

**Los Angeles Department of Aging**  
**PSA25**

**Four-Year Area Plan on Aging**

July 1, 2012 to June 30, 2016

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## AREA PLAN REQUIRED COMPONENTS CHECKLIST

**To ensure all required components are included, "X" mark the far-right column boxes.  
Enclose a copy of the checklist with your Area Plan**

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

**TRANSMITTAL LETTER  
Four-Year Area Plan  
2012-2016**

**AAA Name:** Los Angeles Department of Aging

**PSA** 25

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. (Type Name) Mayor Antonio Villaraigosa

\_\_\_\_\_  
Signature: Governing Board Chair <sup>1</sup>

\_\_\_\_\_  
Date

2. (Type Name) Amos Fried

\_\_\_\_\_  
Signature: Advisory Council Chair

\_\_\_\_\_  
Date

3. (Type Name) Laura Trejo

\_\_\_\_\_  
Signature: Area Agency Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
1 Original signatures or official signature stamps are required.

## **SECTION 1. MISSION STATEMENT**

It is the mission of California's 33 Area Agencies on Aging to "provide leadership in addressing issues that relate to older Californians" by developing community-based systems of care to provide services in support of maintaining the independence within California's interdependent society, to protect the quality of life of older persons with functional impairments, and to promote citizen involvement in the planning and delivery of services.

The mission of the Los Angeles Department of Aging, an Area Agency on Aging, is to promote a comprehensive, culturally sensitive, and socially inclusive system of older adult and caregiver community-based programs.

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

### **LOCATION**

The City of Los Angeles, located in Southern California, is designated as Planning Service Area (PSA) 25 which is the second most populous city in the United States and the largest municipality in the State of California. Los Angeles spans 472.08 Square Miles and can easily contain the combined areas of Boston, Cleveland, St. Louis, Pittsburgh, Minneapolis, Milwaukee, San Francisco, and Manhattan. The city runs 44 miles north/south, 29 miles east/west and the length of the city boundary is 342 miles. This area has diverse urban and suburban communities, with the Pacific Ocean bordering on the West and three mountain ranges interspersed in the North and East.

The City is a port of immigration that has transformed the city into a multi-cultural mecca. The population is comprised of U.S. and foreign born peoples who self-identify as Mexican, Puerto Rican, Cuban, Central American, South American, Asian, Black, American Indian/Alaskan Native, and Native Hawaiian/Pacific Islander.

### **GOVERNMENT**

The City of Los Angeles is a Mayor-Council-Commission form of government. The Mayor serves as the executive branch and the Council as the legislative. Members of the Commission are appointed by the Mayor, subject to confirmation by the City Council. The City Council consists of 15 Council members representing 15 districts. The Council is the governing body of the City and is responsible for ordering elections, levying taxes, authorizing public improvements, approving contracts and adopting traffic regulations. All of the Council's actions are subject to the approval of the Mayor. The Mayor can veto actions approved by the City Council, and the majority vote of the Council can override the Mayor's veto. The Council is provided technical assistance by the Chief Legislative Analyst's Office. The City government consists of 40 departments and bureaus headed by General Managers or controlling Boards or Commissions, some of which are advisory in nature. The Department of Aging (LADOA) is headed by a General Manager. The LADOA serves as administrator over programs and services for seniors in the City in its function as an Area Agency on Aging (AAA) and includes an advisory board referred to as the Council on Aging consisting of older adults from throughout the City who act as an advisory body that provides updates and feedback to the department.

## **ECONOMIC INFORMATION**

Southern California is the largest growing region in the nation with the City of Los Angeles being the geographic and economic center for growth in the economy. The City remains a key market in the U.S. for consumer goods and services. Trade continues to be an important part of the regional economy. The Port of Los Angeles is the busiest in the country and one of the busiest in the world, generating foreign trade that continues to create demand for warehouses and industrial space. The value of two-way passing through Los Angeles totaled \$357.3 billion (2008), making Los Angeles the city with the highest two-way passing value in the country. Los Angeles is home to a variety of industries from steel and iron to fiber optics and biogenetics. The area boasts the largest manufacturing center in the United States, employing 433,200 workers (2008). Los Angeles is also one of the leading tourist destinations in the world. The Los Angeles Convention Center and Visitor's Bureau estimated that in 2011, 26.9 million visitors generated \$15.2 billion in visitor related spending. Additionally, the City ranks as one of the most educated in the county with the U.S. Census reporting that one in four residents in Los Angeles has a bachelor's degree or higher. However, at the present, the City of Los Angeles, like the nation, is currently facing financial crisis. The Mayor stated that the City is facing a projected \$196 million deficit in the fiscal year starting July 1, 2012 that could increase to \$241 million in the next fiscal year. To stay within budget, the City has laid off over 4,000 City employees since FY 07-08 and implemented a hiring freeze which continues to have a dramatic impact on public services.

## **DEMOGRAPHIC INFORMATION**

According to the 2010 Census the City of Los Angeles grew to 3,792,621 residents, an increase of 2.6% from 2000. Today, persons 60 years and older number 563,865 reflecting a 19.3% increase compared to the 2000 Census. This growth in the older adult population is seven times that of the City's general population.

Unless otherwise indicated data presented refers persons who are 60 years and older and as described in the 2010 Census.

### **Race and Ethnicity**

While California's older population is primarily comprised of Non-Hispanic Whites (73%), in Los Angeles older ethnic/racial populations represent 61% (337,293) of the total older adult population. Older Latinos represent 25.8% (142,659), Blacks 11.8% (65,247) and Asians 15.3% (84,600). The American Indian/Alaskan Native population, the Native Hawaiian/Pacific Islander populations and those whom the census labeled as Some Other Race & 2 or more races number 63,588 or about 11.5% of the total senior population. All races showed an increase in the 60+ population, with the exception of older Blacks and Native Hawaiian/Pacific Islander populations, which decreased by 0.02% and 1.4%, respectively.

### **Regional Differences**

The Los Angeles Basin now contains over 25% of the State's older population, and Southern California has over 58%. The California Department of Aging predicts the 60+ population in the greater Los Angeles area will increase by over 71% by 2050. Projections indicate that by 2020 the City's older adult population will be 617,588 an increase of 19.4%.

### Income/Poverty

Older adults at or below the poverty level increased to 77,828 of 540,471 or 14.4%. The average Social Security income is \$15,212, an increase of 12.3%. The inflation rate has increased 26.6% for the same period. Also, studies show 17,141 or 3.1% of the older adult population receives food stamp benefits.

According to the U.S. Department of Health and Human Services the major sources of income as reported by older persons in 2008 were Social Security (87%), income from assets (54%), private pensions (28%), government employee pensions (14%), and earnings (25%).

### Employment Status

Older adults remaining in the labor force are 168,094 or 30.4%, an increase of 50.7% from 2000 levels. Of those wanting or needing to work, 2.7% are unable to find employment. Nearly 28% of 60+ population are in the workforce.

### Marital Status

Older adults who were married 269,835 (48.8%), or an increase of 23.9% from 2000. Statistics show 22.1% of older adult were widowed, 15% divorced, 3% separated, and 11% never married.

### Living Arrangement

Older adults living by themselves is 134,058 (24.2%), an increase of 42.5% from 2000 levels. Studies show that of those 85 and older who do not reside in institutions, nearly half are likely to live by themselves.

### Education

Among older adults, 20.7% (114,459) were high school graduates or equivalent, 23% (127,176) had some college or received an Associate's Degree, and 27.6% (152,611) had a Bachelor's Degree or higher. However, 28.7% or 158,694 older adults had not graduated from high school.

### Housing (65+)

Older adults 65+ who owned their own home represent 59.2% (221,796), compared to 36.6% (130,864) in 2000. Among homeowners, 46% (103,475) live alone; 36.1% (81,206) are married couples. In 2010, 91,878 of the 65+ population were renters. Among renter households 23,658 are married couples and 56,766 are living alone.

### Language (65+)

Fifty-two percent of those 65+ speak English-only, compared to 60% in 2000. Over 35.5% speak English less than very well, an increase from 2000, when it was almost 20%. In the greater Los Angeles Metropolitan Area the top languages spoken in households are English, Spanish, Chinese, Tagalog, and Korean.

### Migration

Those who are foreign born represent 39.6%, compared to 47.8% (264,541) of the 60+ population.

### Disabilities (65+)

There were 155,141 seniors reported one or more of the following disabilities: sensory, physical, mental, self-care and go-outside of the home, a decrease of over 1.7%. Physical disabilities rank the highest with 107,880 (28.5%) among seniors. The sensory was the second highest at 86,373 (22.8%). The remaining disabilities are ranked as follows: inability to go-outside of the home (85,745/22.6%), Self-care (51,179/13.5%), and Mental (48,595/12.8%). According to the National Institute of Mental Health the 65+ population has a higher suicide rate, 14.3 per 100,000 compared to the general population, 11 per 100,000.

### Health

For every 100 seniors living in Los Angeles, 49 will be diagnosed with an Arthritic condition. Hypertension (36), hearing impairment (30), and heart disease (27) rank in order as the most reported chronic conditions behind Arthritis. Nationally, from 2006 to 2008, the most frequently occurring conditions among older persons were: hypertension (38%), diagnosed arthritis (50%), all types of heart disease (32%), any cancer (22%), diabetes (18%), and sinusitis (14%).

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

The City of Los Angeles was designated an AAA by the California Department of Aging and established in the Mayor's Office as the Office on Aging in 1975. It is the only City in the State of California designated as an AAA. In 1977 the Office on Aging was incorporated into the Community Development Department as one of that department's divisions. The Los Angeles Department of Aging (LADOA) became operative as a Council-controlled Department of the City of Los Angeles in 1983, and is identified as Program Service Area 25 (PSA 25) within the State of California's aging network.

The LADOA is responsible for the administration of all programs, services and activities for seniors and caregivers that are funded by the Older Americans Act, Older Californians Act, Community Development Block Grants, Proposition A Transportation Subsidy grants, Metropolitan Transit Authority Job Access Reverse Commute (JARC) and New Freedom transportation Door-Through-Door transportation grants. The LADOA also receives City General Fund dollars and is the recipient of services from other City departments including transportation (vehicles and servicing); access to public access television (Channel 35) for broadcast services; benefits and retirement funding for staff; legal advice and representation; information management; telecommunication services; and printing services.

As a department within the City of Los Angeles, all activities of the LADOA including policy mandates, must be reviewed and approved by the City Council with Mayoral concurrence. The LADOA also maintains an advisory board, the Council on Aging (COA), which makes recommendations to the department on all matters relating to the planning and delivery of services to older adults and caregivers living in the City of Los Angeles. The COA is composed of senior volunteers and serves as an advocacy body for older persons.



## **AAA LEADERSHIP ROLES**

The LADOA provides a central leadership role in advocating for, planning, developing, and implementing a comprehensive system of care built upon the values of:

- Maximizing independence and healthy aging
- Ensuring a safety net for seniors
- Developing inclusive opportunities for civic engagement of seniors and their caregivers
- Creating and sustaining a system of care that values diversity and whose programs/services are culturally competent and socially inclusive

These leadership roles will be met by reaching out to a broad spectrum of community leaders in the aging field at the local, regional, state and federal levels; community based service organizations; and other public entities within the City and County of Los Angeles. The LADOA will continue to seek resources and expand opportunities that strengthen the system of care to those most in need, promote healthy aging, and engage seniors and their caregivers in their communities.

## **DESCRIPTION OF SERVICE SYSTEM**

PSA 25 is divided into fifteen regional areas referred to as Aging Service Areas (ASAs) to facilitate the delivery of services to older adults and caregivers. The LADOA contracts with community based organizations for the delivery of services through Senior Multipurpose Centers (MPCs), designated as community focal points, and located in each of the 15 ASAs (as noted in the Focal Points section). An additional Senior Center is located in the Central Business District that caters to the unique needs of residents living in this area. A majority of older adults living in or residing in single room occupancy hotels, who are risk of homelessness but a significant number of this population are homeless, destitute, and without family supports.

The MPCs, including the center serving residents in the Central Business District, are equipped to provide a wide array of services that are funded by a wide variety funding sources (described above). The mission of these centers and other citywide service providers is to deliver vital core social services and a variety of supplemental services to older adults and caregivers that currently exist and can be accessed in the neighborhoods in which they live. Community-based organizations within each ASA compete for program funds through the City's Request For Proposal Process.

The programs and related sources of funding are as follows:

- **OLDER AMERICANS ACT (OAA)**

- Title III-B Supportive Services*

- Title III-C1 Congregate Nutrition*

- Title III-C2 Home Delivered Meals*

- Title III-D Disease Prevention/Health Promotion*

- Title III-E Family Caregiver*

- Title V Senior Community Service Employment Program*

- Title VII-A Ombudsman*

- Title VII-B Elder Abuse Prevention*

- **OLDER CALIFORNIANS ACT (OCA)**

*Health Insurance Counseling Advocacy Program*

- **COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAMS (CDBG)**

*Evidence Based Programs (Wellness, Physical Activity, and Memory Retention programs for older adults and providing respite for caregivers)*

*Alternative Housing for the Aging*

*Emergency Alert Response Systems Program*

- **PROPOSITION A LOCAL TRANSIT ASSISTANCE FUND**

*Transportation*

This program (which is based out of the Focal Points) provides older adults and adults with disabilities with door-to-door transportation services (using ADA compliant mini-buses) limited for such needs as doctor appointments. This service (which PSA25 advocated for and secured with County/City Proposition A funding) was needed to fill a service gap for older adults due to the large geographical size of the PSA, and the complex, limited nature of the transportation system for older adults. This program is a critical transportation link for seniors; however, the program is limited. The limitation arises due to the door-to-door scope of the program. Many older adults need door-through-door services such as assistance from inside their home to the vehicle, as well as assistance to the vehicle after the doctor's appointment. The next program category assists in addressing this service gap.

- **METROPOLITAN TRANSIT AUTHORITY GRANTS**

*Job Access and Reverse Commute Program (JARC)*

This transportation program is a critical adjunct service to provide transportation to low-income employment seeking residents who need improved access to job interviews, job training, and newly achieved subsidized employment. (This service is available to Trainees that participate in the Senior Community Employment Program.)

*New Freedom Program*

This is an expanded transportation service for older adults providing the above described door-through-door services for older adults with disabilities. Participants are MPC clients in their respective PSA. Funding is secured through federal grants administered by the Los Angeles County Metropolitan Transit Authority (MTA).

- **LOS ANGELES CITY GENERAL FUNDS**

*Home Delivered Meal Program*

- **ESTABLISHING NEW PARTNERSHIPS**

*Aging and Disability Resource Center*

Collaboration between the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS) culminated in the creation of a “One Stop” site for consumers, caregivers and case managers to gain knowledge, expedite access to community services, store critical information and advise on available care options and planning. PSA 25 and 19 have jointly planned the development of a regional Aging and Disability Resource Center for the greater Los Angeles area named Adult Care Network. Phase I is focused on creating an infrastructure and has already identified 156 sites at the local community level with computer capability and reference desk research support. At this level, Information and Assistance is facilitated through community outreach, and telephone screening and triage by way of the Eldercare locator and 800, 211, and 311 service access numbers. In this way, consumers and caregivers are accessing In-Home Supportive Services, Medi-Cal Long Term Care, SSI Advocacy, Adult Protective Services with seamless interaction and referral to other programs and benefits. Phase II will result in the Adult Care Network expanding to include partnership with other stakeholder including Independent Living Centers; and use of Community Based Kiosks such as the County Board of Supervisors and City Council field offices, Multi-Purpose Senior Centers and City and County Community Centers and Independent Living Centers.

