

2018-2019

AREA PLAN UPDATE

AREA 12 AGENCY ON AGING



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Overview



AREA PLAN UPDATE (APU) CHECKLIST

PSA 12

Check one: **FY 17-18** **FY 18-19** **FY 19-20**

Use for APUs only

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

TRANSMITTAL LETTER

2016-2020 Four Year Area Plan/ Annual Update

Check one: FY 16-20 FY 17-18 FY 18-19 FY 19-20

AAA Name: Area 12 Agency on Aging

PSA 12

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. _____
(Lynn Morgan)

Director Lynn Morgan, Governing Board Chair ¹

Date

2. _____
(Janet Clark)

Janet Clark, Advisory Council Chair

Date

3. _____
(Kristin Millhoff)

Kristin Millhoff, Executive Director

Date

¹ Original signatures or official signature stamps are required.

SECTION 1. MISSION STATEMENT

The responsibility of Area 12 Agency on Aging is to provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.

APPROVED

SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICES AREA (PSA 12)

The Area 12 Agency on Aging's (A12AA) Area Plan Update for 2018-2019, mandated by the California Department of Aging, offers an opportunity to articulate strategies that will be carried out to address the growing needs and challenges faced by the Agency in the next two years.

Since federal funding from the Older Americans Act (OAA) has not kept pace with the rapidly growing older adult population in our five counties, we are increasingly resourceful as we maintain quality services. The mounting challenges associated with a greater demand for these services and flat line funding has mandated the Agency and its providers seek unique and innovative approaches to address the demand. Greater collaboration between existing partnerships and providers, as well as new joint ventures with other agencies where partnerships appear likely, offer the best opportunities for maintaining services in this current fiscal environment.

Planning for the needs of an increasing population of older adults, adults with disabilities and caregivers, is an ongoing process. This process reflects both the economic climate and the impact of decreased funding for programs at the local, state and federal levels.

Presented in this Area Plan Update are the Goals and Objectives and Service Unit Plans that will guide the staff, Advisory Council members, Providers and Joint Power Authority Board in serving the needs of the older adults, adults with disabilities and caregivers throughout the designated service area of Alpine, Amador, Calaveras, Mariposa and Tuolumne Counties.

Physical Characteristics

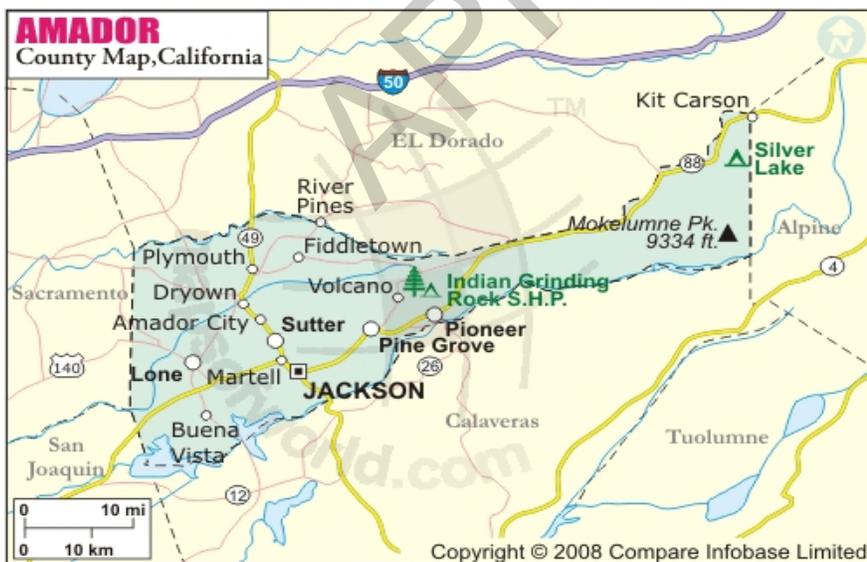
PSA 12 covers a large geographic area of over 6,000 square miles in the Sierra Nevada region of the state, stretching from Alpine County to the north down to Mariposa County at the southern tip. It encompasses portions of Yosemite National Park, Calaveras Big Trees and Columbia State Historic Park. The counties are home to diverse geographical features, including many lakes, rivers, mountains, forests and smaller farms. The rich gold mining history is seen in the town settings and historical state parks. The highest point of elevation is Mount Lyell, 13,120 feet and is located in Yosemite National Park.

Demographics

The U.S. Census 2010 provides the demographic make-up of the five counties PSA 12 serves.



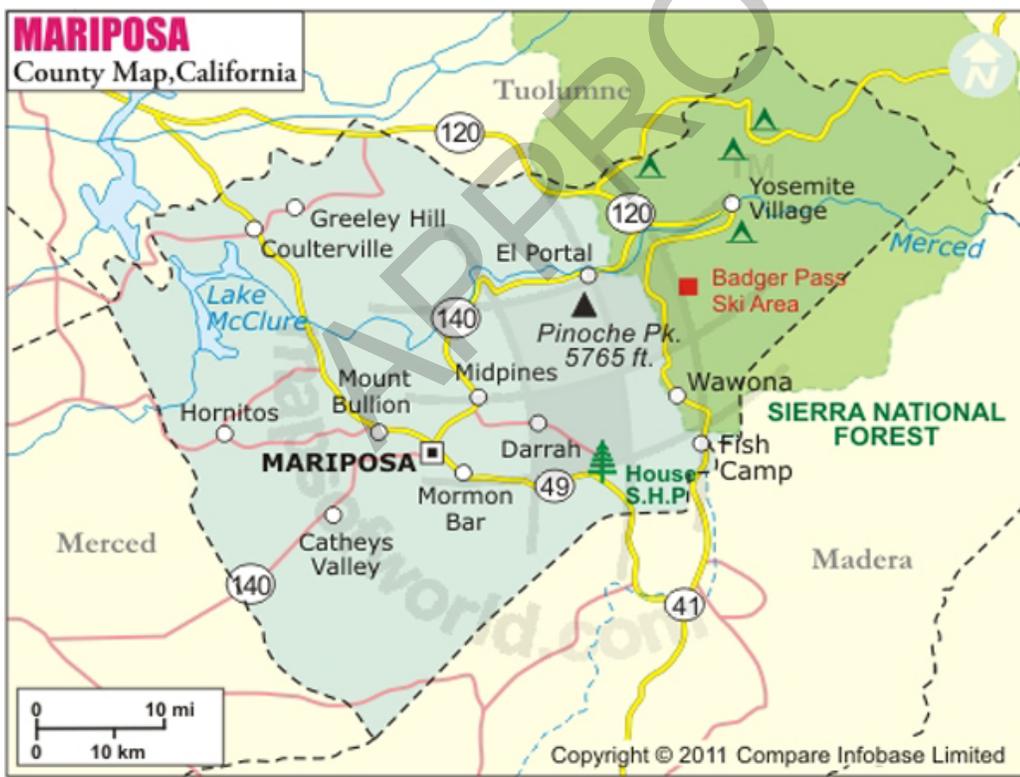
According to the 2010 U.S. Census, Alpine County's age 60+ population has a high 8.7% Native American/Native Alaskan population. 88% of this age group is White. The remainder of individuals comprises 2.2% Hispanic with African-Americans, Asians, Pacific Islanders and other races representing less than 1%.



Amador County consists of 95% White and 4.6% Hispanic population. Native Americans, African-Americans and the Multi-race population represent 1% or less.



Calaveras County has a large age 60+ population. 94% are White, 5.5% are Hispanic. Native Americans, African-Americans, Asians, Pacific Islanders and Multi-race population represent 1% or less of this age group.



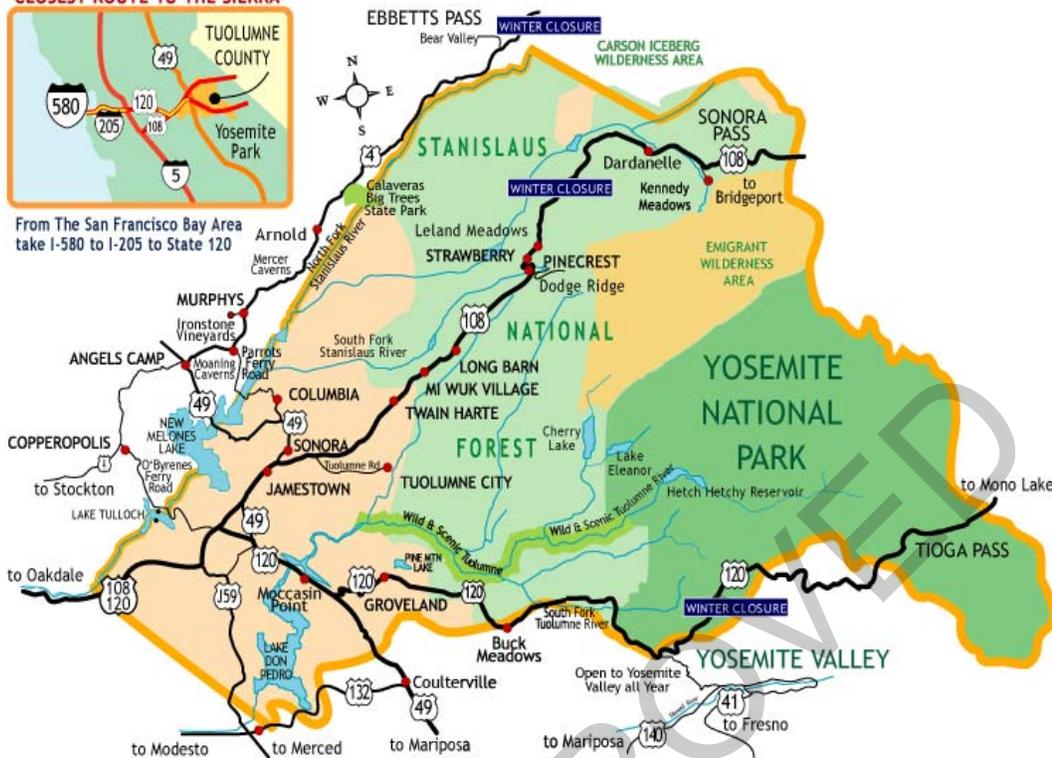
In Mariposa County 93% are White, while Hispanics comprise 4.5%. Native Americans comprise 1.8%. African-Americans, Asians and Pacific Islanders represent less than 1% of the population. Persons of Multi-race represent 2.6% of the population.

TUOLUMNE COUNTY

CLOSEST ROUTE TO THE SIERRA



From The San Francisco Bay Area take I-580 to I-205 to State 120



According to the U.S. Census 2010, Tuolumne County has 92% White with 4.5% Hispanic population. Black or African-American is <1%. Native American and Alaska Native make up 1.5%. African-American, Asian, Native Hawaiian and other Pacific Islanders, and other race is <1%.

Map from Tuolumne County Visitors Bureau

Tuolumne County is home to a local Me-Wuk American Indian tribe. Although they represent only 1.5% of the population, they are a significant cultural group in the county.

Regarding Tuolumne County, an interesting observation recorded by the Department of Finance Analyst Ethan Sharygin:

From 2010 onwards, every projection we have done reflected our belief that there will be significant aging of the population in this area. We don't see a lot of the older population moving out of the county, and we don't see a lot of young people moving in to flip the equation. California has a really large cohort of the baby boomer generation that moved here, and we expect them to age in place.

Population Trends

As indicated in the chart below, five counties have one third age 60+ older adults. According to the 2016 American Community Survey Population Estimates, PSA 12 is home to 154,443 people. Older adults, age 60+ represent, on average, over 37% of the total population of the five counties.

Older Adult age 60+ Population by County – Alpine, Amador, Calaveras, Mariposa and Tuolumne Counties (PSA 12)			
Name of County	Total County Population*	Population Age 60+**	% of County Age 60+
Alpine	1,151	397	35%
Amador	38,382	13,314	35%
Calaveras	45,168	17,243	38%
Mariposa	18,148	6,811	38%
Tuolumne	54,707	19,317	35%
TOTAL	157,556	57,082	36%

*2017 E-1 DOF Population Estimates

**2018 CDA DOF Demographic Estimate

Although the overall population statistics reveal the foothills communities have seen a population decline over the past several years, the age 60+ population has seen a steady growth.

The following chart gives an estimate of the number of age 60+ in our PSA who are low income. The poverty guidelines published by the U. S. Department of Health and Human Service are used to determine eligibility for government programs.

Low Income Adults (PSA 12)*			
County	Total Population Age 60+	Age 60+ Low-income	% of 60+ Low-income
Alpine	397	29	7%
Amador	13,314	1,455	11%
Calaveras	17,243	1,845	11%
Mariposa	6,811	955	14%
Tuolumne	19,317	1,950	10%

*2018 CA Department of Aging Demographic Estimate

The formula for the federal poverty threshold does not take into account costs of housing, clothing, medical care, transportation, or utilities, and does not recognize regional differences in these costs. The California Elder Economic Security Standard Index (Elder Index) is a new recognized measure of the basic cost of living for individuals age 65+. It is calculated by the UCLA Center for Health Policy Research. Components of the Index include housing, food, transportation, health care, and miscellaneous costs such as clothing, telephone, home repairs and furnishings. The chart below demonstrates the gap between the Elder Index and Federal Poverty Level for counties in PSA 12. The Elder Index is a county specific measure and includes all of a senior's basic costs (food, housing, medical care, and transportation).

