

2016-2020 Area Plan

Submitted to
California Department of Aging
May 1, 2016



Prepared by
The County of Orange
Office on Aging
PSA 22



Advocacy. Action. Answers on Aging.

Table of Contents

Area Plan (AP) Checklist	3
Transmittal Letter	4
Section 1. Mission Statement	5
Section 2. Description of the Planning and Service Area (PSA)	6
Section 3. Description of the Area Agency on Aging (AAA)	18
Section 4. Planning Process / Establishing Priorities	24
Section 5. Needs Assessment	25
Section 6. Targeting	30
Section 7. Public Hearings	32
Section 8. Identification of Priorities	34
Section 9. Area Plan Narrative Goals and Objectives	35
• Instructions for written objectives for Title IIID Disease Prevention and Health Promotion	
• Instructions for written objectives for Title IIIB/VIIA Long-Term Care (LTC) Ombudsman	
• Instructions for written objectives for Title VII Elder Abuse Prevention	
Section 10. Service Unit Plan (SUP) Objectives	42
Section 11. Focal Points	67
Section 12. Disaster Preparedness	71
Section 13. Priority Services	74
Section 14. Notice of Intent to Provide Direct Services	75
Section 15. Request for Approval to Provide Direct Services	77
Section 16. Governing Board	78
Section 17. Advisory Council	79
Section 18. Legal Assistance	82
Section 19. Multipurpose Senior Center Acquisition or Construction Compliance Review	87
Section 20. Family Caregiver Support Program	88
Section 21. Organization Chart	90
Section 22. Assurances	91

2016-2020 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

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

Section	Four-Year Area Plan Components	4-Year Plan
	Transmittal Letter – <i>must have original, ink signatures or official signature stamps- no photocopies</i>	<input 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:	
9	Title IIIB Funded Program Development (PD) Objectives	<input checked="" type="checkbox"/>
9	Title IIIB Funded Coordination (C) Objectives	<input checked="" type="checkbox"/>
9	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
9	Title IIIB/VII A Long-Term Care Ombudsman Objectives	<input checked="" type="checkbox"/>
9	Title VII Elder Abuse Prevention Objectives	<input checked="" type="checkbox"/>
10	Service Unit Plan (SUP) Objectives and Long-Term Care Ombudsman Outcomes	<input checked="" type="checkbox"/>
11	Focal Points	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Priority Services	<input checked="" type="checkbox"/>
14	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
15	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>
18	Legal Assistance	<input checked="" type="checkbox"/>
19	Multipurpose Senior Center Acquisition or Construction Compliance Review	<input 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
2016-2020 Four Year Area Plan/ Annual Update
Check one: **FY 16-20** **FY 17-18** **FY 18-19** **FY 19-20**

AAA Name: Orange County Office on Aging

PSA 22

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. Lisa Bartlett
(Type Name)

Signature: Governing Board Chair ¹

Date

2. Sherry Geyer
(Type Name)

Signature: Advisory Council Chair

Date

3. Renee Ramirez
(Type Name)

Signature: Area Agency Director

Date

¹ Original signatures or official signature stamps are required.

SECTION 1. MISSION STATEMENT

The Mission for all Area Agencies on Aging (AAAs), as articulated in the California Code of Regulations, is:

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

The Office on Aging is a division of **OC Community Services**, which is a department of OC Community Resources.

The Mission of **OC Community Resources** is:

- *Connecting people and resources*

The Vision of OC Community Resources is:

- *Positively transforming lives in Orange County*

The Mission of **OC Community Services** is:

- *As an opportunity catalyst, OC Community Services facilitates the provision of economic, housing and community services that enhance the quality of life for the people of Orange County.*

The Vision of OC Community Services is:

- *An unparalleled system of support for the human experience*

The mission of the Office on Aging complements those of OC Community Resources, OC Community Services and the core mission of all AAAs as articulated in the California Code of Regulations.