## **PROGRAMS AND SERVICES**

### **COMMUNITY BASED (MPC) OLDER AMERICAN ACT SENIOR SERVICES (contracted)**

#### **1. In-Home Services**

*Personal Care* – provision of personal assistance, stand-by assistance supervision or cues for persons having difficulties with one or more Activities of Daily Living.

*Homemaker* –provision of assistance to persons having difficulty with one or more Instrumental Activities of Daily Living.

*Chore* – the provision of assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.

#### **2. Nutrition**

*Congregate Meals* - a nutritious hot meal is offered to seniors five days a week at over 117 sites throughout the City. Meals are provided from six ethnically oriented menus.

*Home-Delivered Meals* - a nutritious hot meal is delivered to seniors five days a week to older persons who are homebound by reason of illness, disability, or are otherwise isolated. Meals are provided from six ethnically oriented menus.

*Nutrition Education (Congregate and Home Delivered Meals)* - provides accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise.

*Millennium Menu Meals* – were created to upgrade senior meals at the MPCs and home delivered meals for the purpose of increasing program participation and offered as often as possible within existing resources and through special fund development efforts.

### **3. Supportive Services**

*Case Management* - assistance either in the form of access or care coordination in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers.

*Transportation* - provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.

*Legal Assistance* - provision of legal advice to a person for counseling and/or representation by an attorney or other person acting under the supervision of an attorney.

*Information and Assistance* -- provides individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; assesses the problems and capacities of the individuals; links the individuals to the opportunities and services that are available; and ensures (to the extent practical) the individual receives the services needed, and are aware of the opportunities available, by establishing adequate follow-up procedures.

*Outreach* - interventions initiated by an agency or organization for the purpose of identifying potential clients, encourages their use of existing services and benefits, and includes advocacy on the client's behalf for services.

*Housing* - services designed to assist individual clients to secure adequate living arrangements.

*Senior Center Activities* - arranges or provides organized social, art/recreational, health, and/or nutritional services for program clients to maintain/enhance their level of functioning.

*Visiting* – going to a client's home to provide reassurance and comfort.

*Telephone Reassurance* – scheduled calls to a client to provide comfort and support.

*Community Education/Advocacy* - staff educate groups of older persons, their families, friends, and community organization/facility staff on rights, benefits, and entitlements for older persons either residing at home or living in an institutional setting.

*Employment* - activities designed to maintain or obtain employment for older persons or to assist them in selecting and entering into a second career.

*Personal Affairs Assistance* - assists older persons avoid exploitation by providing discount programs, consumer education, and assistance in completing financial forms and service applications.

*Older Adult Services and Information System (OASIS)* - active seniors 60+ are offered cultural, educational, and informational programs and services. Sponsoring organizations include the Pacific Region OASIS, and Jewish Family Services.

*Hotel Alert* – provisions of social and nutritional services for the elderly residing in the Central Business District of downtown Los Angeles.

*Medication Management* – provides medication screening and education to older persons and caregivers to prevent incorrect medication administration and adverse drug reactions.

*Comprehensive Assessment* – evaluates a person’s physical, psychological, and social needs, financial resources, and the strengths and weaknesses of their informal support system and the immediate environment as a basis for determining current functional ability and potential improvement in order to develop the appropriate services needed to maximize functional independence.

#### **4. COMMUNITY BASED (MPC) TRANSPORTATION SERVICES (contracted)**

*Transportation* – provides door-to-door transportation for frail seniors and adults with disabilities; door-through-door transportation for frail seniors and adults with disabilities; and transportation for older adults enrolled in the Title V program.

- **PROPOSITION A SENIOR SERVICES (contracted)**

This program (which is based out of the Focal Points) provides older adults and adults with disabilities with door-to-door transportation services (using ADA compliant mini-buses) limited for such needs as doctor appointments. This service (which PSA 25 advocated for and secured with County/City Proposition A funding) was needed to fill a service gap for older adults due to the large geographical size of the PSA, and the complex, limited nature of the transportation system for older adults.

- **METROPOLITAN TRANSIT AUTHORITY GRANTS (contracted)**

*Job Access and Reverse Commute Program (JARC)*

This transportation program is a critical adjunct service to provide transportation to low-income employment seeking residents who need improved access to job interviews, job training, and newly achieved subsidized employment. (This service is available to Trainees that participate in the Senior Community Employment Program.)

### *New Freedom Program*

This is an expanded transportation service for older adults providing the above described door-through-door services for older adults with disabilities. Participants are MPC clients in their respective PSA. Funding is secured through federal grants administered by the Los Angeles County Metropolitan Transit Authority (MTA).

## **5. CITYWIDE OLDER AMERICAN ACT SENIOR SERVICES (contracted)**

*Health Promotion/Disease Prevention* - provides disease prevention and health promotion services and information at multipurpose senior centers, at congregate meal sites, through home-delivered meals programs, or at other appropriate sites.

*Family Caregiver Support Program* – provides training and education for family members who are responsible for the care of an older family member. Also, conferences are conducted to assist caregivers in assessing their role and facilitating access to caregiver resources. Conferences are provided in English and Spanish.

*Ombudsman* - provides assistance to residents of long-term care facilities and their family members in resolving problems related to the quality of their care.

*Elder Abuse Prevention* – designed to increase public education and awareness on those persons/populations at high risk for abuse, how to identify and report abuse and provide community access to prevent abuse and assist caregivers.

*Legal Services* - Attorneys and paralegals travel to the fifteen MPC's throughout the city to offer seniors legal assistance on issues concerning their rights, benefits and entitlements

## **6. CITYWIDE OLDER CALIFORNIAN ACT SENIOR SERVICES (contracted)**

*Health Insurance Counseling Advocacy Program* – provides health insurance counseling and advocacy services to Medicare enrollees and provides education to healthcare consumers on how to advocate for themselves.

## **7. CITYWIDE COMMUNITY DEVELOPMENT BLOCK GRANT SENIOR SERVICES (contracted)**

*Alternative Housing for the Aging* – provides affordable housing alternatives for low-income seniors through roommate matching, referrals and Co-op housing communities.

*Evidence Based Program* – provides older adults with programs that enhance wellness skills in the areas of self management/healthier living, physical activity programs, and caregiver support or memory enhancement.

## **8. DEPARTMENT OF AGING DIRECT SERVICES**

*Information and Assistance (OAA)* - seniors can call the LADOA directly and be referred to a wide array of service providers including agencies that handle potential incidents of elder abuse. In addition to telephone information on local agencies and other services provided to seniors, a directory identifying LADOA programs and agencies by local region is available. Service referral is provided to assist Spanish-speaking and Asian language-speaking seniors.

*Family Caregiver Support Program* – provides training and education for family members who are responsible for the care of an older family member. Also, conferences are conducted to assist caregivers in assessing their role and facilitating access to caregiver resources. Conferences are provided in English and Spanish.

*Senior Community Service Employment Program (OAA)* – eligible participants (ages fifty-five and over who meet federal low-income guidelines) are paid to work twenty hours each week at senior centers, libraries, child care centers, and other nonprofit community service organizations. This program offers participating seniors the opportunity to remain active and productive as well as to supplement their retirement incomes. The goal is to transition these elderly individuals back into unsubsidized employment environments.

*Emergency Alert Response Program (CDBG)* - telecommunication equipment that assists a senior in the event of an emergency is offered through this program to homebound seniors who live alone and meet certain federal income guidelines. This is a collaborative effort with regional Case Management programs.

*Save Our Seniors (SOS)[City Funded]* - collaborative program with the City's Department of Water and Power (DWP), Housing Department, multipurpose senior centers (MPC), and sponsoring agencies. DWP representatives are on the alert for signs that a senior may be in need of assistance to maintain their independence. On referral, case managers at a local MPC are responsible for evaluating and addressing each situation.

*DWP Summer Fan Program* - The LADOA also collaborates with DWP and other utilities on the distribution of fans to help seniors cope with the hot summer months, telephone equipment, and enrolling low income older adults in LifeLine programs.

*Info4Life* – is a collaboration with local government emergency response agencies and Kroeger/Ralphs Supermarkets. ***This program (not funded with Older Americans Act funds)*** provides critical medical information to emergency response personnel during a medical emergency for older adults.

## **SECTION 4. PLANNING PROCESS / ESTABLISHING PRIORITIES**

The planning process of the LADOA for the period 2012-2016 is designed to support the local aging network of programs and expand the participation of older adults and caregivers in services. This Area Plan aims to position the network to benefit from emerging funding trends,

growing array of Evidence Based Programs, and enhance service delivery approaches to reduce service barriers.

The Department of Aging employed five approaches in conducting a comprehensive assessment of needs as part of this planning process. The methods used in this process included a needs assessment survey; analysis of the Elder Economic Security Index; Focus Groups; Public Hearings (See Section 7) and review of 2010 Census data (See Section 2).

The Council on Aging serving as the advisory body to the Department of Aging, in their duty to assist in identifying trends and emerging needs within the older adult community and new models of programs and services, participated in development of this Area Plan.

## **SECTION 5 - NEEDS ASSESSMENT**

The LADOA conducted a five part needs assessment for PSA25. The five components of the needs assessment were as follows:

- Needs assessment survey
- Elder Economic Security Index Analysis
- Focus Groups
- Public Hearings (See Section 7)
- 2010 Census data (See Section 2)

This section will focus on methodology, survey demographics; presentation of finding in topic areas that include Health Status, Information and Assistance Needs/Service Needs, Housing Needs, Transportation Needs, Caregiving Needs, Emergency Preparedness/Disaster Preparedness Needs, and Financial Needs/Elder Economic Security Standard Index.

### **Methodology**

The LADOA – PSA 25 developed a needs assessment survey containing 87 questions that encompass respondent demographics, health/ wellness, participation & interest in programs/ services, various concerns, emergency preparedness, and technology. A total of 2,746 paper surveys were distributed to older adults 60 years and older and caregivers 55 years and older throughout Los Angeles.

Surveys were distributed in English (1,809), Spanish (707), and in Korean (230). Special efforts were made to reach older adults outside of the PSA 25's network of multi- purpose senior centers (MPCs), surveys were distributed to affordable senior housing, family assistance centers, Los Angeles Department of Recreation and Parks operated senior centers, Los Angeles Public Library branches, long-term care facilities, Los Angeles Work Source centers, and other organizations of relevance to seniors throughout the City of Los Angeles. With assistance of the Los Angeles Gay and Lesbian Center 175 surveys were distributed to seek input from the LGBT community. Surveys were distributed in hard copies, a PDF and via an electronic link of the survey available on the homepage of the Department of Aging website (<http://aging.lacity.org>). Outreach to long term care facilities involved collaborating with twelve (12) long-term care facilities in the City of Los Angeles for inclusion in the survey. In addition,



survey outreach to the focal points included ensuring representation of home delivered meals clients.

**Survey Demographics** - Of the 974 survey respondents:

### **Sex/Gender/Sexual Orientation**

- 60.9% identified as female
- 39% identified as male
- .1% identified as transgender
- 15% identified as Lesbian/Gay/Bisexual/Transgender (LGBT)

### **Age Range**

- 36% of the respondents were between the ages of 65 and 74
- 31% were between the ages of 75 and 84
- 12% were over the age of 85
- 12% were between the ages of 60-64
- 9% were under the age of 60

### **Disability Status**

- 68% needed assistance with completing the survey
- 35.5% indicated that they are an adult with a disability
- 64.5% indicated they were not disabled

### **Race/Ethnicity**

- 25.5% of respondents identified as white
- 15.3% identified as Mexican/Mexican-American
- 14.6% identified as Korean
- 12.3% identified as Hispanic/Latino other
- 9.7% identified as Black/African American
- All other racial/ethnic groups represented a total of 22.6% with less than 4% of the total respondents identifying as Alaska Native, Native Hawaiian, Chinese, Japanese, Vietnamese, Asian Other, Cuban, Puerto Rican, Multi-Racial, and Other

### **Languages**

- 50.9% of survey respondents spoke English
- 25.5% reported speaking Spanish
- 15.2% reported speaking Korean
- 5.3% reported speaking Tagalog/Illocano, Vietnamese, Farsi, and other
- 3.1% reported speaking Mandarin/Cantonese

## **Education Background/Military Status**

- 22.6% indicated less than a high school diploma
- 22.5% percent indicated some college
- 17.6% indicated high school level only
- 16.2% indicated receiving a Bachelor's Degree
- 11% indicated no formal schooling
- 10.1% indicated receiving a Graduate/Advanced Degree
- 17% of respondents indicated they were military veterans

## **Retirement/Work Status**

- 63.7% reported they were retired.
- 12.5% reported not working due to disability
- 6.9% reported as a Homemaker
- 6.5% reported looking for work
- 5.4% reported working part-time
- 5% reported working full-time

## **Marital Status**

- 28.7% of respondents were married
- 26.7% were widowed
- 22.9% were single
- 15.7% were divorced
- 3% were separated
- 3% were in domestic partnerships

## **Income**

- 49.2% reported \$0-999 monthly income
- 32.4% reported \$1,000 – 2,499 monthly income
- 18.4% reported \$2,500 and above monthly income

## **Living /Housing Situation**

- 51.2% reported living alone
- 28.1% reported living with spouse/partner
- 10.9% reported living with son/daughter
- 4.7% reported living with non-family
- 3.2% reported living with other family

- 1.9% reported other in living situation
- 50.2% live in an apartment
- 42% live in a home
- 3.2% live in assisted living/board
- 1.5% live in mobile/modular housing
- .3% live in a hotel/motel
- 2.8% report other
- 64.1% percent pay rent
- 18.8% have home paid off
- 14.3% pay a mortgage
- 2.8% report other

## **Issues and Concerns**

The following were rated strongly as current issues/concerns by the survey respondents:

- Paying for dental care (56%)
- Planning for future needs (50%)
- Getting needed medical care (48%)
- Finding services/benefits (48%)
- Staying socially active (47%)
- Loneliness/depression (47%)
- Understanding health care options (46%)
- Having a serious fall (44%)
- Paying for medication (43%)
- Having enough food to eat (42%)

The following were rated strongly as concerns/issues (within the next four years) by the survey respondents:

- Paying for my future care needs (29.7%)
- Dealing with Alzheimer's or other dementias (26.7%)
- Finding services/benefits to help me (24.3%)
- A serious fall (24.2%)
- Getting legal help (24.1%)
- Ability to continue driving safely (22.7%)
- Paying doctor/hospital bills (22.6%)
- Getting transportation (21.8%)
- Understanding my health care options (20.5%)
- Finding a reliable person to do in-home care (20.1%)

## Health Status

Issues identified from the survey included overall health rating/health status as a factor in carrying out activities, quality of life rating, chronic health problems, disability status, memory issues, health insurance status, falls, advance planning, frequency of medication use, mental health status, frequency of exercise, frequency of eating healthy food, and interest in health improvement activities.