Elder Index* – One-Person Household – Renter – 2015				
County	One-Person (renter)	Federal Poverty Guidelines**	Median Social Security Payment ^	\$ Amount Income Gap
Alpine	\$22,356	\$11,770	\$15,000	\$7,356
Amador	\$23,844	\$11,770	\$15,000	\$8,844
Calaveras	\$23,328	\$11,770	\$15,000	\$8,328
Mariposa	\$21,600	\$11,770	\$15,000	\$6,600
Tuolumne	\$23,304	\$11,770	\$15,000	\$8,304

*2015 CA Elder Economic Security Standard Index

**2015 Federal Poverty Guidelines

^SSA, Social Security Bulletin: Annual Statistical Supplement, 2015

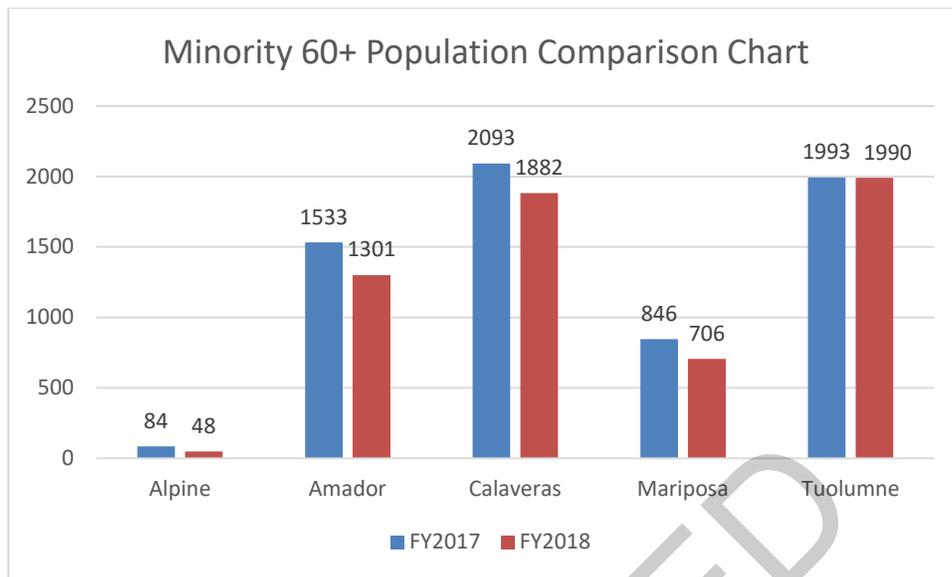
Elder Index* – One-Person Household – Owner (no mortgage) – 2015				
County	One-Person (owner)	Federal Poverty Guidelines**	Median Social Security Payment ^	\$ Amount Income Gap
Alpine	\$19,452	\$11,770	\$15,000	\$4,452
Amador	\$19,644	\$11,770	\$15,000	\$4,644
Calaveras	\$20,052	\$11,770	\$15,000	\$5,052
Mariposa	\$18,564	\$11,770	\$15,000	\$3,564
Tuolumne	\$20,352	\$11,770	\$15,000	\$5,352

*2015 CA Elder Economic Security Standard Index

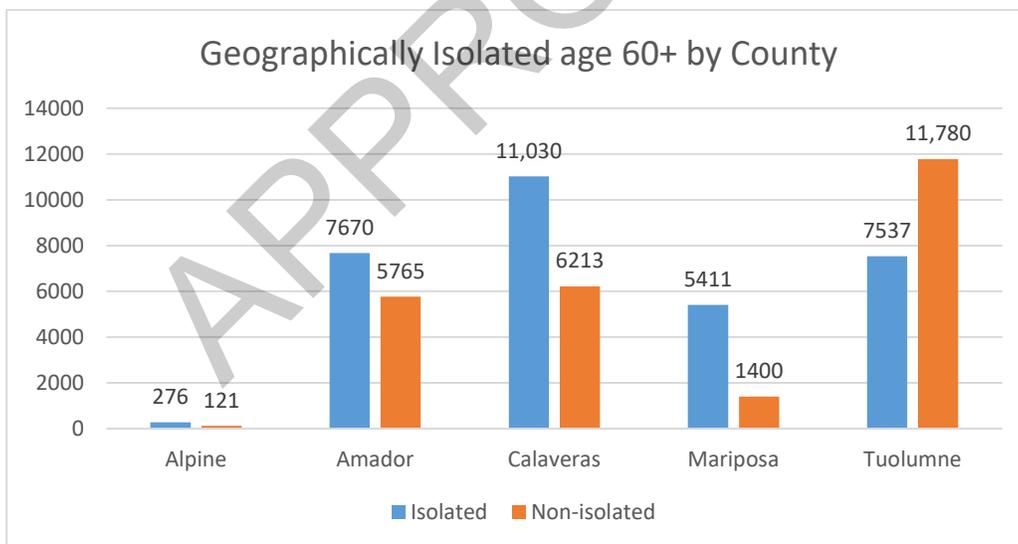
**2015 Federal Poverty Guidelines

^SSA, Social Security Bulletin: Annual Statistical Supplement, 2015

The minority population in our five counties tends to be lower than the average in the state of California for age 60+. However, each county has a steadily rising minority presence.



Another important economic factor in our rural area is the large amount of geographically isolated age 60+ individuals. These individuals offer unique challenges due to the long distance from services. According to the chart below, over half of the population, living in four counties, is geographically isolated.



2018 CDA DOF Statistics

The older adult population has maintained a similar demographic pattern from 2010-2015. The overall population has declined in the counties, yet the age 60+ population is maintaining or growing steadily. This population trend supports the foothill communities becoming more of a retirement community rather than a place for younger families. According to the American Community Survey, Amador, Calaveras and Tuolumne counties range from 36% to 39% age 60+ in their communities. American Community Survey

The 2018, CA Department of Finance figures show minority population ranges from Tuolumne County at 10% to Alpine County at 12%. Alpine County has a large population of Native Americans. Looking at the age 60+ population, low income older adults in Calaveras and Mariposa counties weigh in at 11% and 14%. Alpine recorded the lowest with 7% of the population low income. Amador, 11% and Tuolumne, 10% registered low income age 60+ older adults.

Challenges and Successes

The country's largest philanthropic health foundation, the Robert Wood Johnson Foundation, released the 2015 county health report and found Tuolumne County second in the state for quality of life. Amador, Calaveras and Mariposa Counties also ranked in the top 20. Since the foothill communities are a desirable place to live for retirees this has implications for service demand and delivery in the areas of housing, health care and senior services.

As the older individuals in our counties become elderly and frail, home repairs become an issue. The Residential Repairs/Modifications program continues to provide minor home repairs for these elderly consumers. The minor home repairs are necessary to facilitate the ability of older individuals to remain at home. As the foothill population continues to age, the need for home repair programs assisting older adults are needed. In addition to the A12AA Residential Repair program, one community has started 'the Village' concept. As a nonprofit organization, the Village is operated by board members and volunteers. They service a specific geographic area, providing members assistance with home maintenance, daily activities, transportation and social gatherings to build neighborhood friendships.

The Agency has been active in participating in community meetings and discussions regarding developing a family of transportation options. Along with each county's transit and paratransit programs, three counties have started volunteer driver programs. The programs have been active in providing rides for individuals who are not able to access public transit or paratransit programs. Other effective transportation programs are through Providers contracting with Logisticare to provide non-emergency medical transportation for Medi-Cal recipients. Providers are regularly seeking and applying for grants to assist with transportation in their area. Because of the rural area, there continues to be challenges in providing 'out of county' medical transportation.

The collaboration between organizations that deliver services to older individuals in the rural areas increased. Catholic Charities Diocese of Stockton, the Agency, the Tuolumne Band of MeWuk Indians and other organizations collaborated together to provide an Elder Abuse Awareness training for professionals and the public. In addition, U.C. Davis Alzheimer's Division has agreed to partner with the Family Caregiver Support Program to conduct educational forums with regards to facets of caregiving and dementia. Partnering with the Senior Centers, the California Highway Patrol have increased their 'Safe Driving for Seniors'

classes to give seniors safe driving instruction. Through community involvement, the Agency staff are in regular contact with contracted providers, county public health organizations, and health and human service organizations.

The challenges the Agency faces are similar to other AAAs. Flat line funding of programs has affected the Agency's ability to keep pace with the growing older adult population in our rural counties. A unique challenge in the rural counties is the distance to provide quality services to geographically isolated older adults and caregivers. Community resources have been stretched to the limit especially in rural areas affected by hazards such as floods, tree mortality and wildfire. Other areas of concern for the older adult population is the cost of living that continues to rise and the unyielding insurance companies that are consistently unwilling to negotiate a reasonable price for homeowner's insurance. Several county officials are hearing from area homeowners about skyrocketing fire-hazard insurance rates. Some people have reported they were recently dropped from their homeowners' insurance plans, and others say their rates have gone through the roof, with companies citing fire ratings and perceived wildfire risks as reasons.

Although the Agency regularly conducts outreaches in the various communities, it continues to be a challenge to get the information regarding services and programs to consumers who need them. The Agency is consistently exploring various ways to distribute information using the website, Facebook, the Advisory Council members, presenting at community organizations, health fairs, partnering with veteran's groups, newspaper and magazine advertisement and even attending children's fairs to capture the grandparents raising grandchildren audience. To reach the Agency's targeted population, outreach efforts continue at food banks, health fairs, senior expos, senior centers, support groups, social service organizations, service organizations and public health. The Agency will distribute information to the key locations to continue to spread the information about our services.

Additional challenges are revealed through the information in the Elder Index (page 13). The Index records the actual cost of living in the surrounding counties. There is a gap between the income individuals receive and the 'real' cost of living for individuals. This cost disparity is cause for concern as older adults and adults with disabilities that desire to age in place.

SECTION 3. DESCRIPTION OF THE AREA 12 AGENCY ON AGING

Leadership Role

A12AA offers opportunities to engage older adults in purposeful volunteer activities. Members of the Advisory Council's Transportation & Housing, Legislative, Nutrition and Public Information committees have written objectives which consider the data from the 2014 Needs Assessment Survey.

The Transportation committee members are active in their respective communities attending various transportation related meetings: Social Services Transportation Advisory Council – SSTAC and county transit meetings. They advocate for maintaining and increasing mobility options for the older adult population, adults with disabilities and veterans.

The Legislative committee has raised public awareness by distributing proposed state bills related to senior issues to various groups and individuals. They have conducted numerous presentations at senior and community meetings regarding the proposed state bills. They also advocate on the state level. A new law called the Transfer on Death Deed, was in effect January 1, 2016. One of the California Senior Legislature Senators from our PSA introduced this proposal to the Legislature regarding probate. It became a California state law (in 2016) that will save people time and money by assisting them in the way they attribute their residential property rights to others upon their death.

The Membership and Recruitment committee has developed an information packet and a streamlined process for prospective Advisory Council members. This will enable prospective members to gain critical knowledge about the Advisory Council and to become aware of their role on the Council and in the community.

The Public Information committee attended numerous meetings in their respective counties to raise awareness about A12AA services and senior needs. Because of the sprawling geography in our rural area and the isolated nature of rural living, the committee is regularly identifying key groups to educate regarding senior issues. Another objective the committee is working towards, is to identify 'key locations' in each pocket community as a central place to distribute information.

The Nutrition committee works with the providers to inform the community regarding the nutrition programs available – congregate dining and home delivered meals. One of the projects they conducted to support the nutrition program, was sending meals-on-wheels flyers to the out of county and in county rehab centers to inform those facilities of the home delivered meals program.

The A12AA staff continues to provide current and quality Management Information System (MIS) training to its Providers and staff, as well as A12AA staff. As MIS issues arise, A12AA

staff is available to resolve issues in a timely manner. Harmony (MIS) training for both contracting providers and staff will be ongoing in the next year of the Area Plan.

In an effort to provide community outreach to all the counties, the Information & Assistance staff works with hospitals and clinics, rehab facilities, doctors and physical therapists in Amador, Calaveras, Mariposa and Tuolumne counties to raise awareness of A12AA services available.

As our Agency receives inquiries regarding the Lesbian, Gay, Bisexual and Transgender (LGBT) community, the Information & Assistance staff directs them appropriately. Local resources and National organizations are listed on the County Resources List. A booklet regarding legal basics and local resources is kept in the Information & Assistance file.

The Family Caregiver Support Program (FCSP) provides education to hospital discharge planners, home health agencies and clinic staff members for the purpose of awareness, understanding and utilization of caregiver programs and services. The caregiver support groups cover topics such as dementia, grandparents raising grandchildren and related topics to support their roles as caregivers. Each year, the FCSP sponsors an education day collaborating with U. C. Davis Alzheimer's division to continue to provide caregiver information and education.

Agency staff participated in the organization of Tuolumne County's annual Health Fair. A12AA staff was responsible for organizing the 100+ health and educational booths at the two-day event that brought over 3000 consumers. This collaboration will continue in the entire four year cycle.

Our Disaster Coordinator attends OES and Public Health disaster trainings on a regular basis in Tuolumne County. A12AA has two staff members with Incident Command System (ICS) and Standardized Emergency Management System (SEMS) certification. When there is an emergency situation, our Agency is in regular contact with providers to ensure their staff and clients have evacuated safely and to be notified if services are interrupted. A12AA staff continues to play a supportive role in the community agency response system.

In the fall of 2014, the federal government invited communities that had experienced a natural disaster to compete for funds to help them rebuild and increase their resilience for future disasters. In the fall of 2016, the State of California, in partnership with Tuolumne County was selected as the recipient of the National Disaster Resilience Competition (NDRC) for its "Community and Watershed Resiliency Program" application. The Grant application included the following pillars: Forest and Watershed Health – led by Sierra Nevada Conservancy; Community Resilience Centers – led by Tuolumne County; BioMass Facility and Wood Products – led by Sierra Nevada Conservancy. Tuolumne County is the lead on the design and construction of at least one Community Resilience Center. The Core NDRC Team meets

on a regular basis and gave a presentation to the Tuolumne County Board of Supervisors on May 2, 2017, to kick off the NDRC Program. They are moving through the process which includes many facets such as conducting public meetings, solicitations for potential properties, selection of environmental services, with the goal of eventually constructing one or two Community Resilience Centers.

In July, 2017, Mariposa County dealt with a large wildfire. The Detwiler Fire burned over 81,000 acres, destroyed over 63 homes and displaced over 5,000 residents. The community came together to provide shelter for those individuals who were evacuated. The provider that serviced the county did an exemplary job getting the congregate and home delivered meal services started up when power was restored, and overall assistance to the community of seniors as well as the community at large. Our Agency played a supportive role to the provider, the OES and the shelters set up in the neighboring counties.

As stated in the past few Area Plan Updates, the Mother Lode counties have had several Emergency Declarations. On January 17, 2014, Governor Brown proclaimed a Drought State of Emergency and on November 3, 2015, the Tuolumne County Board of Supervisors voted to extend the local state of emergency declaration related to the drought. Tuolumne County's OES had contacted Cal-OES and together they provided bottled water, temporary water tanks or connected homes temporarily to the local water system. In 2017, the Governor ended the emergency drought proclamation for California, except for the counties of Kings, Tuolumne, Fresno and Tulare. Because the drought proclamation was extended in these counties, the water delivery program was also extended for one additional year. The program ends on March 31, 2018 and all residents that remain on the program will cease getting water delivery at no cost. The county is in contact with those homeowners to explore ways for them to have access to water.

The various Board of Supervisors proclaimed a local state of emergency due to pervasive tree mortality. Each of the counties assembled a local task force to develop a response plan for removing hazardous trees. The goal is to collaborate with local, as well as private and public partners to identify and remove dead and dying trees which threaten public safety and infrastructure – power lines, water systems, roads/highways, communication lines, etc. In 2017 and 2018, each county continues to work towards mitigating the threat of dead and dying trees with their community partners.

Our Agency, in collaboration with Sonora Lions, Sunrise Rotary, Sonora Kiwanis and local Fire Safe Councils formed the Tree Mortality Aid Program (TMAP) in Tuolumne County. The goal of the project was the removal of dead and dying trees on private property of qualified low-income, age 60+ homeowners, not able to finance or remove the trees themselves. The program was funded by grants and private donations. To date, the TMAP program raised over \$125,000 and cut down 235 trees. As of March, 2018, the program reached its completion.

On February 14, 2017, the Federal Emergency Management Agency (FEMA) announced that federal disaster assistance was available to the State of California to supplement State, Tribe and local recovery efforts in the areas affected by severe winter storms, flooding, and mudslides in January, 2017. These funds were used for emergency work and the repair or replacement of facilities damaged by severe winter storms, flooding, and mudslides in Amador, Calaveras, and Tuolumne counties. In January, the Governor of California made emergency proclamations to secure funding to help communities respond to and recover from the severe winter storms that caused flooding, mudslides and damage to roads and highways. Alpine, Calaveras, and Tuolumne counties were included in this proclamation. The California Governor on March 7, 2017, requested a Presidential Major Disaster Declaration to aid and bolster state and local recovery efforts following February storms that caused major flooding, levee breaches, the evacuation of residents, power outages and extensive damage to road and bridges across California. On March 17, 2017, the request was granted by the Federal government. A second request was sent to the President and was granted on April 2, 2017 to grant federal disaster assistance to local recovery areas affected by winter storms, flooding and mudslides from February 1 to February 23, 2017 in the five counties we serve.