The Mission of the **Office on Aging** is:

- *To ensure that Orange County's older adults experience a high quality of life characterized by independence, safety, health, transportation, affordable housing, appropriate nutrition and social activity.*

The Vision of the Office on Aging is:

- *Orange County is the best place in America to age with dignity.*

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

Geographic Characteristics

The County of Orange is designated as Planning and Service Area (PSA) 22 by the California Department of Aging. Orange County is located in the heart of Southern California, with Los Angeles County to the north and San Diego County to the south, and Riverside and San Bernardino Counties to the east. The county covers 798 square miles and has 34 cities, 42 miles of coastline and nine beaches.

As one of the largest counties in the country with both urban and suburban qualities, Orange County is similar to other major metropolitan areas. Orange County has the third largest county population in California, following Los Angeles and San Diego.

Demographic Characteristics

Orange County is one of the most densely populated areas in the United States. As of July 2015, Orange County's population density was estimated at 3,860 persons per square mile, remaining relatively level since 2010. Unlike Orange County, many otherwise urbanized peer counties (such as San Diego and Los Angeles) have large amounts of undeveloped, rural land which reduce their overall density. *(Source: Orange County 2015 Community Indicators)*

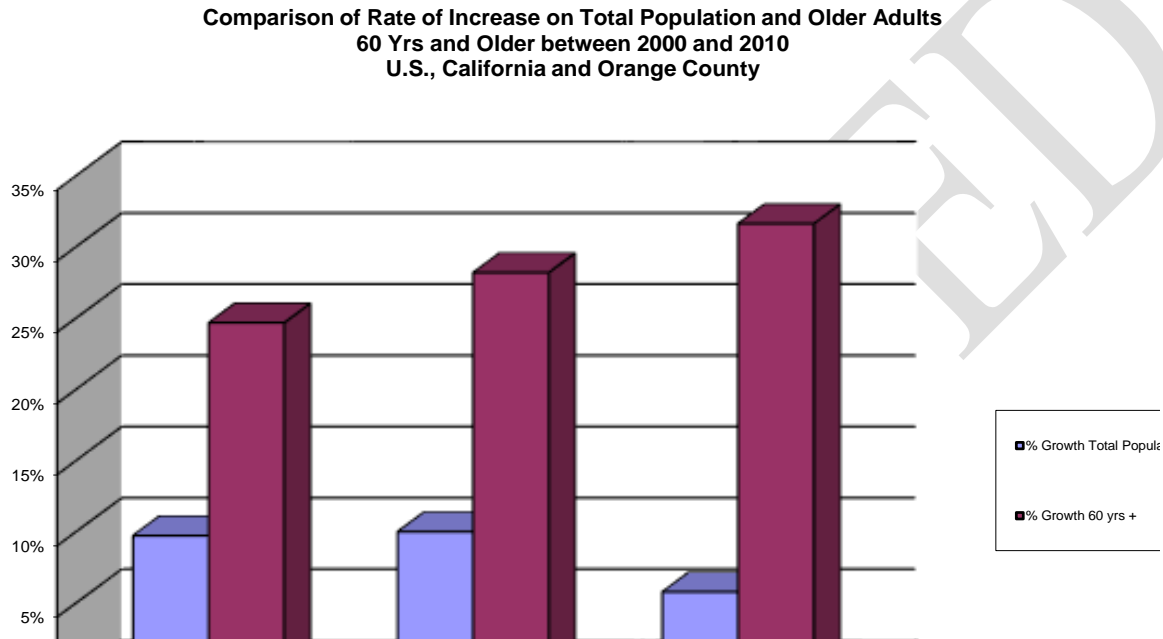
Orange County's population in 2015 was estimated at 3,150,934 compared to 3,010,232, according to the 2010 Census, representing a 5-year increase of 3 percent. The county's population growth is projected to continue at an increasingly slower rate, reaching nearly 3.5 million by 2040. *(Source: Orange County 2015 Community Indicators)* Orange County also remains a "minority majority" county, with the non-Hispanic White population comprising less than 50 percent of the population.