### Overall Health Rating/Factor in Activities:

- 37.7% reported their health as good
- 36.4% reported their health as fair
- 17.5% reported their health as poor
- 8.4% reported their health as excellent

### Quality of Life

- 41.8% reported good quality of life
- 35% reported fair quality of life
- 12.2% reported excellent quality of life
- 11% reported poor quality of life

### Chronic health problems identified by the respondents are charted below:

<b>Chronic Health Problems</b>	<b>Percent of Seniors</b>
• Hypertension	51.0%
• Arthritis	40.9%
• Diabetes	27.1%
• Eye disease	24.3%
• Osteoporosis	22.3%
• Heart disease	16.1%
• Other	12.9%
• Asthma	8.2%
• None of these	7.3%
• Cancer	5.6%
• Bronchitis/ Emphysema	4.0%
• Kidney failure	3.0%
• Stroke	2.5%

### Disability Status

Overall, 36% of respondents reported having a disability. Among Black/African American's 50% reported having a disability.

### Memory Retention

Thirty seven percent of respondents indicated that they have no trouble remembering things, 42% indicated that it takes them longer to remember, and 21% indicated that they sometimes forget.

### Health Insurance/Access to Health care

The majority of older adults rely on Medicare (72%) or Medi-Cal (45%) for their health insurance coverage. However, 12% of Black/African American seniors surveyed indicated that they have no health insurance coverage and 15% of Hispanic/Latinos, compared to only 9% of all seniors surveyed.

Forty-eight percent of older adults surveyed stated they are concerned right now with getting the medical care that they need, compared to 58% of Black/African American, 57% of Hispanic/Latino, and 59% of Korean seniors who are concerned about getting the medical care that they need.

Eighty-nine percent of the respondents reported having a primary care doctor. Forty-three percent of survey respondents identified paying for medications as an immediate concern. Fifty-three percent of Hispanic/Latino respondents and 55% of Black/African American respondents indicated that they are concerned with paying for medications.

### Falls

Twenty-six percent reported falling within the last twelve months. Of these, 13% reported receiving medical care.

### Advance Planning

Sixty-five percent of the respondents do not have an advance plan for health care decisions, for power of attorney or a will or trust. Twenty-four percent have a will or trust, 21% have an advance plan, and 14% have a Power of Attorney. LGBT older adults reported higher ratings for this area: 49.6% for will or trust, 47.3% for advance plan, and 41.2% for Power of Attorney.

### Medication Use

Eighty-five percent of all seniors surveyed indicated that they take anywhere between 1 and 20 prescription medications daily. The majority of respondents (54%) take between 1 and 5 prescription medications daily and 25% of respondents take between 6 and 10 prescription

medications daily. Fifty-two percent of survey respondents indicated that they take a least 1 over-the-counter or natural medication each day.

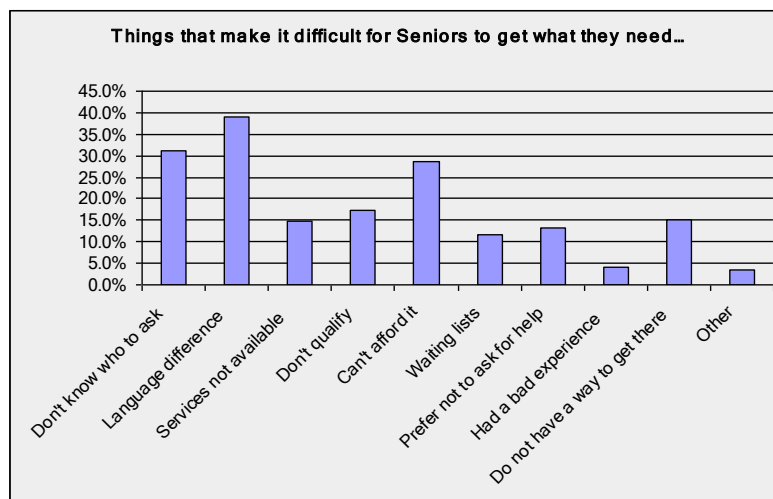
### Mental Health

Seventy-three percent of all survey respondents described their overall mental health/ emotional well-being as good or fair. While 78% of older adults expressed that they have felt lonely, sad, or depressed at least sometimes during the past month. Of the LGBT Older Adults responding to the survey, 59.7% reported feeling sad, lonely, or depressed during the last 30 days.

### Exercise/Eating Healthy Food/Health Activities

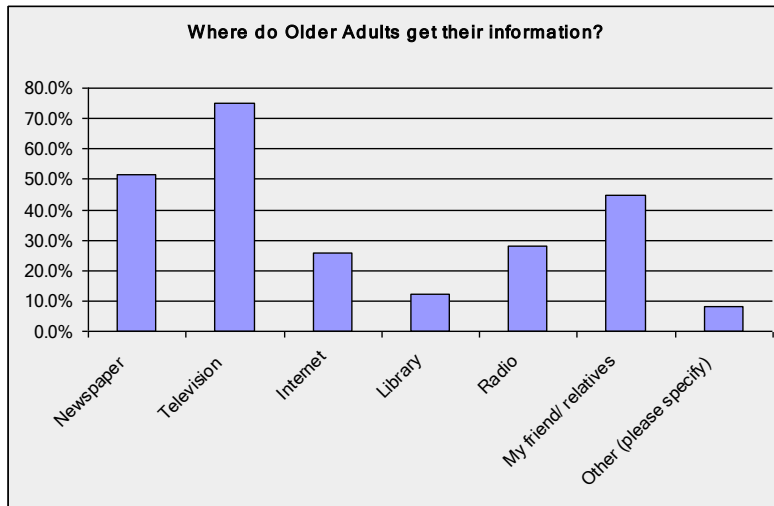
Survey results indicated that Older Adults get varying levels of exercise. Forty-five percent of Older Adults exercise at least 1-3 days out of the week. Only 14% exercise all 7 days in the week. Fifty-nine percent of older adults eat healthy foods 2-3 times per week. Forty-nine percent indicated that they are interested in exercise classes, 20% indicated that they are interested in walking clubs, and 32% indicated that they are interested in programs to improve their health. Thirty-two percent of the seniors surveyed indicated that they are interested in programs to improve their health.

**Information and Assistance/Program Needs** - Thirty-one percent of older adults indicated that it is difficult to get the things that they need, because do not know who to ask and 39% stated that a language difference keeps them getting the things that they need. When asked what makes it difficult to get the things that they need 53% of Hispanic/Latino respondents identified language differences. Sixty-eight percent of Korean respondents indicated that language makes it difficult for them to get the things that they need.



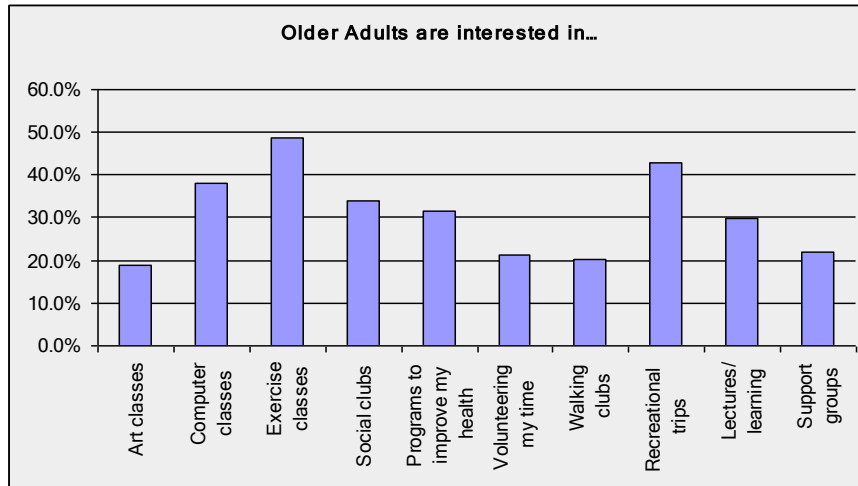
Cost (29%) is also barriers that older adults face when trying to get the things that they need. The majority (75%) of older adults get their information from television, 52% from the newspaper, 45% from friends and relatives, 39% use computers and 37% use the Internet.

Service Needs/Service Use/Information Needs:



One-fourth of older adults indicated that they would like to learn how to use both a computer and the Internet. And 38% indicated that they are interested in classes to learn how to use the computer and/ or improve their computer skills. Among the topics of interest for older adults are planning for their future care needs (50%); understanding their health care options (46%); and finding benefits/ services to help themselves (48%). At least 6 survey respondents stated that they would like to see more services and programs for LGBT seniors offered at more focal points in the City.

Older adults indicated a strong interest in exercise classes (47%), recreational trips (43%), computer classes (38%), social clubs (34%), and volunteering (21%).



Forty-seven percent of the older adults surveyed are concerned right now with staying socially active. In the open comments section of the survey, respondents offered several suggestions on the types of programs that they would like to see offered such as theatre programs, writing/poetry programs, computer classes, sewing/ knitting classes, music events, art shows, yoga classes, and line dancing.

### Service Use

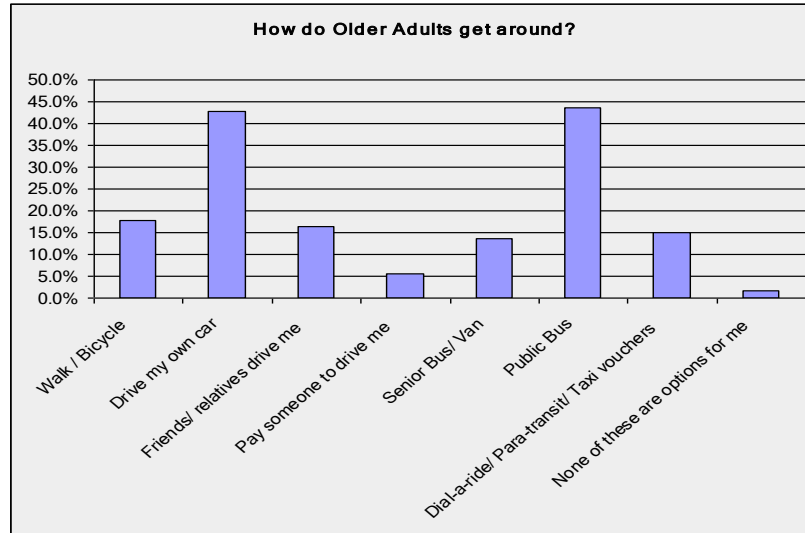
Seventy-four percent of seniors indicated that they have used the senior center lunch service in the past year, 33% use Care Management, 24% use Senior Transportation, 7% use Home-Delivered Meals, 7% use Legal Services, and 3% have used Ombudsman services.

**Housing Needs** - Over 50% of older adults surveyed live alone. Twenty-eight percent live with their spouse or partner and 11% live with their son or daughter. About half of older adults live in an apartment/ condominium/ town house and 42% live in a house.

Over half of all seniors (64%) pay rent, while 14% pay a mortgage, and 19% indicated that their home is paid off. Thirty-eight percent of older adults mentioned that paying for/ finding affordable safe housing was an immediate concern. For Black/African American and Hispanic/Latino respondents, 48% placed 'paying for housing/finding affordable safe housing' as an immediate concern. When asked what types of program/services for older adults they would like to see offered by the City of Los Angeles, 18 respondents mentioned affordable housing. The LADOA will advocate for such needs, and will provide assistance through existing Information and Assistance programs.

**Transportation Needs** - Getting transportation was listed as an immediate concern for 40% of the older adults surveyed. Twenty-four percent of seniors use the Senior Transportation Program that currently exists. Fourteen percent of older adults use the Senior Bus/van service and 15% use the Dial-a-Ride/Para-transit service. However, 27% mentioned transportation as something that keeps them from doing the things that they like to do.





Forty four percent of older adults use the public bus for transportation, 43% drive, 18% walk or use a bicycle, and 17% rely on friends/family members for transportation. Twenty survey respondents mentioned transportation when asked what services/programs they would like to see offered by the City of Los Angeles. Issues with the current transportation available that were mentioned included the high cost, poor accessibility, and lack of services/ availability.

National comparative trend data from a study conducted by the Center for Neighborhood Technology in 2011 reveals that only 17% of Los Angeles' seniors will experience poor access to public transportation by 2015 (compared to 90% of seniors in Atlanta and 41% in New York City).

**Caregiving Needs** - Eighteen percent of the older adults surveyed are the primary caregivers for a family member or loved one. Of these, 61% care for their spouse or partner. Overall, caregivers surveyed reported providing an average of 33 hours of care per week (40% providing 1-10 hours, 22% 40+ hours), compared to a national average of 20 hours per week as reported by the National Alliance for Caregiving and AARP; and 13% of caregivers nationally who provide 40+ hours of care per week (*National Alliance of Caregiving and AARP, 2009*).

Survey shows that the things that caregivers need help with most are dealing with agencies to get services (36%), having someone to talk to/ counseling (33%), getting information (29%), and taking a break to meet their own needs (34%). Forty-five percent of caregivers surveyed indicated that they never request respite or relief from their role, while 26% indicated that they request over 10 days per month for relief from their role.

While few respondents identified as a caregiver, it is estimated that over 500,000 adults in the City provide informal care to a loved one.

### Emergency/Disaster Preparedness Needs

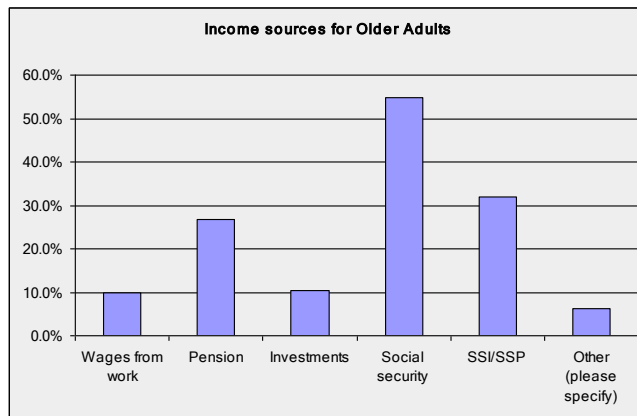
Over half of all older adults (52%) lack a plan to evacuate from their home in case of an emergency or have a collection supplies, water, and contact information in the event of a

disaster, and 55% do not have a supply of prescription medications prepared in case of an emergency/ disaster. Twelve percent indicated that they would like help with creating a plan.

### Financial Needs

Forty-nine percent of the older adults surveyed indicated that they live on an income of less than \$1,000 per month and 50% do not usually have enough money to pay for their regular expenses. These percentages are even higher from respondents from certain racial/ethnic communities. According to the survey, 62% of Hispanic/Latino seniors live on less than \$1,000 per month and 59% stated that they usually do not have enough money to pay for their regular expenses. Seventy-seven percent of Korean seniors surveyed live on less than \$1,000 per month, and 80% indicated that they do not usually have enough money to pay for their regular expenses. Half of the Black/African American seniors surveyed (50%) have a monthly income less than \$1,000, and, 62% do not usually have enough money to pay for their monthly expenses.

