEMENT

The mission of the Area Agency on Aging Serving Napa and Solano (AAANS) is to:

- provide leadership in addressing issues that relate to older persons, persons with disabilities and their caregivers;*
- develop community-based systems of care that provide services which support independence within our interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and*
- promote citizen involvement in the planning and delivery of services.*

The AAANS works to provide or procure services to maintain and or enhance the independence, health, safety, and dignity of seniors, persons with disabilities and their caregivers living in Napa and Solano Counties by funding a wide array of essential services provided by a close-knit network of public and private community-based organizations and the Area Agency. The Area Agency also works to promote the central role of its Advisory Council as a primary Advocate for the needs of all seniors, with particular attention to the needs of low income and/or minority seniors.

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

The AAANS is a private, non-profit agency, designated as Planning and Service Area (PSA) 28, one of 33 Area Agencies on Aging serving the 58 counties in California. The AAANS is responsible for providing services for seniors age 60 and over with funding from the Older Americans Act (OAA) and other sources. The two-county PSA has a total area of 1,613 square miles with 11 cities and many residents in unincorporated areas.

NAPA COUNTY

Napa County is located along the northern edge of the greater San Francisco Bay Area. Largely due to its being the site of over 400 vineyards, the county is a major tourist destination and draws an estimated five million-plus visitors a year. The county's dominant feature is Napa Valley, home to the vast majority of the county's residents and the primary location of agricultural and economic activity. The Napa Valley is bordered by two mountain ranges – the Vaca on the east and the Mayacamas on the west. Almost 80% of Napa County's population lives in five cities - American Canyon, Calistoga, Napa (the county seat), St. Helena, and Yountville - all located along SR 29 running north-south through the county. The county's largest two cities, Napa (over 77,000 residents in 2010) and American Canyon (over 19,000 residents in 2010) are in the southern end of the county, with the much smaller cities of Calistoga, St. Helena, and Yountville located further north. The rest of the population resides in small unincorporated communities, such as Angwin, Dry Creek, Lake Berryessa, Oakville, Pope Valley, and Rutherford.

The county's largest employers are in the healthcare, hospitality, education, and the wine industries. Small businesses (between 6 and 100 employees) account for about 98% of all businesses and 64% of the total number of jobs in Napa County. As the national economy slowed during the recent recession, the county's employment declined by 6% between June 2008 and June 2010.¹ In March, 2012, the county's unemployment rate was 9%, a decrease from the estimate of 9.9% from one year prior.²

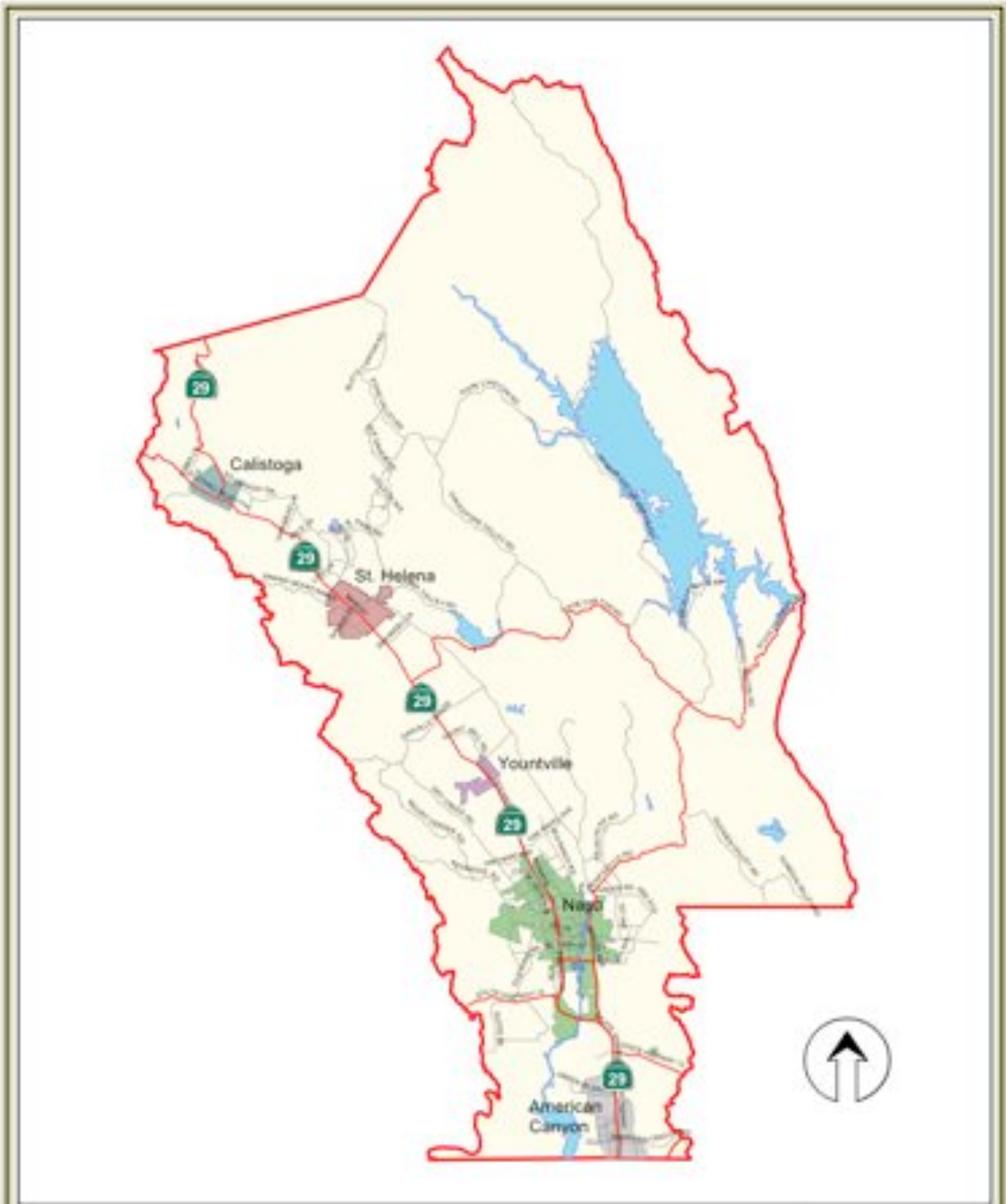
Napa County Demographic Overview

According to the latest US Census, there were about 136,484 residents residing among 49,179 households in Napa County in 2010, with a median household income of about \$67,389, higher than the statewide estimate of \$61,000. Overall, about 10% of the county's residents have incomes below the federal poverty line, compared to 13% statewide. About 34% of all residents over the age of 5 (age of 5+) and about 16% of residents age over the age of 60 (age 60+) spoke a language other than English at home, with about 9% of the 60+ residents speaking English "less than very well."³

¹ *Economic Opportunity & Workforce Development in Napa County*, prepared for Napa County Workforce Investment Board; September, 2010.

² *Napa County Metropolitan Statistical Area*, State of California Employment Development Department, April 2012.

³ 2010 U.S. Census, State and County Quickfacts – Napa County.



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Napa County



County of Napa

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Between 2000 and 2010, Napa County’s population grew by almost 10% (+12,205 residents). The most significant demographic trend was the growth in Hispanic residents – their share of the county’s population grew from 24% to 32% which is projected to reach 41% by 2020). Another strong trend was the increase in the Asian population (from about 3,640 to 9,000), with over 85%

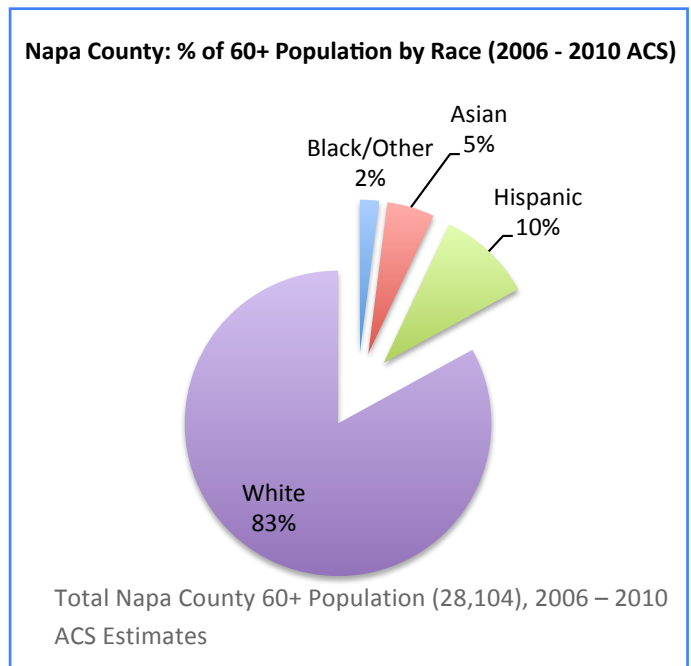
Table 1: Napa County and Cities: Percentage of Population by Race								
	Total Population	White: % of Total Population	Hispanic: % of Total Population	Asian: % of Total Population	Black: % of Total Population	Native American: % of Total Population	Native American: % of Total Population	Native Hawaiian /Pacific Islander: % of Total Population
Napa County: Change in Share of Total Population by Race, 2000 - 2010								
2000 Census	124,279	69%	24%	3%	1%	0.5%	0.5%	0.2%
2010 Census	136,484	56%	32%	7%	2%	0.4%	0.4%	0.2%
Change	12,205	-13%	9%	4%	1%	0%	-0.1%	0.0%
Cities in Napa County: Share of Total City Population by Race, 2010								
American Canyon	19,454	28%	26%	32%	8%	0%	0%	1%
Calistoga	5,155	48%	49%	1%	0%	0%	0%	0%
Napa	76,915	57%	38%	2%	0%	0%	0%	0%
St. Helena	5,814	63%	33%	2%	0%	0%	0%	0%
Yountville	2,933	84%	10%	2%	1%	1%	1%	0%

CA Dept. of Finance: Population by Race/Ethnicity (Table 2), Year 2000; Total Population by Race & Hispanic or Latino, Table 3A, 2010.

of this growth concentrated in American Canyon, easily the most diverse city in Napa County. American Canyon’s 2010 population was almost evenly split among Non-Hispanic Whites (28%), Hispanics (26%) and Asians (32%) and also included an 8% Black share. American Canyon was also Napa County’s fastest-growing city - its population almost doubled between 2000 and 2010 (9,774 to 19,454) and accounted for almost 80% of the county’s total population increase.⁴

Napa County’s Older Population

Along with the rest of the U.S. and California, Napa County’s population is getting older - the share of Napa County’s total population accounted for by residents age 60+ (those eligible for OAA-funded services) grew from 25% to 28% (about 4,900 residents) between 2000 and 2010. Looking ahead, many of the approximately 9,400 residents between the ages of 55 and 60 will become eligible for OAA-funded services within the FY 2012 – FY 2016 Plan cycle. Napa County’s median age, 39.7, in 2010 was more than 4 years higher



⁴ California Dept. of Finance - Population by Race/Ethnicity (Table 2), Year 2000; Total Population by Race & Hispanic or Latino, Table 3A, 2010.

than California overall.

The median age among Napa’s cities ranged from 64 in Yountville (site of the Veteran’s Home of California-Yountville - founded in 1884 and the largest veterans’ home in the U.S.) down to 35.5 in American Canyon.

Over 50% of the County’s 60+ residents were concentrated in the City of Napa (14,727) followed by American Canyon with 10% (2,767). Both St. Helena and Yountville had around 1,900 residents age 60+, while Calistoga had around 1,650.⁵

While less diverse than the general population, the number of Napa County’s non-white 60+ residents is expected to grow in the future. The number of Hispanic/Latino residents age 60+ is expected to almost double between 2010 and 2020 (3,223 to 6,145) and grow from 10% to 16% of the county’s total 60+ population. Meanwhile, the older Asian population is projected to grow by about 70%, from around 1,400 to about 2,380 and increase from 3% to 6% of the county’s total 60+ population.⁶

Table 2: Napa County: Median Age and Percentage of Total Population by Age Group								
	Total population	Median age	Population Age 55+	% of Total Population - Age 55+	Population Age 60+	% of Total Population - Age 60+	Population Age 65+	% of Total Population - Age 65+
Napa County: Median Age & Change in Share of Population by Age Group, 2000 - 2010								
2000 Census	124,279	38.3	30,933	24.9%	24,121	19%	19,086	15.4%
2010 Census	136,484	39.7	38,437	28%	29,014	21%	20,594	15%
Change	12,205	1.4	7,504	3%	4,893	2%	1,508	-0.3%
Cities in Napa County: Median Age & Share of City Population by Age Group, 2010								
American Canyon	19,454	35.5	3,929	20%	2,767	14.2%	1,865	10%
Calistoga	5,155	40	1,648	32%	1,284	24.9%	964	19%
Napa	76,915	37.4	19,574	25%	14,727	19.1%	10,491	14%
St. Helena	5,814	42.9	1,943	33%	1,533	26.4%	1,121	19%
Yountville	2,933	64	1,917	65%	1,688	57.6%	1,428	49%
CA Dept. of Finance - Population by Race/Ethnicity (Table 2), Year 2000; Total Population by Race & Hispanic or Latino, Table 3A, 2010								

Health & Well-Being of Older Adults

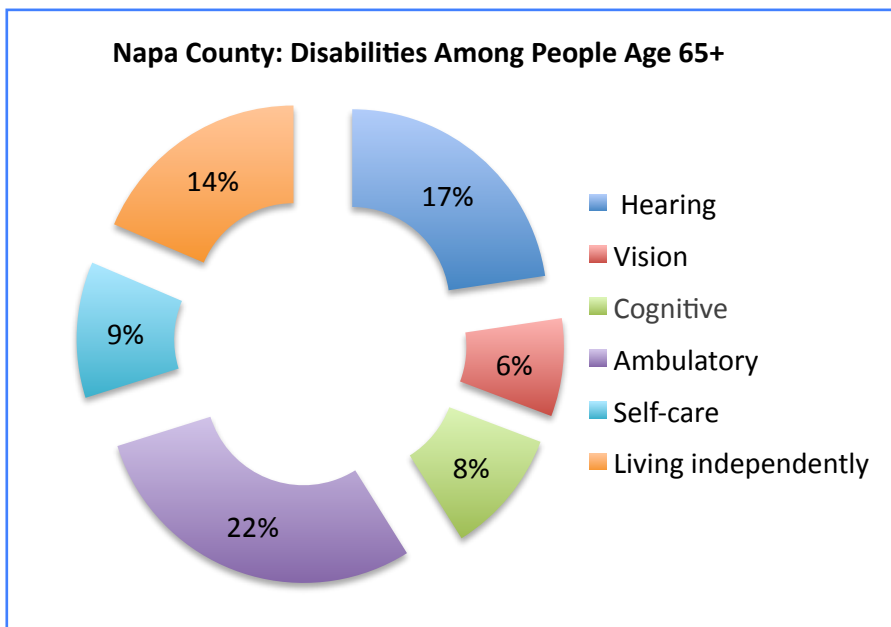
One of the main goals for the AAANS is to help older adults maintain their health and well-being – both for an overall good quality of life and for staying independent. Primary challenges to maintaining good health and independence are physical and cognitive disabilities and chronic diseases.

⁵ CA Dept. of Finance - Table 1: Population, Age and Sex Characteristics, Years 2000 and 2010,

⁶ Source: CA Dept. of Finance, Table P3, Population Projections by Race/Ethnicity, Gender and Age for California and its Counties, 2000 – 2050.

Physical and Cognitive Disabilities

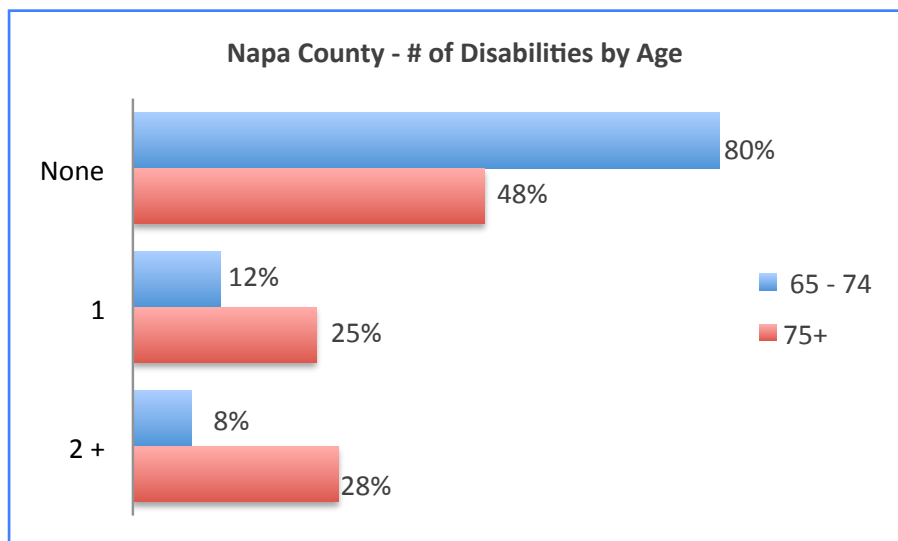
Almost 36% of Napa County’s residents age 65 and older have a disability, with ambulatory difficulty as the most common disability (experienced by 22%), followed by hearing (17%)⁷



Disabilities among older adults increase greatly for people over the age of 75. The percentage of adults with two or more disabilities jumps from 8% to 28% between the 65 – 74 and the 75+ age groups.⁸

The number of Napa County residents age 75 and older is projected by the California DOF to grow by about 20% between 2010 and 2020, with an additional 2,000 people (10,158 to 12,151) potentially experiencing the same types and level of disabilities as

reported in the 2008 – 2010 ACS. The impact of disabilities is compounded by the high number of older adults who live alone – the 2006 - 2010 ACS estimated over 6,000 ‘householders living alone’ age 65+, accounting for about 46% of all such households in the county.⁹



Chronic Diseases

Chronic diseases include conditions such as heart disease (coronary artery disease, heart attack, heart failure and angina), high blood pressure, high cholesterol, diabetes, cancer and arthritis. These diseases have serious consequences, especially if left untreated or not carefully managed. As with disabilities, older

adults experience serious chronic diseases at much higher rates than younger people. As an example, people age 65+ accounted for the vast majority of deaths from the top two causes of

⁷ U.S. Census, 2008 – 2010 ACS 3-year Survey, Table S1810: Disability Characteristics.

⁸ U.S. Census Bureau, 2008 – 2010 ACS 3-Year Survey, Table B18108: Age by Number of Disabilities.