International immigration—largely from Asia and Latin America—has contributed to Orange County's growth in the last 30 years, shifting the county's proportion of foreign born residents from 6 percent in 1970 to 30 percent in 2009. In 2010, one in three individuals in Orange County was Hispanic/Latino, making this the largest minority population group in the county. The majority of Hispanics/Latinos in Orange County are of Mexican origin (87%). In 2009, Latinos comprised 33.7 percent of the total population of Orange County, compared to 23.4 percent in 1990. The Hispanic/Latino population in Orange County is a youthful one. In 2009 the median age of Latinos was 26.9 and 79.6 percent were under the age of 45. *(Source: Orange County Health Needs Assessment Special Report, 2011: A Look at Health in Orange County's Hispanic/Latino Community)*

Among Orange County's residents at least five years of age or older, 46 percent speak a language other than English at home. Of those, the majority speak Spanish (58 percent), followed by Asian/Pacific Islander languages (31 percent), and other Indo-European languages (9 percent). The remaining 2 percent speak some other language. 20 percent of the total population report that they do not speak English "very well." *(Source: Orange County 2014 Community Indicators)*

Population Trend of Older Adults: California and Orange County

Whereas the population of Orange County as a whole increased by 5.8 percent between 2000 and 2010, the 60+ population increased by 32 percent, compared to 23 percent between 1990 and 2000. The population of California increased 10 percent between 2000 and 2010, while the 60+ population in the State increased 28.2%, compared to 12 percent between 1990 and 2000. The chart below provides a visual illustration of this.



Total Population and Number of Older Adults (60 years old and older)

	2000		2010		% Growth Total Population	% Growth 60 yrs +
	Total Population	60yrs+	Total Population	60 yrs+		
U.S.	281,421,906	45,797,200	308,745,538	57,085,908	9.7%	24.6%
California	33,871,648	4,742,499	37,253,956	6,078,711	10.0%	28.2%
Orange County	2,846,289	377,185	3,010,232	496,404	5.8%	32%

Source: U.S. Census Bureau

Older Adults in Orange County

The older adult population in Orange County is diverse in number within racial/ethnic groups. Older adults age 60+ comprise only 6.9 percent of the Hispanic population in Orange County, compared to older adults comprising 16.1 percent of the Asian/Pacific Islander population and 24.6 percent of the White population.

In 2000, those 60 and older represented 13.25 percent of the total population in Orange County; in 2010 they represented 16.5 percent. This rate of growth continues to accelerate with the aging of the Baby Boomers, those born between 1946 and 1964. There are 766,000 Baby Boomers in Orange County; they began turning 60 in 2006.

The largest percentage of growth in the older adult (60+) population came in the 60-64 age cohort, with an increase of 52.2 percent. The 65-74 cohort increased 26.1 percent, and the 75-84 cohort increased by 15 percent. The second largest increase came from the 85+ cohort; the number of persons 85 and older increased by 45.2 percent in Orange County between 2000 and 2010.

Projections made in 2015 indicate that Orange County residents 65 and older is the only age group that is estimated to grow with an increase from 14% of the total population to 24% by 2040 while all of the other age groups will decline. While growth in the number of seniors echo national and statewide trends, this growth is more marked in Orange County than it is nationwide. (Source: 2015 OC Community Indicators)

Ethnicity

As previously stated, the trend toward greater ethnic diversity continues as no single racial or ethnic group comprises more than 50 percent of the total population in Orange County. Therefore, Orange County is considered to be a “minority majority” county.

The following table shows the differential rate of growth by ethnicity of the older adult population between 2000 and 2010.

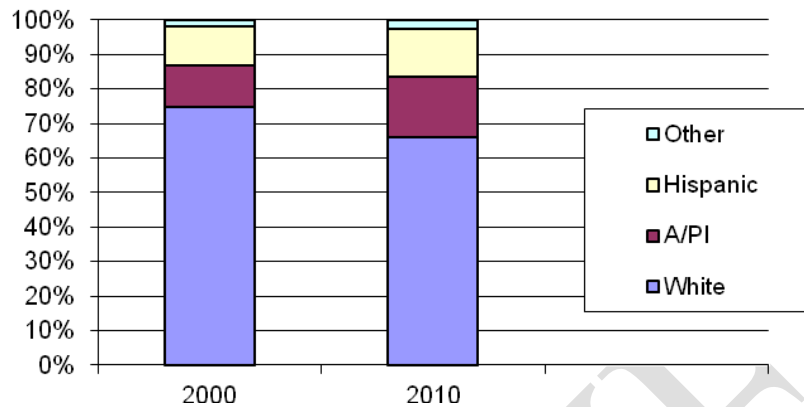
Orange County 60+ Population Growth Between 2000 and 2010 by Race/ Ethnicity					
Year	Total 60+	White	Hispanic	Asian/PI	**Other
2000	377,185	282,363	41,908	44,094	8,820
2010	496,404	326,427	70,381	87,025	12,571
% change	32%	15.6%	67.9%	97.4%	42.5%