The majority of older adults (55%) stated that they receive social security. Thirty-two percent indicated that they receive SSI/ SSP and 28% indicated that they receive a pension.



Seven percent of all survey respondents indicated that they are looking for work, with 10% of Hispanic/Latino and 11% of Black/African American seniors. Twenty-nine percent of all older adults surveyed indicated that they have difficulty getting the things that they need, because they can not afford it, and 39% for Black/African Americans.

### ELDER ECONOMIC SECURITY STANDARD INDEX

This section applies the City of Los Angeles' Elder Economic Security Standard Index (UCLA Center for Health Policy Research, January 2012) to financial data from the survey. According to the Index, it takes at least \$1,947 for a single elder renting a one bedroom apartment to cover their basic monthly expenses. These expenses include housing, food, transportation, health care (considering they are in good health), and other miscellaneous expenses. This amount is even greater for seniors who are paying a mortgage (\$2,941 for a single elder with a mortgage).

Based on these Elder Economic Index estimates, the 49% of older adults who reported on the needs assessment survey that they make less than \$1,000 per month, have less than half of the amount of money needed to pay for their basic monthly needs. Several of the top concerns that survey respondents had around the ability to pay for basic monthly needs such as housing, food, transportation, and health care confirm the financial needs that the Elder Economic Index figures suggest. As reported earlier, forty-two percent of all seniors indicated that they are concerned with having enough food to eat. Thirty-eight percent of all seniors surveyed are concerned with paying for and finding affordable safe housing. Forty percent of all seniors reported that they are concerned with getting transportation. Survey respondents also indicated great concerns about paying for medications (43%) and paying for doctor/ hospital bills (35%). Also several survey respondents specifically mentioned that they would like to see more affordable housing and transportation (discussed in previous parts of this section).

According to the needs assessment survey, 55% of older adults rely on Social Security as a source of income and 32% of the respondents rely on SSI/SSP. According to the Elder Index for the City of Los Angeles, maximum SSI payments and median Social Security payments are not large enough to cover basic needs/expenses. This means that for seniors relying solely on Social Security and SSI/SSP, their expenses are likely to exceed their income.

Since half of all older adults indicated that they rent their property. A single elder renting a one bedroom apartment would need \$23,368 per year to meet their basic needs. If they received the maximum SSI payment of \$10,140, they would still need \$13,228 per year to cover their basic needs/ expenses. If they received the median Social Security payment of \$10,679 per year, they would still need \$12,689 each year to cover their basic needs/expenses. If they received both the maximum SSI payment and the median Social Security payment, for a total of \$20,819, they still would not have enough money to meet their basic needs each month. This income gap is even greater for older adults paying a mortgage and those who do not qualify for assistance programs such as SSI/SSP.

Census data also shows an increase in number of seniors at the poverty level and an increase in costs over the same period in the City of Los Angeles. In 2010, the number of seniors at or below the poverty level increased by 77,828 since 2000 to 540,471 (14.4%) which is in part due to the 2.8% average annualized increase in the Consumer Price Index for the same period.

## **FOCUS GROUPS**

Four focus groups were conducted to elicit responses for older adult needs in senior center (focal point) and in a larger community setting within PSA25 as part of the Needs Assessment process for Area Plan 2012 - 2016. The focus groups were held as follows:

- A. Hollywood Multipurpose Senior Center (MPC) – August 26, 2011
- B. People Coordinated Services/Crenshaw Multipurpose Senior Center (PCS-MPC) – August 31, 2011
- C. Wilmington Multipurpose Senior Center (MPC) – September 8, 2011
- D. St. Barnabas Multipurpose Senior Center (MPC) – September 12, 2011

All focus groups were jointly produced by the City of Los Angeles Department of Aging (LADOA – PSA 25) and the County of Los Angeles Department of Community and Senior Services (CLADCSS – PSA 19), in association with the University of Southern California, Edward Roybal Institute (USC-ERI). USC-ERI provided technical assistance related to preparation of focus group questions, protocols, and providing focus group facilitators and note takers. LADOA for the focus groups held within PSA 25 coordinated the focus group sites. Each focus group was recorded and a transcript produced by either a professional transcription service or staff with specialty language skills. A summary report was produced for each focus group session regarding the major topics/issues raised. Staff from both LADOA and CLADCSS assisted at the four groups. Each session was scheduled to last two hours.

Two of the focus group sites, Hollywood and St. Barnabas MPC, were conducted with specific older adult populations. Hollywood MPC set up a group that was focused on LGBT older adults. St. Barnabas MPC focused on a Korean older adult group. Both these focus groups were constructed due to the strong client demographic makeup of these populations within each MPC. The other focus group sites, PCS MPC and Wilmington MPC, were made up of a more general representation of the MPC client population. The focus groups were comprised of a total of 27 persons.

#### Hollywood MPC Focus Group

There were two main themes/issues raised at this focus group, communication issues between older adults and both agencies/service providers in the larger community and the senior center. The second main issue raised was unmet service needs and lack of resources both in the larger community and the senior center level.

Issues within this category included:

- Poor health care
- Rising expenses
- Access to public transportation
- Quality of housing
- Need for outreach regarding senior center services such as legal services, medical/health/healthy aging issues, financial planning, social services, and social advocacy
- Forming health related resource groups

#### People Coordinated Services (PCS) MPC Focus Group

Participants indicated concern over neighborhood quality of living issues.

The participants indicated three important issues:

- Transportation – cutbacks in health/insurance provider transportation to medical appointments, as well as cutbacks in public transportation (buses)
- Medical cost increases – (insurance, doctor visits, and prescriptions)

- Communications – understanding insurance services/Medicare, doctors/pharmacists explanations

### Wilmington MPC Focus Group

Senior in Wilmington reported:

- Need for more outreach to homebound seniors
- Communication issues on services from staff to center participants
- Safety issues (limited law enforcement presence/unsafe sidewalks)
- Limited response from Caregiving agencies
- Quality of hospice care
- Limited hours In Home Supportive Services
- Poor quality of transportation services to hospitals/lack of bus benches

### St. Barnabas MPC Focus Group

Respondents were a group of male Korean older adults. The main issues raised were communications in the community and the MPC; shortage of public services; and the need for more staff who could speak Korean and more services/program signage in Korean.

The common issues linking all four focus groups included communications (All four groups); Transportation (Three groups); Health – quality and cost (Two groups); Language diversity – and associated challenges (Two groups).

## **PUBLIC HEARINGS**

Three (3) public hearings were conducted throughout the City of Los Angeles to insure opportunities were available for seniors to provide oral and written testimony to the development of the 2012 - 2016 Planning and Service Area Plan. All of the Public Hearings were conducted jointly with the Los Angeles County Area Agency on Aging (PSA 19). The LADOA posted public hearing notices in a city-wide circulated newspaper. The notice was posted on the LADOA website and also forwarded to contractors for dissemination throughout the communities in which they serve. Each of the 15 Council Districts were contacted and advised of the public hearings to facilitate awareness of this event. The public hearings were presided over by the LADOA's General Manager, the President of the AAA's Council on Aging, and the AAA's Director of Planning. The joint Public Hearings were presided over by the LADOA's General Manager and the Director of the County of Los Angeles's Community and Senior Services Division (County AAA). The Public Hearings focused on topics were open to comments and/or questions on any issue affecting older adults and caregivers.

More details on the public hearings are contained in Section 7.

## **CENSUS 2010 DATA**

A comprehensive review of the 2010 Census is covered in Section 2.

Among the major trends identified are:

- rapid growth in the number of older adults in relation to the overall population
- racial/ethnic diversity of Los Angeles's older adults
- increase in number of older adults living at or below poverty rate
- increase in number of older adults in the labor force

## **SECTION 6. TARGETING**

The main targeting priorities established by the Older Americans Act as amended in 2006 are providing services to older individuals with the greatest economic need and the greatest social need, older individuals with limited English proficiency, and older individuals at risk for institutional placement, with particular attention to low-income Minority individuals.

The LADOA meets these priorities by targeting older individuals with income levels at or below the Poverty line, individuals in greatest social need caused by non-economic factors such as physical/mental Barriers, limited English speaking abilities, cultural, social or geographic isolation that restricts the capacity of the individual to perform normal daily tasks, or threatens the capacity of the individual to live independently, older individuals with severe disabilities, and older individuals with Alzheimer's disease or related dementias.

The LADOA uses a City Funding Formula (CFF) uses Census data to target funds within each Aging Service Area (ASA). Since 1984, the City has used a targeting formula to insure the mandates of the Older Americans Act and the Older Californians Act. The Current CFF formula allocates funds to the 15 ASAs and the Central Business District areas.

<u>Formula Factor</u>	<u>% Weight</u>
60+	20
Frailty	30
60+ minority	25
Low Income	25

In response to the language access needs of residents, two agencies with language and cultural capacity provide information and assistance services citywide targeting those who speak Spanish and various Asian/Pacific Islander languages.

All Title III-C contractors and providers deliver culturally/ethnically appropriate menus that are also used to outreach and attract participants.

The Senior Community Service Employment Program (Title V) designed to support low-income unemployed individuals to gain skills needed for entering the labor force and maintain independence.

## TARGET POPULATION CHARACTERISTICS

### Demographic Definitions

*White, Not of Hispanic Origin* – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as “White” or report entries such as Irish, German, Italian, Lebanese, Near Eastern, Arab, or Polish.

*Black or African American, Not of Hispanic Origin* – a person having origins in any of the black racial groups of Africa.

*Hispanic/Latino Origin* – a U.S. or foreign born person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

*American Indian/Alaskan native, Not of Hispanic Origin* – a person having origins in any of the original Peoples of North, Central, and South America and who maintain cultural identification through tribal affiliation or community recognition.

*Asian, Not of Hispanic Origin* – a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

*Native Hawaiian/Pacific Islander* – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

*Other Ethnicity* – all other responses not included in the White, Black, Hispanic, American Indian/Alaskan Native, Asian, and Native Hawaiian/Pacific Islander races.

### Quality of Life Descriptions

Activities of Daily Living – for AoA reporting, an “ADL” is defined as the inability to perform one or more of the following five activities of daily activity without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, and transferring in and out of bed.

*Instrumental Activities of Daily Living* – for AoA reporting, an “IADL” is defined as the inability to perform one or more of the seven instrumental activities of daily living without personal assistance, stand-by Assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework and doing light housework.

*Self-Care Disability* – A condition that makes it difficult for a person to perform any of the Activities of Daily Living which renders that person incapable of taking care of themselves.

*Go Outside Disability* – A person that suffers from a long-lasting physical, mental, or emotional condition that impedes them from being able to go outside the home alone.

*Poverty* – An income at or below the official poverty guideline (as defined each year by the Office of Management and Budget, and adjusted by the Secretary (DHHS)).

*Living Alone* – A one person household (using the Census definition of household) where the householder Lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes.

## **SECTION 7. PUBLIC HEARINGS**

The following joint public hearings provided both the City (PSA 25) and the County AAA (PSA 19) with an opportunity to invite older adults, caregivers, members of the community, and service providers to share their service needs and identify service gaps. In addition, the public hearings provided the AAAs with an opportunity to highlight our efforts to develop a program system that delivers services in a seamless network, safety in the event of an emergency, and maintaining quality of life through health promotion and disease prevention services. Additionally, public hearing panel members discussed and solicited responses regarding programs funded with Older Americans Act, Community Development Block Grant, and Proposition A Local Transit Assistance Fund dollars. Attendees were given the opportunity to discuss mandated program funding which included adequate proportion, program development and coordination and Information and Assistance allocations and prioritizing services for funding.



Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? <sup>2</sup> Yes or No	Was hearing held at a Long-Term Care Facility? <sup>3</sup> Yes or No
2012-13	1/5/12	Centro Maravilla Service Center, 4716 Cesar E. Chavez Avenue, Los Angeles, CA 90022	23	Yes	No
2012-13	1/10/12	ONEgeneration Senior Enrichment Center, 18255 Victory Blvd., Reseda, CA 91335	68	Yes	No
2012-13	1/11/12	Wilmington Multipurpose Senior Center, 1371 N. Eubank, CA 90744	62	Yes	No
2013-14					
2014-15					
2015-16					

**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.

PSA25 included sign language and captioning services at each of the public hearing sites.

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

Yes. Go to question #3

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

3. Summarize the comments received concerning proposed expenditures for PD and C

No Comments received.

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

Yes. Go to question #5

No, Explain:

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

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

5. Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services. No comments received.
6. List any other issues discussed or raised at the public hearing.

Participants at the public hearings noted the following concerns/issues:

- A. The need for affordable housing.
- B. The need for more public transportation (more hours, easier access to focal points).
- C. Maintain and/or expand exercise wellness programs.
- D. Concern over loss of Adult Day Care programs.
- E. Concern over unemployment.
- F. Concern over cuts in state older adult services.
- G. Need to maintain family caregiver resources and links to community resources.
- H. Concern over limitations on food stamps.
- I. Increase coordination of all agencies involved in the delivery of senior services.

NOTE: Any changes to the Area Plan which were a result of input by attendees.

Area Plan will address transportation, Evidence Based Programs which provides exercise programs, and work on enhancing delivery of Family caregiver programs.

## **SECTION 8 - IDENTIFICATION OF PRIORITIES**

The identification of priorities involves analyzing the data that arises from the Needs Assessment regarding changes to existing services and determining new initiatives through Goals and Objectives. The LADOA is committed to continuous data driven decision making to ensure efficient use of limited resources, identify emerging trends and changing priorities.

The LADOA consistently seeks counsel, resources, and data from prominent local experts drawn from gerontology and geriatric disciplines at UCLA, USC, California State University – Los Angeles and senior managers of major provider organizations. In addition, LADOA supports the Knowledge Fair, an annual gathering of Senior Center Directors for the purpose of discussing the impact of regional issues on older adults and family caregivers; programmatic best practices and resources; and information sharing. This annual event brings together providers, local experts, and staff from both PSA 25 and PSA 19.

The LADOA continues to work with PSA 19 in implementing a regional approach to planning, service delivery, advocacy and human resources; developing a common language among the provider network; maximizing administrative resources by building on strengths and improving policy, program, and budgetary efficiencies; and establishing a process for system accountability that can measure the impact of services on the quality of life for seniors and their families in the Los Angeles metropolitan region. The LADOA also develops policy within the City structure in consultation with the Council on Aging (CoA). Policy recommendations are developed by the CoA through its various committees.