The Health Insurance Counseling and Advocacy program (HICAP) surpassed many of their goals and will continue their efforts. Staff completed 1,934 intakes and made 3,949 client contacts to date, with the intent to increase those numbers over the next year. In addition to the client contacts, the program saved 1,654 consumers over 1.5 million dollars in 2017. Outreach with the Veteran's Health Van mobile outreach program, food banks, community education to service groups and health fairs throughout the service area, are ongoing. Over 7,000 reminder postcards were sent to Medicare beneficiaries encouraging them to reassess their Medicare Part D benefits in 2017. The program anticipates sending out an increased number in the next year of the planning cycle. During the Part D Open Enrollment period, drop-in clinics were well attended.

As the older individuals in our counties become elderly and frail, home repairs become an issue. The Residential Repairs/Modifications program continues to provide minor home repairs. These minor repairs are necessary to facilitate the ability of older individuals to remain at home. As the foothill population continues to age, the need for home repair programs to assist older adults will increase.

For the physical well-being of our participants, we are continuing to follow the IID Health Promotion requirements given by the Administration for Community Living (ACL). The Agency T'ai Chi program meets the new highest level criteria (guidelines) established and is considered to be evidence-based by the ACL. The program offered by A12AA was led by 3 certified fitness professional who received training through the approved training program from Dr. Paul Lam, *T'ai Chi for Arthritis Program* through the T'ai Chi for Health Institute. This program is considered to be evidence-based by the ACL. Currently three T'ai Chi classes are offered.

The Agency offers other exercise programs in several counties. Yoga classes are offered in Calaveras, Mariposa and Tuolumne counties. The exercise programs aid in fall prevention, improving balance and increasing core strength and are conducted in a group setting. The participants evaluate their progress regarding their balance, their movements, hand-eye coordination and physical improvement. These programs have seen positive results in improvement in the participant's strength and mobility. One class of Strength Training is offered weekly. Many of the individuals give personal testimony to the improvement in their strength, balance and flexibility. Having a community full of healthy seniors is a plus for everyone.

A12AA is an active partner with community organizations focused on meeting the need of offering a choice for transportation options for seniors, adults with disabilities, caregivers and veterans. In Tuolumne County, a volunteer driver reimbursement transportation program, is in operation and able to provide transportation for our targeted population. Through contracting with the Agency for IIB funds, four counties in the PSA are providing transportation to medical appointments and other errands. An A12AA provider started a congruent transportation program to meet the need for rides in the geographically isolated area of Calaveras County. Amador County has added a volunteer driver program. The Agency supports the agencies as they apply for transportation funds to meet the growing demand for services. Several of the providers have applied for 5310 grant funding through CalTrans. Our agency transportation representative is continuing to work with several organizations to explore a wide array of transportation options to an increasing age 60+ population.

At the Nutrition provider's request, the providers, the Agency and other community organizations formed a work group to assist them in developing a Priority Ranking System for the home delivered meal program. Working together and referring to the regulations already established, the group formulated a Priority Ranking System. Each provider developed their own waitlist policy using the ranking system shared at the work group meetings.

Nutrition providers offered congregate dining and home delivered meal options. The Registered Dietician worked alongside the nutrition managers in each location to reduce sodium, add nutritional content and modify the menus to bring each meal to the optimum recommended daily intake for older individuals. Salad bars are in operation at congregate sites to attract diners and provide nutritious meal choices for participants. Our providers are looking for new congregate dining sites to serve the needs in their communities.

Nutrition Education is an ongoing program the Agency provides on a monthly and quarterly basis. Eating Healthy on a Budget, Eating Right for a Healthy Weight, Everyday eating for Healthier You, Ways to enjoy More Fruits and Vegetables are titles of the information distributed to congregate and home delivered meal clients. The *Dietician Is In* is a program conducted live by the registered dietician. The dietician conducts a brief informational

presentation at key locations (congregate sites and senior centers) regarding nutrition topics such as antioxidants and cranberries and protein choices using garbanzo beans. The Nutrient of the Month program continued with information distributed to congregate and home delivered meal clients regarding niacin, riboflavin, garlic, potassium and other nutrients. The Nutrition Education program added a 'Grain of the Quarter' with information regarding wild rice, freekah and other grains. The nutrition education materials are a frequent post on the A12AA Facebook page.

In keeping with the growth in social media and providing our clients and the public with current information, A12AA maintains a Facebook page with close to 300 followers. During FY17-18, the Agency highlighted various events including the Medicare D Drop-in Clinics, exercise, nutrition education pieces, news regarding weather related events and pertinent articles for older adults. Also highlighted were various articles regarding health, volunteer opportunities and current community events. In FY18-19, this media venue will keep the public informed of Agency and community events and allow them an opportunity to voice their comments and concerns.

The A12AA website continues to be a source of information for consumers. Through the Needs Assessment survey data analysis, the data supported that 7 in 10 older adults use the computer. Since July 1, 2017, over 3,000 new users viewed over 13,000 pages. The pages viewed most often are Information & Assistance, Frequently Asked Questions, About Area 12, Caregivers and Medicare. To keep additional media options for consumers, we added an online version of our public hearing flyer.

An Elder Abuse Awareness Conference was held in Tuolumne County, June, 2017 and planned for June, 2018. Catholic Charities Diocese of Stockton, our contracted provider for Elder Abuse Prevention, collaborated with the Me-Wuk Indian tribe, Area 12 Agency on Aging, Tuolumne County district attorney's office, Tuolumne County Behavioral Health, and California Department of Aging to host the conference. The speakers gave detailed insight into the issue of elder abuse, not only in our state, but narrowed it down to our communities. The communities were given an in-depth presentation that focused on the responsibility we have to protect our vulnerable elderly population. The Agency is collaborating with Calaveras County Health & Human Services to conduct an Elder Abuse Prevention seminar in June, 2018. Mariposa County Community Services, Public health, Human Services and the Sheriff's Office, are conducting an Elder Empowerment Against Abuse Conference in Mariposa, June, 2018.

In 2016, the Tuolumne County district attorney's office appointed a task force to address the growing number of elder abuse cases in the county. It is focused on the elder population in Tuolumne County and the need for increased services for victims of elder abuse. A component is dedicated to community outreach, education and prevention. A staff member from both A12AA and Catholic Charities are involved with the task force. In Amador County, an A12AA staff member attends the Domestic Violence Council meetings where Elder Abuse prevention is a component of the council.

In late June, 2017, the Information & Assistance (I & A) Provider, covering Amador County, informed the Agency they were ending the I & A portion of the contract, starting in September, 2017 (the last year of the RFP contract cycle). The reason for discontinuing the service was cited as financial constraints. The units were transferred to A12AA to provide the services to the targeted low-income, geographically isolated, minority and non-minority individuals in Amador County. A Transition Plan was submitted to the California Department of Aging and approved.

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SECTION 4. PLANNING PROCESS / ESTABLISHING PRIORITIES

The planning process for the next year is a joint effort with the contracted Providers and the Agency. Extensive planning with the administrative staff is done within the Agency. Specific activities include breakout sessions with the Advisory Council, A12 Staff and providers. The contracted Providers service units are reviewed and discussed looking at the funding available, current units, trends and county needs.

Through the Public Hearing process the Agency gathers public comments and records the most important needs for seniors. Before the public hearings, response sheets and a short survey are distributed to home delivered meal, congregate and transportation clients to ensure homebound consumers are heard. The short survey topics included: FY1617–transportation, FY1718–caregiver, FY18-19- LGBT. The response sheets were available on the A12AA website and other key locations where older adults gather. They were collected and compiled and considered when making service related decisions.

To meet the CDA requirements regarding the LGBT Disparities Reduction Act of 2016, we were prepared to discuss the three additional LGBT intake questions. We would have reiterated the questions were for voluntary collection of information regarding the participants and we also added this slide that stated:

Services are accessible to qualifying individuals for the various programs. Qualified individuals are served regardless of race, color, religion, gender, gender expression, national origin, income level, disability, marital status, sexual orientation or military status.

The information the Agency receives from the sources listed below, serve as the foundation for evaluating and adjusting services. Organizations, activities and documents include:

- JPA Governing Board meeting
- Needs Assessment Surveys (Data Analysis)
- Demographic Reports
- Contracted Providers
- Advisory Council
- Public Hearings
- Staff meetings
- Community agencies

Planning activities continue throughout the next three years. The Area Plan will be reviewed, evaluated and updated as necessary. When reevaluating the outcomes of the goals and objectives in the Area Plan, special consideration is given to the quality of services provided, client satisfaction, staff assessments, and cost effectiveness.

SECTION 5 - NEEDS ASSESSMENT

Realizing that every day, 10,000 people turn 65, the Agency is keenly aware of carefully considering the results from the needs assessment survey from 2014. Supporting older adults in our communities as they age requires a broad range of services. The needs assessment is a formal process that determines the gaps between current outputs or outcomes and the required or desired outputs or outcomes. The survey provided the Agency with a clearer understanding of our aging population and confirmed the services we are providing are needed. It also prioritizes the gaps and gives data to support the most important gaps to be addressed.

The distribution process included connecting with organizations, individuals and providers in the five counties. The Advisory Council was a participating partner in distributing the surveys in their communities by supplying libraries, homeowner's associations, service clubs, social groups, mobile home parks and other key locations with the surveys. Senior apartment complexes, social services, senior centers, churches, veteran services and public health organizations were given a supply of the surveys. The Agency placed ads in the newspaper in five counties and placed information on free website locations to advertise the survey. It was placed on the A12AA Facebook page and a copy was available on the A12AA website.

The surveys were filled out by older adults age 50+, adult caregivers 18+ caring for those age 60+ and grandparents age 55+ caring for their grandchildren. The survey housed both quantitative and qualitative variables and covered demographic information, health and wellness, activities, needs and concerns, services used by consumers, staying healthy and a section for caregivers.

Surveys were collected and compiled by the Agency. An independent organization, the San Joaquin Co-Op, reviewed the surveys, conducted data entry into Microsoft Excel, and moved the data into the Statistical Package for the Social Sciences (SPSS) for analysis. Additional qualitative analysis was conducted in Excel. In the data analysis we offered descriptive, cross-tabulated and qualitative analyses. Chi-square analysis was used which resulted in cross tabulations which showed significant relationship between sets of variables.

The survey addressed the LGBT population with several multiple choice questions. The responses from the survey respondents did not reveal an identified unmet need. The Agency continues to provide resources for this population.

Each year as we conduct the required public hearing, we distribute a short survey regarding topics that affect our services in the counties. A flyer is sent out with the survey with a response sheet. It was sent to home delivered and congregate meal clients as well as other organizations.

Our target population includes adults, age 60+, adults with disabilities and caregivers who are low-income, minorities and geographically isolated. Often these individuals live in rural areas and are generally located a far distance from services or resources. One finding supporting the rural nature of the PSA - the average distance traveled one way for medical appointments is 20 miles. The rolling hills and rugged terrain are challenges because sometimes there is no access to affordable public transit or dial-a-ride programs.

Home repairs and home maintenance presented as an existing and pressing need for older adults. These respondents desire to age in place but are faced with home repairs they can no longer physically perform or afford. The Agency has a minor home repair program for age 60+ individuals who own their homes. If the home repairs are beyond the scope of the Agency program, our I & A staff shares the local, state and federal resources available for homeowners. The constraints on addressing the home repair needs is the issue of adequate funding sources. As the need for these types of services increase, there needs to be a source of adequate funds to meet the increased demand.

The Agency sponsors several exercise classes to encourage older adults to attend and exercise to aid in fall prevention. These exercise classes increase mobility, develop core strength and flexibility, all which aid in fall prevention.

We distribute information regarding severe weather and emergency preparedness by posting related links on the Facebook page, placing flyers in the lobby and distributing tips regarding weather to home delivered meal and congregate clients. FCSP and MSSP clients receive an emergency prep packet as they are opened to the program. The MSSP care manager reviews the consumer's emergency plan once a year.

One of the barriers in preventing access to available services is the rural nature of the communities we serve. The Information & Assistance and HICAP staff are active in each of the four counties sharing our programs with other organizations. We receive phone calls, walk-ins and our community partners make referrals to the Agency. These referrals are important for the consumer to receive those services. Senior Networks, multi-disciplinary teams and in person staff trainings are platforms used for the exchange of the information regarding our services.

The survey found the majority of those who need care and support are relying on family, friends and neighbors. The family caregiver is an unpaid family member who provides regular care for a relative or loved one. This segment of the population is responsible for the physical, emotional, spiritual, economic and legal concerns of the other person. The community of caregivers experience stress related to emotional drain or isolation they feel as they care for their loved ones. The Agency regularly sponsors support groups, seminars and events focused on the caregiver. Through the Family Caregiver Support Program, a caregiver can receive counsel and support regarding caregiving.

MINIMUM PERCENTAGE OF TITLE IIIB FUNDS TO BE EXPENDED FY2018-19

Legal 2%
Access 65%

In-Home Services 7.5%

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SECTION 6. TARGETING

The Agency and the JPA Governing Board are aware of the need to target specific populations. The Agency uses the Older Americans Act (OAA) designations of special populations, particularly low income, minority, highest social and economic needs and disabled populations, and geographically isolated individuals, as a guideline for service and advocacy. The OAA retained the targeting provisions for low-income minorities and added focus on older individuals residing in rural areas. The additional National Family Caregiver Support Program provides a means of addressing the growing needs of caregivers.

The original means used to identify the targeted populations in the PSA was the 2010 Census. Below are special populations identified in the OAA with some of the methods used by A12AA to reach these groups in our area.

- Low-income minority older individuals: as identified in the section describing the PSA 12, minority populations comprise close to 4% of the total senior population in five counties with 4% Hispanic, 2.7% American Indian/Alaskan Native. The African American, Asian, Native Hawaiian and Other Pacific Islander and other ethnic groups each represents less than 1%.
- Older individuals with income at or below poverty level: Low income is defined as at or below 100% of the federal poverty guidelines.
- Targeting seniors with greatest social economic needs: A12AA will continue to target seniors in the greatest social and economic need with emphasis on low-income, geographically isolated individuals by partnering with organizations that serve these individuals.
- Frail, older individuals and their caregivers.

The Agency has an Information & Assistance and HICAP outreach team to regularly reach out to low-income individuals who reside in geographically isolated areas. Through review of demographic information, the Agency's priorities are consistent with those of the Older Americans Act. The Agency's priority is dealing with older adults, adults with disabilities and caregiver issues.