⁹ U.S. Census Bureau, ACS 2006 – 2010 Five-Year Estimates, Table DP-02 – Selected Social Characteristics in the United States.

death - cancer and heart disease - in Napa County between 2005 and 2008. People age 65+ accounted for 75% of all cancer-related deaths (75%) and 88% of all heart disease .¹⁰

A major concern among many older adults is the potential for succumbing to Alzheimer's Disease, the most common cause of dementia and the fifth rankable cause of death in Napa County between 2005 and 2008. While a precise estimate of the number of people in Napa and Solano counties is not readily available, a report by the Alzheimer's Association, *2012 Facts and Figures Alzheimer's Disease Fact and Figures*, provided the following national information:

- An estimated 5.4 million Americans of all ages have Alzheimer's disease in 2012. Of those with Alzheimer's disease, an estimated 4% are under age 65, 6% are 65 to 74, 44% are 75 to 84, and 46% are 85 or older."
- 13% of people age 65+ has Alzheimer's disease.
- 45% of people age 85 and older have Alzheimer's disease.

These estimates were provided by the Chicago Health and Aging Project (CHAP), a population-based study of chronic health diseases of older people.

Based on these estimates, about 2,700 residents age 65+ (13% of 20,594) and 1,600 (45% of 3,500) residents age 85+ in Napa County could be expected to have Alzheimer's Disease.

The 2005 Health Information Survey (CHIS) reported the following information on the incidence of chronic diseases among Napa County residents age 60+ (estimated to be 26,000 people in 2005 by the CHIS):

- High blood pressure - 15,000 people, (58%)
- Diabetes - 5,000 people, (19%)
- Arthritis /gout/lupus - 10,000 people, (38%)
- High blood cholesterol – 9,000 people, (33%)
- Heart disease - 6,000 people, (21%)
- Cancer – 5,000 people, (18%)

Cancer diagnosis – 9,000 people, (16%).

Older Adults and Economic Security

To help meet its goals to serve targeted groups, the AAANS will focus most of its planning and service delivery efforts on lower-income adults. For Napa County residents age 60+, around 2,100 have incomes below the federal poverty level (FPL), and around 4,000 (15%) have incomes below 150% of the FPL.¹¹ Of the 12,815 households headed by people age 65+, an estimated 452 have incomes below the poverty level. Household incomes headed by people age 65+ include the following:

¹⁰ Napa County Public Health Division, Health & Human Services Agency, [Leading Cause of Death: Heart Disease Fact Sheet and Leading Cause of Death: Cancer Fact Sheet](#).

¹¹ Source: ACS 2006 – 2010 5-Year Estimates, Table S0102, Population 60 Years and Older).

- Less than \$10,000 – 693 households
- \$10,000 to \$14,999 – 1,140 households
- \$15,000 to \$19,999 – 1,070 households
- \$20,000 to \$24,999 – 657 households¹²

The U.S. Census uses a set of factors, including income and family size, to determine who is in poverty. All individuals who do not live with family members and families are assigned one of 48 possible poverty thresholds based on age and family composition. The FPL was developed in the 1960s and does not reflect the great variation in the local housing, transportation, utility and other costs. It also does not reflect other expenses, such as healthcare, that are experienced far more by older adults than younger people. To provide a realistic measure of the local living costs and healthcare expenses, and the incomes needed to meet those costs, the UCLA Center for Health Policy Research develops an Elder Economic Security Standard Index (Elder Index) for every county in California. In October, 2010, California passed legislation (AB 138) requiring agencies, including Area Agencies on Aging, to consider the Elder Index when developing plans and services.

	Single Elder Person			Elder Couple		
	Owner without a Mortgage	Owner with Mortgage	Renter, 1-Bedroom	Owner without a Mortgage	Owner with Mortgage	Renter, 1-Bedroom
Income Needed to Meet Basic Needs	\$17,376	\$35,209	\$23,261	\$25,365	\$43,198	\$31,250
Federal Poverty Guideline (2010 DHHS)	\$10,830	\$10,830	\$10,830	\$14,750	\$14,750	\$14,750
% above FPL	160%	325%	215%	174%	296%	214%
SSI Maximum Payment, California 2010 (Assistance to aged, blind, and disabled people)	\$10,140	\$10,140	\$10,140	\$16,886	\$16,886	\$16,886
GAP	(\$7,236)	(\$25,069)	(\$13,121)	(\$8,479)	(\$26,312)	(\$14,364)
Median Social Security Payment 2009	\$12,000	\$12,000	\$12,000	\$20,769	\$20,769	\$20,769
GAP	(\$5,376)	(\$23,209)	(\$11,261)	(\$4,596)	(\$22,429)	(\$10,481)

Based on the Elder Index, an estimated 4,000 older adults in Napa County with incomes less than 150% of the FPL would not be able to rent a 1-bedroom apartment or to afford to stay in their

¹² (Source: ACS 2006 – 2010 5-Year Estimates - Table B19037: Age of Householder by Income in the Past 12 Months; Table B17017, Poverty Status in the Past 12 Months by Household Type by Age of Householder).

homes, even without a mortgage. The high cost of housing in Napa County is reflected in the number of people age 60+ who pay more than 30% of their income for housing - almost 60% of Napa County households in renter-occupied housing units and over 30% of households in owner-occupied housing units pay more than 30% of their income for housing.¹³

SOLANO COUNTY

Solano County, a large county with over 910 square miles, lies between the San Francisco and Sacramento metropolitan areas. The county's commitment to focusing new development within urban areas has resulted in 95% of its population residing in cities - Benicia, Dixon, Fairfield (the



¹³ U.S. Census, 2006 – 2010 American Community Survey, Table S0102: Population 60 Years and Over.

County seat) Rio Vista, Suisun City, Vacaville, and Vallejo. Its three largest cities - Vallejo, Fairfield and Vacaville – are all located on the I-80 corridor. According to the *2008 Solano County General Plan*, “As of 2005, health, education, and recreation service jobs represented about 36% of employment in Solano County. Manufacturing, wholesale, and transportation was the next largest industry sector, with about 15% of Solano County employment, followed by financial and professional service jobs, at about 14%. Travis Air Force Base employed about 14,000 workers in 2007, making it the largest single employer in Solano County and accounting for nearly 10% of the county’s total jobs. In March, 2012, the county’s unemployment rate was 11.1%, down from 12.1 % from a year earlier, lower than the unemployment rates of California (11.5%) but higher than the U.S. as a whole (8.4%).¹⁴

Solano County Demographic Overview

Table 4: Solano County & Cities: Percentage of Population by Race								
	Total Population	White: % of Total Population	Hispanic: % of Total Population	Asian: % of Total Population	Black: % of Total Population	Native American: % of Total Population	Native American: % of Total Population	Native Hawaiian /Pacific Islander: % of Total Population
Solano County: Change in Share of Total Population by Race, 2000 - 2010								
2000 Census	394,542	49%	18%	13%	15%	0.6%	0.6%	0.2%
2010 Census	413,344	41%	24%	14%	14%	0.5%	0.5%	0.8%
Change	18,802	-8%	6%	2%	0%	-0.1%	-0.1%	0.6%
Cities in Solano County: Percentage of Total City Population by Race, 2010								
Benicia	26,997	66%	12%	11%	5%	0.3%	0.3%	0.4%
Dixon	18,351	49%	40%	3%	3%	0.6%	0.6%	0.3%
Fairfield	105,321	35%	27%	14%	15%	0.4%	0.4%	1.0%
Rio Vista	7,360	74%	12%	5%	5%	0.6%	0.6%	0.2%
Suisun	28,111	29%	24%	19%	20%	0.3%	0.3%	1.1%
Vacaville	92,428	55%	23%	6%	10%	0.6%	0.6%	0.5%
Vallejo	115,942	25%	23%	24%	21%	0.4%	0.4%	1.0%

CA Dept. of Finance: Population by Race/Ethnicity (Table 2), Year 2000; Total Population by Race & Hispanic or Latino, Table 3A, Year 2010

In 2010, Solano County had a population of over 413,344 residing in about 139,000 households. About 10.4% of its population had incomes below the poverty level. Over 29% of residents age 5+ spoke a language other than English at home. Twenty-seven percent of residents age 60+ spoke a language other than English at home and 14% spoke English “less than very well.”

Solano County is much more diverse than Napa County, with large percentages of Hispanic (24%), and Asian and Black (both at 14%) residents. As in Napa County, the most significant demographic trend between 2000 and 2010 was the increase in the Hispanic share of the county’s total population (growing from 18% to 24%). Solano County’s cities (except for Rio Vista, which is the site of a large 3,000-unit senior community) are also very diverse, with non-white residents

¹⁴ Solano Metropolitan Statistical Area, State of California Employment Development Department, April 2012

accounting for the majority of the population in Vallejo, Suisun, and Fairfield and almost half of Dixon’s population.¹⁵

Solano County’s Older Population

As shown in Table 5, between 2000 and 2010, the number of the county’s residents age 60+ grew by almost 20,000 to over 70,000 (+40%) and rose to 17% of the county’s total population. Another 28,000 residents, in the 55 – 59 age group, will become eligible for the AAA’s services funded by the OAA within the next five years. The county’s aging population is reflected in its rising median age, which jumped from 33.9 in 2000 to almost 37 in 2010. Over 70% of the county’s 60+ residents are concentrated among Vallejo (21,150), Fairfield (15,411) and Vacaville (14,411). Following were Benecia with 5,421, Rio Vista and Suisun, each with about 3,500 60+ residents and Dixon with 2,410.¹⁶

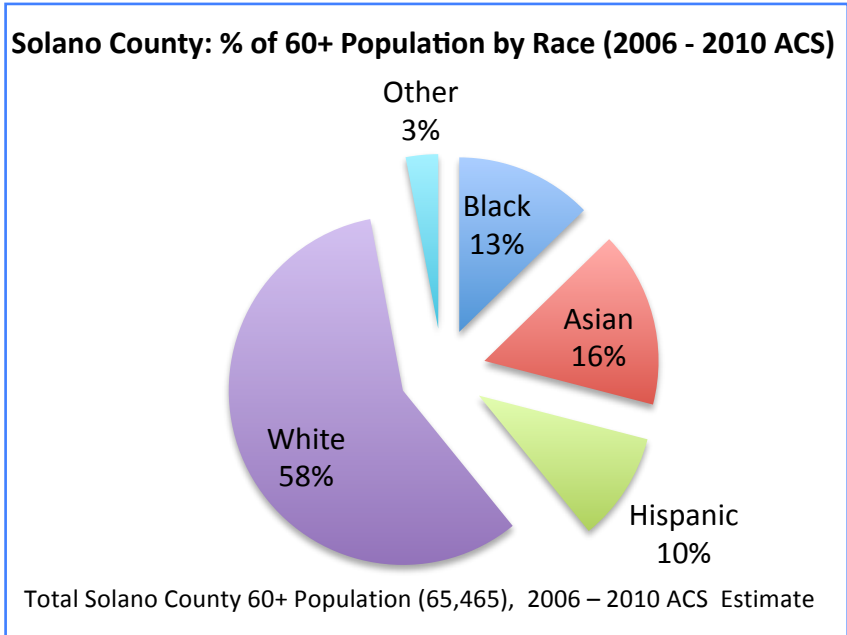


Table 5: Solano County: Median Age and Percentage of Total Population by Age Group								
	Total population	Median age	Population Age 55+	% of Total Population - Age 55+	Population - Age 60+	% of Total Population - Age 60+	Population - Age 65+	% of Population - Age 65+
Solano County: Median Age & Change in Share of Population by Age Group, 2000 - 2010								
2000 Census	394,542	33.9	67,574	17%	50,232	13%	37,426	9%
2010 Census	413,344	36.9	98,074	24%	70,065	17.0%	46,847	11%
Change	18,802	3	30,500	7%	19,833	4%	9,421	2%
Cities in Solano County: Median Age & Percentage of City Population by Age Group, 2010								
Benecia	26,997	42.9	7,792	29%	5,421	20.1%	3,367	12%
Dixon	18,351	33.3	3,442	19%	2,410	13.1%	1,552	8%
Fairfield	105,321	33.7	21,459	20%	15,411	14.6%	10,775	10%
Rio Vista	7,360	57.2	3,923	53%	3,317	45.1%	2,377	32%
Suisun	28,111	33	5,344	19%	3,530	12.6%	2,156	8%
Vacaville	92,428	37.2	20,295	22%	14,441	15.6%	9,669	10%
Vallejo	115,942	37.9	29,803	26%	21,150	18.2%	13,999	12%
CA Dept. of Finance - Population by Race/Ethnicity (Table 2), Year 2000; Total Population by Race & Hispanic or Latino, Table 3A, 2010								

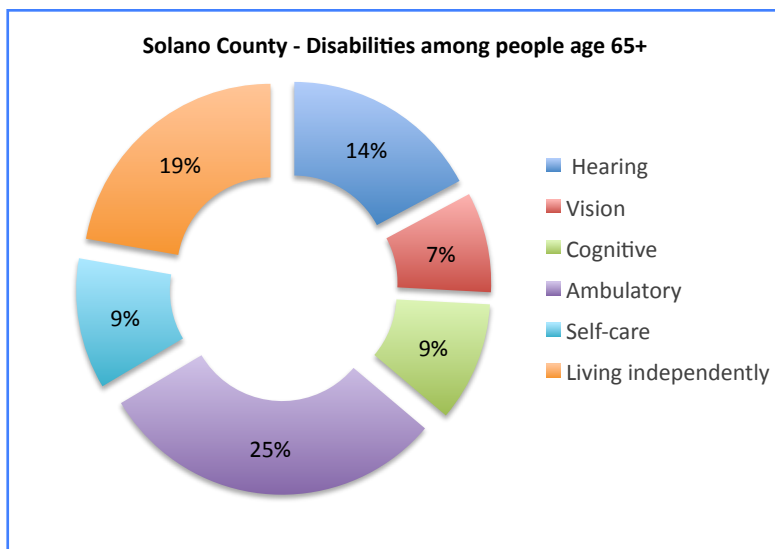
Between 2010 and 2020, Solano County is projected to gain about 36,000 residents age 60 and over (72,415 to 108,400). The strongest projected demographic trend between 2010 and 2020

¹⁵ California Dept. of Finance - Population by Race/Ethnicity (Table 2), Year 2000; Total Population by Race & Hispanic or Latino, 2010 (Table 3A).

among the county's older population is the growth rate for Asian and Hispanic residents. The Asian 60+ population is projected to grow by 70% (13,136 to 22,300). By 2020, the number of Asian residents age 60+ in Solano County (22,343) is projected to be twice as much as for the Black (around 11,000) or Hispanic (around 12,000) populations. Meanwhile, the number of Hispanic adults age 60+ is projected to increase by about 76% between 2010 and 2020 (6,680 to 11,800).¹⁸

Health and Well-Being of Older Adults

As stated earlier, the AAANS is committed to helping older adults maintain their health and well-being – both for an overall good quality of life and for staying independent. Two primary challenges to meeting this goal, disabilities and physical and cognitive disabilities and chronic diseases.



Physical and Cognitive Disabilities

The 2008 – 2010 American Community Survey (ACS) estimates that around 38% of Solano County's residents age 65 and older had a disability, with ambulatory difficulty as the most common disability (25%), followed by difficulty with living independently (19%) and hearing (14%).

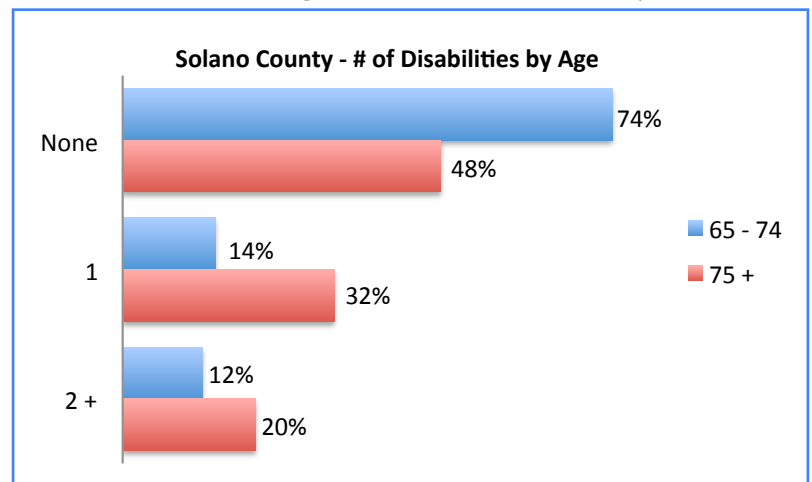
Based on the 2008 – 2010 ACS Estimates, the number of adults with at least one disability more than doubled (14% to 32%) between the 65 – 74 and the 75+ age groups, and the percentage of those with two or more disabilities

climbed from 12 % to 20%.

The California Department of Finance projects that between 2010 and 2020, the number of Solano County residents age 75+ will grow by about 7,800 , reaching 29,000 in 2020. Many of these additional 7,800 residents age 75+ may experience the same types and level of disabilities as reported in the 2008 – 2010 ACS 3-Year Estimates.

Chronic Diseases

As in Napa County, chronic diseases take a heavy toll on the quality of life and independence of older adults in Solano County. The 2005 California



¹⁸ CA Dept. of Finance, Table P3, Population Projections by Race/Ethnicity, Gender and Age for California and its Counties, 2000 – 2050.)

Health Information Survey (CHIS) reported the following information on the incidence of chronic diseases among Solano County residents age 60+ (estimated to be 57,000 people in 2005 by the CHIS):

- High blood pressure - 30,000 people, (53%)
- Diabetes - 9,000 people, (16%)
- Arthritis /gout/lupus - 26,000 people, (46%)
- High blood cholesterol - 18,000 people, (31%)
- Heart disease - 10,000 people, (18%)
- Cancer diagnosis – 9,000 people, (16%).

(CHIS, the nation's largest state health survey, is a random-dial telephone survey conducted every two years on a wide range of health topics to help provide detailed information on the health and health care needs of California's large and diverse population. CHIS is conducted by the UCLA Center for Health Policy Research in collaboration with many public agencies and private organizations.)

Based on the estimates on the prevalence of Alzheimer's disease discussed earlier, about 6,100 of people age 65+ and about 2,700 people age 85+ could be expected to have Alzheimer's disease.

Older Adults and Economic Security

Of Solano County's residents age 60+, around 4,500 have incomes below the FPL, and about 8,800 (around 14%) had incomes below 150% of the poverty line in 2010.¹⁹ Of the 26,214 households headed by people age 65+, an estimated 2,089 had incomes below the poverty level. The ACS 2006 – 2010 5-Year Estimates provided the information below on household incomes headed by people age 65+:

- Less than \$10,000 – 1,263 households
- \$10,000 to \$14,999 – 2,251 households
- \$15,000 to \$19,999 – 1,888 households
- \$20,000 - \$24,999 – 1,536 households²⁰

Based on Solano County's Elder Economic Index, the 8,800 older adults estimated to have incomes less than 150% of the FPL would not be able to rent a 1-bedroom apartment or pay a mortgage.

¹⁹ ACS 2006 – 2010 5-Year Estimates, Table S0102, Population 60 Years and Older).

²⁰ ACS 2006 – 2010 5-Year Estimates - Table B19037: Age of Householder by Income in the Past 12 Months; Table B17017, Poverty Status in the Past 12 Months by Household Type by Age of Householder.