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

**Goal # 1**

<p><b>Goal: Promote an interdependent, comprehensive, accessible, culturally sensitive, and socially inclusive system of programs for older adults and caregivers.</b></p>
<p><b>Rationale: The LA Department of Aging’s (LADOA) mission is to promote a comprehensive, culturally sensitive, and socially inclusive system of older adult and caregiver community-based programs.</b></p>

Objective Number 1.1	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>Program Development staff and Information and Assistance staff will collaborate with the Veteran’s Administration (VA) to:</p> <ul style="list-style-type: none"> <li>● Attend VA sponsored events to identify veterans (60+) and link them to service providers.</li> <li>● Collaborate with VA to establish a “Vets for Vets” Network of Care wherein Vets receive caregiver training to look out for the welfare of their fellow Vets.</li> <li>● Provide ongoing training to Vets for Vets members to increase awareness of services for their family of Veteran caregivers to reinforce the Veteran’s Network of Care.</li> <li>● Host two regional Veterans Caregiver Conferences reinforcing how Veterans can care for Veterans.</li> </ul>	<p>7/1/12-6/30/13</p> <p>7/1/13-6/30/14</p> <p>7/1/14-6/30/15</p> <p>7/1/15-6/30/16</p>	<p>C</p>	

Objective Number 1.2	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>Planning Staff will continue to build collaborative partnerships with LGBT organizations in PSA 25.</p> <ul style="list-style-type: none"> <li>● Continuing LGBT cultural competency via 15 trainings to staff at all focal points for raising awareness of LGBT older adult issues and linking them with services: <ul style="list-style-type: none"> <li>○ 5 in fiscal year 2012-13</li> <li>○ 5 in fiscal year 2013-14</li> <li>○ 5 in fiscal year 2014-15</li> </ul> </li> </ul>	7/12/12-6/30/15	PD	
Objective Number 1.3	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>Direct Services Division and Senior Community Service Employment Program (SCSEP) staff will Implement the Job Access Reverse Commute (JARC) Transportation Program to target low-income, employment-seeking residents (Title V enrollees) who need improved access to job interviews, job training, and newly achieved unsubsidized employment. The Metropolitan Transportation Agency (MTA) will provide grant funds to administer and operate the program along with capital funds for vehicle purchases.</p> <ul style="list-style-type: none"> <li>● Initiate and market JARC program with an estimated 45 riders per day at three agencies for a total of 10,800 rides per year.</li> <li>● Expand JARC program to eight agencies with an estimated 120 riders per day for a total of 28,800 rides per year.</li> <li>● Expand JARC program to sixteen agencies with an estimated 240 riders per day for a total of 57,600 rides per year.</li> <li>● Evaluate and implement program sustainability models per MTA guidelines,</li> </ul>	<p>7/1/12-6/30/13</p> <p>7/1/13-6/30/14</p> <p>7/1/14-6/30/15</p> <p>7/1/15-6/30/16</p>		

Objective Number 1.4	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>Program Development staff will expand the two-part emergency preparedness workshops to assist seniors in developing an emergency kit that is responsive to seniors' individualized needs, circumstances, and/or environment. These workshops include training on an emergency preparedness checklist that addresses 10 essential actions, supplies, and items. Part 1 of the workshops includes 4 sections to train the trainer and Part 2 includes 4 sections to teach staff and volunteers. The expanded training will be carried out by:</p> <ul style="list-style-type: none"> <li>● Continuing the collaboration with the LA County Department of Public Health, and UCLA schools of Medicine and Public Health to find funding for the workshops in five Aging Service Areas to assist seniors develop 500 emergency “go kits”.</li> <li>● Expand the program to five more Aging Service Areas to assist seniors develop “go kits” and approach private sector companies to request donations for components of the “go-kits.”</li> <li>● Complete the program expansion to the remaining five Aging Service Areas to assist seniors develop “go kits” with a production and distribution target of 500 “go kits” for seniors for use throughout the City.</li> <li>● Build on the workshop model already produced to with a focus on family caregivers and expand its use citywide.</li> </ul>	<p>7/1/12-6/30/13</p> <p>7/1/13-6/30/14</p> <p>7/1/14-6/30/15</p> <p>7/1/15-6/30/16</p>	<p>PD</p>	

Objective Number 1.5	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>Information and Assistance staff will enhance family caregiver service delivery by the following approaches:</p> <p><u>Family Care Re-branding Project</u></p> <ul style="list-style-type: none"> <li>Evaluate more effective naming/identification of family caregiver services. Feedback from caregivers continues to indicate that they do not identify with the title ‘family caregiver’. Staff will test “brand” effectiveness of Title III E service program names such as “Caring for Your Loved One” or “Aging and Older Adults: How to Help Mom,” and revamp program materials accordingly.</li> <li>Staff will evaluate the success of the re-branding by targeted outreach in 4 Aging Service Areas based on attendance levels and the use of impromptu surveys at the beginning and end of presentations/trainings to determine if participants made the link between the link between the assistance they provide and the definition of a family caregiver.</li> <li>Approved promotional materials will be tested in 8 Aging Service Areas to ensure cultural and language appropriateness to ensure that the message is consistently received regardless group, setting or geographic location.</li> <li>Successful material will be printed in small quantities to promote presentations/trainings in all 16 Aging Service Areas to increase awareness and increase participation.</li> </ul> <p><u>Reaching out to Hospitals</u></p> <ul style="list-style-type: none"> <li>Staff will (by ASA) develop a network of at least 20 hospitals in PSA 25 to conduct outreach with hospital discharge planners, chaplains, occupational therapists and physical therapists to promote LADOA’s family caregiver services/informational materials and ascertain the hospital’s existing family caregiver programs (example: support groups, educational trainings).</li> </ul>	<p>7/1/12-6/30/16</p> <p>7/1/12-6/30/13</p> <p>7/1/13-6/30/14</p> <p>7/1/13-6/30/14</p> <p>7/1/14-6/30/15</p> <p>7/1/12-6/30/13</p>		

<ul style="list-style-type: none"> <li>• Staff will create a “Hospital Discharge Planners Services for Caregivers” link on the Network of Care to list the hospital’s family caregiver services.</li> <li>• Staff will provide participating hospitals with family caregiver informational packets, and provide presentations/trainings as requested on a continuing basis.</li> </ul>	7/1/12-6/30/13		
<p><u>Reaching out to Faith-Based Communities</u></p> <ul style="list-style-type: none"> <li>• Staff will identify 4 ASAs to develop one-on-one relationships with established faith-based clergy/lay leaders to inform them of LADOA’s family caregiver services and identify methods for reaching out to their congregations and to host a series of caregiver presentations/workshops.</li> </ul>	7/1/13-6/30/16		
<ul style="list-style-type: none"> <li>• Expand to 4 more ASAs based on best practices, with follow-up trainings at 4 prior ASAs.</li> </ul>	7/1/12-6/30/13		
<ul style="list-style-type: none"> <li>• Expand to 4 more ASAs based on best practices, with follow-up trainings at 8 prior ASAs.</li> </ul>	7/1/13-6/30/14		
<ul style="list-style-type: none"> <li>• Conclude with 3 ASAs based on best practices, with follow-up trainings at 12 prior ASAs.</li> </ul>	7/1/14-6/30/15		

Objective Number 1.6	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>Information and Assistance/Program Development Staff will address caregiver time constraints often reported by caregivers by offering support and training on topics such as stress reduction, dealing with dementia, mental health, and creating positive interactions via webinars and internet technology (i.e. podcasts, You Tube etc.).</p> <p>On a continuing basis:</p> <ul style="list-style-type: none"> <li>● Identify family caregivers with technical skills to participate in webinars and access podcasts/ You Tube video clips.</li> <li>● Develop and customize webinars/podcasts/video clips with relevant subjects such as emergency preparedness, dealing with agencies to get services.</li> <li>● Schedule and conduct webinars at least 6 webinars per year.</li> <li>● Record and upload at least 6 podcasts and/or You Tube video clips per year.</li> <li>● Survey participants/users on the usefulness of the trainings and come up with strategies for retaining interest in future Webinars/podcasts/You Tube videos.</li> </ul>	7/1/12-6/30/16		



Objective Number 1.7	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>Program Development staff will promote family caregiver services through its citywide network:</p> <ul style="list-style-type: none"> <li>● Conduct outreach to all 40 City department Human Resources sections requesting their participation in a brief survey about their employees family caregiver, services/program needs, highlighting the possible productivity gains and employee services</li> <li>● Offer on a quarterly basis presentations/trainings for departmental staff at regularly scheduled in-service meetings;</li> <li>● Offer infonars, informational e-mail blasts; informational packets for employees that indicate interest promoting caregiver services</li> <li>● Staff will evaluate its efforts via a yearly survey to assess if employees have founds information of use in managing their responsibilities.</li> </ul>	<p>7/1/12 – 6/30/13</p> <p>7/1/12 – 6/30/16</p> <p>7/1/12 – 6/30/16</p> <p>7/1/12 – 6/30/13</p>		

Objective Number 1.8	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>Develop a strategy for reducing the number of worker's compensation (WC) claims under the Title V program by:</p> <ul style="list-style-type: none"> <li>• Developing comprehensive WC Enrollee guidelines and include them in the Host Agency and Enrollee Manuals.</li> <li>• Scheduling Quarterly Regular Trainings for all Title V monitors on the subject.</li> <li>• Including WC prevention training as part of the semiannual SCSEP Host Agency Enrollee Safety Trainings.</li> <li>• Monitoring each WC case on a weekly basis to assure prompt resolution.</li> <li>• Developing a quarterly schedule for the monitors to visit each Host Agency in their district to discuss with enrollees any issue that may impact safety or resulting workplace injury as part of their annual reassessment.</li> <li>• Promptly notify Host Agencies' management of any reported issues/concerns/conditions identified during site visit that could adversely impact the safety of the enrollee(s).</li> <li>• Monitor scheduling a follow-up visit within 10 days of the observed condition.</li> </ul>	<p>7/1/12-6/30/13</p> <p>7/1/12 – 12/31/12</p> <p>1/1/13 – 6/30/13 Continuous 7/1/12 - Continuous</p> <p>1/1/13 – 6/30/13</p> <p>7/1/12 - Continuous</p> <p>7/1/12 - Continuous</p> <p>7/1/12 - Continuous</p>		

<b>Objective Number 1.9</b>	Projected Start and End Dates	Title III B Funded PD or C	Update Status
Develop a plan to integrate social media as a tool for outreach and for disseminating information to: <ul style="list-style-type: none"> <li>• implement use of social media as an extension of client outreach and information on a continuing basis throughout the Area Plan 2012-16 cycle.</li> </ul>	7/1/12-6/30/16	PD	

<b>Objective Number 1.10</b>	Projected Start and End Dates	Title III B Funded PD or C	Update Status
Explore opportunities to coordinate/collaborate and/or contract with Medi-Cal managed care plans as they move forward with realignment of dual eligibles, by: <ul style="list-style-type: none"> <li>• Reaching out to plans.</li> <li>• Assessing aging network provider capacity to offer additional reimbursed services.</li> <li>• Identifying opportunities to collaborate/coordinate with PSA 19 in this effort.</li> <li>• Insuring access to needed services for older adults.</li> </ul>	7/1/12-6/30/16  7/1/12 -13  7/1/12 -13  7/1/12 -13  7/1/12 ongoing	PD	

**Goal # 2**

<p><b><u>Goal:</u> Secure funding for program sustainability and strengthening capacity of service providers</b></p>
<p><b><u>Rationale:</u> Evidence Based Health Promotion Programs, national health reform and state level realignment are growing trends affecting older adults and persons with disabilities. These all provide new opportunities to upgrade service delivery systems for PSA25's client population.</b></p>

Objective 2.1	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>Program Development staff will establish a Medicare reimbursable diabetes Self Management Program throughout the Area Plan 2012-16 cycle with special focus on lower income communities by:</p> <ul style="list-style-type: none"> <li>• Actively participating in local Annual Diabetes Expo sponsored by the American Diabetes Association.</li> <li>• Working with the Administration on Community Living to establish reimbursement mechanisms available under Medicare to support Evidence Based Diabetes Education.</li> </ul>	<p>7/1/12-6/30/16</p>		

<b>Objective Number 2.2</b>	Projected	Title III B	Update
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	Start and End Dates	Funded PD or C	Status
<p>Program Management Division staff will implement the New Freedom Transportation Program to provide a Door-through-Door service for older adults with disabilities to engage them in available Evidence Based Health Promotion Programs Citywide. This transportation program will have an Escort Aide component that will provide personal support and physical support to the client in the home and to the van. Program components that will be launched during this Area Plan include:</p> <ul style="list-style-type: none"> <li>• Marketing the new program.</li> <li>• Taking delivery of vans in August 2012.</li> <li>• Training drivers by July 2012.</li> <li>• Initiating the program in fiscal year 2012-13 estimating an annual number of 17,667 unlinked passenger trips and log 133,333 passenger miles (total of 53,000 unlinked passenger trips and 400,000 passenger miles).</li> <li>• Monitoring and evaluating program impacts comparing performance with unlinked passenger trips.</li> <li>• Researching additional sources of funding to expand the program beyond the MTA three year limit.</li> </ul>	7/1/12-6/30/15		

<b>Objective Number 2.3</b>	Projected	Title III B	Update
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	Start and End Dates	Funded PD or C	Status
<p>The LADOA will apply to become an Aging and Disability Resource Center (LADRC) by:</p> <ul style="list-style-type: none"> <li>• Collaborating in fiscal year 2012-13 with LADRC partners such as PSA19, Centers for Independent Living, the 211 system, and the City of Los Angeles Department on Disability to plan for the LADRC application process.</li> <li>• Analyzing within the first fiscal year, methods and approaches of other Aging and Disability Centers in California.</li> <li>• Developing and submitting the application to the State of California.</li> <li>• Developing, once approved, training for PSA25, PSA 19 and other partners on terminologies.</li> <li>• Developing a services handbook for used by PSA25's Information and Assistance staff.</li> <li>• Updating Network of Care website to ensure validity of information.</li> </ul>	7/1/12-6/30/14	<b>C</b>	

**Goal # 3**

**Goal: Promote Elder Rights providing information and services that protect their dignity, independence, and financial assets.**

**Rationale: Providing older adults with information and services so they may protect themselves against elder abuse and neglect.**

Objective Number 3.1	Projected Start and End Dates	Title III B Funded PD or C	Update Status
Offer 5 workshops annually on how to protect yourself from falling victim to elder abuse and neglect.	7/1/12-6/30/16		

Objective Number 3.2	Projected Start and End Dates	Title III B Funded PD or C	Update Status
Offer 5 training and education workshops annually (related to the identification, prevention, and treatment of elder abuse, neglect, and exploitation) for professionals that work with older adults.	7/1/12-6/30/16		

Objective Number 3.3	Projected Start and End Dates	Title III B Funded PD or C	Update Status
Conduct complaint investigations on behalf of residents in long-term care facilities with an annual baseline resolution rate of 71.8%.	7/1/12-6/30/16		

Objective Number 3.4	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>Elder Economic Index will be incorporated into web-based Case Management application being developed by the department to support its focal points agencies by:</p> <ul style="list-style-type: none"> <li>• Incorporating Elder Economic Index into Case Management intake questions.</li> <li>• Developing and testing questions for use by Case Managers as part of an on-line assessment tool to be developed for Case Management programs.</li> </ul>	7/1/12-6/30/15		

**Goal #4**



**Goal: Improve health by expanding services that promote healthy living, physical activity, and mental/ emotional wellness for older adults**

**Rationale: Good health and emotional wellness contribute to improved quality of life for seniors. Promoting overall healthy living, including good nutrition, physical activity, and proper monitoring of health conditions will help to ensure that seniors may live healthier and happier lives.**

<b>Objective Number 4.1</b>	Projected Start and End Dates	Title III B Funded PD or C	Update Status
Program Management staff will continue support of Evidence Based Health Promotion (EBHP) programs by: <ul style="list-style-type: none"> <li>● Providing technical support to evidence based program providers in every ASA.</li> <li>● Identify new EBHP programs that may added to PSA 25 list of approved programs.</li> </ul>	7/1/12-6/30/16	PD	

<b>Objective Number 4.2</b>	Projected Start and End Dates	Title III B Funded PD or C	Update Status
Transition the Health Promotion and Disease Prevention Program to Evidence Based Programs under Title IIID focusing on the needs of underserved communities including racial/ethnic minorities, socio-economic status minorities, and geographic minorities.	7/1/12-6/30/16		

Objective Number 4.3	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>Program Development staff will implement use of Tailored Caregiver Assessment and Referral, an Evidence Based, six-step program designed to assist case managers address family caregivers who assist older adults, persons with disabilities, and veterans that has been demonstrated to reduce depression/stress; focuses on prevention not crisis, by:</p> <ul style="list-style-type: none"> <li>• Providing funding for training up to 14 case managers and 2 LADOA staff on TCARE program.</li> <li>• Conducting follow-up with the case managers on benefits of the training at bi-monthly meetings.</li> <li>• Developing and implementing citywide roll-out plan.</li> </ul>	7/1/12-6/30/14		

**SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES****PSA 25****TITLE III/VII SERVICE UNIT PLAN OBJECTIVES  
CCR Article 3, Section 7300(d)**

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

For services not defined in NAPIS, refer to the [Service Categories and Data Dictionary](#).