SECTION 7. PUBLIC HEARINGS

Public Hearings 2016-2020				
Date	Location	# of Attendees	Presented In language Other than English	Was hearing Held at Long-term Care facility? Yes or No XX
<u>2016-2017</u>				
2-16-16	Cal-Works 509 E. St. Charles San Andreas, CA 95249	38	No	No
3-3-16	Mariposa Sr. Ctr. 5246 Spriggs Ln. Mariposa, CA 95338	11	No	No
3-8-16	A12AA Office 19074 Standard Rd. Sonora, CA 95370	8	No	No
4-7-16	County Admin. Ctr. 810 Court St. Jackson, CA 95642	6	No	No
<u>2017-2018</u>				
2-16-17	A12AA Office 19074 Standard Rd. Sonora, CA 95370	8	No	No
2-28-17	Cal-Works 509 E. St. Charles San Andreas, CA 95249	1	No	No
3-2-17	Board of Supes Mariposa County 5100 Buillion St. Mariposa, CA 95338	5	No	No
3-14-17	County Admin Ctr. 510 Court St. Jackson, CA 95642	2	No	No
<u>2018-2019</u>				
3-15-18	Area 12 Agency on Aging 19074 Standard Rd. Sonora, CA 95370	0	No	No
<u>2019-2020</u>				

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

1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.
Outreach efforts included advertising the Public Hearing in each county's local newspaper and distributing flyers and response sheets to all home delivered meal clients, congregate meal clients, and community groups. Response sheets were available at the Public Hearing. Response sheets were gathered, reviewed and documented by A12AA. Response sheet was available online for individuals to fill out and send to the Agency.
2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed? **Not applicable.**
 Yes. Go to question #3
 Not applicable, PD and/or C funds are not used. Go to question #4
3. Summarize the comments received concerning proposed expenditures for PD and/or C.
NA
4. Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services.
 Yes. Go to question #5
 No, Explain:
5. Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.
In the previous public hearings, attendees were interested in what services were available to them in their counties. These services were outlined in the presentation and clarified during the public comment section of the presentation.
6. List any other issues discussed or raised at the public hearing.
In the previous public hearings, A12AA reviewed the requirements for the IIID Health Promotion funds giving detailed documentation of the requirements and the way A12AA is meeting those requirements. The Agency also discussed the closing of the restaurant programs. Several individuals raised issues surrounding transportation. They would like to have more flexibility in the transportation programs offered in each county as well as door to door service. They stated effective communication among the services and community organizations was needed in their county. The need for affordable rental housing for seniors was also discussed.
7. Note any changes to the Area Plan which were a result of input by attendees.
No new topics were discussed at the 2018 public hearing. However, the topics discussed by the attendees at the previous public hearings were the topics and issues the Agency has

identified as needs in the communities we serve. The Agency offered the survey online on the A12 website for consumers to complete. The top concerns from individuals were transportation, including out of county medical transportation, yard clean up, and house cleaning. The response sheet included a short 6 question survey for LGBT individuals. The responses received were recorded. The input from the response sheets and the individuals who attended the hearings gave documentation to support the areas the Agency has identified as priority services.

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SECTION 8 - IDENTIFICATION OF PRIORITIES

A12AA identified service priorities prior to the release of requests for proposal (RFP). Several methods were utilized to assess these priorities including the use of the Needs Assessment and informal surveys in the various communities. As previously discussed, the needs assessment is a formal process that reveals the gaps between current outputs or outcomes and the required or desired outputs or outcomes. It can also prioritize the gaps and give data to support the most important gaps to be addressed. In addition, data compiled by the Information and Assistance Program (I & A), input from the A12 Advisory Council as well as specific information involving service providers, recipients, and the general public collectively serve as the foundation for evaluating and adjusting services that establish the service priorities for PSA 12. They include, in alphabetical order:

Priority 1: Care Management, Chore services, Congregate Meals, Elder Abuse Prevention, Family Caregiver Support Program, Health, Health Promotion, Health Insurance Counseling and Advocacy Program (HICAP), Home Delivered Meals, Homemaker, Information and Assistance, Legal Assistance, Nutrition Education, Ombudsman Program, Personal Care services, Residential Repair/Modification services and Transportation.

Priority 2: These programs are considered very important, and while they are not recommended for funding for 2016-2020, these areas would be eligible to apply for one-time-only or additional funds should they become available: Senior Housing and Out-of-County Transportation.

The funding percentage of adequate proportion reflects the current level of service. The A12AA proposes to serve Amador, Calaveras, Mariposa and Tuolumne counties with nutrition programs, and all areas with chore, homemaker, personal care, legal services and transportation. Information and Assistance and Legal Services will be provided to every county within the PSA.

While there is a need to serve the findings in the Needs Assessment and targeting those specific areas, the challenge to use funds efficiently and effectively while maintaining quality will bring the Agency, the contracted Providers, Governing Board and the Advisory Council to a new level of planning and decision making.

The following attached material includes updated information regarding the Goals and Objectives and the Service Unit Plans relating to services offered to seniors, caregivers, and disabled adults in the Planning and Service Area.

<p>Objective #2: A12AA staff will cultivate media contacts regarding A12AA’s mission, programs and services it provides, as well as creating opportunities for Agency staff to give informational interviews.</p> <p>Outcome: The public will receive the most current information regarding A12AA services and programs.</p> <p>Measurement: The number of Public Information activities completed and the number of circulation.</p> <p>FY17-18 – The Public Information activities completed in 2016-2017 were 15 activities with a circulation over 80,000. This objective is continued.</p> <p>FY18-19 – The Public Information activities completed in 2017-2018 were 87 activities with a circulation over 106,538. This objective is continued.</p>	<p>7-1-16-6-30-20</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>
<p>Objective #3: The Advisory Council Legislative committee and the CA Senior Legislators will coordinate, at a minimum, one educational meeting a year for Advisory Council members, A12AA staff and Providers to distribute information and updates on senior issues and proposed and/or enacted legislation affecting seniors.</p> <p>Outcome: Broadened awareness and advocacy on legislation for seniors and related organizations regarding senior issues.</p> <p>Measurement: Presentation of material at publicized meeting.</p> <p>FY17-18 – The Advisory Council Legislative committee members will present educational information at the June, 2017 Advisory Council meeting. This objective is continued.</p> <p>FY18-19 – The Legislative committee members presented education regarding legislation that affects seniors at the several Advisory Council meetings. This objective is continued.</p>	<p>7-1-16-6-30-17</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>

<p>Objective #4: The A12AA Advisory Council Legislative Committee and the CA Senior Legislators will complete individual presentations to Commissions on Aging, service organizations and senior groups in their respective counties, to distribute information and updates on senior issues and proposed and/or enacted legislation affecting seniors.</p> <p>Outcome: Broadened awareness and advocacy on legislation regarding senior issues.</p> <p>Measurement: The number of presentations and number of attendees at presentations.</p> <p>FY17-18 – In FY16-17, committee members gave over 19 presentations to various organizations with 12–20 in attendance. This objective is continued.</p> <p>FY18-19 – In FY17-18, committee members gave over 15 presentations to various organizations with 6-25 in attendance. This objective is continued.</p>	<p>7-1-16-6-30-20</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>
<p>Objective #5: The A12AA Advisory Council Legislative Committee and the CA Senior Legislators will keep committee members and the public informed regarding updates on senior issues and proposed and/or enacted legislation by e-mail, newsletter or pertinent links posted on A12AA website and/or Facebook.</p> <p>Outcome: Broadened awareness and public education on legislation regarding senior issues using internet and social media venues.</p> <p>Measurement: The number of times information is posted.</p> <p>FY17-18 – The updated legislative information regarding senior issues were sent to committee members and were posted (a link) on the A12AA website three times since 7-1-16. This objective is continued.</p> <p>FY18-19 – The current legislative information regarding senior issues were sent 4 times to committee members. Any critical legislative issues were brought to the entire Advisory Council (4 meetings). This objective is continued.</p>	<p>7-1-16-6-30-17</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>

<p>Objective #6: The Advisory Council Housing committee will identify and appoint representatives to attend related housing meetings in their respective counties to promote accessible housing and ensure older adult issues are addressed.</p> <p>Outcome: County planners and developers will receive information to support the need for accessible and affordable housing for seniors in their communities.</p> <p>Measurement: The number of meetings attended by appointed representatives.</p> <p>FY17-18 – A12AA staff and representative from COA attended 8 housing related meetings in Tuolumne County. Two members are in contact with Calaveras County to state their interest in the forming of a housing advisory committee. One Advisory Council member is in contact with housing related meetings in Mariposa. This objective is continued.</p> <p>FY18-19 – A12AA staff and two Advisory Council members attended a total of 11 housing related meetings to support accessible and affordable housing for seniors. This objective is continued.</p>	<p>7-1-16-6-30-17</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>
<p>Objective #7: The Advisory Council Transportation committee members will research and develop a transportation chart of available transportation for each county. The chart will be distributed to individuals and organizations in each participating county.</p> <p>Outcome: Consumers in the four counties will be aware of available transportation options.</p> <p>Measurement: The number of transportation charts distributed.</p> <p>FY17-18 – The committee has compiled and verified the transportation providers for the separate counties. They will develop a plan for distribution of the charts. This objective is continued.</p> <p>FY18-19 – The committee distributed over 400 transportation charts to many organizations and location throughout the counties. They will continue to distribute charts to various locations and organizations throughout the year. This objective is continued.</p>	<p>7-1-16-6-30-17</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>

<p>Objective #8: The Advisory Council Public Information Committee will identify key locations in each community for distribution of information to reach pocket communities that have limited access to internet and cell phone services. This includes geographically isolated individuals.</p> <p>Outcome: Consumers will have access to current information at identified key locations in each community.</p> <p>Measurement: The number of identified key locations in each county and number of information distributed at locations.</p>	7-1-16-6-30-17		New
<p>FY17-18 – The committee is compiling a list of key locations in each community. They plan to collaborate with the Commission on Aging in each community to assist with distribution of the information. The information will include an A12AA calendar of events. This objective is continued.</p>	7-1-17-6-30-18		Cont.
<p>FY18-19 – The committee added locations to the list of key locations for distribution of information. This objective is continued.</p>	7-1-18-6-30-19		Cont.

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GOAL #2: The Agency will strengthen existing partnerships with community groups and endeavor to establish new partnerships with compatible community organizations to continue to provide community based services.

Rationale: The increase in population of older adults, age 60+, in our PSA is growing at a more rapid rate than the funding received from federal, state and county governments. To develop a coordinated, integrated system of care, it is imperative to partner with compatible agencies to work on issues to provide critical services for older adults, adults with disabilities and caregivers.

List Objective Number(s) ____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIB Funded PD or C N/A	Update Status
<p>Objective #1: A12AA staff will collaborate with the California Highway Patrol in Amador, Calaveras, Mariposa and Tuolumne counties to conduct safe senior driving presentations.</p>	7-1-16-6-30-17		New
<p>Outcome: Older adults will be provided with training and information to assist them in evaluating their driving skills.</p>			
<p>Measurement: The number of attendees at events.</p>			
<p>FY17-18 – The CA DMV Ombudsman gave a presentation to 30 Advisory Council members. One of the Providers sponsored an Age Well Smart Driving workshop with CHP. As the need arises, the CHP will conduct safe senior driving presentations. This objective is continued.</p>	7-1-17-6-30-18		Cont.
<p>FY18-19 – The CHP conducted safe driving for seniors presentations in various counties. A12AA places information on lobby bulletin board and on A12AA Facebook page. This objective is continued.</p>	7-1-18-6-30-19		Cont.

<p>Objective #2: A12AA staff will collaborate with health professionals in Amador, Calaveras, Mariposa and Tuolumne counties to conduct presentations on topics related to chronic disease.</p> <p>Outcome: Participants will gain knowledge on chronic diseases.</p> <p>Measurement: The number of attendees at events.</p> <p>FY17-18 – In FY16-17, A12AA partnered with UC Davis Alzheimer’s Disease Research Center for an informational workshop. There were 50 attendees. An educational workshop is scheduled for May, 2017 regarding chronic conditions. This objective is continued.</p> <p>FY18-19 – In FY17-18, A12AA partnered with UC Davis to conduct a presentation and educational workshop regarding older adults and chronic conditions. 68 people attended. Another presentation is scheduled for May, 2018. This objective is continued.</p>	7-1-16-6-30-17		New
	7-1-17-6-30-18		Cont.
	7-1-18-6-30-19		Cont.
<p>Objective #3: The A12AA Advisory Council will appoint representatives to attend the Social Services Transportation Advisory Council (SSTAC) meetings and other transportation related meetings in their respective counties to promote improved services to seniors and adults with disabilities, particularly for geographically isolated individuals.</p> <p>Outcome: Each representative will be informed regarding available transportation services and will advocate for senior transportation issues.</p> <p>Measurement: The number of meetings (SSTAC and other transportation related meetings) attended by appointed representatives.</p> <p>FY17-18 – There are 3 Advisory Council members who attend SSTAC meetings in their respective counties. Amador – attended 4 meetings; Calaveras – attended 4 meetings; Mariposa – attended 2 meetings; Tuolumne – attended 4 meetings. This objective is continued.</p> <p>FY18-19 – Advisory Council members and A12 staff attend SSTAC meetings in their respective counties. Amador – 4 meetings; Calaveras – 4 meetings; Mariposa - 2 meetings; Tuolumne – 4 meetings. This objective is continued.</p>	7-1-16-6-30-17		New
	7-1-17-6-30-18		Cont.
	7-1-18-6-30-19		Cont.

<p>Objective #4: The Advisory Council Public Information Committee will establish a set of guidelines to Advisory Council members to actively participate in Commission on Aging (COA) meetings in each county.</p> <p>Outcome: COA organizations in each county will have increased Advisory Council participation and representation.</p> <p>Measurement: The number of Advisory Council members who attend COA meetings and the number of meetings attended.</p> <p>FY17-18 – In FY 16-17, there were 8 Advisory Council members who attend COA meetings in their respective counties. Amador – attended 9 meetings; Calaveras – attended 8 meetings; Tuolumne – staff attended 6 meetings. This objective is continued.</p> <p>FY18-19 – In FY17-18, 8 Advisory Council members attended COA meetings in their respective counties. Amador – 9 meetings; Calaveras – 7 meetings; Mariposa – 8 meetings; Tuolumne – 8 meetings; A12AA staff – attended 6 meetings. The committee will promote to be actively involved in COAs in each county. This objective is continued.</p>	<p>7-1-16-6-30-17</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>
<p>Objective #5: Advisory Council Public Information Committee and A12AA will develop a template and process to advertise the regular meetings of the Advisory Council in newspapers, publications or websites to invite the general public to attend.</p> <p>Outcome: The Advisory Council meetings will be advertised for the general public.</p> <p>Measurement: The number of advertisements in newspapers, publications or online websites.</p> <p>FY17-18 – The Advisory Council meetings were placed on the A12AA website calendar, sent to County clerks and sent to JPA Board members. This objective is continued.</p> <p>FY18-19 – The Advisory Council meetings were advertised, sent to Advisory Council members, County clerks and JPA Board members. This objective is continued.</p>	<p>7-1-16-6-30-17</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>

<p>Objective #6: The Advisory Council Housing Committee and A12AA staff will present integrating senior housing options to county planning departments, planning commissions, housing advisory committees and developers to encourage consideration of senior housing options in each county General Plan and Housing Plan.</p> <p>Outcome: County planning departments, planning commissions and developers will receive information to support the need for accessible and affordable housing options for senior community members to age in place.</p> <p>Measurement: Number of presentations made and number of meetings attended.</p>	7-1-16-6-30-17		New
<p>FY17-18 – In FY16-17, A12AA staff and COA members attended 8 housing related meetings. 3 presentations were made to the various boards. This objective is continued.</p>	7-1-17-6-30-18		Cont.
<p>FY18-19 – In 17-18, A12AA staff, Advisory Council members and COA members attended 11 housing related meetings. Input was given regarding affordable housing for seniors. This objective is continued.</p>	7-1-18-6-30-19		Cont.