Source: U. S. Census 2010

** “Other” is an aggregate including Black, American Indian & Alaska Native, “Some Other Race Alone” and Two or More Races.

The chart on the following page illustrates the demographic shift taking place in Orange County.

Orange County Ethnic Groups as a Percent of the 60+ Population, 2000 to 2010



The percentage of White older adults relative to the total 60+ population was 65.8 percent in 2010, compared to 74.9 percent in 2000, a 9.1 percent drop. Hispanic older adults comprised 14.2 percent of the 60+ population in 2010, an increase of 3.1 percent. Asian/Pacific Islanders comprised 17.5 percent of the 60+ population in 2010, compared to 11.7 percent in 2000, a 5.8 percent increase. “Other” groups as an aggregate increased by 0.2 percent between 2000 and 2010, representing 2.5 percent, up from 2.3 percent.

Resources

The Older Adult Service Network in Orange County

The older adult services network is a tremendous resource within Orange County. Publicly funded services form a foundation for the broader spectrum of older adult services in Orange County. The following agencies are among the major public-sector providers of important services for Orange County’s older adult population:

- OC Community Services Office on Aging
- OC Community Services Orange County Housing Authority (OCHA)
- OC Community Services Community Investment Division (CID)
- OC Community Services Veterans Services Office (VSO)
- The Health Care Agency (HCA)
- The Social Services Agency (SSA)
- The Orange County Transportation Authority (OCTA)
- CalOptima

The following categories address some of the key publicly-funded service categories offered by the County to assist older adults in maintaining their independence.

Housing and Rental Assistance – Section 8

The Federal government offers housing assistance to the elderly, in addition to low-income families and persons with disabilities, through the U.S. Department of Housing and Urban Development (HUD) Housing Choice Voucher Program (HCV). The Orange County Housing Authority (OCHA) administers the HCV Program in all Orange County areas, except for the

cities of Anaheim, Garden Grove and Santa Ana, which have their own Housing Authorities. To qualify for Section 8, households must meet the income requirement; their income cannot exceed 50% of the median income for County as established by HUD. A participating household pays at least 30 percent of its adjusted income towards rent.

OCHA has approximately 10,600 HCV Program vouchers and opens its waitlist every five to ten years. When the current OCHA waitlist was opened in February 2012 for two weeks, 22 percent of the 48,298 applicants were older adult households.

In addition to the HCV Program, OCHA also administers other voucher programs including Veterans Affairs Supportive Housing (VASH), Shelter Plus Care, Non-Elderly Disabled, Family Unification, and Family Self-Sufficiency Vouchers. These programs combined with the HCV Program provide rental assistance to over 25,000 people per month in Orange County. Of the 25,000 people assisted, approximately 70% are elderly or disabled.

Transportation

Publicly funded senior transportation in Orange County is provided through collaboration between the Orange County Transportation Authority (OCTA), the Health Care Agency (HCA), the Office on Aging, cities, and a network of contracted service providers. OCTA provides public transportation services and a variety of resources, including technical assistance to city-operated programs. HCA administers Tobacco Settlement Revenue (TSR) funds which are implemented by the Office on Aging for the Senior Non-Emergency Medical Transportation program (SNEMT). Measure M2 funds, administered by OCTA, are also used for the SNEMT program. The Office on Aging administers the SNEMT program and the contracts with the two providers of SNEMT services. The Office on Aging also administers federal Older Americans Act Title III funds for transportation for older adults to nutrition sites; nutrition transportation is provided by the three Elderly Nutrition Program providers.