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 III B, III C-1, III C-2, III D, VII (a) and VII (b).

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	3921	1	
2013-2014			
2014-2015			
2015-2016			

**2. Homemaker****Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	14720	1	
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	3221	1	
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	785108*	1	
2013-2014			
2014-2015			
2015-2016			

\* Includes City General Fund Dollars

**5. Adult Day Care/Adult Day Health****Unit of Service = 1 hour**

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

**6. Case Management****Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	22889	1	
2013-2014			
2014-2015			
2015-2016			

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	861261*	1,2	
2013-2014			
2014-2015			
2015-2016			

\* Includes City General Fund Dollars

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

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

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	5238	1,2,3	
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	33224	1	
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	284622	1,2,3	
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	11466	1	
2013-2014			
2014-2015			
2015-2016			

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

- Each **Title III B** “Other” service must be an approved NAPIS Program 15 service listed on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.
- Identify **Title III D**/Medication Management services (required) and all **Title III B** services to be funded that were not reported in NAPIS categories 1–14 and 16. (Identify the specific activity under the Service Category on the “Units of Service” line when applicable.)
- **Title III D/Health Promotion and Medication Management requires a narrative goal and objective.** The objective should clearly explain the service activity being provided to fulfill the service unit requirement.

**Title III B, Other Supportive Services <sup>4</sup>**

For all Title IIIB “Other” Supportive Services, use the appropriate Service Category name and Unit of Service (Unit Measure) listed in the CDA Service Categories and Data Dictionary. All “Other” services must be listed separately. Duplicate the table below as needed.

**Service Category Health  
Physical Fitness**

**Unit of Service 1 Hour;**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	6389	1	
2013-2014			
2014-2015			
2015-2016			

**Service Category Personal Affairs Assistance  
of Service 1 Contact; Forms Completion/Letter Writing**

**Unit**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	11096	1	
2013-2014			
2014-2015			
2015-2016			

**Service Category Senior Center Activities  
Service 1 Hour; Senior Center Activities**

**Unit of**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	14560	1	
2013-2014			
2014-2015			
2015-2016			

<sup>6</sup> Other Supportive Services: Visiting (In-Home) now includes telephoning (See Area Plan budget).

**Service Category In-Home  
Visiting**

**Unit of Service 1 Hour;**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	9423	1	
2013-2014			
2014-2015			
2015-2016			

**Service Category In-Home  
Telephone Reassurance**

**Unit of Service 1 Contact;**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	17843	1	
2013-2014			
2014-2015			
2015-2016			

**Service Category In-Home  
Comprehensive Assessment**

**Unit of Service 1 Hour;**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	5739	1	
2013-2014			
2014-2015			
2015-2016			



**Instructions for Title III D /Health Promotion and Medication Management:** List number of contacts for unit of service being performed to fulfill the service unit requirement. If Title III D Health Promotion funds are designated to support Title III C Nutrition Education and/or Nutrition Counseling services, report the service units under Title III C NAPIS 9. Nutrition Counseling and/or NAPIS 12. Nutrition Education. Add an objective under Title III D Nutrition Education to identify if Title III D funds are used to pay for Title III C Nutrition Education service units.

- **Service Activity:** List all the specific allowable service activities provided in the definition of Title III D/Health Promotion in the CDA Service Categories and Data Dictionary, i.e., health risk assessments; routine health screening; nutrition counseling/education services; evidence-based health promotion; physical fitness, group exercise, music, art therapy, dance movement and programs for multigenerational participation; home injury control services; screening for the prevention of depression and coordination of other mental health services; gerontological and social service counseling; and education on preventive health services. Primary activities are normally on a one-to-one basis; if done as a group activity, each participant shall be counted as one contact unit.

**16. Title III D Health Promotion**

**Unit of Service = 1 contact**

**Service Activities: Health Screening**

- **Title III D/Health Promotion:** Enter 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(if applicable)
2012-2013	1461	1	
2013-2014			
2014-2015			
2015-2016			

**Service Activities: Health Counseling**

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

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	178	1	
2013-2014			
2014-2015			
2015-2016			

**Title III D Medication Management <sup>5</sup>**

**Units of Service = 1 Contact**

**Service Activities:** *Please note the current Medication Management program administered by the contractor qualifies as an evidence-based program under the minimum level criteria.*

- **Title III D/Medication Management:** Enter program goal and objective numbers in the Title III D Service Plan Objective Table below.

Fiscal Year	<b>Proposed</b> Units of Service	Program Goal Number	Objective Numbers (required)
2012-2013	265	1	
2013-2014			
2014-2015			
2015-2016			

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

**2012–2016 Four-Year Planning Cycle**

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

Baseline numbers are obtained from the local LTC Ombudsman Program's FY 2010-2011 National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

Targets are to be established jointly by the AAA and the local LTC Ombudsman Program Coordinator. Use the baseline year data as the benchmark for determining FY 2012-2013 targets. For each subsequent FY target, use the most recent FY AoA data as the benchmark to determine realistic 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 2009-2010 was 73%.

1. FY 2010-2011 Baseline Resolution Rate: <u>71.8%</u> Number of complaints resolved 3961 + Number of partially resolved complaints 381 divided by the Total Number of Complaints Received 6044 = Baseline Resolution Rate 71.8%
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2. FY 2012-2013 Target: Resolution Rate 71%
---

3. FY 2011-2012 AoA Resolution Rate ___% FY 2013-2014 Target: Resolution Rate ___%
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4. FY 2012-2013 AoA Resolution Rate ___% FY 2014-2015 Target: Resolution Rate ___%
--

5. FY 2013-2014 AoA Resolution Rate ___% FY 2015-2016 Target: Resolution Rate ___%
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Program Goals and Objective Numbers: Goal 3, Objective 3.3
--

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

FY 2010-2011 Baseline: number of meetings attended 86
2. FY 2012-2013 Target: 86
3. FY 2011-2012 AoA Data: ____ FY 2013-2014 Target: ____
4. FY 2012-2013 AoA Data: ____ FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: ____ FY 2015-2016 Target: ____
Program Goals and Objective Numbers: Goal 3,

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

1. FY 2010-2011 Baseline: number of meetings attended 6
2. FY 2012-2013 Target: number 6
3. FY 2011-2012 AoA Data: ____ FY 2013-2014 Target: ____
4. FY 2012-2013 AoA Data: ____ FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: ____ FY 2015-2016 Target: ____
Program Goals and Objective Numbers: Goal 3

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

1. FY 2010-2011 Baseline: number of consultations 130
2. FY 2012-2013 Target: <u>130</u>
3. FY 2011-2012 AoA Data: ____ FY 2013-2014 Target: ____
4. FY 2012-2013 AoA Data: ____ FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: ____ FY 2015-2016 Target: ____
Program Goals and Objective Numbers: Goal 3

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

1. FY 2010-2011 Baseline: number of consultations 308
2. FY 2012-2013 Target: <u>308</u>
3. FY 2011-2012 AoA Data: ____ FY 2013-2014 Target: ____
4. FY 2012-2013 AoA Data: ____ FY 2014-2015 Target: ____ _
5. FY 2013-2014 AoA Data: ____ FY 2015-2016 Target: ____
Program Goals and Objective Numbers: Goal 3

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

1. FY 2010-2011 Baseline: number of sessions 10
2. FY 2012-2013 Target: <u>7</u>
3. FY 2011-2012 AoA Data: ____ FY 2013-2014 Target: ____
4. FY 2012-2013 AoA Data: ____ FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: ____ FY 2015-2016 Target: ____
Program Goals and Objective Numbers: Goal 3

**G. Systems Advocacy**

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

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 improve pain relief or increase access to oral health care, 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)**

Provide education and advocacy related to the implementation of the new Federal mandatory reporting requirements.

**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 the total number of visits per year. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2010-2011 Baseline: 44%  Number of Nursing Facilities visited at least once a quarter not in response to a complaint 89 divided by the number of Nursing Facilities 202.
2. FY 2012-2013 Target: <u>44%</u>
3. FY 2011-2012 AoA Data: ___% FY 2013-2014 Target: ___%
4. FY 2012-2013 AoA Data: ___% FY 2014-2015 Target: ___%
5. FY 2013-2014 AoA Data: ___ % FY 2015-2016 Target: ___%
Program Goals and Objective Numbers: Goal 3

**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 the total number of visits per year. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2010-2011 Baseline: 6%  Number of RCFEs visited at least once a quarter not in response to a complaint 41 divided by the number of RCFEs 673
2. FY 2012-2013 Target: 6%
3. FY 2011-2012 AoA Data: ___ % FY 2013-2014 Target: ___%
4. FY 2012-2013 AoA Data: ___ % FY 2014-2015 Target: ___ %
5. FY 2013-2014 AoA Data: ___ % FY 2015-2016 Target: ___%
Program Goals and Objective Numbers: Goal 3

**C. Number of Full-Time Equivalent (FTE) Staff** (AoA Report Part III. B.2. - Staff and Volunteers)  
 (One FTE generally equates to 40 hours per week or 1,760 hours per year) This number may only include staff time legitimately charged to the LTC Ombudsman Program. For example, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5. Time spent working for or in other programs may not be included in this number. Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: FTEs 4.99
2. FY 2012-2013 Target: <u>4.99</u> FTEs
3. FY 2011-2012 AoA Data: ___ FTEs FY 2013-2014 Target: ___ FTEs
4. FY 2012-2013 AoA Data: ___ FTEs FY 2014-2015 Target: ___ FTEs
5. FY 2013-2014 AoA Data: ___ FTEs FY 2015-2016 Target: ___ FTEs
Program Goals and Objective Numbers: Goal 3

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

Verify numbers of volunteers with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2010 <u>130</u>
2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2013 <u>60</u>
3. FY 2011-2012 AoA Data: ___ certified volunteers  FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2014 _____
4. FY 2012-2013 AoA Data: ___ certified volunteers  FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2015 _____
5. FY 2013-2014 AoA Data: ___ certified volunteers  FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2016 _____
Program Goals and Objective Numbers: Goal 3



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

**Measures and Targets:**

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

1. FY 2010-2011 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV

**Please obtain this information from the local LTC Ombudsman Program Coordinator.**

2. FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV   50  

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

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

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

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

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

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

Program Goals and Objective Numbers: Goal 3

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

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

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

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.

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** – Please 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** – Please 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** – Please 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** – Please 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** – Please 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** – Please indicate the total number of individuals expected to be reached by any of the above activities of this program.

**TITLE VIIB ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES**

<b>Fiscal Year</b>	<b>Total # of Public Education Sessions</b>
2012-13	5
2013-14	
2014-15	
2015-16	

<b>Fiscal Year</b>	<b>Total # of Training Sessions for Professionals</b>
2012-13	5
2013-14	
2014-15	
2015-16	

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

<b>Fiscal Year</b>	<b>Total # of Hours Spent Developing a Coordinated System</b>
2012-13	700
2013-14	
2014-15	
2015-16	

<b>Fiscal Year</b>	<b>Total # of Copies of Educational Materials to be Distributed</b>	<b>Description of Educational Materials</b>
2012-2013	1,000	Elder Abuse Resource Guide
2013-2014		
2014-2015		
2015-2016		

<b>Fiscal Year</b>	<b>Total Number of Individuals Served</b>
2012-2013	300
2013-2014	
2014-2015	
2015-2016	

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

**2012–2016 Four-Year Planning Period**

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

**Direct III EServices**

<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Family Caregiver Services Caring for Elderly</b>	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2012-2013	# of activities: 500 Total est. audience for above: 280000	1	
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
2012-2013	6440	1	
2013-2014			
2014-2015			
2015-2016			
<b>Support Services</b>	<b>Total hours</b>		
2012-2013	1000	1	
2013-2014			
2014-2015			
2015-2016			

<b>Respite Care</b>	<b>Total hours</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			

<b>Grandparent Services Caring for Children</b>	<b><i>Proposed</i> Units of Service</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Optional</i> Objective #(s)</b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2012-2013	# of activities: 1 Total est. audience for above: 100	1	
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
2012-2013	100	1	
2013-2014			
2014-2015			
2015-2016			
<b>Support Services</b>	<b>Total hours</b>		
2012-2013	74	1	
2013-2014			
2014-2015			
2015-2016			

<b>Respite Care</b>	<b>Total hours</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			

**Contracted III EServices**

<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Family Caregiver Services Caring for Elderly</b>	<b><i>Proposed</i> Units of Service</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Optional</i> Objective #(s)</b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2012-2013	# of activities: 50 Total est. audience for above: 500,000	1	
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
2012-2013	5000	1	
2013-2014			
2014-2015			
2015-2016			

<b>Support Services</b>	<b>Total hours</b>		
2012-2013	5400	1	
2013-2014			
2014-2015			
2015-2016			
<b>Respite Care</b>	<b>Total hours</b>		
2012-2013	1970	1	
2013-2014			
2014-2015			
2015-2016			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			

<b>Grandparent Services Caring for Children</b>	<b>Proposed Units of Service</b>	<b>Required Goal #(s)</b>	<b>Optional Objective #(s)</b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2012-2013	# of activities: Total est. audience for above:		
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
2012-2013	1002	1	
2013-2014			
2014-2015			
2015-2016			



<b>Support Services</b>	<b>Total hours</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
<b>Respite Care</b>	<b>Total hours</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2012-2013			
2013-2014			
2014-2015			
2015-2016			

**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)**

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

**Note: At the time of the Area Plan 2012-2016 preparation, there were 149 enrollees out of the total 173 enrollee slots. The remaining 24 slots were in the process of being filled.**