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<p>Measurement: Increase in the number of clients served. Increase in number of counseling hours. Increase in number of volunteer counselors.</p> <p>FY17-18 – In FY16-17, 1 volunteer was added. This will increase the number of clients seen and the number of counseling hours. HICAP is scheduled to conduct a volunteer training in April or May, 2017. This objective is continued.</p> <p>FY18-19 – In FY17-18, 2 volunteers were added. Also started training process for 2 more volunteers and 1 staff member. This objective is continued.</p>	<p>7-1-17-6-30-18</p>		<p>Cont.</p>
<p>Objective #3: A12AA HICAP staff will conduct Medicare Part D Drop-in Clinics in Amador, Calaveras, Mariposa and Tuolumne counties. HICAP staff will collaborate with local pharmacies to provide flu shots at each site.</p> <p>Outcome: Increased local accessibility to rural areas for enrollment assistance with Medicare Part D. LIS screening to all clients attending enrollment events and increased client knowledge of Part D options.</p> <p>Measurement: The number of events held. The number of clients counseled during Part D. The number of clients assisted with Part D enrollment. The number of LIS applications completed.</p> <p>FY17-18 - In FY16-17, 4 clinics were held; 122 clients were counseled; 122 clients were assisted with Part D enrollment; 31 LIS applications were completed. This objective is continued.</p> <p>FY18-19 – In FY17-18, 4 clinics were held; 186 clients were counseled; 186 clients were assisted with Part D enrollment; 22 LIS/MSP applications were completed. This objective is continued.</p>	<p>7-1-16 – 6-30-17</p> <p>7-1-17-6-30-18</p>		<p>New</p> <p>Cont.</p>
<p>Objective #4: A12AA HICAP staff will maintain and expand rural counseling sites. One new site will be established in each of the following counties: Calaveras County, Tuolumne County.</p> <p>Outcome: Increased accessibility to HICAP services in rural areas for clients who are limited by transportation.</p> <p>Measurement: The number of new sites opened and the number of clients counseled at new sites.</p> <p>FY17-18 – In FY16-17, 1 new site was opened; 8 clients were counseled at the new site. This objective is continued.</p> <p>FY18-19 – In FY17-18, 1 new site will open in Valley Springs, Calaveras County, in April, 2018. This objective is continued.</p>	<p>7-1-16 – 6-30-17</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>
<p>Objective #5: A12AA HICAP staff will use technology to broaden education opportunities and communication with the boomer generation. HICAP will start using Facebook to inform the public of events and pertinent topics. A12AA staff will</p>	<p>7-1-16 – 6-30-17</p>		<p>New</p>

<p>regularly update A12AA HICAP website page with information and events. Additionally, staff will continue to expand the use of e-mail capability on the webpage for instant communication and education.</p> <p>Outcome: The boomer generation and other beneficiaries will have an instant medium for information and education.</p> <p>Measurement: The number of hits on webpage and the number of emails sent from website page.</p> <p>FY17-18 – In FY16-17, the HICAP pages received 664 hits and approximately 2,000 hits on the home page; 6 emails from website were sent. This objective is continued.</p> <p>FY18-19 – In 17-18, the HICAP pages received 1,781 hits. This objective is continued.</p>	<p>7-1-17 – 6-30-18</p> <p>7-1-18-6-30-18</p>		<p>Cont.</p> <p>Cont.</p>
<p>Objective #6: A12AA HICAP staff will 1) expand both Community education and Outreach by partnering with organizations that target low-income, minority and rural residents and attending local food banks targeting low-income dual eligible clients.</p> <p>2) During Part D enrollment, HICAP will have volunteer available to answer questions for walk-in clients.</p> <p>3) HICAP staff will conduct a marketing campaign to ensure doctor’s offices within the PSA have knowledge of HICAP services and receive HICAP brochures.</p> <p>4) HICAP staff will partner with Advisory Council members to distribute pertinent Medicare information in their communities.</p> <p>Outcome: Medicare beneficiaries and low-income dual eligible beneficiaries will be better educated about HICAP services and how the program can assist them.</p> <p>Measurement: The number of Community Education and Outreach events attended. The number of Medicare and pre-Medicare and dual eligible beneficiaries reached.</p> <p>FY17-18 - In FY16-17 HICAP 1) completed 145 Community Education and Outreach events partnering with the Veteran’s Mobile health van outreaches and other organizations. The number of Medicare and pre-Medicare and dual eligible beneficiaries reached was 7,000.</p> <p>2) A volunteer was available to answer questions during the Part D enrollment period.</p> <p>3) Doctor’s offices were reached with HICAP information.</p> <p>4) Advisory Council members and Commission on Aging organizations distributed the Part D open enrollment information. This objective is continued.</p> <p>FY18-19 – In FY17-18, HICAP completed 1) 107 Community Education & Outreach events; partnering with VA and other organizations. The number of beneficiaries reach was 3,366.</p>	<p>7-1-16- 6-30-17</p> <p>7-1-17- 6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>

<p>2) Staff member or volunteer available to answer Part D questions during enrollment period.</p> <p>3) Doctors' offices, community centers, senior centers and senior housing developments were reached with Medicare Part D reminders.</p> <p>4) Advisory Council members assisted with distribution of HICAP Part D information. This objective is continued.</p>			
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<p>Ombudsman services and self-advocacy measures will be improved.</p> <p>Measurement: The number of Resident Councils attended.</p> <p>FY17-18 – In FY16-17, 69 Resident Councils were attended. This objective is continued.</p> <p>FY18-19 – In FY17-18, 86 Resident Councils were attended. This objective is continued.</p>	<p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>Cont.</p> <p>Cont.</p>
<p>Objective #3: Ombudsman staff and volunteers will attend Family Council meetings when invited.</p> <p>Outcome: Family members will become better acquainted with Ombudsman services and self-advocacy measures will be improved.</p> <p>Measurement: The number of Family Councils attended.</p> <p>FY17-18 – In FY16-17, 6 Family Councils were attended. This objective is continued.</p> <p>FY18-19 – In FY17-18, 4 Family Councils were attended. This objective is continued.</p>	<p>7-1-16-6-30-17</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>
<p>Objective #4: Ombudsman staff and volunteers will conduct program presentations at monthly facility staff meetings to familiarize facility staff with Ombudsman program's mission and purpose.</p> <p>Outcome: Improved communication between Ombudsman staff and volunteers and facility staff.</p> <p>Measurement: The number of appropriate referrals made by facility staff.</p> <p>FY17-18- In FY16-17, the Ombudsman did not track the referrals that were made but will be tracking this information in the FY17-18 year. This objective is continued.</p> <p>FY18-19 – In FY17-18, the Ombudsman provided 3 trainings, which included information regarding the Ombudsman Program and PAS. There were 117 participants. This objective is continued.</p>	<p>7-1-16-6-30-17</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>
<p>Objective #5: Ombudsman staff and volunteers will conduct facility presentations for mandated reporter training.</p> <p>Outcome: An expanded awareness and reporting of mandated reporting responsibilities.</p> <p>Measurement: Number of abuse reports made to program and mandated reporter trainings conducted.</p> <p>FY17-18 – In FY16-17, 4 mandated reporter trainings</p>	<p>7-1-16-6-30-17</p> <p>7-1-17-6-30-18</p>		<p>New</p> <p>Cont.</p>

<p>were conducted, questions were answered. No abuse reports were made. This objective is continued.</p> <p>FY18-19 – In FY17-18, 3 mandated reporter trainings were conducted, questions were answered. No abuse reports were made. 117 participants attended. This objective is continued.</p>	<p>7-1-18-6-30-19</p>		<p>Cont.</p>
<p>Objective #6: Ombudsman staff and volunteers will conduct Ombudsman program and Elder Abuse awareness presentations to community organizations.</p> <p>Outcome: An expanded awareness of program and abuse dangers.</p> <p>Measurement: Post surveys at each presentation and the number of presentations conducted.</p> <p>FY17-18 – In FY 16-17, 150 post surveys were completed at the 4 presentations. This objective is continued.</p> <p>FY18-19 – In 1718, 96 surveys were completed at the 3 presentations conducted. This objective is continued.</p>	<p>7-1-16-6-30-17</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>
<p>Objective #7: Scheduled facility visits by Ombudsman staff and volunteers to work with staff, residents, and family members to reduce mistreatment and stress by caregiver.</p> <p>Outcome: Caregivers will recognize stress and mistreatment of clients and staff.</p> <p>Measurement: Number of trainings conducted.</p> <p>FY17-18 – In FY 16-17, Resident’s Rights training and the Elder Abuse Prevention presentation addresses Caregiver Burnout. Training was conducted 4 times. This objective is continued.</p> <p>FY18-19 – In FY17-18, Resident’s Rights training and the Elder Abuse Prevention presentation addressed elder abuse prevention and mandated reporting. Ombudsman and APS services, and caregiver burnout. Training was conducted 3 times. This objective is continued.</p>	<p>7-1-16-6-30-17</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>
<p>Objective #8: Ombudsman staff will regularly attend National Ombudsman Reporting System (NORS) and ODIN offered by the State Long-Term Care Ombudsman Office.</p> <p>Outcome: Increased accurate reporting.</p> <p>Measurement: Staff and Ombudsman volunteers will</p>	<p>7-1-16-6-30-17</p>		<p>New</p>

<p>have increased accurate reporting in the ODIN system.</p> <p>FY17-18 – In FY16-17, staff and volunteers attended trainings 3 times a year which increased reporting accuracy. This objective is continued.</p> <p>FY18-19 – In FY17-18, staff and volunteers attended trainings 3 times a year which increased reporting accuracy. This objective is continued.</p>	<p>7-1-18-6-30-19</p>		<p>Cont.</p>
<p>Objective #9: Legal Advocacy staff and advocates will increase pro bono attorneys and volunteer advocates in order to provide older adults, adults with disabilities and caregivers with legal assistance.</p> <p>Outcome: An increase in legal assistance in the service area.</p> <p>Measurement: Increase in number of clients served.</p> <p>FY17-18 – The first three quarters of FY16-17, the legal program served 149 unduplicated clients. In FY15-16 they served 145 unduplicated clients. This objective is continued.</p> <p>FY18-19 – In FY16-17, 239 clients were served by the legal program. In FY17-18, 158 clients were served in the first three quarters. This objective is continued.</p>	<p>7-1-16-6-30-17</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>
<p>Objective #10: The Elder Abuse Prevention Program coordinator will collaborate with professionals from APS, District Attorney Offices, local law enforcement, and other agencies for the purpose of conducting Elder Abuse Prevention trainings.</p> <p>Outcome: The local health care professionals and advocates will have a clearer understanding of elder abuse.</p> <p>Measurement: The number of trainings conducted.</p> <p>FY17-18 – In FY15-16, the Elder Abuse Prevention Program partnered with The Tuolumne MeWuk Band of Indians, Tuolumne County DA office, local law enforcement and A12AA to conduct a presentation in June, 2016. There were 187 in attendance. The Elder Empowerment Conference is planned for June, 2017. This objective is continued.</p> <p>FY18-19 – In FY1617, the Elder Abuse Prevention Program partnered with the same organizations to conduct a presentation in June, 2017. There were 225 attendees. An Elder Empowerment Conference is planned for June, 2018. This objective is</p>	<p>7-1-16-6-30-17</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>

continued.			
<p>Objective #11: The Elder Abuse Prevention Program Coordinator will collaborate with A12AA's Family Caregiver Program staff to educate caregivers on reporting responsibilities, and where and how to report elder abuse.</p> <p>Outcome: Family caregivers will be aware of the signs of elder abuse and how to report it.</p> <p>Measurement: Number of educational trainings conducted.</p> <p>FY17-18 – In FY16-17, 2 trainings are scheduled. This objective is continued.</p> <p>FY18-19 – In FY1718, 1 training is scheduled. This objective is continued.</p>	7-1-16-6-30-17		New
	7-1-17-6-30-18		Cont.
	7-1-18-6-30-19		Cont.
<p>Objective #12: Ombudsman staff will maintain funding in order to keep current staffing level.</p> <p>Outcome: Maintain or increase program efficiency.</p> <p>Measurement: Maintenance of staffing level.</p> <p>FY17-18 – In FY16-17, staffing levels were maintained. This objective is continued.</p> <p>FY18-19 – In FY17-18, staffing levels were maintained. 20 additional complaints were investigated. 25 general visits were conducted. This objective is continued.</p>	7-1-16-6-30-17		New
	7-1-17-6-30-18		Cont.
	7-1-18-6-30-19		Cont.
<p>Objective #13: Ombudsman staff will conduct a training(s) for volunteer recruitment.</p> <p>Outcome: Stronger program advocacy and increased system advocacy by volunteers for facility residents.</p> <p>Measurement: Increase in number of trained volunteers.</p> <p>FY17-18 – In 16-17, Volunteer opportunities were presented at 6 events, however, there were no volunteers trained. This objective is continued.</p> <p>FY18-19 – In 1718, Volunteer opportunities were presented at 6 events. 3 new volunteers were trained. This objective is continued.</p>	7-1-16-6-30-17		New
	7-1-17-6-30-18		Cont.
	7-1-18-6-30-19		Cont.
<p>Objective #14: A12AA MSSP Registered Nurse (RN) will provide education to clients regarding medication management to prevent medication mismanagement through missed doses, drug interactions, improperly timed or double doses.</p> <p>Outcome: Clients will have enhanced medication</p>	7-1-16-6-30-17		New

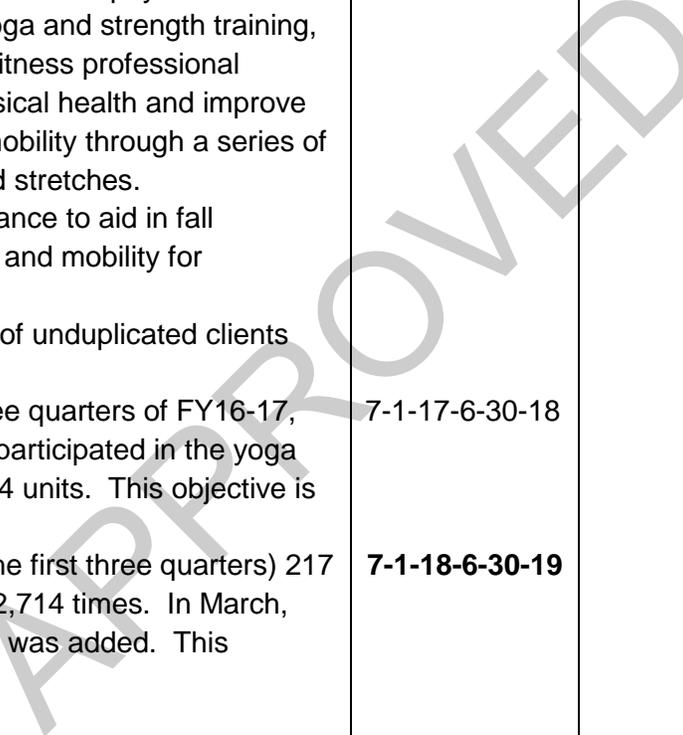
<p>management skills and safely administer their medications.</p> <p>Measurement: The number of Medi-sets delivered yearly. The number of Files for Life distributed yearly. The number of clients who receive medication management services.</p> <p>FY17-18 – FY16-17, 25 Medi-sets were delivered. 20 File for Life were distributed. Medication management assessment and education occur with each MSSP RN home visit, 1-2 times a year. Additional med management services are arranged as needed. This objective is continued.</p> <p>FY18-19 – FY17-18 (year to date), 13 opens; Medi-sets purchased as needed. 13 File for Life were distributed. SWCM's frequently refer clients to their primary care physician regarding medication management issues, concerns and education. This objective is continued.</p>	<p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>Cont.</p> <p>Cont.</p>
<p>Objective #15: MSSP Program Manager will coordinate Mariposa and Tuolumne counties Multi-Disciplinary Team (MDT) meetings including an educational component to encourage participation with other agencies. The Care Managers will attend Calaveras MDT meetings on a regular basis.</p> <p>Outcome: Improvement of client care coordination and organization communication.</p> <p>Measurement: The number of meetings held per year and number of participants.</p> <p>FY17-18 – In FY16-17 care managers attended 6 MDT meetings in Mariposa, with 6 in attendance; 6 MDT meetings in Tuolumne, with 10 in attendance; 10 MDT meetings in Calaveras, with 12 in attendance. This objective is continued.</p> <p>FY18-19 - In FY17-18 (year to date), care managers attended 5 MDT meetings in Mariposa, with 3 in attendance; 6 MDT meetings in Tuolumne with 10 in attendance; no longer attending Calaveras MDT meetings but receive agenda and minutes in case an MSSP client is discussed, an A12 MSSP rep will consult. (Calaveras MDT changed their meeting date which conflicts with the A12 staff meeting.) This objective is continued.</p>	<p>7-1-16-6-30-17</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>
<p>Objective #16: A12AA MSSP staff will partner with local Red Cross agency to ensure eligible clients receive updated Emergency Preparedness packets. Care Managers will assist clients in developing</p>	<p>7-1-16-6-30-17</p>		<p>New</p>

<p>personal care services. In 1718, (first two quarters) A12AA served 49 unduplicated clients. This objective is continued.</p>			
<p>Objective #18: A12AA staff will work with contracted Providers in PSA 12 to assist clients age 60+ with transportation (one-way trips) to and from their home to appropriate medical appointments, local errands, pharmacy and from one location to another . Outcome: Clients age 60+ will receive transportation to appropriate medical appointments and appropriate errands allowing them to continue to live independently. Measurement: The number of unduplicated clients served. Number of one-way trips provided. FY17-18 – In FY15-16 485 clients received 7,378 rides; in the first three quarters of FY16-17, 445 unduplicated clients received 7,219 rides. This objective is continued. FY18-19 – In FY16-17, 501 unduplicated clients received 9,051 rides. In FY17-18 (first two quarters), 385 unduplicated clients received 5,682 rides. This objective is continued.</p>	<p>7-1-16-6-30-17</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>

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GOAL #5: The Agency will coordinate with and promote current programs to address important unmet needs identified by older adults, caregivers and adults with disabilities to live independently in the community.