Table 6: UCLA - Solano County - Elder Economic Security Standard Index, 2010

	Single Elder Person			Elder Couple		
	Owner without a Mortgage	Owner with Mortgage	Renter, 1-Bedroom	Owner without a Mortgage	Owner with Mortgage	Renter, 1-Bedroom
Income Needed to Meet Basic Needs	\$15,624	\$33,174	\$23,075	\$23,527	\$41,077	\$30,978
Federal Poverty Guideline (2010 DHHS)	\$10,830	\$10,830	\$10,830	\$14,750	\$14,750	\$14,750
% above FPL Needed for Housing Type	144%	306%	213%	161%	282%	213%
SSI Maximum Payment, California 2010	\$10,140	\$10,140	\$10,140	\$16,886	\$16,886	\$16,886
GAP	-\$5,484	-\$23,034	-\$12,935	-\$6,641	\$24,190	\$14,092
Median Social Security Payment 2009	\$12,000	\$12,000	\$12,000	\$20,769	\$20,769	\$20,769
GAP	-4721	(\$22,271)	(\$12,172)	(\$1,027)	(\$18,577)	(\$8,478)

As in Napa County, many households headed by people age 60+ pay more than 30% of their income for housing, including almost 63% of households

in renter-occupied housing units and almost 36% of households in owner-occupied housing units.²¹

SECTION 3- DESCRIPTION OF AREA AGENCY ON AGING

The Area Agency on Aging Serving Napa and Solano Counties (the AAANS)

The Area Agency on Aging Serving Napa and Solano (AAANS) provides services to maintain and or enhance the independence, health, safety, and dignity of seniors, persons with disabilities and their caregivers. The AAANS provides a wide array of essential services and programs to seniors and people with disabilities, their families, and caregivers, both directly (through agency staff) and through a network of private providers. The AAANS's three main operational elements include the following:

1. Providing Services to Older Adults: Implement and deliver a wide range of services and programs directly to seniors through AAANS staff or through contracts with non-profit agencies.
2. Administration and Management: Ensure the AAANS meets all federal and state requirements; award and monitor contracts for services provided through contracts;
3. Planning and Community Outreach: Assess needs and priorities through extensive community outreach and inter-agency collaboration; develop the Area Plan to serve as a guiding document plans and programs to serve seniors, their caregivers and families; and collaborate with other organizations to develop and implement provide programs.

²¹ (Source: 2006 – 2010 American Community Survey, Table S0102: Population 60 Years and Over).

The AAANS, a private non-profit agency serving Planning Service Area (PSA) 28, is governed by a 16-member Board of Directors that serves as the policy-making body. Ten of the AAANS Board of Directors are nominated by County Supervisors (five from each county) and six are “at-large” (three from each County).

The Board is assisted by an Advisory Council composed of 20 volunteers (the majority being 60 years of age or older), who serve as advocates for the needs of all seniors, with particular attention to the needs of low-income and/or minority seniors. The Council includes a diverse membership with balanced representation from all communities from the two counties. The Council meets monthly at various locations throughout Napa and Solano Counties and makes recommendations to the Board of Directors.

Additionally, a Provider Council, composed of representatives from agencies providing services through contracts with the AAANS, provides recommendations to the Advisory Council to help promote service coordination.

The AAANS’s administrative staff consists of the Executive Director, a Chief Financial Officer, a Planner, and a Direct Services Supervisor. The AAANS also has support staff who provide services to seniors through several programs, such as information and referral, mental health case management, in-home support services to help seniors stay in their homes, and education on physical and mental well-being. The great majority of these services are supported with federal funds under the Older Americans Act that, by regulation, are open to anyone age 60 or older, regardless of income. Providers may request voluntary donations to help offset program costs. State-funded programs are generally free to eligible seniors but requirements vary.

The AAANS’s core services, provided in both counties, include:

- Information and Assistance (I & A),
- Legal services,
- Nutrition,
- Transportation,
- Ombudsman services,
- Health insurance counseling (HICAP).

In addition, the variety of options are available in particular counties related to population, local need and the availability of comparable services.

Programs provided by the AAANS, either directly or through contracts, include the following:

Multipurpose Senior Service Program (MSSP)

The primary purpose of the Multipurpose Senior Service Program (MSSP) is to help keep seniors out of nursing homes and to live independently and safely in their own homes. All clients served are disabled lower-income older adults who are at least age 65, are receiving Medi-Cal, and are at risk of being placed in a nursing home due to cognitive or physical challenges. The AAA has developed Memorandums of Understanding (MOUs) with Napa County to co-locate MSSP staff in county offices to increase the accessibility of the MSSP resources. To serve minority, low-income

seniors whose primary language is not English, the AAANS's MSSP program includes bi-lingual staff and contracts out translation services as needed. All services are provided based upon an assessment of each client's individual needs. According to the California Department of Aging (CDA), MSSP funds can be used for the following services:

- Adult day care / support centers with community-based programs that provide non-medical care to adults with disabilities.
- Housing assistance such as home repairs and adaptations, emergency relocation assistance, temporary lodging expenses, and restoring utility services.
- Chore and personal care assistance.
- Protective supervision to persons in their own homes who are very frail or otherwise may suffer a medical emergency.
- Care management staff who develop and monitor a care plan to address their clients' needs through initial and ongoing assessment.
- Respite care to provide short-term relief to caregivers.
- Transportation to non-emergency medical appointments.
- Providing meals served through home-delivery or in group settings (such as a senior center.)
- Social services including friendly visiting, individual or group counseling, and money management.
- Translation and interpretive services.
- Communication devices that allow seniors to notify someone if they have an emergency (i.e., a fall) in their home.

Nutrition Services

The elderly nutrition program provides meals and socialization to older people in congregate settings, such as senior centers and churches, and also provides for delivery of meals to frail older people in their own homes. Services also include community education on good nutrition. The AAANS provides these nutrition services through contracts with private providers in both Napa and Solano counties.

Long-term Care Ombudsman Coordination

The Long-Term Ombudsman Program is a federal and state-mandated advocacy program for residents in licensed nursing and long-term residential care facilities for the elderly. The mission of the California Ombudsman Program is to advocate for the dignity, quality of life, and quality of care for all residents in long-term care facilities. Ombudsmen work to resolve problems and concerns of individual residents by creating a presence through regular unannounced visits, monitoring conditions and care, and providing a voice for those unable to speak for themselves.

Legal Services

The AAANS helps support legal services for seniors through non-profit organizations in each

county. While these services are available to anyone age 60 and older residing in PSA 28, priority is given to seniors who have the greatest economic need, are members of minority groups, reside in rural areas, or are frail or physically or mentally impaired. Free bilingual legal advice and representation are provided to seniors and their caregivers on a variety of legal issues, including housing and landlord/tenant advocacy, age discrimination, elder abuse and neglect, health care, debt and consumer matters, small estate planning and advance health care directives, and access to public benefits.

Mental Health Prevention and Early Access programs

In November 2004, California voters passed Proposition 63, known as the Mental Health Services Act or MHSA, which imposes a 1% income tax on personal income in excess of \$1 million to help fund a broad range of mental health prevention and early intervention (PEI) programs. The MHSA funds are passed along to counties to plan and implement their local PEI programs.

The AAANS was selected by both Napa County (with the Healthy Minds-Health Aging program) and Solano County (with the Older Adult PEI MHSA program) to develop and implement their PEI programs for older adults.

Both programs recruit and train 'Gatekeepers' to identify older adults who are at-risk of developing serious behavioral or mental health problems. The Gatekeepers refer the at-risk older adults to the AAANS's professional case managers who provide several services, including:

- Comprehensive mental health and cognitive assessments
- Information and assistance with community services and specialists
- Client-centered goal setting and problem solving
- Short-term counseling
- Training and support to caregivers
- Case management services (on a limited basis)

The PEI services are free and are available to all older adults age 60 and over regardless of income. To serve those whose primary language is not English, both PEI programs can utilize staff who are multi-lingual in at least English and Spanish. Also, coordination and outreach activities are held throughout both counties to ensure that all materials, training and services are accessible to seniors with a wide range of cultural backgrounds and linguistic skills. Both PEI programs will continue to evolve to reflect input from communities and partner mental health agencies. More information on the programs can be found on their websites - <http://healthyminds-aging-napa-org> for the Napa County program and www.solanoseniorspei.org for the Solano County program.

Information and Assistance Program (I&A)

Local Senior I&A programs are intended to be single entry points not only for people 60 and older but also for anyone with questions about senior services. The AAANS's I&A Program has a Senior Drop-In Center in downtown Vallejo and staff co-located in downtown Napa and Vacaville. I&A staff assess an individual's needs and link them to local services or provide referrals to programs in other communities. They are also responsible for following-up to ensure individuals have obtained services. In addition to providing information to people who call or visit the Drop-In Center, I&A

staff maintain directories which are used to raise consumer awareness and help other agencies make appropriate referrals.

Community Outreach and Education

The AAANS ensures extensive community outreach in developing and operating all of its programs. It funds two major outreach activities, described below, to ensure that its services and programs are accessible by low-income and culturally diverse seniors.

1. An Outreach manager who travels with the AAANS's Info-Van to local senior centers, health fairs and other community events to provide information on resources and answer questions on senior and caregiver issues.
2. The AAANS's Latino Outreach Coordinator works with community organizations, coalitions and special interest groups to provide broad outreach to the Latino communities in both counties. The activities of the Latino Outreach program include education on aging for older Latino adults and seniors, education on aging for Latino caregivers, and distribution of informative materials on aging to the Latino community. Educational efforts are focused on preventative health topics, chronic disease self-management, and mental health. These activities are directly linked to achieving the desired outcome of increasing knowledge among Latino caregivers, older adults, senior citizens and their family members about senior issues. The program focuses on those who are at-risk, including those underserved, uninsured or underinsured residing in Napa and Solano Counties. However, all persons, regardless of ethnicity, are eligible to participate in the program.

Napa County Caregiver Permit Program

In 2010, the Napa County Board of Supervisors adopted the Caregiver Permitting Ordinance for Napa County requiring permits for caregivers providing services in the homes of elders and/or dependent adults. This ordinance was also adopted by all the cities and jurisdiction in the County. The ordinance was developed to help protect the health and welfare of elders and dependent adults and to help ensure that caregivers providing in-home services have not committed crimes that could indicate the potential for abuse. The program allows elders and dependent adults only that the person they employ has had a recent background check. The AAANS processes all permit applications, maintains the contract with the private background agency, provides notification regarding applicants who are approved for permits, and processes all permit renewals.

Chronic Disease Self-Management Programs (CDSMP)

The AAANS worked with the Napa and Solano County Public Health Departments and other community partners to implement a Chronic Disease Self-Management Program (CDSMP) developed by the School of Medicine at Stanford University. The purpose of the CDSMP is to help people better manage their chronic health conditions, such as arthritis, diabetes, asthma, high blood pressure, and to maintain their independence and remain in their homes. AAANS staff conducted outreach to enroll older adult participants, recruit and train volunteers to help teach the classes, and also led some of the classes. Both the outreach activities and the classes were provided in English and Spanish.

The target population is older adults with one or more chronic health conditions, particularly those with low incomes, are ethnically and culturally diverse, and have limited English-speaking skills. However, the program is open to family members or friends of someone with an ongoing health condition, or anyone interested in becoming more physically and socially active. Funding for developing and implementing the CDSMP was initially provided through the American Recovery and Reinvestment Act of 2009.

Family Caregiver Support Program (FCSP)

The FCSP, established in 2000, provides grants to fund a range of support services to assist family and informal caregivers. The FCSP includes two major components with differing eligibility requirements

1. The Adult Program is for people providing care to a frail adult, aged 60 or older, or to an individual of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction. The care receiver must need assistance in at least two activities of daily living (eating, toileting, continence, transferring in/out of bed or chair, bathing, dressing) or require substantial supervision due to a cognitive or other mental impairment.
2. Under the Grandparent Program, the caregiver must be a relative who is at least 55 years old. The care receiver must be a minor child under 18, or an individual (of any age) with a disability. The care giving must be the result of circumstances in which the natural parent is no longer able to be the primary custodian

The AAANS has a FCSP Coordinator who provides several services including the following:

- Access to services: including information and referral (assistance finding services for the care recipient or the caregiver), assessment and case management and transportation.
- Caregiver support including counseling, caregiver support groups and caregiver training.
- Respite care to provide a temporary break from caregiving responsibilities through contractors who provide respite care through their adult day programs.
- Supplemental services including minor home modifications, assistive devices, help with chores, and more.

Health Insurance Counseling and Advocacy Program (HICAP)

The HICAP, established by the California Department of Aging in 1984, is designed to provide Medicare beneficiaries and persons 60 years of age and older with assistance in dealing with Medicare, long-term care insurance, and other health insurance issues. HICAP provides two main services - individual counseling through volunteer counselors and community education presentations to help seniors and others with the following:

- Evaluate options to supplement Medicare
- Review and appeal claim denials
- Explore long-term care options
- Clarify their rights as a health care consumer

- Help with evaluating policies
- Help with medical record keeping

The AAANS has entered into a Memorandum of Agreement with three other PSAs serving Sonoma, Marin, and Mendocino/Lake counties to provide services, with the Sonoma County AAA serving as the lead agency.

Stop Falls Napa Valley

The AAANS helps to fund and support the Stop Falls Napa Valley programs that are designed to address the multiple factors that contribute to falling and to encourage and motivate older adults, their family members, community providers and communities to adopt fall safe practices. In April 2006, the Archstone Foundation awarded a grant to AAANS, with support from Fall Prevention Center of Excellence, to develop a Strategic Plan to respond to significant issues and gaps in fall prevention awareness, policies, programs and services in the County. The Strategic Plan's recommendations were implemented when Napa County's first fall prevention program was launched in 2007. The program is managed and operated by AAANS staff and is funded through several foundations and grants. Program activities include community education and awareness, promoting physical activity, conducting home safety and fall risk assessments, training for senior-service organizations and advocacy.

Extensive information about the Stop Falls Napa Valley program can be found on its website at <http://stopfalls.aaans.org> .

Assisted Transportation

The AAANS, as a direct service, provides free transportation and escort services to any Vallejo resident over the age of 60 at no cost through a program funded by Community Block Development (CDBG) grant from the City of Vallejo.

In-Home Visiting and Telephone Reassurance

Through contracts with non-profit private providers, the AAA supports friendly visiting and telephone reassurance programs and also assistance with transportation.

SECTION 4. PLANNING PROCESS/ESTABLISHING PRIORITIES

The AAANS utilizes a comprehensive, continuing and coordinated planning process with ongoing development and updating of an Area Plan (usually with a four-year scope) that identifies major priorities and needs and related goals and objectives. The AAANS conducts ongoing and informal needs assessment through extensive community outreach and forums, surveys, coordination with multiple public and nonprofit agencies, providers and advocacy groups, and discussions with the Advisory Council and the AAANSs' Board.

AAANS staff and/or advisory council members collaborate with several organizations and agencies to provide ongoing two-way communication regarding issues and priorities in PSA 28, including the following:

- Napa County Commission on Aging
- Vacaville Commission on Aging
- Senior Roundtables (Cities of Vacaville, Fairfield, and Vallejo)
- Local housing, emergency response and transportation agency planning committees
- The Napa Coalition of Non-Profit Agencies
- The Napa Elder Abuse Task Force
- The Latino Outreach Coalition
- LBGT-advocacy organizations including the Napa County LBGTQ mental health program and Full Circle Seniors in Solano County.
- Local community-based organizations (the Healthy Aging Planning Initiative Organization (HAPI) in Napa County and the Solano Senior Coalition in Solano County) that bring together local government agency staff and others to address transportation, housing, mental health and other issues.

The AAANS, throughout its various programs, is very visible and active in communities throughout both counties, both through dedicated outreach programs and through service delivery programs.

The AAANS uses the OOA’s designations of special populations, such as low-income, greatest social and economic need, minority, and disabled population to guide its planning process. The AAANS uses U.S. Census data, and economic and demographic projections from the California Department of Finance and regional agencies such as the Association of Bay Area Governments (ABAG) to help identify trends and future needs. The AAANS also uses the Elder Economic Security Standard Index, as developed by UCLA, to better understand the true economic conditions for seniors in PSA 28.

The specific planning process used to identify needs and to develop related goals and objectives in the development of the FY 2012 – FY 2106 Area Plan is described below.

SECTION 5. NEEDS ASSESSMENT

The AAANS conducted an extensive needs assessment process for the FY 2012 – FY 2016 Plan cycle that included the following activities:

- Presentations to and discussions with several community senior organizations, interviews with local transportation, emergency disaster planning, and housing agencies, coordination with local agencies providing Adult Protective Services, In Home Support Services and case management for seniors, and meetings with non-profit organizations and the AAANS’s contract providers.
- A survey of recent reports and studies conducted by local governmental agencies and organizations throughout PSA 28.
- A series of seven community forums (including a public hearing) held in March, 2012, to get community input on the results of the needs assessment and related draft strategies.

- Input from the AAANS's staff who provide daily and ongoing assistance to address the needs of seniors from diverse economic and cultural backgrounds.

As a result of these activities, the AAANS identified eight major needs to focus on for the FY 2012 – FY 2016 Area Plan:

- Planning Process and Capacity,
- Mental Health Services,
- Fall Prevention Programs,
- Transportation and Mobility,
- Housing Availability and Affordability,
- Legal Services,
- Addressing the Needs of a Diverse Population,
- Addressing the Needs of the Baby Boomer generation, and,
- Disaster Response and Recovery.

Planning Process and Capacity

The AAANS, as with most Area Agencies throughout California, is increasingly challenged by growing demand for services and programs and a concurrent decrease in local, state and federal funding. The AAANS, a small non-profit organization, has very limited ability to obtain additional funding to address the long-term and emerging needs for services and programs described in this section. During development of its FY 2012 – FY 2016 Plan, the AAANS became increasingly aware of the need to expand and enhance its planning process to improve its ability to provide an efficient, effective, coordinated and responsive care and support system.

- Pursue a pro-active program of education and advocacy to build community awareness and support of services for older adults.
- Increase partnerships with other organizations serving seniors and also agencies serving other target groups, such as families, children and persons with disabilities.
- Enhance its planning capacity and ability to conduct detailed analysis of both systemic issues and local needs and resources of communities throughout PSA 28.

Mental Health Services

Both Napa and Solano Counties have identified the lack of mental health resources for seniors as a major issue in their communities. The *Napa County Community Health Needs Assessment* report, released in October, 2010, identified three major health-related challenges, including mental health. According to the report, while older adults (age 65+) have the highest risk for suicide in the U.S., most state or local suicide prevention programs target younger people. The report states that while “approximately 20% of older adults...are estimated to experience specific mental disorders that are not part of normal aging...Although Napa County has a network of senior service providers and professionals, not all are available in every geographic area. Moreover, seniors frequently find that those services are hard to access, have different and sometimes confusing criteria for qualifying, have various cost structures, and are located in a variety of agencies and organizations.” The lack of mental health services for seniors is especially important due to both

increased longevity and also the large increase in older people with the aging of the baby boomer generation.