Location/Name (AAA office, One Stop, Agency, etc):
AAA Office
Street Address: 3580 Wilshire Boulevard, Suite 300, Los Angeles, CA 90010
Name and title of all SCSEP staff members (paid and participant):  John Koontz, Director of Older Workers Program; Stanley Desir, Management Analyst I, Brenda Wells, Management Assistant, Victor Pina, Management Assistant, Steve L. Castellanos, Monitor
Number of paid staff ____4__      Number of participant staff ____1__
How many participants are served at this site? 42

Location/Name (AAA office, One Stop, Agency, etc):
Employment Development Department (EDD)
Street Address: 11623 Glenoaks Blvd., Pacoima, CA 91331
Name and title of all SCSEP staff members (paid and participant): Kathleen Gallardo, Monitor
Number of paid staff _____      Number of participant staff __1__
How many participants are served at this site? 12

Location/Name (AAA office, One Stop, Agency, etc): EDD
Street Address: 21010 Vanowen Street, Canoga Park, CA 91352
Name and title of all SCSEP staff members (paid and participant): Barbara Keith, Monitor
Number of paid staff _____      Number of participant staff __1__
How many participants are served at this site? 2

Location/Name (AAA office, One Stop, Agency, etc): EDD
Street Address: 9024 Laurel Canyon Blvd., Sun Valley, CA 913311
Name and title of all SCSEP staff members (paid and participant): Josephine Morena, Monitor
Number of paid staff _____ Number of participant staff __1____
How many participants are served at this site? 36

Location/Name (AAA office, One Stop, Agency, etc): EDD
Street Address: 9207 Eton Ave., Chatsworth, CA 91311
Name and title of all SCSEP staff members (paid and participant): Joyce Jones, Monitor
Number of paid staff _____ Number of participant staff __1____
How many participants are served at this site? 5

Location/Name (AAA office, One Stop, Agency, etc): EDD
Street Address: 15400 Sherman Way, St. 140, Van Nuys, CA 91406
Name and title of all SCSEP staff members (paid and participant): Mary Lucero, Monitor
Number of paid staff _____ Number of participant staff __1____
How many participants are served at this site? 7

Location/Name (AAA office, One Stop, Agency, etc): Chicana Service Action Center
Street Address: 315 West 9 <sup>th</sup> Street, St. 101, Los Angeles, CA 90015
Name and title of all SCSEP staff members (paid and participant): Laurentina Espinoza, Monitor
Number of paid staff _____ Number of participant staff __1__
How many participants are served at this site? 9

Location/Name (AAA office, One Stop, Agency, etc): Wilshire Metro WorkSource Ctr.
Street Address: 3550 Wilshire Blvd., St. 500, Los Angeles, CA 90010
Name and title of all SCSEP staff members (paid and participant): Jackie Chi, Monitor
Number of paid staff _____ Number of participant staff __1__
How many participants are served at this site? 5

Location/Name (AAA office, One Stop, Agency, etc): Southeast-LA Crenshaw WorkSource Ctr.
Street Address: 3965 South Vermont Ave., Los Angeles, CA 90031
Name and title of all SCSEP staff members (paid and participant): Jada Keith, Monitor
Number of paid staff _____ Number of participant staff __1__
How many participants are served at this site? 14

Location/Name (AAA office, One Stop, Agency, etc): Constituent Service Center
Street Address: 8475 S. Vermont Ave., Los Angeles, CA 90044
Name and title of all SCSEP staff members (paid and participant): Brenda McCoy, Monitor
Number of paid staff _____ Number of participant staff __1__
How many participants are served at this site? 17

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

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

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

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

**Section 1. Primary HICAP Units of Service**

<b>Fiscal Year (FY)</b>	<b>1.1 Estimated Number of Unduplicated Clients Counseled</b>	<b>Goal Numbers</b>
2012-2013	4219	1
2013-2014		
2014-2015		
2015-2016		

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

<b>Fiscal Year (FY)</b>	<b>1.2 Estimated Number of Public and Media Events</b>	<b>Goal Numbers</b>
2012-2013	141	1
2013-2014		
2014-2015		
2015-2016		

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

**Section 2: Federal Performance Benchmark Measures**

<b>Fiscal Year (FY)</b>	<b>2.1 Estimated Number of Contacts for all Clients Counseled</b>	<b>Goal Numbers</b>
2012-2013	30000	1
2013-2014		
2014-2015		
2015-2016		

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

<b>Fiscal Year (FY)</b>	<b>2.2 Estimated Number of Persons Reached at Public and Media Events</b>	<b>Goal Numbers</b>
2012-2013	30000	1
2013-2014		
2014-2015		
2015-2016		

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

<b>Fiscal Year (FY)</b>	<b>2.3 Estimated Number of contacts with Medicare Status Due to a Disability Contacts</b>	<b>Goal Numbers</b>
2012-2013	6578	1
2013-2014		
2014-2015		
2015-2016		

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

<b>Fiscal Year (FY)</b>	<b>2.4 Estimated Number of contacts with Low Income Beneficiaries</b>	<b>Goal Numbers</b>
2012-2013	12734	1
2013-2014		
2014-2015		
2015-2016		

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

<b>Fiscal Year (FY)</b>	<b>2.5 Estimated Number of Enrollment Assistance Contacts</b>	<b>Goal Numbers</b>
2012-2013	14418	1
2013-2014		
2014-2015		
2015-2016		

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

<b>Fiscal Year (FY)</b>	<b>2.6 Estimated Part D and Enrollment Assistance Contacts</b>	<b>Goal Numbers</b>
2012-2013	7026	1
2013-2014		
2014-2015		
2015-2016		

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

<b>Fiscal Year (FY)</b>	<b>2.7 Estimated Number of Counselor FTEs in PSA</b>	<b>Goal Numbers</b>
2012-2013	29.40	1
2013-2014		
2014-2015		
2015-2016		

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

**Section 3: HICAP Legal Services Units of Service (if applicable) <sup>7</sup>**

<b>State Fiscal Year (SFY)</b>	<b>3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2012-2013	400	1
2013-2014		
2014-2015		
2015-2016		
<b>State Fiscal Year (SFY)</b>	<b>3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2012-2013	600	1
2013-2014		
2014-2015		
2015-2016		
<b>State Fiscal Year (SFY)</b>	<b>3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2012-2013	300	1
2013-2014		
2014-2015		
2015-2016		

<sup>7</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services.



**SECTION 11 - FOCAL POINTS****PSA 25****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.

<b>Designated Community Focal Point</b>	<b>Address</b>
WILKINSON MPC, ASA #1 NORTHWEST VALLEY	8956 Vanalden Avenue, Northridge, CA 91324
ALICIA BROADUS-DUNCAN MPC, ASA #2 – NORTHWEST VALLEY	11300 Glenoaks Boulevard, Pacoima, CA 91331
ONEGENERATION MPC, ASA#3 – SOUTHWEST VALLEY	18255 Victory Boulevard, Reseda, CA 91335
BERNARDI MPC, ASA#4 – MID-VALLEY	6514 Sylmar Avenue, Van Nuys, CA 91406
EAST VALLEY MPC. ASA#5 – SOUTHEAST VALLEY	5056 Van Nuys Boulevard, Sherman Oaks, CA 91403
FELICIA MAHOOD MPC, ASA#6 - WESTSIDE	11338 Santa Monica, Boulevard, Los Angeles, CA 90025
FREDA MOHR MPC, ASA#7 – WEST WILSHIRE	330 North Fairfax Avenue, Los Angeles, CA 90036
ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA MPC – ASA#8 - NORTHSIDE	1360 North St. Andrews Place, Los Angeles, CA 90057
INTERNATIONAL INSTITUTE MPC. ASA#9 - EASTSIDE	435 South Boyle Avenue, Los Angeles, CA 90033
ST. BARNABAS MPC, ASA#10 -CITY	675 Carondelet Street, Los Angeles, CA 90028
PEOPLE COORDINATED SERVICE MPC, ASA#11 - SOUTHWESTERN	5133 South Crenshaw Boulevard, Los Angeles, CA 90043
PEOPLE COORDINATED SERVICE MPC, ASA#12 – WEST ADAMS	2528 West Adams Boulevard, Los Angeles, CA 90016
THERESA LINDSAY MPC, ASA#13 - CENTRAL	429 East 42 <sup>nd</sup> Place, Los Angeles, CA 90011
BRADLEY MPC, ASA#14 – SOUTH CENTRAL	10957 South Central Avenue, Los Angeles, CA 90059
WILMINGTON JAYCEES MPC, ASA#15 - HARBOR	1371 Eubank Avenue, Wilmington, CA 90744
SINGLE ROOM OCCUPANCY MPC, CENTRAL BUSINESS DISTRICT	517 South Julian Street, Los Angeles, CA 90013

**Disaster Preparation Planning** Conducted for the 2012-2016 Planning Cycle OAA Title III, Sec. 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

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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:

LADOA would respond to an emergency incident in the City of Los Angeles through the use of a Department of Aging Emergency Plan (updated annually) which covers topic areas such as employee preparedness and safety; training personnel and testing plans; identification and prioritization of critical functions; contingency plans and operating procedures; and citywide recovery responsibilities. This plan could be activated by the Mayor or decision by the AAA Director given the nature of the emergency incident.

This plan is one aspect of the PSA's formal working relationship with the City of Los Angeles Emergency Management Department (EMD) and through EMD, the Mayor's Office and such first responder agencies as the Los Angeles Police Department and Los Angeles Fire Department. LADOA is not tasked with and does not act in the capacity of a first responder agency, but works through the City structure set up to manage emergency incidents ( the Emergency Operations Center run by EMD). The EOC is activated by the City and as needed, LADOA may be requested to participate in EOC operations.

LADOA, as a City department, would also be required to assist the City's overall emergency response and recovery efforts as directed by the Mayor. Other LADOA long-term disaster plan/activities coordination includes:

- Working with various groups/agencies such Los Angeles Unified School District, American Red Cross, City of Los Angeles Recreation and Parks Department and the inter-agency Senior Emergency Preparedness Action Committee (SEPAC). The purpose of these partnerships is to provide technical assistance to agencies responding to disasters or engaged in emergency management planning regarding the special needs of older adults and family caregivers.
- Consistently encourage LADOA contractor agencies to enhance their emergency plans (which were required by the initial RFP) and conduct Evacuation Drills twice a year (with staff, volunteer, participants, and guests at their service sites) as part of the plans. These activities could include encouraging coordinators, providing training on enhancing emergency plans, and connecting first responders to service providers for better communications. Also, LADOA will encourage service providers to provide on a continuing basis educational opportunities for older adults to prepare for emergencies. In addition, LADOA will provide technical assistance to first responder agencies to further meet the needs of older adults and family caregivers.

- Improving the internal emergency management response of LADOA which will allow enhanced availability of staff in a post-disaster situation by:
  - a) Training over two thirds (2/3) of LADOA staff in CPR/First Aid
  - b) Developing, printing, and distributing to each LADOA staff member two copies (one for the office, one for home) of a customized Employee Emergency Handbook
  - c) Developing, printing, and distributing to each LADOA staff member emergency reporting instructions for both work hours and during off hours on a wallet-sized card, including a toll-free call-in number to hear departmental updates.
  - d) Providing all LADOA field vehicles with emergency kits.
  - e) Providing LADOA staff emergency kits for the office.
  - f) Conducting office safety inspections for potential earthquake safety issues.
  - g) Providing workshops to all LADOA staff on how to prepare for emergencies at home, for family, and at the office.

1. Identify each of the local Office of Emergency Services (OES) contact person(s) within the PSA that the AAA will coordinate with in the event of a disaster (add additional information as needed for each OES within the PSA):

Name	Title	Telephone	email
Larry Meyerhofer	Division Manager, Community Emergency Management Division, Emergency Management Department, City of Los Angeles	Office: (213) 484-4814  Cell:	Larry.Meyerhofer@lacity.org

2. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Dale Osborne	Planning Director	Office: (213) 252-4028  Cell:	Dale.Osborne@lacity.org

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

Critical Services	How Delivered?
<p><b>a.</b> Maintain AAA operations</p> <p><b>b</b> Home Delivered Meals</p> <p><b>c</b> Emergency Alert Response System</p> <p><b>d</b> Congregate Meals</p>	<p><b>a</b> Assess operations (status of staff, office use, systems, working with City staff).</p> <p><b>b</b> Work with service providers to obtain, maintain resources needed for operations.</p> <p><b>c</b> Work with City first responders on EARS assistance and the contractor to maintain services.</p> <p><b>d</b> Work with service providers to obtain, maintain resources needed for operations.</p>

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

LADOA works with the City of Los Angeles Emergency Management Department, which is the umbrella organization linking the AAA to first responders such as the Los Angeles Police Department and the Los Angeles City Fire Department. Please note the informal but active working relationships with other agencies and groups.

5. Describe how the AAA will:

- Identify vulnerable populations.

LADOA will use in-house secured data regarding Emergency Alert Response System (EARS) and C-2 clients in association with the service providers to identify homebound clients to check on their situation. LADOA will also work with service providers for providing information to older adults on how to better prepare for emergencies.

- Follow-up with these vulnerable populations after a disaster event.

LADOA after the identification process, will conduct follow-up program working with service providers and with AAA staff as well as City entities and community resources to match resources (such as maintaining C-2 deliveries, assisting older adults at Assistance Centers, and conducting systems checks with the EARS contractor) with identified needs.

**2012-2016 Four-Year Planning Cycle**

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds<sup>8</sup> listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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

**Access:**

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

12-13 58.5%      13-14 \_\_\_\_\_%      14-15 \_\_\_\_\_%      15-16 \_\_\_\_\_%

**In-Home Services:**

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

12-13 15.5%      13-14 \_\_\_\_\_%      14-15 \_\_\_\_\_%      15-16 \_\_\_\_\_%

**Legal Assistance Required Activities:<sup>9</sup>**

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

12-13 5.5%      13-14 \_\_\_\_\_%      14-15 \_\_\_\_\_%      15-16 \_\_\_\_\_%

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA.25

According to the public hearings section of the needs assessment.

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

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

**SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES**

**PSA 25**

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

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

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

**Check applicable direct services**

**Check each applicable Fiscal Year**

	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<b>Title III B</b>				
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Program Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title III D</b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<input type="checkbox"/> Health Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medication Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title III E <sup>10</sup></b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<input checked="" type="checkbox"/> Information Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VII A</b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VII B</b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<input type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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<sup>10</sup> Refer to PM 11-11 for definitions of Title III E categories.

### TITLE III-B PROGRAM DEVELOPMENT AND COORDINATION

Program Development (PD) activities will rely on the participation of the target population in surveys and focus groups for information that identifies a need or gap in service that can be addressed through pilot projects. The AAA will engage community-based organizations located in these areas to assist in identifying participants for the PD activities and for future collaborations (Coordination activities). The Information and Assistance Division is identifying organizations by Aging Service Area (ASA) and is creating a registry of community organizations willing to serve as a site(s) in which information regarding AAA services can be accessed (see below).