Rationale: The Agency recognizes that changes in the characteristics of the population may require adjustments or development of different ways services are provided to older adults, caregivers and adults with disabilities.

List Objective Number(s) _____ and Objective (s)	Projected Start and End Dates	Title IIIB Funded PD or C ⁶ N/A	Update Status
[Refer to CCR Article 3, Section 7300 (c)]			
<p>Objective #1: A12AA will offer a physical fitness group activity teaching yoga and strength training, conducted by a certified fitness professional designed to improve physical health and improve balance, core strength, mobility through a series of designed yoga poses and stretches.</p>	7-1-16-6-30-17		New
<p>Outcome: Improved balance to aid in fall prevention, core strength and mobility for participants.</p>			
<p>Measurement: Number of unduplicated clients and number of hours.</p>			
<p>FY17-18 – In the first three quarters of FY16-17, 218 unduplicated clients participated in the yoga classes for a total of 2,174 units. This objective is continued.</p>	7-1-17-6-30-18		Cont.
<p>FY18-19 - In FY17-18, (the first three quarters) 217 clients attended classes 2,714 times. In March, 2018, another yoga class was added. This objective is continued.</p>	7-1-18-6-30-19		Cont.
<p>Objective #2: A12AA will provide eligible clients with minor home repairs by contracting with local licensed, bonded contractors to provide residential modifications of homes that are necessary to facilitate the ability of older adults to remain at home; includes minor repairs/renovations in order to meet safety, health issues and code standards; to repair problems which threaten their health, safety and independence.</p>	7-1-16-6-30-17		New
<p>Outcome: Improved home repair services for PSA</p>			

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

<p>residents and identification of local vendors.</p> <p>Measurement: The number of modifications performed.</p> <p>FY17-18- In the first three quarters of FY16-17, 49 unduplicated clients received 52 units of minor home modification. This objective is continued.</p> <p>FY18-19 – In FY16-17, a total of 65 unduplicated clients received 76 units of minor home modification. In the first three quarters of FY17-18, 42 clients received 43 units of minor home modification. This objective is continued.</p>	<p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>Cont.</p> <p>Cont.</p>
<p>Objective #3: A12AA will offer an evidence based physical fitness program to improve physical health, build core strength, and improve balance by coordinating a series of sessions instructed by a certified fitness professional trained through <i>T'ai Chi for Arthritis for Fall Prevention</i>, Dr. Paul Lam T'ai Chi for Health Institute. The trainers take the clients through the movements and exercises associated with T'ai Chi. The IID Health Promotion activity of T'ai Chi meets the new highest level criteria (guidelines) established by the Administration for Community Living (ACL). The ACL has determined the program:</p> <ol style="list-style-type: none"> 1) Demonstrated through evaluation the program is effective for improving health and well-being or reducing the disability and/or injury among older adults. 2) Proven effective with older adult population having used an experimental or quasi-experimental. 3) Have research/evaluation results published in a peer-reviewed journal. 4) Implemented at the community level with fidelity to the published research and shown to be effective outside a research setting. 5) Includes program manuals, guides, and/or handout that are available to the public. <p>Outcome: Clients will build core strength, increase flexibility and improve balance which improves overall physical fitness and increase their ability to stay independent.</p> <p>Measurement: Number of clients attending and number of hours.</p> <p>FY17-18 – In the first three quarters of FY16-17,</p>	<p>7-1-16-6-30-17</p> <p>7-1-17-6-30-18</p>		<p>New</p> <p>Cont.</p>

<p>75 unduplicated clients attended the T'ai Chi classes with 965 units. This objective is continued.</p> <p>FY18-19 – In FY16-17, 76 clients attended T'ai Chi classes with 1,497 units. In FY17-18 (first 3 quarters) 78 clients attended with 575 units. In March, 2018, a third class was added. One T'ai Chi class went through a transition with instructors. The class was placed on temporary hold 1/1/18 and set to resume 3/1/18. This objective is continued.</p>	<p>7-1-18-6-30-19</p>		<p>Cont.</p>
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<p>Measurement: The number of agency contacts completed. FY17-18 – In FY16-17, 11 agency contacts were made. This objective is continued. FY18-19 – In FY1718, 13 contacts were made with hospitals and doctor’s offices. This objective is continued.</p>	<p>7-1-17-6-30-18 7-1-18-6-30-19</p>		<p>Cont. Cont.</p>
<p>Objective #3: Over the next four years, FCSP staff will collaborate with UC Davis educators to conduct a caregiver workshop on Dementia and Caregiving for caregivers. Outcome: Caregivers will receive education regarding forms of dementia and tools to assist them with living with dementia. Caregivers will be better informed of the various services in their communities to encourage them in their role as caregiver. Measurement: The number of caregivers who attend event. FY17-18 – In FY16-17, 35-50 caregivers are estimated to attend a caregiver and other information workshop in May, 2017. This objective is continued. FY18-19 – In FY1718, 35 caregivers are estimated to attend the caregiver workshop in May, 2018 in Amador County. This objective is continued.</p>	<p>7-1-16-6-30-17 7-1-17-6-30-18 7-1-18-6-30-19</p>		<p>New Cont. Cont.</p>
<p>Objective #4: FCSP staff will attend Health Fairs, Senior Expos, Senior Health Days and senior related events in Amador, Calaveras, Mariposa and Tuolumne Counties to distribute information regarding the FCSP program. Outcome: The public will be made aware of services FCSP can offer caregivers. Measurement: The number of events attended and participants reached. FY17-18 – In FY16-17, FCSP attended 11 community education events; 3,050 participants were reached. This objective is continued. FY18-19 – In FY17-18, FCSP conducted 29 community education events; 2,128 contacts were reached. This objective is continued.</p>	<p>7-1-16-6-30-17 7-1-17-6-30-18 7-1-18-6-30-19</p>		<p>New Cont. Cont.</p>
<p>Objective #5: FCSP staff will work with caregivers in each county to provide them with updated and pertinent information on topics related to caregiving. Caregivers identified areas of concern (caregiver stress, emergency prep and others) on the recent needs assessment survey. Outcome: Caregivers will be more aware of resources available to assist them in dealing with the issues they have identified. Measurement: The number of FCSP contacts made. FY17-18 - In FY16-17, 3,050 FCSP contacts were made. This</p>	<p>7-1-16-6-30-17 7-1-17-6-30-18</p>		<p>New Cont.</p>

<p>Measurement: The number of meetings held.</p> <p>FY17-18 – A12AA staff hosted 4 nutrition provider meetings, met with 3 social services in several counties, and discussed coordination and referral at 8 network meetings. This objective is continued.</p> <p>FY18-19 - A12AA staff hosted 2 nutrition provider meetings. This objective is continued.</p>	<p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>Cont.</p> <p>Cont.</p>
<p>Objective #3: A12AA staff will coordinate with nutrition providers to provide accurate and culturally sensitive nutrition information and education to participants to promote better health as it relates to nutrition.</p> <p>Outcome: Nutrition participants will receive information that will assist in maintaining their health and independence.</p> <p>Measurement: The number of participants who receive nutritional information.</p> <p>FY17-18 – In FY16-17, the nutrition providers received accurate nutritional information to distribute to the congregate and home delivered meal clients. 780 meal clients received information on <i>Healthy Eating, Healthy Eating on a Budget, Eating for your Heart and What to eat at Your Age; The Dietician Is In</i> is a program conducted by the registered dietician which includes a brief informational presentation at key locations (congregate sites and senior centers) regarding nutrition topics such as when to use olive oil, and seasons of eating; Nutrient of the month – information regarding biotin, selenium, vitamin B5 and several other nutrients; grain of the quarter with information regarding barley, buckwheat, quinoa and sorghum. This objective is continued.</p> <p>FY18-19 – In FY17-18, the nutrition providers distributed to the approximately 780 congregate and home delivered meal clients: Nutrient of the Month: sodium, folate, potassium, magnesium, niacin, riboflavin, sulfur, vanadium, garlic, molybdenum, manganese, lycopene; Grain of the quarter: amaranth, wild rice, barley, sorghum; Nutrition Education for quarter: <i>Eating Healthy on a Budget, Eating Right for a Healthy Weight, Everyday Eating for a Healthier You, Ways to Enjoy more Fruits and Vegetables</i>; The ‘Dietician Is In’ conducted approximately 21 informational presentations on legumes, antioxidants and other nutrients. This</p>	<p>7-1-16-6-30-17</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>

objective is continued.			
<p>Objective #4: A12AA staff will ensure that low-income older adults age 60+ have access to fresh fruit, vegetables and herbs from Certified Farmer's Markets by providing Farmer's Market coupon booklets when available.</p> <p>Outcome: Nutrition participants will have access to fresh fruit, vegetables and herbs from Certified Farmer's Markets.</p> <p>Measurement: The number of coupon booklets distributed.</p> <p>FY17-18 – In May of 2016, 500 booklets were distributed. A12AA partnered with Common Ground Senior Services in Amador and Calaveras Counties; Resource Connection, Interfaith, Senior Center-Tuolumne, Senior Center-Mariposa, Catholic Charities, MSSP and FCSP clients. Amador – 50, Calaveras – 65, Mariposa – 100, Tuolumne – 285. This objective is continued.</p> <p>FY18-19 - In May, 2017, 500 booklets were distributed. Amador: Common Ground; Calaveras: Common Ground, Murphy's Senior Center, Resource Connection; Mariposa: Mariposa County Comm. Services; Tuolumne: Catholic Charities, Interfaith, Sierra Senior Providers, MSSP & FCSP clients. In May, 2018, 500 booklets will be distributed to similar organizations. This objective is continued.</p>	<p>7-1-16-6-30-17</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>
<p>Objective #5: Advisory Council Nutrition Committee will appoint a committee member to interview 2 participants at the nutrition sites on a quarterly basis.</p> <p>Outcome: Nutrition information from participants will be communicated to the Providers to improve nutrition services.</p> <p>Measurement: The number of interviews and visits conducted quarterly.</p> <p>FY17-18 – In FY 16-17, the Nutrition committee compiled a list of questions for the interview and a schedule of site visits. The interviews will be conducted starting in April of 2017. This objective is continued.</p> <p>FY18-19 – In FY17-18, the Nutrition committee conducted 38 participant interviews and visits at the nutrition sties. This objective is continued.</p>	<p>7-1-16-6-30-17</p> <p>7-1-17-6-30-18</p> <p>7-1-18-6-30-19</p>		<p>New</p> <p>Cont.</p> <p>Cont.</p>

<p>Objective #6: A12AA will contract with Providers to provide congregate dining, restaurant dining or home delivered meals that are nutritionally approved with the recommended 1/3 daily nutritional intake.</p>	7-1-16-6-30-17		New
<p>Outcome: Eligible participants will have access to nutritional meals.</p>			
<p>Measurement: The number of meals served. FY17-18 – The total number of meals served for FY16-17 is estimated at 168,650 meals. This objective is continued.</p>	7-1-17-6-30-18		Cont.
<p>FY18-19 – The total number of meals served for FY17-18 is estimated at 163,496. For FY18-19 the reimbursement rate for hdm and congregate meals was raised which reduced the projected total number of units served for FY18-19. This objective is continued.</p>	7-1-18-6-30-19		Cont.

APPROVED

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

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

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

SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES

PSA 12

**TITLE III/VIIA 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)
2016-2017	8	4	17
2017-2018	8	4	17
2018-2019	8	4	17
2019-2020			

2. Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	570	4	17
2017-2018	505	4	17
2018-2019	505	4	17
2019-2020			

3. Chore (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	325	4	17
2017-2018	290	4	17
2018-2019	290	4	17
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	127,350	7	1, 6
2017-2018	124,165	7	1, 6
2018-2019	99,330	7	1, 6
2019-2020			

5. Adult Day/ Health Care (In-Home)**Unit of Service = 1 hour N/A**

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

6. Case Management (Access)**Unit of Service = 1 hour N/A**

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

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	41,300	7	5, 6
2017-2018	39,331	7	5, 6
2018-2019	31,464	7	5, 6
2019-2020			

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	6,715	4	18
2017-2018	7,223	4	18
2018-2019	7,326	4	18
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	250	4	9
2017-2018	250	4	9
2018-2019	250	4	9
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	3,700	7	2, 3
2017-2018	3,500	7	2, 3
2018-2019	4,800	7	2, 3
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	5,536	1	1
2017-2018	5,500	1	1
2018-2019	5,500	1	1
2019-2020			

14. Outreach**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	2,500	1	1
2017-2018	2,200	1	1
2018-2019	2,300	1	1
2019-2020			

Other Supportive Service Category-Elder Abuse Prevention, Education & Training**Unit of Service = Session**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	10	4	10, 11
2017-2018	10	4	10, 11
2018-2019	10	4	10, 11
2019-2020			

Other Supportive Service Category – Elder Abuse Prevention, Education Materials
Unit of Service = Product

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	400	4	10, 11
2017-2018	358	4	10, 11
2018-2019	358	4	10, 11
2019-2020			

Other Supportive Service Category - IIIB Health
Unit of Service = Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	2,500	5	1
2017-2018	3,000	5	1
2018-2019	3,000	5	1
2019-2020			

Other Supportive Service Category – Public Information
Unit of Service = Activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	20	1	2
2017-2018	25	1	2
2018-2019	25	1	2
2019-2020			

Other Supportive Service Category – Residential Repairs/Modifications
Unit of Service = Modification

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	115	5	2
2017-2018	105	5	2
2018-2019	100	5	2
2019-2020			

16. Title IIID/ Disease Prevention and Health Promotion

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

Unit of Service = 1 contact

Service Activities: T'ai Chi-Dr. Paul Lam, T'ai Chi for Arthritis Program through the T'ai Chi for Health Institute

- **Title IIID/ Disease Prevention and Health Promotion:** Enter required program goal and objective numbers in the Title III D Service Plan Objective Table below:

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2016-2017	2,370	5	3
2017-2018	1,500	5	3
2018-2019	2,400	5	3
2019-2020			

APPROVED

2016–2020 Four-Year Planning Cycle

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

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

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

Complete all Measures and Targets for Outcomes 1-3.