The *Solano County Status Report on Seniors 2008*, conducted by the Solano Senior Coalition and supported by Solano County, provides one of the most recent overviews of issues and challenges facing seniors in Solano County. (The information regarding Solano County in this section is drawn from the 2008 Report, with exceptions noted.) The report states that suicide was the second leading cause of fatal injuries (after falls) of older adults age 75 and over in Solano County between 2002 and 2004, clearly mental health issues, such as depression, are a major issue in the County. According to the 2008 report, community forums held to address mental health issues in older adults identified the following barriers:

- Older adults in Solano County of *all* ethnicities and cultural groups were underserved by existing mental health resources.
- Medical professional are not adequately trained to recognize mental illness in older adults and many seniors are misdiagnosed.
- Stigma and lack of understanding of mental health services prevent older population from seeking services.
- Lack of information about successful treatment options and lack of publicity about available mental health resources.
- Lack of financial resources to access private resources
- Lack of transportation to services, especially in rural areas.

AAANS staff provides mental health services to older adults by implementing the Mental Health Services Act (MHSA) programs developed by Napa and Solano Counties. In 2004, California passed Proposition 63 (known as the MHSA) to provide increased funding, personnel and other resources to support county mental health programs children, transition age youth, adults, older adults and families. Funding is provided through a 1% income tax on personal income in excess of \$1 million. Counties throughout California develop and update community-based mental health programs and strategies. Both Napa and Solano Counties use contractors to staff and implement their MHSA programs and the AAANS was chosen, through a competitive process, by both counties as the contracting agency for their MHSA programs for older adults. The older adult MHSA programs focus on Prevention and Early Intervention (PEI) activities to help identify and address early signs of mental health risks in older adults.

The AAANS plans to continue to implement the Counties' current MHSA programs and to pursue participation in future county-based MHSA programs to help ensure that these and other mental health resources are available to older adults.

Fall Prevention Programs

Falls are a significant issue for seniors across the United States and in Napa and Solano Counties. On its website, the Centers for Disease Control and Prevention (CDC) provides the following national statistics on the devastating consequences of falls – both on the quality of life for the victims and the overall economic costs.

- The death rates from falls among older men and women have risen sharply over the past decade.
- Among older adults (those 65 or older), falls are the leading cause of injury death. They are also the most common cause of nonfatal injuries and hospital admissions for trauma.
- In 2008, over 19,700 older adults died from unintentional fall injuries.
- In 2009, 2.2 million nonfatal fall injuries among older adults were treated in emergency departments and more than 581,000 of these patients were hospitalized.
- In 2000, direct medical costs of falls totaled a little over \$19 billion—\$179 million for fatal falls and \$19 billion for nonfatal fall injuries.⁵ This equals \$28.2 billion in 2010 dollars.
- Twenty to thirty percent of people who fall suffer moderate to severe injuries such as lacerations, hip fractures, or head traumas that can make it hard to get around or live independently, and increase the risk of early death.
- Falls are the most common cause of traumatic brain injuries (TBI) In 2000, TBI accounted for 46% of fatal falls among older adults.
- Many people who fall, even if they are not injured, develop a fear of falling which may cause them to limit their activities leading to reduced mobility and loss of physical fitness, which in turn increases their actual risk of falling.
- The chances of falling and of being seriously injured in a fall increase with age. In 2009, the rate of fall injuries for adults 85 and older was almost four times that for adults 65 to 74.
- Women are more likely than men to be injured in a fall. In 2009, women were 58% more likely than men to suffer a nonfatal fall injury.
- Over 90% of hip fractures are caused by falls. In 2007, there were 264,000 hip fractures and the rate for women was almost three times the rate for men.²²

In Napa County, according to the 2010 *Napa County Community Health Needs Assessment* report, there were 407 nonfatal hospitalized fall injuries among older (age 60+) Napa County residents in 2006, and almost two-thirds of these falls were by women. The average per-person cost of hospitalized stay in 2004 (the last time this figure was updated) for fall injuries among Napa County seniors was approximately \$41,000. In a 2007 California Health Interview Survey (CHIS), 20% of those age 65+ in Napa County reported falling to the ground more than once in the past year, higher than the state average of 15%. Of those who had fallen in the past year, a third had received medical care, compared to almost half statewide.

²² CDC, *Falls Among Older Adults: An Overview*, <http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>

As in Napa County, falls are a major source of injuries and death in Solano County. According to the *2008 Solano County Status Report on Seniors*, falls were the highest cause of fatal injuries for older adults in the between 2002 and 2004, followed by motor vehicle accidents and suicide. Falls were also the leading cause of nonfatal hospitalized injuries for older adults during the same time period, with over 1,600 falls reported. In 2005, there were over 530 non-fatal falls by older adults in Solano County that accounted for 70% of all injuries resulting in hospitalization for that age group. In a 2007 California Health Interview Survey (CHIS), almost 13% of those age 65+ in Solano County reported falling to the ground more than once in the past year,

The AAANS provides fall prevention activities in Napa County as a direct service through the Fall Prevention Program. The AAANS is currently participating in the Fall Prevention Partnership through the Solano Senior Coalition. Looking forward, as a strategy in the FY 2012 – FY 2016 Plan, the AAANS will work to start a direct service program for fall prevention in Solano County.

Transportation and Mobility

Transportation and access to medical appointments, shopping and social events consistently ranks as one of the most important issues facing seniors and people with disabilities in Napa and Solano Counties. Most seniors and aging baby boomers in PSA 28 are used to the independence of driving their own car and have not usually been frequent transit users. However, at some point, most older people reach a point where they can no longer drive safely. According to the *Solano Transportation Study for Seniors & People with Disabilities*, completed in 2011 by the Solano Transportation Authority (STA), "Research at MIT's AgeLab and The Hartford Financial Services Group found that of drivers age 75 and older, 53% avoid driving at night, 51% avoid driving in bad weather, and 38% avoid driving in heavy traffic."

The STA study found that local driving patterns among older adults reflected these statistics, stating that "the percentage of seniors with driver's licenses drops significantly as people age; in 2000 only 50% of men over 85 years of age in the County and 21% of women in this age group held driver's licenses, compared to 80% to 90% in the younger age cohorts. Given the significant auto dependence in the largely low density areas of Solano County, and the relative lack of resources for this age group, these statistics indicate a substantial lack of mobility among the older population."

In Napa County, a 2004 survey conducted by the Healthy Aging Planning Initiative (HAPI) found very similar driving statistics among older adults, and that about only 46% of people aged 85 and over drove themselves (a large decrease from 85% of those age 75 – 84 who drive).

Both fixed route and paratransit (for those unable to use the regular fixed route service) transit service is available in both Napa and Solano Counties. However, even when transit service is available, many seniors have difficulty using it because of mental and/or physical difficulties or because they are uncomfortable with using an unfamiliar system. Also, many seniors live in suburban/exurban neighborhoods and rural areas that are not located close to fixed-route or paratransit service.

The accessible paratransit service that provides transportation for seniors and others unable to use the regular transit service provides door-to-door service. However, rides must be scheduled in

advance and there are fixed schedules (or windows) for pick-up at both ends of the trip. Many older people, especially those age 75+, have a high need for unscheduled trips for medical appointments, and the time required for scheduled medical visits and treatments is often unpredictable.

Recent efforts to evaluate mobility challenges among seniors and related strategies include the aforementioned STA and HAPI studies. The Solano County study, conducted by the Solano Transportation Authority (STA), provided an update of an earlier 2004 study and evaluated mobility issues, gaps and recommended strategies. The study team evaluated 14 local studies of transportation and/or seniors and people with disabilities and developed the following list of concerns and gaps in the transportation system:

- Transportation to healthcare-related appointments is one of the biggest challenges, especially for urgent same-day medical trips
- A shopping shuttle is a high priority for senior and disabled county residents.
- Riding paratransit requires transfers between different transit systems
- Transfers and connections to different systems do not seem coordinated.
- Agencies have different fare structures
- Residents of all areas would like earlier and later weekday service, more frequent weekday and Saturday service, and some service on Sunday (both fixed-route and paratransit) for visits to religious services and social visits.
- Paratransit users would like shorter reservations times, improved punctuality, and expanded hours, since it is not always possible to schedule appointments during the hours when paratransit is running.

The HAPI surveys and study of transportation issues and challenges in Napa County identified the following recommendations for improving mobility:

- On-demand public services for isolated and frail seniors.
- Accessible public transportation, ambassadors, safely walkable sidewalks, bus stop seating and senior housing access routes.
- Volunteer driver voucher system that allows seniors to select and reimburse their own driver.
- Senior in-town bus or shuttle routes.
- Driver education programs for older adults.
- Public-private partnerships to provide older adults with specific services.

The AAANS will support both HAPI's and STA's efforts to implement these strategies through assistance with planning, community outreach, and obtaining funding.

Legal Services

PSA 28, with over 100,000 adults over the age of 60, is served by only two non-profit legal services providers and one staff person for each county, each of whom works only part-time on senior issues. In PSA 28, there have been recent significant increase in the need for legal services by older adults and a corresponding decrease in funding for the non-profit providers. Recently, due to reduced funding and increased demand, staff from Legal Aid of Napa Valley (Legal Aid) had to discontinue their leadership capacity with several local agencies and organizations that assist seniors. The Solano County provider, Legal Services of Northern California (LSNC), has implemented a hiring freeze and anticipates that a recent 17% reduction in federal funding from Legal Service Corporation (LSC) will further reduce the agency's capacity and staff resources.

In Napa County, major types of legal issues include elder abuse, the need for assistance for end-of-life issues such as preparing advance healthcare directives, personal debt and collection issues, evictions, and among grandparents seeking guardianship of grandchildren. More seniors are seeking legal assistance from being evicted from their homes and apartments, especially seniors with mental disabilities being targeted for eviction. With the economic downturn that started in 2008, the number of seniors seeking help with legal services in Napa County grew from about three or four seniors per month before 2008 to around 20 – 30 requests in recent years.

In Solano County, due to recent cuts in federal and state budgets for social service programs, there has been an increase in the number of seniors seeking assistance with contesting reductions to their public benefits (i.e., food stamps, In-home Supportive Services). Reflecting the still difficult local economy, there has also been an increase in seniors seeking help in dealing with personal debt and aggressive collection agencies. Another change is the increase in Hispanic seniors seeking legal services.

In addition to providing legal assistance to individuals, both providers also play a major role in addressing systemic issues, such as housing and transportation, and work to participate in cases that will have a community wide impact. In early 2012, Napa's Legal Aid staff spent extensive time assisting with a significant local housing issue in Calistoga, including working to procure pro bono legal assistance. Legal Aid staff also partners with other non-profit and local government agencies and programs such as the Napa County Homeless Prevention and Rapid Re-housing Program. In Solano County, LSNC staff has been involved in efforts to ensure that local governments meet California requirements for providing opportunities for affordable housing. These efforts range from engaging in lawsuits regarding local rent control policies to participating in developing the housing elements for local comprehensive plans.

A major priority for the AAANS during FY 2012 – FY 2016 is to explore and pursue opportunities to, at a minimum, sustain the current level of the availability of legal resources for seniors in PSA 28 and the ability of current and future legal non-profit providers to advocate for seniors in systemic and community-wide activities and issues.

Housing Affordability and Availability

The housing issues facing older adults in PSA 28 are myriad and complex, some of which are discussed below.

- Many older adults have incomes well below those identified in UCLA's Elder Economic Security Index to be able to afford the most inexpensive form of housing (one-bedroom rentals). As indicated by the 2010 Napa and Solano County Elder Indexes developed by UCLA, many lower-income older people find it difficult to find affordable housing. As discussed earlier, almost 9,000 people in Solano County and about 4,000 people in Napa County, that are age 60+, have incomes far below that required to rent a one-bedroom apartment. Of those age 60+, almost 63% of those in renter-occupied housing units in Solano County, and almost 60% in Napa County pay more than 30% of their income for housing. Many older residents especially those on fixed incomes and relying mostly on Social Security payments, also find it difficult to remain in their homes, due to inability to pay a mortgage or to make necessary repairs and modifications. The AAANS's legal services providers report a sharp increase in the number of older adults seeking assistance to deal with evictions and foreclosures.

The lack of affordable rental housing is reflected in the number of people and the long waiting periods of up to four or five years or Section 8 housing vouchers. As of April, 2012, there were over 7,600 people on Napa County's waiting list for Section 8 housing vouchers, and over 700 of these people were age 60 and older. In Solano County, there were 418 on the wait list with the head of household self-identified as 62 and over, including 206 in the City of Vacaville.

- Even when older adults are able to afford rent or a mortgage, they are much more likely than younger people to be challenged by physical disabilities, which makes it very difficult or impossible to remain in their residence due to obstacles such as stairs, etc. Typically, along with increasing disabilities come a decrease in income and ability to physically modify a residence to make it safe and accessible.

While many residents and families find it difficult to afford housing in Napa and Solano Counties, older adults face special and challenges requiring long-term, multi-disciplinary assistance and programs. For example, attendees at the AAA's community forums spoke of older people in danger of losing their Section 8 housing vouchers because of hoarding

- There have been major reductions in both private and public sources of funding for housing. In December 2011, the California State Supreme Court upheld a move by Governor Jerry Brown to abolish over 400 local redevelopment agencies. These agencies sold bonds to fund local development projects and paid them off with the increased property tax revenue generated by the improvement. Many communities in both counties relied upon the redevelopment agencies and their funding to provide and improve low-cost housing. These communities include the City of Napa and all of the cities in Solano County, except for Benecia. California law required the redevelopment agencies to commit

20% of the incremental tax revenue to support affordable housing for low- and moderate-income families. According to the Center for Housing Policy, the state's Legislative Analyst's Office estimated that "annual proceeds from the set-aside average around \$1 billion" to be deposited to support low and moderate Income housing. In Napa County, the Napa Valley Vintners organization holds an annual event, Auction Napa Valley, to raise funds for local non-profits. Until recently, a major portion of the proceeds went to support community housing, including \$980,000 in 2011. However, the organization announced in 2012 that it is changing its focus towards youth and wellness programs and will be phasing out its support for affordable housing. Both counties, especially Napa County, have several organizations involved in developing and/or advocating for affordable housing. However, given the decrease in federal, state and local funding and the current and future demand, it is anticipated that housing will remain a major challenge for lower-income older residents and the communities in which they live.

- Traditional housing resources, in particular mobile-home communities, have recently faced pressures from proposed rent increases, including from landlords looking to challenge local policies on rent control.
- The AAA's two non-profit legal services providers have been very active in helping older adults with affordable housing issues, both through direct assistance to individuals to fighting eviction and foreclosures, and by advocating for affordable housing on a community-wide basis. However, both providers are facing their own challenges due to reductions in funding which reduce their capacity to assist seniors with housing.

To help address these and other issues, the AAANS is going to work with local housing organizations and agencies to find ways to increase the supply of affordable housing. The AAANS also plans to actively represent older adults during the development of local housing policies and support local affordable housing projects.

Addressing the Needs of a Diverse Older Population

One of the biggest challenges facing the AAANS will be meeting the needs of an increasingly diverse older population, including both cultural and geographic diversity. The AAANS's cultural communities include Lesbian/Gay/Bi-sexual and Transgender (LGBT) older adults and expanding ethnic populations, especially its Hispanic and Asian residents.

Lesbian/Gay/Bisexual/Transgender (LGBT) Populations

Assembly Bill (AB) 2920, the "Older Californians Equality and Protection Act," passed in late 2006 and requires the state's Area Agencies on Aging to consider the needs of older lesbian, gay, bisexual and transgender persons in their needs assessment and area plans. The 'AB2920 Fact Sheet' developed by Equality California states that

Studies have shown that lifelong experiences of marginalization place LGBT seniors at high risk for isolation, poverty, homelessness and premature institutionalization. Having to rely on the healthcare system, a nursing home facility or any other social institution understandably provokes anxiety and fear in aging LGBT Californians. Many may avoid accessing services

altogether, even when their health, safety and security depend on it. Due to discriminatory marriage laws, LGBT seniors also face barriers to protecting their relationships and assets later in life.²³

The *Health of Aging Lesbian, Gay and Bisexual Adults* report by the UCLA Center for Health Policy Research in March, 2011 states that “Surveys show that aging LGB adults exhibit higher rates of diabetes, hypertension, poor mental health, physical disability and fair/poor self-assessed health compared to demographically similar aging heterosexual adults. Health differences are most common for men.” (It is assumed that the report’s findings are also relevant for transgender adults). The report also found that California's older LGB residents are far more likely face these health conditions while living alone. About 50% of all gay and bisexual adult men in California between the ages of 50 and 70 live alone compared with 13.4 % of heterosexual men of the same age. Older lesbians and bisexual women are more likely to live with a partner or a family member than gay men– however, more than 25% live alone compared to about 20% of heterosexual women of the same age. This lack of a support system may impact the ability of older LGB adults to manage higher rates of diabetes, hypertension, poor mental health, physical disabilities and other health issues, compared with demographically similar heterosexual adults.

The UCLA report states that an estimated 170,000 adults ages 50 – 70 identified as lesbian, gay or bisexual in the 2007 California Health Information Survey.

As summed up by Steven P. Wallace, the report’s lead researcher, “Many aging LGB Californians do not have biological children or strong family support. Organizations that serve these communities need to take this into account and consider outreach and support mechanisms *that enable these individuals to maintain their independence and ability to age safely and in good health*”

To reach its goal of enabling LGBT older individuals to “maintain their independence and ability to age safely and in good health”, the AAANS is working with local LGBT support groups, such as Full Circle Seniors in Solano County and the Napa LGBTQ (Lesbian, Gay, Bisexual, Transgender & Queer) which is dedicated to “developing quality programming for LGBTQ youth and older adults, increasing the capacity of organizations to better serve LGBTQ people and serving as the area's LGBTQ headquarters.

Ethnically and Racially Diverse Older Residents

Napa and Solano Counties became more culturally and racially diverse between 2000 and 2010, a trend which is expected to continue in the future. As described earlier in Section 2, the most significant demographic trend in PSA 28 from 2000 to 2010 was the growth of Hispanic residents, increasing from 24% to 32% of Napa County’s total population and from 18% to 24% in Solano County. Another strong trend in Napa County was the increase in the Asian population (from about 3,640 to 9,220), with over 85% of this growth concentrated in American Canyon, easily the most diverse city in Napa County.