### TITLE III-B INFORMATION AND ASSISTANCE, TITLE III-E INFORMATION SERVICES AND TITLE III-E ACCESS ASSISTANCE PROGRAMS

Information regarding opportunities and services available in the III-B Information and Assistance program, the III-E Information Services program and the III-E Access Assistance programs are provided through outreach to faith based organizations, government agencies, LGBT organizations, hospitals, and clinics that serve diverse multi-cultural populations. Outreach is also provided through media outlets such as Korean and Spanish language newspapers, radio stations, and television stations. Program information is provided through print materials that are translated into Spanish, Korean, Japanese, and Chinese. The Los Angeles Department of Aging (LADOA) conducts city-wide multilingual presentations and participates in community events, resource fairs, and health fairs to promote city-wide programs. The LADOA maintains relationships with community-based organizations such as Little Tokyo Service Center to provide support to the Asian and Pacific Islander Community and to the Mexican American Opportunity Foundation to provide support to the Hispanic Community. The LADOA also collaborates with Los Angeles Police Department, Los Angeles City Fire Department and the Los Angeles City Public Libraries to reach the target population and increase the visibility of the direct services provided.

### TITLE III-E SUPPORT SERVICES

Support Services are promoted through collaborations with other City Departments. The LADOA reaches the Los Angeles city employees through the Personnel Department which performs city-wide e-mailing to employees. The Department of Recreation and Parks operates 27 Senior Centers throughout the City. The LADOA uses Recreation and Parks Senior Centers to publicize and market the Family Caregiver Support Program. The LADOA also partners with city hospitals, city schools, faith based programs, LGBT organizations, and community-based agencies in promoting programs to the working caregivers as well as the retired caregivers across religious and ethnic groups. Training is also provided in Spanish and Korean when appropriate and translation is available.

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

**PSA 25**

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

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Complete and submit 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:** \_\_\_\_\_

Check applicable funding source:<sup>11</sup>

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

Request for Approval Justification:

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

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

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

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>12</sup> :

\_\_\_\_\_

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<sup>13</sup> Section 15 does not apply to Title V (SCSEP).

<sup>14</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.



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

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

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**Total Number of Board Members: 15**

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

Herb J. Wesson, Jr., President, Council District 10	6/30/15
Ed P. Reyes, President Pro Tempore, Council District 1	6/30/13
Tom LaBonge, Assistant President Pro Tempore, Council District 4	6/30/15

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

Ed P. Reyes, Council District 1	6/30/13
Paul Krekorian, Council District 2	6/30/15
Dennis P. Zine, Council District 3	6/30/13
Tom LaBonge, Council District 4	6/30/15
Paul Koretz, Council District 5	6/30/13
Tony Cardenas, Council District 6	6/30/15
Richard Alarcon, Council District 7	6/30/13
Bernard Parks, Council District 8	6/30/15
Jan C. Perry, Council District 9	6/30/13
Herb J. Wesson, Jr., Council District 10	6/30/13
Bill Rosendahl, Council District 11	6/30/13
Mitchell Englander, Council District 12	6/30/15

Eric M. Garcetti, Council District 13	6/30/13
Jose Huizar, Council District 14	6/30/15
Joe Buscaino, Council District 15	6/30/16

## **PSA 25 GOVERNING BOARD APPROVAL PROCESS**

LADOA in order to secure approval of all CDA Notice of Grant Awards, release of Requests for Proposals (RFPs), and contracting authorities, must submit transmittal reports to multiple entities within the City of Los Angeles. These include the following:

### **1. City Administrative Officer (CAO)**

The CAO provides assigned staff (analyst) to review any of the above cited documentation, produce a report/recommendations, and submits to the LADOA's assigned City Council committee. In addition, copies of the document. This process may take several weeks to a month to conclude.

### **2. Arts, Parks, Health and Aging Committee of the City Council**

This committee of the City Council (comprised of 3 members of the City Council and chaired by Council Member Richard Alarcon (Council District - 7), reviews and approves the LADOA's/CAO's recommendations and passes the document forward to the full City Council for review and voting. Usually, a senior LADOA staff will attend to present the item before the committee. Depending on the LADOA report, sometimes the report will be referred to other City Council committees. This process may take a month or two to conclude.

### **3. City Council Review**

The full City Council review includes placing the report on the agenda, and at the opening of that Council session, either calling it 'special' for particular review (which may include a senior LADOA staff be present to provide background information to the Council upon request. If the item is not called special, the Council votes upon the item (usually approved) and it is forwarded to the City Clerk's office for forwarding to the Mayor's office for concurrence. This process may take several weeks (including the City Clerk processing).

### **4. Mayor's Office Concurrence**

Upon receipt by the City Clerk's office of the Concurrence Report of the item, the Mayor has 10 days to sign the report. If the Mayor does not sign the report within the 10 days, the item is automatically approved. Upon signing, the Mayor's office returns the report to the City Clerk for posting (electronic posting is included). This process may take two to three weeks.

## **5. City Attorney Review**

Upon receipt (electronically) by the City Clerk of the Council approval/Mayor's concurrence report, LADOA sends the Standard Agreements/relevant documents to the assigned Deputy City Attorney in the City Attorneys Office for stamping/signing. Upon return of the documents to LADOA, the department prepares the cover correspondence and signed/executed documentation to CDA. This process may take from one day to several days to accomplish.

## **6. Process Improvements**

As described, this process may take three to four months to complete. LADOA has researched, advocated for, and after many years of effort, secured an agreement through the use of revisions to the City's Administrative Code, the Mayor's Office, and the City Attorney's Office, an important process change. This change involves an agreement to approve the CDA contracting/grant award on a four year basis. This will dramatically simplify the year-to-year, and mid-year grant acceptance and contracting approvals. This change was secured recently. LADOA is determining how best to initiate this process change, but it is expected that this pre-approval process will result in a document execution turn around time of approximately two weeks/less than a month.

**ADVISORY COUNCIL MEMBERSHIP  
2012-2016 Four-Year Planning Cycle**

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45 CFR, Section 1321.57  
CCR Article 3, Section 7302(a)(12)

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Total Council Membership (include vacancies) 25

Number of Council Members over age 60 16

<b>Race/Ethnic Composition</b>	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
White	61	<u>71</u>
Hispanic	<u>25.8</u>	<u>5</u>
Black	<u>11.9</u>	<u>14</u>
Asian/Pacific Islander	<u>15.4</u>	<u>10</u>
Native American/Alaskan Native	<u>.4</u>	_____
Other	<u>11.4</u>	_____

**Name and Title of Officers:**

**Office Term Expires:**

Amos Fried, President	

**Name and Title of other members:**

**Office Term Expires:**

Robert Boller, At Large Member	
Henry "Hank" Borenstein, At Large Member	
Antoinette Brooks-Floyd, At Large Member	
James Brown, At Large Member	

Wendy Caputo, At large Member (Leadership Experience)	
Joan Delmar, At Large Member	
Chantal Denny, At Large Member	
Adriane Fleming, At Large Member	
Peter Getzoff, At Large Member, (Disabled Representative)	
Jackie Goldberg, At Large Member	
Paul Kyo Jhin, At Large Member	
Christine Lee, At Large Member	
Charles "Chuck" Mitchell, At Large Member, Low Income Representative, and Local Elected Representative	
Sandra Reid-Stackler, At large Member	
Estelle Thomas, At Large Member	
Brenda Vasquez, At Large Member, Supportive Services Representative and Health Care Provider Representative	
Bernie Weintraub, At large Member (Leadership Experience)	
Pat Wilson, At Large Member (Leadership Experience)	
Richard Wolfe, At Large Member (Leadership Experience)	

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

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

Explain any "No" answer(s): \_\_\_\_\_

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

PSA25 and the Advisory Council leadership encourage the Mayor and City of Los Angeles City Councilmembers to appoint representatives for the Council Districts.

**2012-2016 Four-Year Area Planning Cycle**

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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.<sup>13</sup>

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1. Specific to Legal Services, what is your AAA’s Mission Statement or Purpose Statement? Statement must include Title III B requirements: To promote elder rights by working with older adults on a strengths-based model by providing information and program resources for older adults to defend their dignity, independence, and financial assets. Legal services to seniors form part of the comprehensive and coordinated services delivered through the AAA. Citywide legal services are provided to seniors 60 years or older and caregivers in matters addressing public benefits, housing, nursing home and other long-term care issues, powers of attorney, end-of-life issues, caregiver issues, conservatorships, wills, elder abuse, debtor/creditor, consumer fraud, kinship care and other non-criminal legal issues. Seniors are also provided an array of legal educational programming regarding all of these substantive legal issues.
2. Based on your local needs assessment, what percentage of Title III B funding is allocated to Legal Services? The approved percentage is 6.6 but the actual percentage is 6.6.
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). There have been changes in the last 4 years. The contractor reported that their advocates are dealing with more consumer (debt) issues, and with seniors seeking bankruptcy information.
4. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discussion: The seniors targeted for the legal services are those 60 and above with the greatest economic or social need. Bet Tzedek, the legal service provider delivers this service citywide and works closely with the 16 MPCs throughout the city. They also provide outreach by participating at different senior related events held throughout the city.
5. How many legal assistance service providers are in your PSA? Complete table below.

Fiscal Year	# of Legal Assistance Services Providers
2012-2013	1
2013-2014	
2014-2015	
2015-2016	

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<sup>13</sup> For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or COkwuosa@aging.ca.gov

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

7. What methods of outreach are providers using? Discuss: The agency provides one-on-one legal consultation services to seniors at 16 Multipurpose Senior Centers located throughout the City of Los Angeles, its Administrative Home Offices, and in North Hollywood. In addition, the agency participates in clinics, senior fairs, and provides speakers at citywide informational sessions sponsored by different agencies and departments. The agency publishes legal publications and brochures on various topics which lists the senior center sites visited by the agency. Notification of the senior center visits are published in local newspapers and in the senior center newsletters. The agency works in collaboration with ombudsmen, social workers, care managers, and local law enforcement officials.

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

<b>Fiscal Year</b>	<b>Name of Provider</b>	<b>Geographic Region covered</b>
2012-2013	a. Bet Tzedek b. c.	a. b. c.
2013-2014	a. b. c.	a. b. c.
2014-2015	a. b. c.	a. b. c.
2015-2016	a. b. c.	a. b. c.

9. Discuss how older adults access Legal Services in your PSA: All 16 MPCs provide information to participants and clients. Bet Tzedek sets up a schedule to visit the MPC and seniors sign-up to meet with the attorneys or paralegals scheduled on a particular day. The agency also provides information services as needed at the MPCs.

10. Identify the major types of legal issues that are handled by the TIII-B legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area): The major legal issues occurring in our Program Service Area are elder abuse, particularly financial elder abuse and home equity fraud; family caregiver issues including planning, in home support and conservatorships; improper termination and denials of Medi-Cal claims, and disputes over Medi-Cal share of costs; legal education of kinship caregivers, and adequate guardianship and other services; denial and termination of Social Security and Supplemental Security Income benefits and over and under payments of benefits and disability issues; illegal termination of rent control tenancies; Section 8 Voucher protection; lack of safe and affordable housing; illegal evictions and transfers from nursing homes and residential care facilities; foreclosure related issues; and establishing power of attorney for health care (advance health directives).

11. In the past four years, has there been a change in the types of legal issues handled by the TIII-B legal provider(s) in your PSA? Discuss: See Number 3.

12. 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 in our Program Service Area are the challenges of serving the homebound and those living alone with no support; the hurdles faced in serving the abused; overcoming cultural differences and fears of the older adult immigrant population; difficulty of grandparents caring for grandchildren in accessing useful information; reaching and communicating to long term care facility residents; and lack of access to transportation.

The agency uses a cadre of volunteer law clerks and attorneys who make home visits to our senior population that are not able to travel to sites where legal services are made available to the community. The agency employs a staff attorney who handles legal issues involving long term care facility residents, as well as an attorney who handles legal issues involving grandparents caring for their grandchildren in their home. The agency's Employment Rights Project assists immigrants with employment issues in the work place, and works closely with local law enforcement and other agencies to address any acknowledgement of abuse against a senior.

13. What other organizations or groups does your legal service provider coordinate services with? Discuss: The agency works with the Community Focal Points, provides legal assistance to the WISE Ombudsman services and collaborates closely with a wide range of other social service providers, law enforcement agencies, medical providers and government agencies. The agency also has a major pro bono program in partnership with major law firms which significantly leverages staff resources to serve more City seniors in need.



**SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW**<sup>14</sup>

**PSA 25**

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

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

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

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

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

**SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM**

**PSA 25**

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

**2012–2016 Four-Year Planning Cycle**

Based on PSA review of current support needs and services for **family caregivers** and **grandparents** (or other older relative of a child), 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. Check only the current year and leave the previous year information intact. If the AAA will **not** provide a service, a justification for each service is required in the space below.

**Family Caregiver Services**

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

**Note: PSA 25 no longer provides services under Family Caregiver Supplemental Services (FCSS) due to the re-classification of FCSS. Previously, PSA25 utilized FCSS to provide Legal Services under Title III E, but now provides this service under Family Caregiver Access Assistance, Contracted.**

## Grandparent Services

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

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

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

Could not identify contractors that were able to provide these services.

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

**SECTION 21 - ORGANIZATION CHART (See attached)**



## **SECTION 22 - ASSURANCES**

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

### A. Assurances

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

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

(A) services associated with access to services (transportation, health services (including mental health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

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

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

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

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

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

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

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

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

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

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

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

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

4. OAA 306(a)(4)(A)(iii)  
With respect to the fiscal year preceding the fiscal year for which such plan is prepared—
  - (I) identify the number of low-income minority older individuals in the planning and service area;
  - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
  - (III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.
  
5. OAA 306(a)(4)(B)  
Use outreach efforts that —
  - (i) identify individuals eligible for assistance under this Act, with special emphasis on—
    - (I) older individuals residing in rural areas;
    - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
    - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
    - (IV) older individuals with severe disabilities;
    - (V) older individuals with limited English proficiency;
    - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
    - (VII) older individuals at risk for institutional placement; and
  - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;
  
6. OAA 306(a)(4)(C)  
Ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;
  
7. OAA 306(a)(5)  
Coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;
  
8. OAA 306(a)(9)  
Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;
  
9. OAA 306(a)(11)  
Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—
  - (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

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

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

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

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

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

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

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

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

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

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

11. 306(a)(14)

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

12. 306(a)(15)

Funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in OAA 2006 306(a)(4)(A)(i); and

(B) in compliance with the assurances specified in OAA 2006 306(a)(13) and the limitations specified in OAA 2006 212;

B. Additional Assurances:

Requirement: OAA 305(c)(5)

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

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

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.



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

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

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

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

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

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

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

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

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

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

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

Requirement: OAA 307(a)(15)

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

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

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

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

Requirement: OAA 307(a)(18)

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

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Requirement: OAA 307(a)(26)

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

Requirement: OAA 307(a)(27)

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

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

CFR [1321.53(a)(b)]

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

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

- (1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
- (2) Provide a range of options;
- (3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;
- (4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
- (5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;

- (6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
- (7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
- (8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
- (9) Have a unique character which is tailored to the specific nature of the community;
- (10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.61(b)(4)]

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

CFR [1321.61(d)]

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

CFR [1321.69(a)]

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