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

Measures and Targets:

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

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

<p>1. FY 2014-2015 Baseline Resolution Rate: Number of complaints resolved <u>94</u> + Number of partially resolved complaints <u>45</u> divided by the Total Number of Complaints Received <u>208</u> = Baseline Resolution Rate <u>67%</u> FY 2016-17 Target Resolution Rate <u>67%</u></p>
<p>2. FY 2015-2016 Baseline Resolution Rate: Number of complaints resolved <u>61</u> + Number of partially resolved complaints <u>50</u> divided by the Total Number of Complaints Received <u>201</u> = Baseline Resolution Rate <u>55.2%</u> FY 2017-18 Target Resolution Rate <u>55.2%</u></p>
<p>3. FY 2016-2017 Baseline Resolution Rate: Number of complaints resolved <u>152</u> + Number of partially resolved complaints <u>34</u> divided by the Total Number of Complaints Received <u>212</u> = Baseline Resolution Rate <u>87.7%</u> FY 2018-19 Target Resolution Rate <u>87.7%</u></p>
<p>4. FY 2017-2018 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____ % FY 2019-20 Target Resolution Rate _____ %</p>
<p>Program Goals and Objective Numbers: <u>4:1</u></p>

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

1. FY 2014-2015 Baseline: number of Resident Council meetings attended <u>48</u> • FY 2016-2017 Target: <u>48</u>
2. FY 2015-2016 Baseline: number of Resident Council meetings attended <u>69</u> FY 2017-2018 Target: <u>69</u>
3. FY 2016-2017 Baseline: number of Resident Council meetings attended <u>77</u> FY 2018-2019 Target: <u>69</u>
4. FY 2017-2018 Baseline: number of Resident Council meetings attended _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>4:2</u>

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

1. FY 2014-2015 Baseline number of Family Council meetings attended <u>6</u> FY 2016-2017 Target: <u>6</u>
2. FY 2015-2016 Baseline number of Family Council meetings attended <u>6</u> FY 2017-2018 Target: <u>6</u>
3. FY 2016-2017 Baseline number of Family Council meetings attended <u>4</u> FY 2018-2019 Target: <u>4</u>
4. FY 2017-2018 Baseline number of Family Council meetings attended _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>4:3</u>

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

1. FY 2014-2015 Baseline: number of consultations <u>7</u> FY 2016-2017 Target: <u>7</u>
2. FY 2015-2016 Baseline: number of consultations <u>45</u> FY 2017-2018 Target: <u>45</u>
3. FY 2016-2017 Baseline: number of consultations <u>137</u> FY 2018-2019 Target: <u>150</u>
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>4:1,2,3,7</u>

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

1. FY 2014-2015 Baseline: number of consultations <u>60</u> FY 2016-2017 Target: <u>60</u>
2. FY 2015-2016 Baseline: number of consultations <u>120</u> FY 2017-2018 Target: <u>120</u>
3. FY 2016-2017 Baseline: number of consultations <u>199</u> FY 2018-2019 Target: <u>200</u>
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>4:1,2,3,4,7</u>

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

1. FY 2014-2015 Baseline: number of sessions <u>8</u> FY 2016-2017 Target: <u>8</u>
2. FY 2015-2016 Baseline: number of sessions <u>5</u> FY 2017-2018 Target: <u>5</u>
3. FY 2016-2017 Baseline: number of sessions <u>12</u> FY 2018-2019 Target: <u>7</u>
1. FY 2017-2018 Baseline: number of sessions _____ • FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>4:4,5</u>

G. Systems Advocacy

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

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

Enter information in the box below.

Systemic Advocacy Effort(s) for the fiscal year 2018-19: With the ongoing threat of wildfires and RCFE's that have not developed a disaster plan, Catholic Charities plans to work with CCL, the State Ombudsman Office, and other Ombudsman Program Coordinators to ensure that policies and procedures are in place for emergencies, evacuations and drills. This plan will include the RCFEs, the local Ombudsman Office, the State Ombudsman Office, other Ombudsman Program Managers and CCL. Catholic Charities will work with the RCFEs to assist them with developing policies and procedures for emergencies and evacuations. Part of the training will be to encourage practice drills.

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

Measures and Targets:

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

Percentage of nursing facilities within the PSA that were visited by an ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2014-2015 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint **3** divided by the total number of Nursing Facilities **6** = Baseline **50%**

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

2. FY 2015-2016 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint **4** divided by the total number of Nursing Facilities **6** = Baseline **66.7%**

FY 2017-2018 Target: **66.7%**

3. FY 2016-2017 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint **4** divided by the total number of Nursing Facilities **6** = Baseline **66.7%**

FY 2018-2019 Target: **75%**

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

FY 2019-2020 Target: _____%

Program Goals and Objective Numbers: **4:4**

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

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

NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2014-2015 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 4 divided by the total number of RCFEs 9 = Baseline 29% • FY 2016-2017 Target: 100%
2. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 7 divided by the total number of RCFEs 13 = Baseline 13% • FY 2017-2018 Target: 53.8%
3. FY 2016-2017 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 5 divided by the total number of RCFEs 13 = Baseline 38.5% • FY 2018-2019 Target: 75%
4. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% • FY 2019-2020 Target: _____ %
Program Goals and Objective Numbers: 4:1

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

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

1. FY 2014-2015 Baseline: 1.67 FTEs FY 2016-2017 Target: 1.50 FTEs
2. FY 2015-2016 Baseline: 1.50 FTEs FY 2017-2018 Target: 1.10 FTEs
3. FY 2016-2017 Baseline: 1 FTEs FY 2018-2019 Target: 1 FTEs
4. FY 2017-2018 Baseline: _____ FTEs FY 2019-2020 Target: _____ FTEs
Program Goals and Objective Numbers: 4:12

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

1. FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers <u>10</u> FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers <u>8</u>
2. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers <u>8</u> FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers <u>8</u>
3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers <u>4</u> FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers <u>7</u>
4. FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: <u>4:13</u>

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

Measures and Targets:

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

Some examples could include:

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

For the 2018-2019 year, Catholic Charities Diocese of Stockton will increase the accuracy, consistency and timeliness of the National Ombudsman Resource System (NORS) data reporting having Ombudsman Program staff and volunteers regularly attend group NORS Consistency Training provided by the OSLTCO.

TITLE VIIA ELDER ABUSE PREVENTION
SERVICE UNIT PLAN OBJECTIVES

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

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

When developing targets for each fiscal year, refer to data reported on the Elder Abuse Prevention Quarterly Activity Reports. Set realistic goals based upon the prior year's numbers and the resources available. Activities reported for the Title VII Elder Abuse Prevention Program must be distinct from activities reported for the LTC Ombudsman Program. No activity can be reported for both programs.

AAAs must provide one or more of the service categories below.

NOTE: The number of sessions refers to the number of presentations and not the number of attendees

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. OAA 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may

include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

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

PSA 12

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

The agency receiving Title VIIA Elder Abuse Prevention funding is: Catholic Charities Diocese of Stockton.

Fiscal Year	Total # of Public Education Sessions
2016-2017	10
2017-2018	10
2018-2019	15
2019-2020	

Fiscal Year	Total # of Training Sessions for Professionals
2016-2017	1
2017-2018	5
2018-2019	3
2019-2020	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2016-2017	2
2017-2018	1
2018-2019	1
2019-2020	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	25
2017-2018	40
2018-2019	40
2019-2020	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2016-2017	725	Elder Abuse Prevention materials, Physical, mental and verbal abuse materials, Sparrow brochure, Program brochures which include CalFresh, VetFam, Ombudsman, Legal Advocacy Program, Elder Abuse Prevention program information
2017-2018	725	Elder Abuse Prevention materials, Sparrow

		brochure, Program brochures which include Ombudsman, Legal Advocacy Program, mandated reporting materials, financial abuse awareness and scams, and internet scams.
2018-2019	750	Elder Abuse Prevention materials, physical, mental and verbal abuse materials, Sparrow brochure, Program brochures: CalFresh, VetFam, Ombudsman, Legal Advocacy Program, Elder Abuse Prevention program information.
2019-2020		

Fiscal Year	Total Number of Individuals Served
2016-2017	100
2017-2018	300
2018-2019	450
2019-2020	

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TITLE IIIE SERVICE UNIT PLAN OBJECTIVES**CCR Article 3, Section 7300(d)
2016–2020 Four-Year Planning Period**

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

Direct and/or Contracted IIIE Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
Information Services	# of activities and Total est. audience for above		
2016-2017	# of activities: 30 Total est. audience for above: 20,000	6	6: 2, 4
2017-2018	# of activities: 30 Total est. audience for above: 20,000	6	6: 2, 4
2018-2019	# of activities: 30 Total est. audience for above: 20,000	6	6: 2, 4
2019-2020	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2016-2017	1,800	6	6: 4, 6
2017-2018	1,500	6	6: 4, 6
2018-2019	1,500	6	6: 4, 6
2019-2020			

Support Services	Total hours		
2016-2017	670	6	6
2017-2018	950	6	6
2018-2019	950	6	6
2019-2020			
Respite Care	Total hours		
2016-2017	2,500	6	6
2017-2018	2,000	6	6
2018-2019	1,500	6	6
2019-2020			
Supplemental Services	Total occurrences		
2016-2017	10	6	6
2017-2018	10	6	6
2018-2019	10	6	6
2019-2020			

Direct and/or Contracted IIIE Services

Grandparent Services Caring for Children	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2016-2017	# of activities: 15 Total est. audience for above: 20,000	6	6: 1,4
2017-2018	# of activities: 12 Total est. audience for above: 20,000	6	6: 1, 4
2018-2019	# of activities: 12 Total est. audience for above: 20,000	6	6: 1, 4
2019-2020	# of activities: Total est. audience for above:		

Grandparent Services Caring for Children	Proposed Units of Service	Required Goal #(s)	Optional Objective
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			#(s)
Access Assistance	Total contacts		
2016-2017	250	6	6: 4, 6
2017-2018	250	6	6: 4, 6
2018-2019	250	6	6: 4, 6
2019-2020			
Support Services	Total hours		
2016-2017	100	6	6: 1
2017-2018	100	6	6: 1
2018-2019	100	6	6: 1
2019-2020			
Respite Care	Total hours		
2016-2017			
2017-2018			
2018-2019			
2019-2020			
Supplemental Services-Not providing	Total occurrences		
2016-2017			
2017-2018			
2018-2019			
2019-2020			

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

MULTIPLE PSA HICAPs: If you are a part of a multiple-PSA HICAP where two or more AAAs enter into an agreement with one “Managing AAA,” to deliver HICAP services on their behalf to eligible persons in their AAA, then each AAA 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 if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services.

STATE & FEDERAL PERFORMANCE TARGETS: The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced revisions to the SHIP PMs in late 2016 in conjunction with the original funding announcement (ref HHS-2017-ACL-CIP-SAPG-0184) for implementation with the release of the Notice of Award (Grant No. 90SAPG0052-01-01 issued July, 2017).

The new five federal PMS generally reflect the former seven PMs (PM 2.1- PM 2.7), except for PM 2.7, (Total Counseling Hours), which was removed because it is already being captured under the *SHIP Annual Resource Report*. As a part of these changes, ACL eliminated the performance-based funding scoring methodology and replaced it with a Likert scale comparison model for setting National Performance Measure Targets that define the proportional penetration rates needed for improvements.

Using ACL’s approach, CDA HICAP provides State and Federal Performance Measures with goal-oriented targets for each AAA’s Planning and Service Area (PSA). One change to all PMs is the shift to county-level data. In general, the State and Federal Performance Measures include the following:

- PM 1.1 Clients Counseled – Number of finalized Intakes for clients/beneficiaries that received HICAP services
- PM1.2 Public and Media Events (PAM) – Number of completed PAM forms categorized as ‘interactive’ events
- PM 2.1 Client Contacts – Percentage of one-on-one interactions with any Medicare beneficiaries
- PM 2.2 PAM Outreach Contacts – Percentage of persons reached through events categorized as ‘interactive’
- PM 2.3 Medicare Beneficiaries Under 65 – Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65
- PM 2.4 Hard-to-Reach Contacts – Percentage of one-on-one interactions with ‘hard-to-reach’ Medicare beneficiaries designated as:
 - PM 2.4a Low-income (LIS)
 - PM 2.4b Rural
 - PM 2.4c English Second Language (ESL)

- PM 2.5 Enrollment Contacts – Percentage of contacts with one or more qualifying enrollment topics discussed

AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at:
<https://www.aging.ca.gov/ProgramsProviders/AAA/Planning/>.

For current and future planning, CDA requires each AAA ensure that HICAP service units and related federal Annual Resource Report data are documented and verified complete/finalized in CDA's Statewide HICAP Automated Reporting program (SHARP) system per the existing contractual reporting requirements. HICAP Service Units do not need to be input in the Area Plan (with the exception of HICAP Legal Service, where applicable).

Section 3: HICAP Legal Services Units of Service (if applicable) ⁹ Not applicable

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⁹ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

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
Amador Senior Center	229 New York Ranch Rd., Jackson, CA 95642
Mariposa County Senior Center	5246 Spriggs Lane, Mariposa, CA 95338
Tuolumne County Senior Center	540 Greenley Rd., Sonora, CA 95370

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SECTION 12 - DISASTER PREPAREDNESS

PSA 12

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

1. Describe how the AAA coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310: A12AA coordinates its disaster preparedness plans and activities with local emergency response agencies by attending local OES meetings in various counties, special populations meetings, tabletop discussion with other government organizations involved in disaster preparedness and participating in CAHAN drills. A12AA reviews local provider’s disaster preparedness plans during the monitoring process. A12AA participates in tabletop and incident exercises in the community.
2. Identify each of the local Office of Emergency Services (OES) contact person(s) within the PSA that the AAA will coordinate with in the event of a disaster (add additional information as needed for each OES within the PSA):

Name	Title	Telephone	email
Amador County Sgt. John Silva	OES Coordinator	Office: 209-223-6384	jsilva@co.amador.ca.us
Calaveras County Michelle Patterson	OES Coordinator	Office: 209-754-6676	mpatterson@co.calaveras.ca.us
Mariposa County Sgt. Kevin Packard	OES Coordinator	Office: 209-742-1306	kpackard@mariposacounty.org
Tuolumne Cty. Tracie Riggs	OES Coordinator	Office: 209-533-5500	triggs@co.tuolumne.ca.us

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Doreen Schmidt	Planner	Office: 209-532-6272	dschmidt@area12.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 Provide up-to-date information and actively distribute information to individuals impacted by the disaster to providers, agencies and organizations involved in disaster response efforts.	a Regular contact with providers by phone, e-mail or in person with current disaster information to distribute to their clients; updates available on Facebook page or link to County OES Facebook page.