²³ Equality California, AB 2920 Fact Sheet, <http://www.eqca.org/site/apps/nlnet/content2.aspx?c=kuLRJ9MRKrH&b=4025853&ct=5198079>

The ethnic diversity of PSA 28's older adults is expected to increase along with the rest of the population. In Napa County, the number of Hispanic/Latino residents age 60+ is expected to double between 2010 and 2020, while, the number of older Asian residents age 60 and over is projected to grow by about over 46%. In Solano County, the number of Hispanic adults age 60+ is expected to increase by almost 80% and account for about 11% of the county's 60+ population by 2020. Meanwhile, the Asian 60+ population is projected to more than double, reaching around 22,300 by 2020.

These changes bring both opportunities and challenges for Napa and Solano Counties and the AAANS. These challenges include language barriers and the related risk of isolation - according to the 2006 – 2010 American Community Survey (ACS), about 16% of the Napa county's residents age 60+ spoke a language other than English at home, with about 9% speaking English "less than very well." ADD non-English speaking for Solano County

The AAANS will also need to take into account the variations in the frequency and type of certain health conditions experienced among cultural and ethnic populations when developing and implementing its health promotion and other programs. For example, according to a 2010 study by the UCLA Center for Health Policy Research, *Obesity and Diabetes: Two Growing Epidemics in California*, "the prevalence of both obesity and diabetes is higher among American Indians, African Americans and Latinos than among whites or Asia." Most significantly for the AAANS, the study also states that "Latinos, African Americans and American Indians experience much larger increases in diabetes with age compared to whites." Among adults age 65+, 28% of Latinos and African-Americans and 48% of American Indians have diabetes, compared to just 14% of the older white population. The prevalence of diabetes among older Asian adults is also significantly higher compared to older whites (20% vs. 14%), according to the study.

While the study does not provide similar information for age groups on obesity, it does provide the following statistics for obesity by race/ethnicity: White – 20.4%; Latino – 30.1%, Asian – 6.7%, African-American – 32.4%, and American-Indian – 32.4%.

The AAANS recognizes the importance of providing services and programs to serve the ethnically and racially diverse residents in PSA 28. Many of its programs, including the Chronic Disease Self-Management program and fall prevention education, are provided in both English and Spanish.

Meeting the Needs of the Baby Boomer Generation

The year 2011 was a landmark for the 75 million baby boomers (people born between 1946 and 1965) as members of their generation started to become eligible for Medicare. (Based on 2010 Census data, there are 37,775 baby boomers (people age 45 to 64) in Napa County and 115,100 in Solano County. The lifestyle and demographic characteristics of the baby boomer generation will have major impacts on local support systems and the need for services for older adults. These characteristics include (1) the decrease in traditional family support systems due to marriage and divorce rates, and, (2) the role of baby boomers as caregivers for elderly parents.

Changes in traditional family support systems

A 2012 article by The New York Times states that “the divorce rate among baby boomers has more than doubled, even as divorce rates over all have stabilized nationally. At the same time, more adults are remaining single. About a third of adults ages 46 through 64 were divorced, separated or had never been married in 2010, compared with 13 percent in 1970...Unmarried baby boomers are five times more likely to live in poverty than their married counterparts, statistics show. They are also three times as likely to receive food stamps, public assistance or disability payments.”²⁴

Although these changing trends in long-term relationships create challenges for both older women and men, studies indicate that baby boomer women have the most difficulty. A 2010 policy brief by the UCLA Center for Health Policy Research showed the potential impact for these trends for access to healthcare by women in the baby boomer generation, finding that older women who are divorced, separated, widowed or ever married are twice as likely to be uninsured as married women. Also, the younger women in the age group are still several years away from being eligible for Medicare.²⁵

Baby Boomers and Caregiving

Many baby boomers are the primary caregiver for aging and disabled family members in California and experience heavy financial and emotional burdens, especially given recent reductions in state funding for support services such as in-home care. The 2009 CHIS data provides estimates of the number of people who reported that they provided care for family or friends within the past year: in Napa County, 31.5% (11,000) of the total population age 45 – 64 (35,000), and in Solano County, 38% (43,000) of the population age 45 to 64 (114,000).

A 2011 UCLA study, *Stressed and Strapped: Caregivers in California*, of California's estimated 6 million-plus informal caregivers found that the following:

- 62% of the caregivers of all ages work full or part time.
- They spend an average of 20 hours per week on caregiving.
- About one-third who live with care recipients spend an average of 36 hours on caregiving.
- Only 7.4% reported being paid for the help they provide; nearly 20% spent \$250 or more of their own money on caregiving in the past month.
- Only 13.5 percent of caregivers report ever using any respite care.

The study found higher rates of serious psychological distress and poor health behaviors among these caregivers and special concerns for the 2.6 million middle-aged caregivers between the ages of 45 and 64, including:

- They are more likely to binge drink (25.5%), smoke (16%) and/or be obese (30%) compared with both older caregivers and non-caregivers of the same age
- Nearly 29% are single, divorced or widowed, over 67% hold down full- or part-time jobs, and 22.5 % are low-income.

²⁴ More Americans Rejecting Marriage in 50s and Beyond, New York Times, published March 1, 2012.

²⁵ UCLA Center for Health Policy Research; *Health and Health Care Access Among California Women Ages 50-64*, February, 2010.

The study's lead author noted that "This is the 'sandwich generation,' the group of people struggling to meet the needs of both growing children and aging parents, often alone and while holding down full-time jobs."²⁶

Disaster Preparedness and Response

The Area Agency on Aging Serving Napa Solano Emergency Action Plan is dedicated to the development, establishment and maintenance of programs and procedures which will provide for the protection of lives and property of aged, and caregiver residents of Napa and Solano Counties from the effects of natural or man-made disasters. Natural or man-made disasters to which the counties are subject and for which the AAA and its providers must train and properly respond include floods, earthquakes, major fires, storms, radiological and hazardous material incidents, aircraft accidents, mass casualty incidents and any other emergency related function that requires participation that will serve and benefit the needs of current or possible clients of the agency.

The AAANS recognizes the importance of planning for the response in the event of natural or man-made disaster, and so developed an Emergency Action Plan to provide a course of action in any emergency situation. The Action Plan identifies a chain of command and procedures to ensure that materials and supplies necessary to carry out the AAANS's plan must be on hand in each county. The Plan also specifies how staff and contractors will be involved in emergency or disaster services and facilities for inclusion in the larger disaster efforts planned by the counties and cities in our Planning and Service Area.

The AAANS anticipates that its primary role will be to provide expanded information and referral services, expanded outreach, and expanded disaster assistance center representation during the initial stages of a disaster. The Director of the Information and Assistance (I&A) program will coordinate and lead assistance efforts under the direction of the Executive Director of AAANA. Initially, the AAA Administrative Office (400 Contra Costa Street, Vallejo) shall be used as the Emergency Control Center for the coordination of activities undertaken at the local, state, and federal levels. Should the situation require, the AAA Emergency Control Center may temporarily relocate to the I&A site, or to other sites as necessary.

SECTION 6. TARGETING

The California Code of Regulations, Title 22 and the Older Americans Act of 2006 identify 'target populations' to be the focus of the planning and delivery of services by Area Agencies on Aging. These targeted populations include the following:

1. Older individuals with greatest economic need, with particular attention to low-income minority individuals. The term "greatest economic need" means the need resulting from an income level at or below the federal poverty line.

²⁶ *Health Policy Brief: Stressed and Strapped: Caregivers in California*, UCLA Center for Health Policy Research; September, 2011.

2. Older individuals with greatest social need, with particular attention to low-income minority individuals. The term “greatest social need” means the need caused by non-economic factors, which include physical and mental disabilities; language barriers; and cultural, social or geographical isolation, including isolation caused by racial or ethnic status that: (1) restricts the ability of an individual to perform normal daily tasks or (2) threatens the capacity of the individual to live independently.
3. Older Native Americans.
4. Isolated, abused, neglected, and/or exploited older individuals.
5. Frail older individuals.
6. Older individuals residing in rural areas.
7. Older individuals who are of limited English-speaking ability.
8. Older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction and their caregivers.
9. Older individuals with disabilities, with particular attention paid to individuals with severe disabilities.
10. Unemployed low-income individuals who are 55 years of age or older (Title V).
11. Caregivers as defined in Title III E, which includes older caregivers providing care and support to persons with developmental disabilities [OAA Section 373(c)(1) and (2)].

As part of the Needs Assessment for developing the FY 2012 – FY 2016 Area Plan, AAANS staff conducted an extensive review of recent planning and demographic studies, and also interviews with local agency staff, to identify the priority issues among the targeted populations. All of the AAA’s programs and services, as described in Section 3, are made accessible to those whose primary language is not English and to culturally diverse communities. This is achieved through ongoing outreach to all areas and communities in both counties and multi-lingual staff, outreach materials, training programs and also through translation services as needed.

To reach the PSA’s Hispanic population, the largest minority group and also the largest group with people who do not speak English well, the AAA funds a staff position - the Latino Outreach Coordinator – to work with community organizations, coalitions and special interest groups to provide broad outreach to the Latino communities in both counties. The program includes education on aging for older Latino adults and seniors, education on aging for Latino caregivers and distribution of informative materials on aging to the Latino community. These activities are directly linked to achieving the desired outcome of increasing knowledge among Latino caregivers, older adults, senior citizens and their family members about senior issues. Outreach materials, including Senior Resource Guides for Napa and Solano Counties developed by AAA staff, have been or will be translated into Spanish and widely distributed throughout the PSA. Training and other materials for several of the AAA’s programs have been translated into Spanish, and many program events, such as classes or community workshops, have been provided in Spanish. In 2011, these events included Chronic Disease Self-Management Program (CDSMP) workshops, ‘Gatekeeper’ training for the Healthy Minds Healthy Aging mental health program, training sessions for Napa County’s Stop Falls program, and nutrition education workshops.

The AAANS utilizes its own multi-lingual staff member, staff from partner organizations, and translation services to reach other non-English speaking populations. Any gaps or emerging needs for additional resources to serve targeted populations are assessed and reflected in the AAA's programs and services.

To help reach seniors in rural areas, the AAANS's InfoVan travels throughout Napa and Solano Counties, providing information to seniors about available service and also getting input from rural residents on needs and priorities.

The AAANS specifies performance levels in its contracts for service delivery to low-income and minority populations.

Through participation in the committees described in Section 4, and input from its geographically and culturally-diverse Advisory Council and Board members, the AAANS conducts an ongoing assessment of the emerging and changing needs of targeted populations

SECTION 7. PUBLIC HEARINGS

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ³⁰ Yes or No	Was hearing held at a Long-Term Care Facility? ³¹ Yes or No
2012-13	March 15, 2012	McBride Senior Center, Vacaville, CA	20	No*	No
2013-14					
2014-15					
2015-16					

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

Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals. *In addition to the March 15 public hearing, the AAA conducted six other public forums where all the information from the public forum was presented and discussed. Outreach for the public forums included collaboration with staff from Independent Living Centers, LTC Ombudsman, Meals on Wheels providers and others to reach institutionalized, homebound and/or disabled older individuals. Also, press releases appeared in several local newspapers*

* A Spanish-speaking staff person was present at the March 15 Public Hearing.

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

Yes. Go to question #3

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

3. Summarize the comments received concerning proposed expenditures for PD and C. *No comments on the PD and C activities were made.*

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

Yes. Go to question #5

No, Explain:

² A translator is not required unless the AAA determines a significant number of attendees require translation services.

³ AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

5. Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services. *Participants from Napa County stressed the need for additional funding for legal services for seniors.*
6. List any other issues discussed or raised at the public hearing. *Participants discussed their observations regarding the growing challenges with the growing gap between the demand and supply of mental health and legal services resources.*
7. Note any changes to the Area Plan which were a result of input by attendees. *The AAA included in the Plan as priorities strategies to maintain and enhance PSA 28's mental health and legal services.*

SECTION 8. IDENTIFICATION OF PRIORITIES

The AAANS is required to identify local needs and priorities while developing and updating its Area Plan to guide its program development, service delivery, and for allocating staff resources and funding. The priorities identified for this Area Plan (FY 2012- FY 2016) are reflected in the following goals adopted by the AAANS and its Board:

- Continue and enhance the AAA's existing community-based care and support systems
- Promote community involvement in service planning and delivery and increase public awareness of local services and resources
- Provide leadership through advocacy and education to meet the needs of older persons, persons with disabilities and their caregivers
- Expand the AAANS's capacity for planning and program development

Title 22 of the California Code of Regulations requires that "Each AAA shall identify the minimum percentages of applicable Title IIIB funds that it intends for annual expenditure throughout the four year plan period for each of the following categories: 1) Access 2) In-home services 3) Legal assistance." For the upcoming Plan cycle, the AAANS has identified the following allocation:

- 1) Access: 31%
- 2) In-home services: 10.5%
- 3) Legal Assistance: 10.5%

The AAANS derived these priorities from its planning process and needs assessment, its procedures for serving targeted populations, and from comments received during seven community forums (including the March 15, 2012 Public Hearing). The AAANS will continue to evaluate priorities based on evolving demographic trends, emerging issues and its ongoing planning process.

SECTION 9 – AREA PLAN NARRATIVE - GOALS AND OBJECTIVES

GOAL #1: CONTINUE AND ENHANCE THE AAA'S COMMUNITY-BASED CARE AND SUPPORT SYSTEMS		
<p>Rationale: This goal and the objectives identified below accomplish the following: (1) provide for the continuation of long-established core programs that are funded and identified as priority services by the Older Americans Act (OAA); (2) allow the AAANS to respond to local priorities and needs identified through the AAANS's planning process and through community-based planning processes, such as the fall prevention activities (Objective #3) and mental health programs (Objective #4); and, (3) help the AAANS fulfill the goal in its mission statement to "develop community-based systems of care that provide services which support independence within California's interdependent society."</p>		
Objectives and Strategies	Projected Start & End Dates	Title III B Funded, PD or C
<p>Objective 1: Continue and enhance the Information and Assistance (I&A) program to provide information on available resources for seniors and their families and also to provide long-term individual assistance and support.</p>	<p>Ongoing: July 1, 2012 - June 30, 2016</p>	<p>C</p>
<p>Continue and enhance the Information and Assistance (I&A) program to function as a one-stop information source for people age + 60 & others with questions about senior services.</p>		
<p>Continue to provide a wide range of long-term case management services including in-home assessments, assistance finding housing and/or placement in long-term care communities, scheduling medical appointments, and managing payments and mail.</p>		
<p>Continue the AAANS Caregiver Referral Registry Service, which provides information on caregivers to clients who are seeking in-home help for themselves or a family member.</p>		
<p>Promote the Caregiver Referral Registry Service to potential caregivers in Rio Vista, which is currently underserved by private in-home caregivers and is the site of a 3,000-unit active adult community that does not offer any in-home or assisted-living services</p>		
<p>Continue and expand community events such as the monthly 'Soup Give-a-Way' program, which usually attracts 75 - 90 people, and participation in the annual 'Holiday Connection' event.</p>		

<p>Objective 2: Provide and promote Health Promotion programs for disease prevention and management and maintaining physical and mental wellness.</p>	<p>Ongoing: July 1, 2012 - June 30, 2016</p>	<p>Title IIID</p>
<p>Continue delivery of the Chronic Disease Self-Management Program (CDSMP) classes. Implemented in March 2011, several classes have been held throughout PSA 28 in English and Spanish. The CSDMP was funded through March 2012, with special federal funds. The AAANS will continue the CDSMP classes through Title III-D funds.</p>		
<p>Re-establish the 'Eating Better and Moving More' program that provides information on good nutrition and exercise activities through a series of classes.</p>	<p>July 1, 2012 to December 31, 2012 - Program development</p>	<p>Total III-B/PD</p>
<p>Objective 3: Support and participate in Fall Prevention activities in each county to reduce the incidence of falls, increase public awareness and implement community-based programs.</p>	<p>Ongoing: July 1, 2012 - June 30, 2016</p>	
<p>The AAANS will continue to support and seek resources to sustain the Stop Falls Napa Valley Fall Prevention program, which is entirely dependent on grant-supported funding.</p>		<p>Napa County - Funded through various grants</p>
<p>Stop Falls staff will coordinate with local hospitals, and hospital home health agencies to more efficiently coordinate home environment and medication management interventions.</p>		
<p>The AAANS and Stop Falls staff will continue to incorporate Fall Risk Assessment into the AAANS's case management and home-visit activities.</p>		
<p>The AAANS will seek to make the Solano County fall prevention program a direct service and implemented by AAANS staff in the future.</p>		<p>Solano County - Efforts to implement direct service funded through Title III B/PD</p>

Objective 4: Carry out activities included in the Mental Health Prevention & Early Intervention programs developed by Napa and Solano counties funded through the state's Mental Health Services Act (MHSA).	Ongoing: July 1, 2012 - June 30, 2016	Funding: MHSA
<i>Napa County Healthy Minds-Healthy Aging Program (HMHAP)</i>		
Conduct community-wide grassroots outreach activities, including to Spanish speaking communities, utilizing churches, senior centers, family resource centers, and housing complexes to build awareness about its services.		
Train community gatekeepers and volunteers to recognize signs and symptoms of emotional distress and cognitive decline in older adults, and how to make a referral to HMHAP.		
Recruit older adults to become HMHAP gatekeepers who will educate peers to reduce stigma associated with seeking mental health services.		
Continue outreach to healthcare providers including primary care physicians, discharge planners, social workers, and mental health professionals to encourage them to make referrals to HMHAP services.		
Conduct "Healthier Living" classes to educate Napa County's Spanish-speaking population about chronic disease management.		
Continue development of person-centered, one-on-one plans of care to older adults by the HMHAP team of Specialists including a Geriatric Care Manager and a Behavioral Health Clinician.		
Increase the number of older adults screened for depression and cognitive health concerns during office visits to healthcare providers and other events and opportunities.		
<i>Older Adult Mental Health Program- Prevention and Early Access for Seniors (Solano County)</i>		
Reflecting community input into Solano County's updated Prevention and Early Access Plan, reduce the eligible client age from 60 to 50 to address the growing need for mental health services among the 'younger' Baby Boomer population.		