Health Care

Medi-Cal recipients in Orange County are served by CalOptima, a County Organized Health System (COHS). CalOptima was created by the Orange County Board of Supervisors in 1993 and is the largest of six COHS in the United States. CalOptima provides coverage through three major programs, Medi-Cal, OneCare (HMO SNP) and PACE (Program of All-Inclusive Care for the Elderly) and is the fifth largest Medi-Cal managed care plan in California. In August 2015, Orange County became the 7th county in California to implement Cal MediConnect (called OneCare Connect in Orange County). Cal MediConnect is an initiative that combines Medicare and Medi-Cal benefits under one program. The program aims to improve care coordination for dual eligible beneficiaries and drive high quality care that helps people stay healthy and in their homes for as long as possible. Additionally, shifting services out of institutional settings and into the home and community helps create a person-centered health care system that is also sustainable.

Case Management

Several County of Orange agencies provide case management services, including the Office on Aging and the Social Services Agency. The Health Care Agency provides case management for disease prevention in the public health nursing programs and mental health case management in the behavioral health programs.

The Office on Aging contracts with community-based service providers for case management services funded by Title III B of the Older Americans Act. There are three providers of Title III B case management services. Providers of Title III case management services also provide in-home services.

Behavioral Health Services

The County of Orange Health Care Agency (HCA) provides behavioral health services directly and through contracted agencies.

There are four HCA-staffed programs and three contracted programs providing direct services specifically to older adults with behavioral health problems. The HCA programs are the Senior Health Outreach Prevention Program (SHOPP), the Substance Abuse Resource Team (START), Older Adult Mental Health Recovery Services, and PACT-Older Adult Services (Program of Assertive Community Treatment). The contracted programs are the Older Adult Support and Intervention System (OASIS), operated by College Community Services, a Peer Mentoring program and the Socialization Program for Adults and Older Adults offered by several County contractors.

Health Promotion

The Office on Aging provides health promotion services through the activities of the health educator. To support the activities of the health educator, the Office on Aging has a memorandum of understanding with HCA Health Promotion Division to provide Chronic Disease Self-Management Education trainings and community workshops. The Health Care Agency provides direct health promotion programs for older adults, as well as through contracts with local community based organizations.

Nutrition

Nutrition programs are provided by the Office on Aging and the Social Services Agency. The Elderly Nutrition Program (ENP) is provided through contracts administered by the Office on Aging. This is the largest program funded by the Office on Aging and fills a critical nutrition need countywide. Three contractors serve approximately 116,000 congregate and home-delivered meals per month.

The Social Services Agency provides the CalFresh Program and the Cash Assistance Program for Immigrants (for some legal non-citizens who are not eligible for federal food stamps).

In-Home Services

The Office on Aging, the Social Services Agency and CalOptima provide certain in-home services. In addition, the Health Care Agency provides some health and behavioral health services to older adults in their own homes.

Provided by the Social Services Agency, In Home Supportive Services (IHSS) serves aged, blind, or disabled persons who are limited in their ability to care for themselves and cannot live safely at home without help.

The Multi-Purpose Senior Services Program (MSSP) administered by CalOptima provides social and health case management services designed to provide cost effective ways of

delaying institutionalization of extremely frail older adults. Social Work and Registered Nurse Care managers provide access to needed services and ensure a coordinated delivery of services. Beginning July 1, 2015, the MSSP became included as one of four Medi-Cal programs under CalOptima's Long Term Services and Supports (LTSS) portion of the Coordinated Care Initiative in Orange County. As of December 31, 2015, CalOptima was serving 464 MSSP clients.

The Office on Aging administers contracts for in-home services funded by Title III B of the Older Americans Act. The In-Home Services program consists of the provision of personal care, homemaker services and chore services to homebound older adults, to maintain independent living or provide respite for the primary caregiver. In-home services funded through the Office on Aging are provided in conjunction with case management services and Elderly Nutrition Program services.