<p>b A12AA will work with staff to secure their physical safety and well-being; include staff's concern for families and homes; staff will be trained and prepared to operate under emergency/disaster response conditions.</p> <p>c If A12AA facilities are impacted by disaster, relocate offsite to continue to provide services.</p>	<p>b A12AA will contact staff to ensure safety; A12AA staff will contact vulnerable clients and/or emergency contacts to ensure client safety; if necessary, emergency client information will be made available to appropriate government agencies in event of disaster, within the confines of HIPAA regulations.</p> <p>c A12AA has MOU with an offsite facility to set up services and operate from their facility.</p>
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5. List any agencies with which the AAA has formal emergency preparation or response agreements. MOU with Tuolumne County Public Health – to keep informed regarding mutual clients; Sierra Senior Providers. Inc. – to use their facility in case of emergency and continue services.

6. Describe how the AAA will:

- Identify vulnerable populations. Care managers with Multipurpose Senior Services Program (MSSP) will contact impacted vulnerable clients and/or emergency contacts to ensure client needs are being addressed; family caregiver staff contact vulnerable clients to ensure needs are being addressed. Care managers will contact emergency service organizations (with client's permission) that operate in impacted areas to ensure client safety.
- Follow-up with these vulnerable populations after a disaster event. Care managers and family caregiver staff will follow up with their clients after a disaster to determine if needs are being met; post disaster – care managers will assess what type of planning or coordination could occur to ensure safety of client. A2AA staff will be in contact with groups that assist with post-disaster relief and assist in any way possible.
- A12AA staff will contact the Public Health Officers in each county.
- A12AA staff will coordinate with programs that currently identify special populations in each county: Mariposa County-SAFE; Calaveras County-Code Red; Tuolumne County-Evergreen; Amador County-Code Red. A12 will be in contact with Social Services in each county regarding clients.

2016-2020 Four-Year Planning Cycle

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds¹⁰ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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

Access:

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

2016-17 65% 17-18 65% 18-19 65% 19-20 _____%

In-Home Services:

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

2016-17 7.5% 17-18 7.5% 18-19 7.5% 19-20 _____%

Legal Assistance Required Activities:¹¹

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

2016-17 2% 17-18 2% 18-19 2% 19-20 _____%

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. The allocations above are substantiated by looking at the performance data from the past three years in PSA 12. The units of service justify providing the Access, In-Home and Legal Assistance services. The funding is used assisting the maximum number of clients. The Needs Assessment survey data drives the decision to incorporate these as priority services. The priority services were discussed at the Public Hearings and comments were recorded. These particular services are a main issue in the PSA.

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

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 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 12

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: Title IIIE Family Caregiver Support Program, Grandparent Respite

Check applicable funding source:

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

Request for Approval Justification:

X Necessary to Assure an Adequate Supply of Service OR

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

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

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

Justification: The justification to provide this grandparent respite service has been presented in the county of Tuolumne, the community of grandparents, as a need for grandparents raising grandchildren. A12AA staff provides the service in a cost effective manner due to the A12 infrastructure (outreach to targeted population, available staffing and vendor contracts).

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

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

Total Number of Board Members: 4 members

Name and Title of Officers:

Office Term Expires:

Director Sherri Brennan, Tuolumne County	1/1/2019
Director Lynn Morgan, Chair, Amador County	1/1/2019
Director Rosemarie Smallcombe, Mariposa County	1/1/2019
Director Clyde Clapp, Vice-Chair, Calaveras County	1/1/2019

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**ADVISORY COUNCIL MEMBERSHIP
2016-2020 Four-Year Planning Cycle**

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

Total Council Membership (include vacancies) 31

Number of Council Members over age 60 24

	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
Race/Ethnic Composition		
White	<u>92.4%</u>	<u>92%</u>
Hispanic	<u>4.3%</u>	<u>8%</u>
Black	<u><1%</u>	<u>0</u>
Asian/Pacific Islander	<u><1%</u>	<u>0</u>
Native American/Alaskan Native	<u>1%</u>	<u>0</u>
Other	<u><1%</u>	<u>0</u>

Name and Title of Officers:

Office Term Expires:

Janet Clark, Chair, Calaveras County	12/2018
Vice-Chair, Jim Grinnell, Tuolumne County	11/2019
Toni Wagner, Secretary, Tuolumne County	12/2018

Name and Title of other members:

Office Term Expires:

Garry Anderson, Amador County	12/2021
Joan Bowen, Amador County	12/2018
Thelma Clancy, Amador County	6/2022
Lynn Standard-Nightengale, Amador County	7/2019
George Fry, Calaveras County	12/2021
Barbara Grogan, Calaveras County	12/2021
Susan Rich, Calaveras County	12/2018
Phil Sherwood, Calaveras County	12/2018
Janet Chase-Williams, Mariposa County	1/2022
Don Fox, Mariposa County	4/2022
Niarja Marchand, Mariposa County	10/2021
Terri Peresan, Mariposa County, Provider	2/2021

Larry Bodiford, Tuolumne County	2/2022
Malcolm Carden, Tuolumne County	9/2018
Jim Grinnell, Tuolumne County	11/2019
Ruth Perrine, Tuolumne County	1/2022
Michael Pierce, Tuolumne County	6/2020
Denise Simpson, Tuolumne County	12/2021
Carol Southern, Tuolumne County	9/2020
Dick Southern, Tuolumne County	2/2022
Toni Wagner, Tuolumne County	12/2018
Leon Casas, Tuolumne County, Provider	12/2018
Rex Whisnand, CA Senior Legislator (CSL), Calaveras County	4/2022

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

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

Explain any "No" answer(s): There has been no interest from Health Care Providers or local elected officials among those recruited or those responding to the advertisements placed by each county to obtain council members.

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

One Advisory Council member is appointed by each County Board of Supervisors for every 6,000 people residing in the respective counties provided no county shall have less than one member. Supervisors choose the person they determine will best represent the interest of the older adults, adults with disabilities and caregivers within their district.

Fifty percent or more of the member selected shall be a member of the Commission on Aging from the appointing county and one member appointed by each Board of Supervisors representing the service provider(s) of the county. Such appointments shall be made after considering any recommendations put forth by service providers from within each respective county.

2016-2020 Four-Year Area Planning Cycle

This section must be completed and submitted with the Four-Year Area Plan. Any changes to this Section must be documented on this form and remitted with Area Plan Updates.¹²

1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title IIIB requirements: The portion of the A12AA mission statement 'to develop community-based systems of care that provide services which support independence' gives direction to the Legal Assistance provider for the residents in our five county area. Legal advice and counseling by volunteer attorneys supports the client's quality of life and protects their independence. Providing this service makes it possible for residents, age 60+, to have access to affordable legal advice and counsel concerning legal issues which can be difficult to ascertain for aging adults.
2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? 2% of the Title IIIB funding is allocated to Legal Services.
3. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years). Because of current funding levels our legal services include legal issues involving simple wills, letters to creditors, power of attorney and landlord tenant issues. Current trends are showing an increase in the clients that need help with landlord-tenant issues. Assistance to those in need of legal services has doubled over the last three years and funding has remained the same.
4. Specific to Legal Services, does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? Yes. Both A12 and Catholic Charities received, reviewed and are following the Guidelines dated April, 2015. The binder was placed in the Legal office. Senior Services Program Director has CDA Guidelines in her office.
5. Does the AAA collaborate with the Legal Service Provider(s) to jointly establish specific priorities issues for legal services? If so, what the top four (4) priority legal issues in your PSA? Yes, the A12AA collaborates with Catholic Charities to discuss specific priorities for legal services. The top four legal issues are wills/trusts, advanced healthcare directives, landlord-tenant disputes and problems with contractors.
6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA and what mechanism is used for reaching the target population? Discussion: The legal services provider conducts outreaches to key community organizations, to low-income, minorities and geographically isolated individuals. They keep legal brochures at key locations where seniors gather. They regularly attend health fair, senior expos and

¹² For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or chisorom.okwuosa@aging.ca.gov

outreaches to capture the older adult population. Catholic Charities partnered with A12AA to run a half page ad in a county newspaper. The Elder Empowerment Conference was advertised. A12AA is in regular contact with legal providers ending referrals and discussing operational procedures.

7. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in our PSA? Discussion: The legal brochure is available at key locations where seniors gather. Outreach is conducted on a consistent basis. The legal program sends out brochures to various organizations and conducts outreaches in various counties. The program is found on the Catholic Charities website under Mother Lode services.

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

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

9. Does your PSA have a hotline for legal services? Clients are given the legal hotline for the Sacramento area: 1-800-222-1753 – Legal Services of Northern California.

10. What methods of outreach are Legal Services providers using? Discuss: The Legal Service provider sends out brochures to many organizations, attends health fairs and senior expos. Representatives speak to various organizations about the legal services available. Advertisement is made in newspapers.

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

Fiscal Year	Name of Provider	Geographic Region covered
2016-2017	Catholic Charities 88 Bradford St. Sonora, CA 95370	Alpine, Amador, Calaveras, Mariposa and Tuolumne counties.
2017-2018	Catholic Charities 88 Bradford St. Sonora, CA 95370	Alpine, Amador, Calaveras, Mariposa and Tuolumne counties.
2018-2019	Catholic Charities 88 Bradford St. Sonora, CA 95370	Alpine, Amador, Calaveras, Mariposa & Tuolumne counties

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

12. Discuss how older adults access Legal Services in your PSA: Older adults can access legal services by telephone, walk-in and appointments at the legal services provider's location.

13. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area): The major type of issues covered by the legal services is wills, trusts, advanced healthcare directives, landlord-tenant issues, real property issues, problems with contractors and fraud.

14. In the past four years, has there been a change in the types of legal issues handled by the Title IIIB legal provider(s) in your PSA? There has been an increase in consumer who have landlord/tenant issues, wills and credit issues.

15. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss: The barriers to accessing legal assistance is the geographic distance consumers have to travel to receive legal assistance. To overcome the geographic barrier, the legal assistance provider is flexible in scheduling appointments and phone appointments. In some cases, staff deliver information and information is mailed to individuals. Outreaches are conducted in several counties and brochures are sent out to many organizations.

16. What other organizations or groups does your legal service provider coordinate services with? Discuss: The Legal Assistance provider Catholic Charities coordinates services with A12AA, Polley law offices, Young, Ward, and Lothert law offices, Dambacher, Trujillo & Associates, the local Ombudsman Program, the local DA offices, Tuolumne Band of MeWuk Indians and the Tuolumne County Victim Witness program.

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

2016–2020 Four-Year Planning Cycle

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

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

Family Caregiver Services

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

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

FCSP Grandparent Services

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

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

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

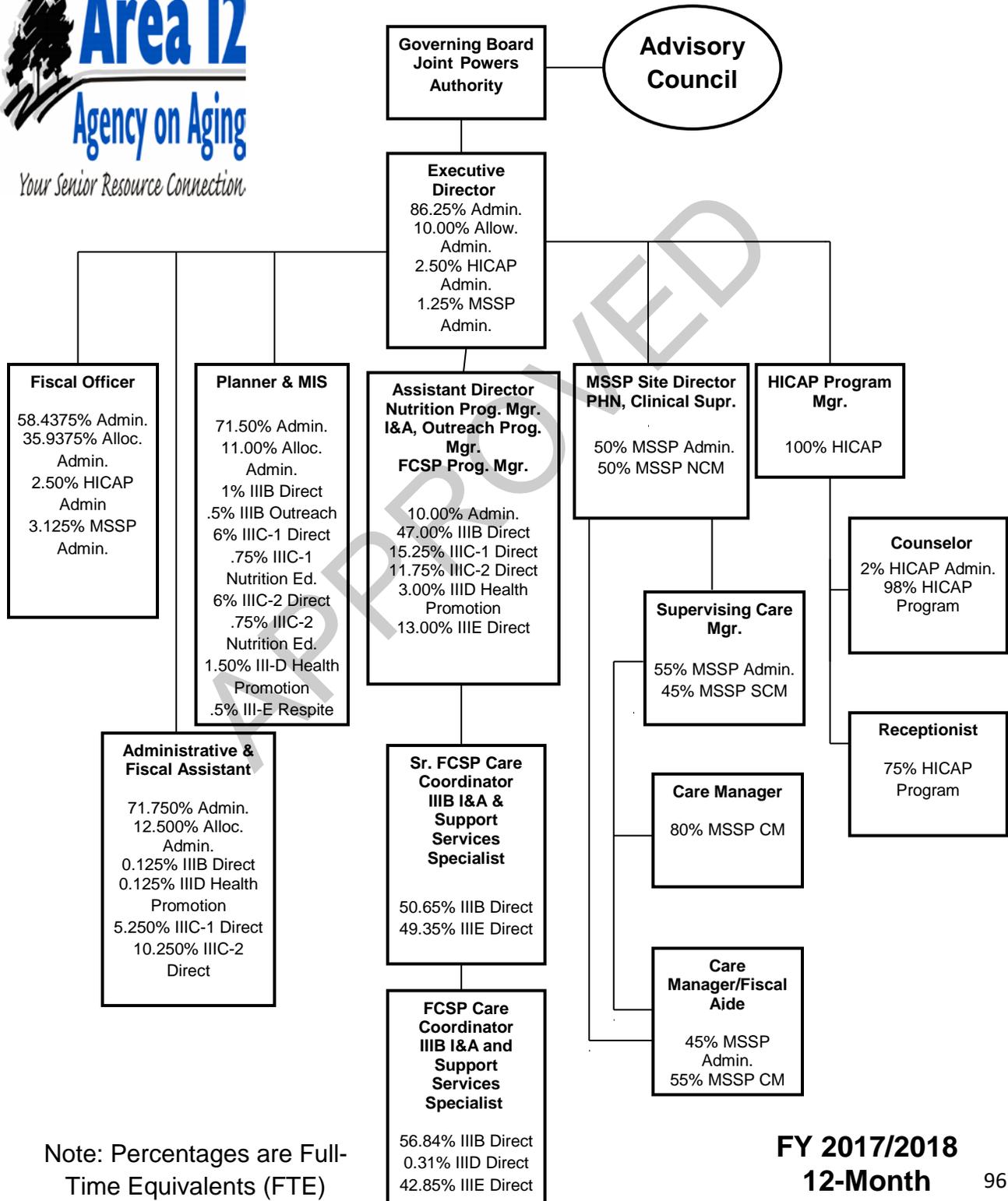
A new grandparent respite service category has been added. Justification for providing grandparent respite services is the presented community need for the grandparents attending the grandparent support group.

Justification for not providing service in Mariposa County: Respite (in outlying counties) and Supplemental services for grandparents raising grandchildren were not identified needs in the Needs Assessment survey. Respite and Supplemental services for grandparents raising grandchildren are available through community organizations such as ICES, First Five, HeadStart, Resource Connection or Social Services. Through outreach events Area 12 is in regular contact with these organizations.

Mariposa counties: ICES, 20993 Niagara River Dr., Sonora, CA 95370, 209-533-0377. www.icesagency.org - All parents in the community should have access to quality child care and parenting education. Services include child care resource and referral, child care subsidies, recruitment and training of child care professionals and parent education and support.

Calaveras and Amador counties: Resource Connection, www.trcac.org, Calaveras County –209- 754-1075, 206 George Reed Dr., San Andreas, CA 95249; Amador county, 430 Sutter Hill Rd., Sutter Creek, CA 95685, 209-223-1624 or email rrinfo@trcac.org. They provide a Grandparent support and respite program. It is designed to provide temporary relief for grandparents. They also provide information on child care options or respite to help make the best choices for your children or grandchildren.

Organizational Chart PSA 12



Note: Percentages are Full-Time Equivalents (FTE)

FY 2017/2018
12-Month

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