<p>Continue and expand the Gatekeeper and Navigator programs. The Gatekeeper program trains existing senior allies to recognize signs of mental illness in seniors and refer the at-risk senior to the Navigator Case Managers for short-term (up to 1 year) preventive and early intervention services.</p>		
<p>Ensure that Gatekeeper recruitment and training activities include the following: (1) training sessions at times and locations convenient that are convenient for both traditional and non-traditional Gatekeepers; (2) activities and training materials are culturally and linguistically appropriate; and (3) recruitment and training efforts utilize staff and current Gatekeepers who are multi-lingual.</p>		
<p>Conduct educational efforts and community outreach activities to reduce the stigma associated with seeking assistance for mental health services among older adults.</p>		
<p>Conduct a 'Training the Trainer' Program to equip Gatekeepers to train other potential Gatekeepers in their organization and their community.</p>		
<p>Expand the Gatekeeper program through leveraging existing community organizations and affinity groups.</p>		
<p>Expand the Grandparents Raising Grandchildren Support Group to include an underserved city for added support to senior grandparents, children and youth.</p>		
<p>Promote the program through local media outlets to help with volunteer recruitment and to raise public awareness of the mental health needs of older adults.</p>		
<p>In 2012, initiate a series of bi-annual workshops regarding polypharmacy in older adults. An initial workshop targeted at healthcare professionals and others working with seniors, "The Perils of PolyPharmacy in Older Adults" will be held in Spring, 2012. A workshop in the Fall will be targeted for lay audiences, including seniors, their families and volunteers. It is anticipated that these workshops will be continued into future fiscal years.</p>		

<p>Objective 5: Maintain and enhance the AAANS's Family Caregiver Support Program (FCSP) which provides short-term support to people taking care of older family members (age 60+); and to caregivers (age 55+) taking care of a relative who is either a minor child (under 18) or a relative, of any age, with a disability.</p>	<p>Ongoing: July 1, 2012 - June 30, 2016</p>	<p>Title III E</p>
<p>Implement a Work Place Caregiver Support Program to educate employers about family caregiver issues and to encourage workplace and employer policies that support caregivers and reduce employee stress and family/work conflict.</p>		
<p>Continue to organize and facilitate ongoing support groups for family caregivers and for grandparents who are taking care of grandchildren.</p>		
<p>Expand outreach activities to build awareness of the AAA's FCSP services for senior caregivers of related children, such as multi-generational community events, partnering with youth-oriented organizations, and through mass mailings to schools.</p>		
<p>Develop and conduct information and training workshops for grandparents and other senior caregivers of related children.</p>		
<p>Conduct, at least once a year, special events to provide support, respite and education for caregivers.</p>		
<p>Continue the 'Love and Logic' program for the Vallejo Grandparents Support Group to help improve the parenting skills of grandparents,</p>		
<p>Provide health and wellness training to caregivers through partnering with the AAANS's Fall Prevention and Chronic Disease Self-Management programs.</p>		
<p>Provide supplemental services to support grandparents taking care of grandchildren that include but are not limited to grab bars, shower seats, walkers, wheelchair ramps, taxi scrip for transportation needs, bunk beds, gift card for children's clothes, student desks and other items.</p>		

<p>Objective 6: Continue the Multipurpose Senior Service Program (MSSP) to help keep seniors out of nursing homes and stay in their homes. Eligible clients are disabled lower-income older adults age 65 and over who are receiving Medi-Cal, and are at risk of being placed in a nursing home due to cognitive or physical challenges.</p>	<p>Ongoing: July 1, 2012 - June 30, 2016</p>	<p>Funding: Medi-Cal Waiver</p>
<p>Continue to provide eligible seniors with adult day care; housing assistance; chore and personal care assistance; care management; short-term respite care; transportation to non-emergency medical appointments, meals; money management; translation and interpretive services; and, communication devices that allow seniors to notify someone if they have an emergency (i.e., a fall) in their home.</p>		
<p>Objective 7: Continue to support free Legal Services for seniors age 60 and older.</p>	<p>Ongoing: July 1, 2012 - June 30, 2016</p>	<p>Title IIIB/C</p>
<p>Provide legal services including assisting with housing and landlord issues, age discrimination; elder abuse and neglect; debt and consumer matters; small estate planning and advance health care directives; and eligibility for public benefits.</p>		
<p>The AAANS Advisory Council and staff will work together with local partners and organizations to develop recommendations and strategies for sustaining legal services for lower-income seniors in PSA #28.</p>		
<p>Objective 8: Continue to support the Health Insurance Counseling & Advocacy Program (HICAP), which helps seniors with understanding Medicare programs and benefits.</p>	<p>Ongoing: July 1, 2012 - June 30, 2016</p>	<p>C</p>
<p>Objective 9: Long-term Care (LTC) staff and volunteers will serve as advocates for residents in licensed long-term care facilities such as Skilled Nursing Facilities, Assisted Living Communities and small Board and Care facilities, participate in local elder abuse programs, and provide information to consumers and family members.</p>	<p>Ongoing: July 1, 2012 - June 30, 2016</p>	<p>Title IIIB/C and Title IV</p>
<p>Make regular visits to Skilled Nursing Facilities and licensed long-term senior communities (i.e., Assisted Living communities, Board and Care facilities,) to provide access to Ombudsmen services to residents, monitor conditions and to serve as a resource for facility staff.</p>		

Provide ongoing monthly training to staff and volunteers.		
In Napa County, provide presentations to discharge planners at local hospitals to educate professionals and to facilitate proper placement of those being discharged.		
Engage in long-term, systems-level advocacy efforts: In Napa County, work with local law enforcement and other agencies to improve cooperation, response and investigation of elder abuse complaints; in both Napa and Solano counties, work with Long-Term Care facilities to decrease the use of toxic medication and to increase exercise for residents in RCFE's (i.e., Assisted Living & Board and Care facilities).		
Provide information to consumers on SNFs and licensed senior communities, including complaints and investigations, and citation records. (LTC Ombudsman staff do not make recommendations).		
Participate in public events to provide information on the LTC Ombudsman program and long- term care issues and options, including how to find information on Skilled Nursing Facilities (SNFs) and other long-term care facilities.		
Provide training for professionals, such as emergency responders and ambulance drivers, on identifying elder abuse & their role as mandatory reporters.		
AAA planning staff and Long Term Care Ombudsman staff will continue to collaborate with the Napa Elder Abuse Task Force and community partners on elder abuse education and prevention activities.		
In Solano County, distribute laminated pocket cards for facility staff that provide them with an overview of their role as a mandated reporter of elder and dependent elder abuse.		
AAA planning staff and Long Term Care Ombudsman staff will continue to collaborate with the Napa Elder Abuse Task Force and community partners on elder abuse education and prevention activities.		
Objective 10: Continue Nutrition Services and provide meals to seniors (age 60+) at group settings and through home delivery.	Ongoing: July 1, 2012 - June 30, 2016	C

Continue to support the ongoing Meals-on-Wheels programs in PSA #28 with home-delivered meals to frail, elderly seniors without transportation and meals served in group settings at a single location, such as senior centers.		
Working with local organizations providing food for low-income people, such as Food Banks, etc., and other organizations serving seniors, determine the current gaps in providing food and meals to low-income and isolated seniors. The analysis will determine where gaps exist in overall availability of food and meals, the awareness of food assistance by eligible seniors and organizations, and the distribution system to allow eligible seniors access to food resources.		
Collaborate with partners to identify new sources of food, such Farmer's Markets, grocery stores, community residents with home gardens, etc.		
Objective 11: Continue support for In-Home Visiting and Telephone Reassurance programs.	Ongoing: July 1, 2012 - June 30, 2016	Title IIIB/C
Objective 12: Continue to implement the Napa County Caregiver Permit Ordinance and program. Implementation of the Napa County Caregiver ordinance, which was identified as an objective in the FY 2009 - FY 2012 Area Plan, was accomplished with AAANS staff managing the permit application process. The AAANS will continue to work with Napa County, the Napa Commission on Aging and other community partners on the Caregiver Permit Ordinance, including any needed revisions.	Ongoing: July 1, 2012 - June 30, 2016	Title IIIB/C

Objective 13: Represent seniors in planning and policy development activities conducted by local governmental agencies, including transportation, housing and land use, disaster response and community health planning activities.	Ongoing: July 1, 2012 - June 30, 2016	Title IIIB/C
<u>Transportation and Mobility</u>		
Coordinate with local and state officials, transportation planning agencies, and key stakeholders to advocate for transportation options for rural, isolated, homebound, and special needs populations.		
Support local transit agencies, the Solano Transit Authority (STA) and the Napa County Transportation and Planning Agency (NCTPA) in achieving their goals for mobility improvement by providing assistance with planning, community outreach and marketing.		
Evaluate the potential to establish a local chapter of the Independent Transportation Network (ITN) program: Under the ITN model, eligible users become members for a small annual fee and use trained volunteers to drive them to and from their destinations		
Seek to expand awareness and access to driver safety programs offered by the AARP, the California Highway Patrol, and the AAA of Northern California.		
Increase the AAA's ability to assist local transit agencies and non-profits seeking to develop and seek funding mobility management strategies.		
<u>Housing</u>		
Represent and advocate for the specific housing needs of seniors during the development of local Comprehensive plans, and especially in the development of the Land Use element, which determines the intensity of housing in a jurisdiction, and the Housing element. California state law requires all cities and counties to adopt a general plan containing at least seven elements including Land Use and Housing elements, and that Housing elements must be updated approximately every five years.		
Coordinate with existing local city and county housing agencies and advocacy groups to accomplish the following: 1) develop community-specific housing advocacy programs that reflect the		

particular local housing opportunities and constraints; 2) organize and conduct educational events for local elected officials, agencies, developers and advocates, 3) address the specific needs of homeless seniors. In Napa County, these groups include Napa Valley Community Housing, Community Action Napa Valley, Fair Housing Napa Valley, the Napa Non-profit Coalition's Housing and Homeless Committees, Calistoga Affordable Housing, and other non-profit and advocacy groups.		
Support and partner with the Solano County Community Action Partnership to organize and conduct a Housing Summit.		
AAA staff and Advisory Council will identify and review model universal design ordinances to assist in universal design advocacy efforts.		
<u>Disaster Response and Coordination</u>		
AAA has created an Emergency Action Plan that identifies roles and responsibilities. The AAANS will update this Plan as needed and provide ongoing training for staff and contractors.		
Participate in Solano County's Volunteer Organizations Active in Disaster (VOAD) program which was re-initiated in early 2012, and with Community Action Napa Valley (CANV).		
Participate in Napa and Solano County's development of local disaster planning/emergency response plans. The AAANS will work with local and regional governmental and non-profit agencies actively involved in disaster planning to ensure that seniors and people with disabilities are considered and included in the disaster planning process.		
In Napa County, LTC Ombudsmen staff will participate in efforts to address disaster preparedness for local hospitals.		

Community Health Assessment and Planning		
Participate in the upcoming Napa County Public Health Assessment anticipated to be launched in mid-2012 and future Solano County public health assessments.		
Objective 14: Conduct Program Development and Coordination activities to address gaps in the current care and support network in meeting the physical and mental health needs of older adults.	July 1, 2012 - June 30, 2016	Title IIIB/PD
Lead a collaborative effort to develop recommendations for improving coordination among PSA #28 agencies and providers, including coordination of Information and Assistance (I&A) services, to achieve the following goals: 1) provide a one-stop comprehensive referral system, 2) provide an integrated 'case-management' approach for clients, and 3) provide for follow-up on clients.		
Evaluate options to promote and expand ongoing and 'fast-response' multi-disciplinary approaches to ensure that urgent and complex cases such as elder abuse or homelessness, receive coordinated and timely support.		
In collaboration with local agencies and other non-profit and for-profit providers, work to identify and address the gaps between the services provided by Clinic Ole and other providers and the oral health needs of older adults (i.e., Clinic Ole does not pay for dentures which usually cost several hundred dollars).		
Collaborate with Napa and Solano Counties to expand education and community outreach efforts to inform certain individuals of their obligations as a mandatory reporter for elder abuse under California law, including physicians and medical professionals, clergy, all employees of health care facilities, such as hospitals, skilled nursing facilities, adult day care centers and residential care facilities, and any individual who assumes responsibility for the care or custody of an elderly person.		

Collaborate with Solano County's Older and Disabled Adult Services program to help the County re-start its efforts to establish a FAST program.		
Objective 15: Initiate and expand partnerships with other non-profit agencies to leverage resources, advocacy efforts and funding activities	July 1, 2012 - June 30, 2016	Title IIIB/PD
Build partnerships and coordinated planning and program delivery efforts with Family Resource Centers, Senior Centers, Independent Living Centers and the Caregiver Resource Center to help leverage resources and program benefits. The AAANS will organize and conduct an initial and ongoing 'partnership' meetings with these and other organizations for a comprehensive exchange of information about their programs. These partnerships will help agency staff and their respective target customers to be aware of the resources and assistance available through the various agencies.	July 1 - March 31, 2013: Organize & conduct initial meetings	
Enhance partnerships with institutional non-profits, such as the Queen of the Valley Hospital, to help ensure that the needs of seniors are considered during planning and grant-application activities, and that grant-application activities are coordinated (i.e., help prevent multiple non-profit agencies in PSA #28 from making uncoordinated grant applications).		
Objective 16: Develop Community-Based Strategic Plans for Older Adults that reflect the local challenges and resources.	July 1, 2012 - June 30, 2016	Title IIIB/PD
Work with existing local agencies, senior centers, and advocacy groups to initiate a process to develop and update Community-Based Plans. These Plans will identify the gaps between local needs and available services (i.e., transportation, nutrition, housing). The CBP will also identify potential partners, such local Family Resource Centers, City-sponsored youth organizations, churches, schools and other non-profit and for-profit organizations to build and sustain a local support network.		

GOAL #2. PROMOTE COMMUNITY INVOLVEMENT IN SERVICE PLANNING AND DELIVERY AND INCREASE PUBLIC AWARENESS OF LOCAL SERVICES AND RESOURCES

Rationale: This goal and related strategies will accomplish the following: (1) increase the effectiveness and responsiveness of the AAA's service planning and delivery processes; (2) help to expand the number of eligible older adults served by the AAA; and, (3) help the AAANS to meet the goal in its mission statement to "promote citizen involvement in the planning and delivery of services."

Objectives		Status
Objective 1: Continue and enhance the AAANS's capacity to inform older adults and the community about its available services and programs.	July 1, 2012 - June 30, 2016	Title IIIB/C
Create and update a Strategic Outreach Plan that identifies and describes the various outreach methods and procedures that the AAANS will use to promote community involvement in service planning and delivery and increase public awareness of the AAANS and its services.		
Maintain a contact database to include, at least, local government agencies, AAA's contract providers, advocacy groups, non-profit and for-profit entities, local media outlets, and, key community leaders.		
Create a 'Community Outreach Panel' with members representing the PSA's diverse perspectives, communities and population groups to help create and continually update the AAA's Strategic Outreach Plan.		
Establish a social media presence through Facebook or other platforms.		
Update the AAANS brochure to reflect the 2012 Area Plan and recent changes to programs and services.		
Continue producing an online newsletter, 'the New Wave.'		
Continue the annual update and distribution of a bi-lingual (Spanish and English) resource directory for both counties.		
Objective 2: Continue and expand the AAA's outreach to culturally diverse communities and populations.	July 1, 2012 - June 30, 2016	Title IIIB/C
Develop a culturally diverse Speakers Bureau and recruit and train culturally competent speakers to provide information, through presentations and other means, about the AAANS and available		

services and programs in PSA 28.		
The AAANS will: 1) include LGBT friendly materials in its needs assessment activities and resource materials; and, 2) work with LGBT advocacy groups to provide training to staff, volunteers and community members on LGBT issues.		
Continue and expand the AAA's Latino Outreach program.		
GOAL #3: PROVIDE LEADERSHIP THROUGH ADVOCACY AND EDUCATION TO MEET THE NEEDS OF OLDER PERSONS, PERSONS WITH DISABILITIES AND THEIR CAREGIVERS		
Rationale: This goal and related objectives will help to increase awareness among local elected officials and community leaders regarding the current and future needs of older adults and their support for maintaining and enhancing services, and also allow the AAANS to meet the goal in its mission statement to "provide leadership in addressing issues that relate to older Californians."		
Objectives		Status
Objective 1: Promote education and awareness of the current and growing needs of older adults by elected officials.	July 1, 2012 - June 30, 2016	Title IIIB/C
Educate local elected officials about the impending dramatic growth and change in the older population and related need for services through a series of presentations to members of City Councils and County Boards of Supervisors.		
Objective 2: Strengthen the AAA's ability to develop strategic and collaborative advocacy programs.	July 1, 2012 - June 30, 2016	Title IIIB/C
Working with the Advisory Council, the Board and through community input, develop and prioritize a list of local and state legislative and regulatory issues.		
Legal services - Identify strategies, including additional funding and partnerships, to help address the growing gap between the need for and the availability of resources for legal services for lower-income seniors.		
Mental Health services - Advocate for sustaining and expanding funding for mental health services for seniors in both counties, and represent the diverse mental health needs of seniors, such as cultural isolation among LGBT and non-English speaking seniors, in local mental health planning and programming activities.		

Explore the potential to initiate an ongoing series of Educational Workshops among Area Agencies on Aging within the San Francisco Bay Area. The purpose of the Workshops is to strengthen the Bay Area AAA network and to exchange best practices to address needs and improve program planning and delivery.		
GOAL # 4. EXPAND THE AAA's CAPACITY FOR PLANNING AND PROGRAM DEVELOPMENT		
<i>Rationale: This goal and related objectives will increase the AAA's ability to conduct more in-depth and targeted service planning and delivery.</i>		
Objectives		Status
Objective 1: Continue and expand the AAA's data collection and analysis capabilities.	July 1, 2012 - June 30, 2016	Title IIIB/PD
In FY 2012 - FY 2013, develop and conduct a comprehensive survey to update the survey of older adults and their caregivers carried out by the AAANS in 2009.		
Conduct ongoing 'informal' surveys using existing venues such Meals on Wheels activities, community events organized by the AAANS and other agencies, and other low-cost opportunities.		
Partner with local governments, community colleges and others to have to gain access to tools such as Geographic Information Systems (GIS) mapping and analysis capabilities.		
Objective 2: Build & maintain partnerships with local colleges and universities with programs in gerontology, social work, planning and other related fields to (1) increase the AAA's capacity for ongoing program development and delivery; and, (2) to enhance the AAA's capacity to address special issues requiring extensive research and analysis.	July 1, 2012 - June 30, 2016	Title IIIB/PD

SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES

**TITLE III/VII SERVICE UNIT PLAN OBJECTIVES
CCR Article 3, Section 7300(d)**

1. Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	0/NA	NA	
2013-2014	0/NA	NA	
2014-2015	0/NA	NA	
2015-2016	0/NA	NA	

2. Homemaker

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	0/NA	NA	
2013-2014	0/NA	NA	
2014-2015	0/NA	NA	
2015-2016	0/NA	NA	

3. Chore**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	0/NA 0	NA	
2013-2014	0/NA	NA	
2014-2015	0/NA	NA	
2015-2016	0/NA	NA	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	196,800	1	10
2013-2014	196,800	1	10
2014-2015	196,800	1	10
2015-2016	196,800	1	10

5. Adult Day Care/Adult Day Health

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	0/NA	NA	
2013-2014	0/NA	NA	
2014-2015	0/NA	NA	
2015-2016	0/NA	NA	

6. Case Management

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	2,000	1	1
2013-2014	2,000	1	1
2014-2015	2,000	1	1
2015-2016	2,000	1	1

7. Assisted Transportation

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	3,600	1	1, 11
2013-2014	3,600	1	1, 11
2014-2015	3,600	1	1, 11
2015-2016	3,600	1	1, 11

8. Congregate Meals**Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	52,452	1	10
2013-2014	52,452	1	10
2014-2015	52,452	1	10
2015-2016	52,452	1	10

9. Nutrition Counseling**Unit of Service = 1 session per participant**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	0/NA		
2013-2014	0/NA		
2014-2015	0/NA		
2015-2016	0/NA		

10. Transportation**Unit of Service = 1 one-way trip**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013			See #7 - Asst. Transportation
2013-2014			See #7 - Asst. Transportation
2014-2015			See #7 - Asst. Transportation
2015-2016			See #7 - Asst. Transportation

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,950	1	7
2013-2014	1,950	1	7
2014-2015	1,950	1	7
2015-2016	1,950	1	7

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	7,444	1	10
2013-2014	7,444	1	10
2014-2015	7,444	1	10
2015-2016	7,444	1	10

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	12,000	1	1, 14
2013-2014	12,000	1	1, 14
2014-2015	12,000	1	1, 14
2015-2016	12,000	1	1, 14

14. Outreach

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	15,400	2	1, 2
2013-2014	15,400	2	1, 2
2014-2015	15,400	2	1, 2
2015-2016	15,400	2	1, 2

15. Title III B, Other Supportive Services

A. Service Category – In-Home Caregiver Registry

Unit of Service = 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	600	1	1
2013-2014	600	1	1
2014-2015	600	1	1
2015-2016	600	1	1

B. Service Category - In-Home Visiting

Unit of Service = 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,810	1	11
2013-2014	1,810	1	11
2014-2015	1,810	1	11
2015-2016	1,810	1	11

C. Service Category – In-Home Telephone Calls**Unit of Service = 1 Contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	13,500	1	11
2013-2014	13,500	1	11
2014-2015	13,500	1	11
2015-2016	13,500	1	11

D. Service Category – Community Education Unit of Service = 1 Event

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	6	1, 3	
2013-2014	6	1, 3	
2014-2015	6	1, 3	
2015-2016	6	1, 3	

E. Service Category – Public Information - Unit of Service = 1 Event

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	12	1, 3	
2013-2014	12	1, 3	
2014-2015	12	1, 3	
2015-2016	12	1, 3	

16. Title III D Health Promotion

A. Chronic Disease Self-Management Program participant

Unit of Service = 1 class

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	120	1	2
2013-2014	120	1	2
2014-2015	120	1	2
2015-2016	120	1	2

TITLE III B and Title VII A: Napa County
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

2012–2016 Four-Year Planning Cycle

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

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

Measures and Targets:

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

<p>1. FY 2010-2011 Baseline Resolution Rate: <u>91%</u> Number of complaints resolved <u>86</u> + Number of partially resolved complaints <u>76</u> divided by the Total Number of Complaints Received 178 = Baseline Resolution Rate <u>91%</u></p>
<p>2. FY 2012-2013 Target: Resolution Rate <u>90%</u></p>
<p>3. FY 2011-2012 AoA Resolution Rate ___% FY 2013-2014 Target: Resolution Rate ___%</p>
<p>4. FY 2012-2013 AoA Resolution Rate ___% FY 2014-2015 Target: Resolution Rate ___%</p>
<p>5. FY 2013-2014 AoA Resolution Rate ___% FY 2015-2016 Target: Resolution Rate ___%</p>
<p>Program Goals and Objective Numbers: 1/9</p>

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

FY 2010-2011 Baseline: number of meetings attended <u>2</u>
2. FY 2012-2013 Target: 6
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers: 1/9

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

1. FY 2010-2011 Baseline: number of meetings attended <u>5</u>
2. FY 2012-2013 Target: number <u>6</u>
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers: 1/9

D. Consultation to Facilities (AoA Report, Part III-D, #4)

1. FY 2010-2011 Baseline: number of consultations <u>342</u>
2. FY 2012-2013 Target: <u>200</u>
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers: 1/9

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

1. FY 2010-2011 Baseline: number of consultations <u>408</u>
2. FY 2012-2013 Target: <u>480</u>
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___ _
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers: 1/9

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

1. FY 2010-2011 Baseline: number of sessions <u>10</u>
2. FY 2012-2013 Target: <u>4</u>
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers: 1/9

G. Systems Advocacy

Systemic Advocacy Effort(s)

- (1) Work with law enforcement and other agencies to improve cooperation, response and investigation of abuse complaints
- (2) Participate in disaster preparedness training

Outcome 2. Residents have regular access to an Ombudsman. [(OAA Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

A. Facility Coverage (other than in response to a complaint), (AoA Report, Part III-D, #6)

Percentage of nursing facilities within the PSA that were visited by an ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA.

1. FY 2010-2011 Baseline: 100%

Number of Nursing Facilities visited at least once a quarter not in response to a complaint 5 divided by the number of Nursing Facilities 5

2. FY 2012-2013 Target: 100%

3. FY 2011-2012 AoA Data: ___% FY 2013-2014 Target: ___%

4. FY 2012-2013 AoA Data: ___% FY 2014-2015 Target: ___%

5. FY 2013-2014 AoA Data: ___% FY 2015-2016 Target: ___%

Program Goals and Objective Numbers: 1/9

B. Facility Coverage (other than in response to a complaint) (AoA Report, Part III-D, #6)

Percentage of RCFEs within the PSA that were visited by an ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA.

1. FY 2010-2011 Baseline: 100%
Number of RCFEs visited at least once a quarter not in response to a complaint <u>42</u> divided by the number of RCFEs 42
2. FY 2012-2013 Target: 100%
3. FY 2011-2012 AoA Data: ___ % FY 2013-2014 Target: ___ %
4. FY 2012-2013 AoA Data: ___ % FY 2014-2015 Target: ___ %
5. FY 2013-2014 AoA Data: ___ % FY 2015-2016 Target: ___ %
Program Goals and Objective Numbers:1/9

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)

1. FY 2010-2011 Baseline: FTEs 2.5
2. FY 2012-2013 Target: <u>2.5</u> FTEs
3. FY 2011-2012 AoA Data: ___ FTEs FY 2013-2014 Target: ___ FTEs
4. FY 2012-2013 AoA Data: ___ FTEs FY 2014-2015 Target: ___ FTEs
5. FY 2013-2014 AoA Data: ___ FTEs FY 2015-2016 Target: ___ FTEs
Program Goals and Objective Numbers: 1/9

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

Verify numbers of volunteers with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2010 <u>8</u>
2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2013 <u>10</u>
3. FY 2011-2012 AoA Data: ___ certified volunteers FY 2013-2014 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: 1/9

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 <u>8</u>
2. FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV <u>10</u>
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: 1/9

TITLE VIIB ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

Fiscal Year	Total # of Public Education Sessions
2012-13	4
2013-14	4
2014-15	4
2015-16	4

Fiscal Year	Total # of Training Sessions for Professionals
2012-13	4
2013-14	4
2014-15	4
2015-16	4

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

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2012-13	12
2013-14	12
2014-15	12
2015-16	12

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2012-2013	100	Napa Long-Term Care Ombudsman brochure
2013-2014	100	Napa Long-Term Care Ombudsman brochure
2014-2015	100	Napa Long-Term Care Ombudsman brochure
2015 - 2016	100	Napa Long-Term Care Ombudsman brochure

Fiscal Year	Total Number of Individuals Served
2012-2013	250
2013-2014	250
2014-2015	250
2015-2016	250

TITLE III B and Title VII A:
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES – Solano County

2012–2016 Four-Year Planning Cycle

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

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)]

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

The average California complaint resolution rate for FY 2009-2010 was 73%.

<p>1. FY 2010-2011 Baseline Resolution Rate: 87%</p> <p>Number of complaints resolved - <u>456</u> + Number of partially resolved complaints <u>22</u> divided by the Total Number of Complaints Received <u>549</u> = Baseline Resolution Rate <u>87%</u></p>
<p>2. FY 2012-2013 Target: Resolution Rate ___%</p>
<p>3. FY 2011-2012 AoA Resolution Rate ___% FY 2013-2014 Target: Resolution Rate <u>90%</u></p>
<p>4. FY 2012-2013 AoA Resolution Rate ___% FY 2014-2015 Target: Resolution Rate <u>90%</u></p>
<p>5. FY 2013-2014 AoA Resolution Rate ___% FY 2015-2016 Target: Resolution Rate <u>90%</u></p>
<p>Program Goals and Objective Numbers: 1/9</p>

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

1. FY 2010-2011 Baseline: number of meetings attended <u>6</u>
2. FY 2012-2013 Target: <u>6</u>
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: <u>6</u>
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: <u>6</u>
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: <u>6</u>
Program Goals and Objective Numbers: 1/9

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

1. FY 2010-2011 Baseline: number of meetings attended <u>4</u>
2. FY 2012-2013 Target: number <u>0</u>
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: <u>0</u>
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: <u>0</u>
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: <u>0</u>
Program Goals and Objective Numbers: 1/9

D. Consultation to Facilities (AoA Report, Part III-D, #4)

1. FY 2010-2011 Baseline: number of consultations <u>60</u>
2. FY 2012-2013 Target: <u>70</u>
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: <u>70</u>
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: <u>70</u>
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: <u>70</u>
Program Goals and Objective Numbers: 1/9

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

1. FY 2010-2011 Baseline: number of consultations <u>25</u>
2. FY 2012-2013 Target: <u>50</u>
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: <u>50</u>
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: <u>50</u>
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: <u>50</u>
Program Goals and Objective Numbers: 1/9

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

1. FY 2010-2011 Baseline: number of sessions <u>4</u>
2. FY 2012-2013 Target: <u>4</u>
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: <u>4</u>
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: <u>4</u>
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: <u>4</u>
Program Goals and Objective Numbers: 1/9

G. Systems Advocacy

- FY 2012-2013 Activity: In the box below, in narrative format, please provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year.

Systemic Advocacy Effort(s)

To work with LTC facilities to decrease Toxic Medication and to increase exercise for residents in RCFEs.

Outcome 2. Residents have regular access to an Ombudsman. [(OAA Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

A. Facility Coverage (other than in response to a complaint), (AoA Report, Part III-D, #6)

Percentage of nursing facilities within the PSA that were visited by an ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA.

1. FY 2010-2011 Baseline: 100%

Number of Nursing Facilities visited at least once a quarter not in response to a complaint 44 divided by the number of Nursing Facilities 11.

2. FY 2012-2013 Target: 100%

3. FY 2011-2012 AoA Data: ___% FY 2013-2014 Target: 100%

4. FY 2012-2013 AoA Data: ___% FY 2014-2015 Target: 100%

5. FY 2013-2014 AoA Data: ___% FY 2015-2016 Target: 100%

Program Goals and Objective Numbers: 1/9

B. Facility Coverage (other than in response to a complaint) (AoA Report, Part III-D, #6)

Percentage of RCFEs within the PSA that were visited by an ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA

1. FY 2010-2011 Baseline: <u>97%</u> Number of RCFEs visited at least once a quarter not in response to a complaint <u>185</u> divided by the number of RCFEs <u>190</u>
2. FY 2012-2013 Target: <u>100%</u>
3. FY 2011-2012 AoA Data: ___ % FY 2013-2014 Target: <u>100%</u>
4. FY 2012-2013 AoA Data: ___ % FY 2014-2015 Target: <u>100</u> %
5. FY 2013-2014 AoA Data: ___ % FY 2015-2016 Target: <u>100%</u>
Program Goals and Objective Numbers: 1/9

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.

1. FY 2010-2011 Baseline: FTEs 2.25
2. FY 2012-2013 Target: 2.5 FTEs
3. FY 2011-2012 AoA Data: ___ FTEs FY 2013-2014 Target: 2.5 FTEs
4. FY 2012-2013 AoA Data: ___ FTEs FY 2014-2015 Target: 2.5 FTEs
5. FY 2013-2014 AoA Data: ___ FTEs FY 2015-2016 Target: 2.5 FTEs
Program Goals and Objective Numbers: 1/9

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

Verify numbers of volunteers with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2010 <u>2</u>
2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2013 <u>13</u>
3. FY 2011-2012 AoA Data: ___ certified volunteers FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2014 <u>13</u>
4. FY 2012-2013 AoA Data: <u>13</u> certified volunteers FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2015 <u>13</u>
5. FY 2013-2014 AoA Data: 13 certified volunteers FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2016 <u>13</u>
Program Goals and Objective Numbers: 1/9

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 <u>4</u>
2. FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV <u>13</u>

3. FY 2011-2012 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV 13

FY 2013-2014 Target 13

4. FY 2012-2013 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV 13

FY 2014-2015 Target 13

5. FY 2013-2014 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV 13

FY 2015-2016 Target: 13

Program Goals and Objective Numbers: 1/9

TITLE VII B ELDER ABUSE PREVENTION**SERVICE UNIT PLAN OBJECTIVES**

Units of Service: AAA must complete at least one category from the Units of Service below.

Units of Service categories include public education sessions, training sessions for professionals, training sessions for caregivers served by a Title III E Family Caregiver Support Program, educational materials distributed, and hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

TITLE VIIB ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

Fiscal Year	Total # of Public Education Sessions
2012-13	4
2013-14	4
2014-15	4
2015-16	4

Fiscal Year	Total # of Training Sessions for Professionals
2012-13	8
2013-14	8
2014-15	8
2015-16	8

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

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2012-13	18
2013-14	18
2014-15	18
2015-16	18

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2012-2013	190	Exercise tool for RCFE residents
	200	Mandated Reporting Pocket Cards
	300	Residents Rights Fact Sheet
2013-2014	190	Exercise tool for RCFE residents
	200	Mandated Reporting Pocket Cards
	300	Residents Rights Fact Sheet
2014-2015	190	Exercise tool for RCFE residents
	200	Mandated Reporting Pocket Cards
	300	Residents Rights Fact Sheet
2015-2016	190	Exercise tool for RCFE residents
	200	Mandated Reporting Pocket Cards
	300	Residents Rights Fact Sheet

Fiscal Year	Total Number of Individuals Served
2012-2013	800
2013-2014	800
2014-2015	800
2015-2016	800

TITLE III E SERVICE UNIT PLAN OBJECTIVES

CCR Article 3, Section 7300(d)

2012–2016 Four-Year Planning Period

This Service Unit Plan (SUP) utilizes the five broad federally-mandated service categories defined in PM 11-11. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 1, 2011 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

Direct and/or Contracted III E Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	# of activities and Total est. audience for above		
2012-2013	# of activities: 30 Total est. audience for above: 200	1	5
2013-2014	# of activities: 30 Total est. audience for above: 200	1	5
2014-2015	# of activities: 30 Total est. audience for above: 200	1	5
2015-2016	# of activities: 30 Total est. audience for above: 200	1	5
Access Assistance	Total contacts		
2012-2013	375	1	5
2013-2014	375	1	5
2014-2015	375	1	5
2015-2016	375	1	5

Support Services	Total hours		
2012-2013	300	1	5
2013-2014	300	1	5
2014-2015	300	1	5
2015-2016	300	1	5

Respite Care	Total hours		
2012-2013	500	1	5
2013-2014	500	1	5
2014-2015	500	1	5
2015-2016	500	1	5
Supplemental Services	Total occurrences		
2012-2013	200	1	5
2013-2014	200	1	5
2014-2015	200	1	5
2015-2016	200	1	5

Direct and/or Contracted III E Services

Grandparent Services	<i>Proposed</i>	<i>Required</i>	<i>Optional</i>
Caring for Children	Units of Service	Goal #(s)	Objective #(s)
Information Services	# of activities and Total est. audience for above		
2012-2013	# of activities: 6 Total est. audience for above: 60	1	5
2013-2014	# of activities: 6 Total est. audience for above: 60	1	5
2014-2015	# of activities: 6 Total est. audience for above: 60	1	5
2015-2016	# of activities: 6 Total est. audience for above: 60	1	5
Access Assistance	Total contacts		
2012-2013	60	1	5
2013-2014	60	1	5
2014-2015	60	1	5
2015-2016	60	1	5
Support Services	Total hours		
2012-2013	50	1	5
2013-2014	50	1	5
2014-2015	50	1	5
2015-2016	50	1	5

Respite Care	Total hours		
2012-2013	360	1	5
2013-2014	360	1	5
2014-2015	360	1	5
2015-2016	360	1	5
Supplemental Services	Total occurrences		
2012-2013	30	1	5
2013-2014	30	1	5
2014-2015	30	1	5
2015-2016	30	1	5

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

List all SCSEP monitor sites (contract or direct) where the AAA provides services within the PSA (Please add boxes as needed)

Location/Name (AAA office, One Stop, Agency, etc):
Street Address:
Name and title of all SCSEP staff members (paid and participant):
Number of paid staff _____ Number of participant staff _____
How many participants are served at this site?

Location/Name (AAA office, One Stop, Agency, etc):
Street Address:
Name and title of all SCSEP staff members (paid and participant):
Number of paid staff _____ Number of participant staff _____
How many participants are served at this site?

Location/Name (AAA office, One Stop, Agency, etc):
Street Address:
Name and title of all SCSEP staff members (paid and participant):
Number of paid staff _____ Number of participant staff _____
How many participants are served at this site?

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

MULTIPLE PSA HICAPs: If you are a part of a multiple PSA HICAP where two or more AAAs enter into agreement with one “Managing AAA,” then each AAA must enter State and federal performance target numbers in each AAA’s respective SUP. Please do this in cooperation with the Managing AAA. The Managing AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

HICAP PAID LEGAL SERVICES: Complete Section 3 if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services.

STATE & FEDERAL PERFORMANCE TARGETS: The Centers for Medicare and Medicaid Services (CMS) requires all State Health Insurance Assistance Programs (SHIP) to meet certain targeted performance measures. To help AAAs complete the Service Unit Plan, CDA will annually provide AAAs with individual PSA state and federal performance measure targets.

Section 1. Primary HICAP Units of Service

Fiscal Year (FY)	1.1 Estimated Number of Unduplicated Clients Counseled	Goal Numbers
2012-2013		
2013-2014		
2014-2015		
2015-2016		

Note: Clients Counseled equals the number of Intakes closed and finalized by the Program Manager.

Fiscal Year (FY)	1.2 Estimated Number of Public and Media Events	Goal Numbers
2012-2013		
2013-2014		
2014-2015		
2015-2016		

Note: Public and Media events include education/outreach presentations, booths/exhibits at health/senior fairs, and enrollment events, excluding public service announcements and printed outreach.

Section 2: Federal Performance Benchmark Measures

Fiscal Year (FY)	2.1 Estimated Number of Contacts for all Clients Counseled	Goal Numbers
2012-2013		
2013-2014		
2014-2015		
2015-2016		

Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.) for duplicated client counts.

Fiscal Year (FY)	2.2 Estimated Number of Persons Reached at Public and Media Events	Goal Numbers
2012-2013		
2013-2014		
2014-2015		
2015-2016		

Note: This includes the estimated number of attendees (e.g., people actually attending the event, not just receiving a flyer) reached through presentations either in person or via webinars, TV shows or radio shows, and those reached through booths/exhibits at health/senior fairs, and those enrolled at enrollment events, excluding public service announcements (PSAs) and printed outreach materials.

Fiscal Year (FY)	2.3 Estimated Number of contacts with Medicare Status Due to a Disability Contacts	Goal Numbers
2012-2013		
2013-2014		
2014-2015		
2015-2016		

Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.), duplicated client counts with Medicare beneficiaries due to disability, and not yet age 65.

Fiscal Year (FY)	2.4 Estimated Number of contacts with Low Income Beneficiaries	Goal Numbers
2012-2013		
2013-2014		
2014-2015		
2015-2016		

Note: This is the number of unduplicated low-income Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS). Low income means 150 percent of the Federal Poverty Level (FPL).

Fiscal Year (FY)	2.5 Estimated Number of Enrollment Assistance Contacts	Goal Numbers
2012-2013		
2013-2014		
2014-2015		
2015-2016		

Note: This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed. This includes all enrollment assistance, not just Part D.

Fiscal Year (FY)	2.6 Estimated Part D and Enrollment Assistance Contacts	Goal Numbers
2012-2013		
2013-2014		
2014-2015		
2015-2016		

Note: This is a subset of all enrollment assistance in 2.5. It includes the number of Part D enrollment contacts during which one or more qualifying Part D enrollment topics were discussed.

Fiscal Year (FY)	2.7 Estimated Number of Counselor FTEs in PSA	Goal Numbers
2012-2013		
2013-2014		
2014-2015		
2015-2016		

Note: This is the total number of counseling hours divided by 2000 (considered annual fulltime hours), then multiplied by the total number of Medicare beneficiaries per 10K in PSA.

Section 3: HICAP Legal Services Units of Service (if applicable) ³²

State Fiscal Year (SFY)	3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2012-2013		
2013-2014		
2014-2015		
2015-2016		
State Fiscal	3.2 Estimated Number of Legal Representation Hours	Goal Numbers

³² Requires a contract for using HICAP funds to pay for HICAP Legal Services.

Year (SFY)	Per SFY (Unit of Service)	
2012-2013		
2013-2014		
2014-2015		
2015-2016		
State Fiscal Year (SFY)	3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)	Goal Numbers
2012-2013		
2013-2014		
2014-2015		
2015-2016		

SECTION 11 - FOCAL POINTS**PSA 28****COMMUNITY FOCAL POINTS LIST**

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

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

Designated Community Focal Point	Address
Area Agency on Aging Serving Napa-Solano (Main Office)	400 Contra Costa St. Vallejo, CA 94589
AAoA Drop-In Center	575 Sacramento St., Vallejo, CA 94590
Comprehensive Services for Older Adults	900 Coombs St., Suite 257 Napa, CA 94559
American Canyon Senior Center	2185 Elliot Dr. American Canyon, CA 94503
Napa Senior Center	1500 Jefferson St., Napa, CA 94559
St. Helena Senior Center (Rianda House)	1475 Main St., St. Helena, CA 94574
Benicia Senior Center	1201 East 2 nd St., Benicia, CA 94510
Florence Douglas Senior Center (Vallejo)	333 Amador St., Vallejo, CA 94590
Suisun Senior Center	318 Merganser Dr., Suisun, CA 94585
Fairfield Senior Center	1200 Civic Center Dr. Fairfield, CA 94533
Vacaville Senior Center (McBride)	91 Town Square Pl, Vacaville, CA 95688
Dixon Senior Center	201 S. 5 th St. Dixon, CA 95620
Rio Vista Senior Center	25 Main St., Rio Vista, CA 94571

SECTION 12 - DISASTER PREPAREDNESS

PSA 28

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)

1. Describe how the AAA coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310: Coordination occurs through participation in ongoing disaster preparedness and response planning activities and through active participation in local volunteer-based organizations.
2. Identify each of the local Office of Emergency Services (OES) contact person(s) within the PSA that the AAA will coordinate with in the event of a disaster (add additional information as needed for each OES within the PSA):

Napa County

Kevin Twomey	Emergency Services Coordinator	Office: 707) 299-1892 Cell: (707) 363-6221	kevin.twohey@countyofnapa.org
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Solano County

Bob Powell	Emergency Services Manager	Office: 707-784-1600 Cell: 707-580-5919	bapowell@solanocounty.com
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3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Leanne Martinsen	Executive Director	Office: 707-644-6612 Cell: 707-246-7452	Leanne@aaans.org

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

Critical Services	How Delivered?
a Information and Coordination with emergency response agencies, community focal points, and others	a Through pre-arranged emergency coordination systems developed through the AAANS's participation in local emergency response planning efforts

5. List any agencies with which the AAA has formal emergency preparation or response agreements.
Non.
6. Describe how the AAA will identify and follow-up with vulnerable populations after a disaster event.
The AAANS will identify vulnerable populations both through its ongoing planning process and needs assessment and through coordination with local emergency response agencies and the AAANS's partners. Follow-up post disaster will occur as specified in the AAANS's Emergency Action Plan and as specified in emergency response plans developed by Napa and Solano Counties.

2012-2016 Four-Year Planning Cycle

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds³³ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2012-13 through FY 2015-16

Access:

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

FY12-13 31.8% FY13-14 31.8% FY14-15 31.8% FY15-16 31.8%

In-Home Services:

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

FY12-13 10.5% FY13-14 10.5% FY14-15 10.5% FY15-16 10.5%

Legal Assistance Required Activities:³⁴

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

FY12-13 10.5% FY13-14 10.5% FY14-15 10.5% FY15-16 10.5%

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. *The allocations are determined through the AAA’s ongoing needs assessment and planning process, community forums and public hearings, and through discussions with the Advisory Council and the Board.*

¹⁰ Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

¹¹ Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES PSA 28

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

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

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

Check applicable direct services

Check each applicable Fiscal Year

Title III B	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Program Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Long-Term Care Ombudsman (direct in Napa County only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Title III E ³⁵	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Information Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Respite Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Supplemental Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Title VIIB	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

The AAA utilizes its planning and needs assessment processes, as described in Sections 4 and 5, to ensure that target populations are served. Also, quarterly meetings with all providers, both direct and contracted, are used to determine that the needs of target populations are being identified and served.

³⁵ Refer to PM 11-11 for definitions of Title III E categories.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA
28

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: Assisted Transportation

Check applicable funding source.³⁶

III B

III C-1

III C-2

III E

VII A

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

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

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

2012-13

2013-14

2014-15

2015-16

Justification: This program serves clients that are unable to utilize paratransit due to mobility and/or cognitive deficits.

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

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 28

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: Other – In-Home Services Registry

Check applicable funding source:³⁷

- III B
- III C-1
- III C-2
- III E
- VII A
- HICAP

Request for Approval Justification:

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

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

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

Justification: This program maintains lists of caregivers that have been screened by AAA staff or through the Solano County IHSS program or the Napa County Caregiver Permit program. These caregivers are available at rates that are more affordable than private home-care agencies. Seniors that wish to hire caregivers are provided with information on hiring in-home help and also with contact information for caregivers that match their stated needs. The co-location of this service within the I&A program increases the program’s cost-effectiveness and benefit to clients.

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

SECTION 16 - GOVERNING BOARD

PSA 28

**GOVERNING BOARD MEMBERSHIP
2012-2016 Four-Year Area Plan Cycle**

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

Total Number of Board Members: 11

Name and Title of Officers:

Office Term Expires:

Donald Bond, Chairman	06/30/2013
Carolyn Wrage, Vice Chair	06/30/2012
Rev. Dr. Anthony Ubalde, Jr., Secretary	06/30/2012
Marty Kuehneman, Treasurer	06/30/2012

Names and Titles of All Members:

Board Term Expires:

Donald Bond, Chairman	06/30/2013
Carolyn Wrage, Vice Chair	06/30/2012
Rev. Dr. Anthony Ubalde, Jr., Secretary	06/30/2012
Marty Kuehneman, Treasurer	06/30/2012
Thomas McNicholas	06/30/2013
Jo Ann Busenbark	06/30/2013
Edwin Warren	06/30/2012
Sarah Johnson	06/30/2012
Steve Korn	06/30/2013
Stephen Murphy	06/30/2013
James M. McCully	06/30/2012

ADVISORY COUNCIL MEMBERSHIP

2012-2016 Four-Year Planning Cycle

45 CFR, Section 1321.57

CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies) 21
 Number of Council Members over age 60 18

Race/Ethnic Composition	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
White	<u>65%</u>	<u>70%</u>
Hispanic	<u>10%</u>	<u>1%</u>
Black	<u>12%</u>	<u>13%</u>
Asian/Pacific Islander	<u>13%</u>	<u>16%</u>
Native American/Alaskan Native	<u>1%</u>	<u>0%</u>
Other	<u>2%</u>	<u>0%</u>

Name and Title of Officers:

Office Term Expires:

Sharon Monck, Chair	02/03/2013
Richard Lundin, Vice Chair	06/04/2013
Lois Harper, Secretary	06/07/2012
Richard Sager, Parliamentarian	10/01/2012

Name and Title of other members:

Office Term Expires:

Sharon Monck, Chair	02/03/2013
Richard Lundin, Vice Chair	06/04/2013
Lois Harper, Secretary	06/07/2012
Richard Sager, Parliamentarian	10/01/2012
Georgia M. Craddock	04/05/2013
Betty Rhodes	02/02/2015
Steven Rozensky	02/02/2015

Heather Stanton	01/05/2015
Rosemarie Wilson	01/03/2013
Anita Ziebe	03/01/2015
Christina Baird	01/05/2015
Suzanne Blakeley	02/03/2013
Constance Boulware	12/01/2014
Nieves D. Fernandez	04/07/2014
Rodrigo Galindo	01/06/2013
Betty Holland	09/01/2014
Lauren Rolfe	04/07/2013
Teri Ruggiero	06/02/2013
Elsie Tate	06/21/2013
Juliana Williams	08/07/2013
Nancy Yingst	02/03/2013

Indicate which member(s) represent each of the “Other Representation” categories listed below.

	Yes	No
Low Income Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disabled Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supportive Services Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Care Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family Caregiver Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Elected Officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Individuals with Leadership Experience in Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Explain any "No" answer(s): _____

Briefly describe the local governing board’s process to appoint Advisory Council members: The local governing bodies do not appoint members to the AAoA Advisory Council.

SECTION 18 - LEGAL ASSISTANCE

PSA 28

2012-2016 Four-Year Area Planning Cycle

This section must be completed and submitted with the Four-Year Area Plan.

Any changes to this Section must be documented on this form and remitted with Area Plan Updates.

1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement?
The mission of the AAA is to provide effective leadership, promote cooperative relationships, and to provide or procure services to maintain and/or enhance the health, dignity and independence of seniors of Napa and Solano Counties.
2. Based on your local needs assessment, what percentage of Title III B funding is allocated to Legal Services? 10.5%
3. Specific to legal services, has there been a change in your local needs in the past four years?
Yes, there has been a significant change in the local needs due to the increasing number of seniors seeking legal assistance and the decreased funding and increased competitiveness for very limited resources. The economic downturn is reflected in the number of seniors seeking help with legal services in Napa County, which grew from about three or four seniors per month before 2008 to around 20 – 30 requests in recent years. In Napa County, more seniors are seeking legal assistance from being evicted from their homes and apartments, especially seniors with mental disabilities being targeted for eviction. In addition to helping with housing issues on an individual basis, Legal Aid of Napa Valley staff also participates in addressing broader community issues. In early 2012, staff spent extensive time assisting with a significant local housing issue in Calistoga, including working to procure pro bono legal assistance.

In Solano County, due to recent cuts in federal and state budgets for social service programs, there has been an increase in the number of seniors seeking assistance with contesting reductions to their public benefits (ie, food stamps, In-home Supportive Services). Reflecting the still difficult local economy, there has also been an increase in seniors seeking help in dealing with personal debt and aggressive collection agencies. Another change is the increase in Hispanic seniors seeking legal services.

4. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? *Both providers (Legal Services of Northern California for Solano County and Legal Aid of Napa Valley) give priority to seniors who have the greatest economic need, are members of minority groups, reside in rural areas, or are frail or physically or mentally impaired. Both providers use a wide variety of mechanisms for reaching out to seniors and providing related legal services, including in-home visits, holding leadership positions in numerous local organizations; providing education and awareness through community workshops and legal advice clinics, and providing onsite legal services.*

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

Fiscal Year	# of Legal Assistance Services Providers
2012-2013	2
2013-2014	2
2014-2015	2
2015-2016	2

6. Does your PSA have a hotline for legal services?
Both providers have a 'live' person to serve as the 'hotline' to accommodate their clients.

7. What methods of outreach are providers using?
Both providers provide ongoing community education and assistance for seniors. In Napa County, outreach events and community workshops that are held regularly at the Veterans' Home in Yountville, the Calistoga Family Center, the Rianda House in St. Helena, the American Canyon Family Resource Center, and other locations throughout Napa County. In Solano County, weekly clinics are held to educate seniors and their families about the foreclosure and eviction processes and their rights. Follow-up analysis has found the clinics have been very effective in helping seniors successfully fight eviction processes.

In both counties, staff participates in numerous high-profile organizations working with diverse populations throughout the County to help increase awareness of legal services by multiple providers and agencies. Both providers are very active in their communities and participate in numerous local organizations serving seniors. Also, as part of its extensive, the AAA provides information to seniors about these legal services through its extensive and ongoing outreach activities.

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

Fiscal Year	Name of Provider	Geographic Region covered
2012-2013	a. Legal Aid of Napa Valley b. Legal Services of Northern California	a. Napa County b. Solano County c.
2013-2014	a. Legal Aid of Napa Valley b. Legal Services of Northern California	a. Napa County b. Solano County
2014-2015	a. Legal Aid of Napa Valley b. Legal Services of Northern California	a. Napa County b. Solano County
2015-2016	a. Legal Aid of Napa Valley b. Legal Services of Northern California	a. Napa County b. Solano County

9. Discuss how older adults access Legal Services in your PSA: *They may contact the providers directly by telephone or in person during regular office hours, and they may also be referred by other providers. Both providers use a wide variety of mechanisms providing related legal services, including in-home visits, visits to hospitals, skilled nursing facilities or other types of senior communities and facilities, education and awareness through community workshops and legal advice clinics, and providing onsite legal services. In Napa County, there is a Medical Legal Partnership model of delivery of legal services. Many of our partners work with seniors and are able to do priority referrals to our office. Legal services staff also spend a significant amount of time representing clients in court.*
10. Identify the major types of legal issues that are handled by the TIII-B legal provider(s) in your PSA. *In Napa County, major types of legal issues include elder abuse, the need for assistance for end-of-life issues such as preparing advance healthcare directives, personal debt and collection issues, evictions, and among grandparents seeking guardianship of grandchildren. In Solano County, major legal issues include assistance with personal debt and working the collection agencies, fighting foreclosure and eviction procedures, and contesting reductions in benefits and social services, such as food stamps and In-home Supportive Services.*
11. In the past four years, has there been a change in the types of legal issues handled by the TIII-B legal provider(s) in your PSA? *More seniors in Napa and Solano Counties have been seeking legal assistance with evictions and foreclosures due to the ongoing economic federal and state budget crises. In Solano County, due to recent cuts in federal and state budgets for social service programs, there has been an increase in the number of seniors seeking assistance with contesting reductions to their public benefits (ie, food stamps, In-home Supportive Services). Also, reflecting the still difficult local economy, more seniors seeking help in dealing with personal debt and aggressive collection agencies.*
12. What are the barriers to accessing legal assistance in your PSA *In Napa County, the major barrier is the lack of financial and staff resources and the lack of other pro-bono or other providers offering free legal services to low-income seniors. Recently, due to overall funding cuts from various sources, staff from Legal Aid of Napa Valley has had to discontinue in their leadership capacity with several local agencies and organizations that assist seniors.*

Solano County, which has a much larger geographic area and population, and also has more scattered population areas than Napa County, only has one provider of legal services for low-income seniors. Despite the very active involvement of the Solano County provider in numerous organizations and activities, there is still a lack of knowledge about these services in some communities. To address this barrier, the AAA has been expanding its efforts to provide outreach and information to increase the visibility of these and other programs for seniors, including providing information about services in multiple languages. Both providers provide ongoing community workshops and actively disseminate information about their services through participation in numerous senior organizations and agencies, although, as noted above, this participation has been reduced due to the increased demand for direct legal services and the decreased funding for these services.

13. What other organizations or groups does your legal service provider coordinate services with? *Providers in both counties coordinate with a wide group of local government entities and advocacy groups, including housing agencies and the local court systems. In Napa County, there is a large, diverse group of organizations that they coordinate services with. Specifically, there are several*

MOUs with medical partners, such as Clinic Olé, Queen of the Valley Medical Center Community Outreach, Hospice/Adult Day Services, Family Services of Napa Valley, County of Napa, Comprehensive Services for Older Adults, Public Health and various other departments within the County of Napa.

SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW³⁸

PSA 28

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

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

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

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

¹⁶ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services

Older Americans Act Section 373(a) and (b)

2012–2016 Four-Year Planning Cycle

Family Caregiver Services

Category	2012-2013	2013-2014	2014-2015	2015-2016
Family Caregiver Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Supplemental Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract

Grandparent Services

Category	2012-2013	2013-2014	2014-2015	2015-2016
Grandparent Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Supplemental Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract

SECTION 22 – ASSURANCES

PSA 28

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.

AREA PLAN REQUIRED COMPONENTS CHECKLIST

Section	Four-Year Area Plan Components	4-Year Plan
	Transmittal Letter – must have original signatures or official signature stamps	<input checked="" type="checkbox"/>
1	Mission Statement	<input checked="" type="checkbox"/>
2	Description of the Planning and Service Area (PSA)	<input checked="" type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)	<input checked="" type="checkbox"/>
4	Planning Process / Establishing Priorities	<input checked="" type="checkbox"/>
5	Needs Assessment	<input checked="" type="checkbox"/>
6	Targeting	<input checked="" type="checkbox"/>
7	Public Hearings	<input checked="" type="checkbox"/>
8	Identification of Priorities	<input checked="" type="checkbox"/>
9	Area Plan Narrative Goals and Objectives:	
	Title III B Funded Program Development (PD) Objectives	<input checked="" type="checkbox"/>
	Title III B Funded Coordination (C) Objectives	<input checked="" type="checkbox"/>
	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
	Title III B/VII A Long-Term Care Ombudsman Objectives	<input checked="" type="checkbox"/>
	Title VII B Elder Abuse Prevention Objectives	<input checked="" type="checkbox"/>
10	Service Unit Plan (SUP) Objectives	<input checked="" type="checkbox"/>
11	Focal Points	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Priority Services	<input checked="" type="checkbox"/>
14	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
15	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>
18	Legal Assistance	<input checked="" type="checkbox"/>
19	Multipurpose Senior Center Acquisition or Construction Compliance Review	<input checked="" type="checkbox"/>
20	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
21	Organization Chart	<input checked="" type="checkbox"/>
22	Assurances	<input checked="" type="checkbox"/>