The Health Care Agency provides services to older adults in their own homes through the SHOPP, START and Older Adult Mental Health Recovery Services programs.

Elder Abuse Prevention

Orange County is home to the nation's first Elder Abuse Forensic Center. Launched in May 2003, the Elder Abuse Forensic Center changes the way elder abuse cases are prosecuted through an unprecedented collaborative process. Orange County's Elder Abuse Forensic Center is staffed by team of professionals from legal, medical, social services, and law enforcement agencies. It is a partnership between UCI Geriatric Medicine, Adult Protective Services, Ombudsman, Health Care Agency, Orange County Sheriff's Department, the District Attorney's Office, Public Guardian, Orange County Superior Court, Human Options, Legal Aid of Orange County, and Ageless Alliance. Together they conduct case reviews; in-home medical and mental status, and evidentiary investigation; taped victim interviews; education; consultation; and research. The collaboration brings these experts together to better understand, identify and treat elder abuse, determine more efficient ways to successfully prosecute elder abuse cases and support the prevention of elder abuse through greater awareness and education among those professionals who work with older and disabled adults.

Employment

The Office on Aging administers the Senior Community Service Employment Program (SCSEP) through a memorandum of understanding with the OC Community Services Community Investment Division (CID). SCSEP provides part-time, work-based training opportunities at local non-profit or government agencies for low-income adults age 55+.

Veterans Services

The OC Community Services Veterans Service Office (VSO) provides advocacy services and assistance to Orange County veterans, survivors and dependents, focusing on U.S. Department of Veterans Affairs disability benefits and survivor benefits. Approximately 60% of the veterans served at the VSO are 60 and older. Due to the cross-over in clients served by both the Office on Aging (OoA) and the VSO, the OoA Information & Assistance (I&A) call center staff were trained on veteran benefits, VA infrastructure, local veteran resources, and the general claims process. In July 2014, I&A staff began answering the VSO reception phone and in December 2015, the VSO phone number was fully integrated into I&A. This allows I&A

staff to identify VSO clients who may benefit from other community services as well as providing more comprehensive service to veterans who call through the I&A line.

In addition, the VSO and OC Community Services Community Investment Division collaborate with the Health Care Agency to provide the OC4Vets Program. The program provides one-stop access for Veterans with behavioral health issues to services including housing and transportation assistance, mental health services, and employment training and development.

Homeless Prevention

In 2015, Orange County began implementing the Coordinated Entry System as described in Housing and Urban Development (HUD) 24 CFR 578.7. One of the main purposes of coordinated entry is to ensure that people with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance. The coordinated entry process prioritizes people who are more likely to need some form of assistance to end their homelessness. The Orange County Commission to End Homelessness dispatches outreach teams that are assigned to specific coverage areas and identify and assess people who are homeless for placement into the appropriate housing situation.

Non-profit Network

In addition to public entities providing services to older adults, the network of non-profit organizations serving older adults in Orange County makes invaluable contributions to the well-being and quality of life of Orange County's most vulnerable older adult population. The efficiency and effectiveness of the older adult service delivery system is widely acknowledged in the county. The network of contracted service providers of programs administered by the Office on Aging constitutes a foundation of valuable resources to the Office on Aging and, most importantly, to the community and the thousands of older adults, caregivers and their families receiving services.

Constraints

According to the Orange County Health Needs Assessment, the majority of older adults in Orange County are happy with their quality of life; however there remain some major issues that adversely affect a growing number of seniors. Orange County's high cost of living and high cost of housing are two areas of critical impact on older adults.

High Cost of Living

Since Orange County is one of the most expensive areas of the United States in which to live driven by high housing prices relative to other markets, income that would be considered sufficient in other areas is grossly lacking in Orange County. With 100.0 being average, Orange County measured 143.8 on the Cost of Living Index in 2013. This represents an increase after two years of declines in the cost of living. *(Source: 2015 OC Community Indicators)* In the past 10 years, the poverty rate among Orange County older adults 65+ has increased by 39%. *(Source: 2014 OC Community Indicators)*

For the Orange County's older adult population, the median payment from Social Security is \$12,523, and the maximum Supplemental Security Income payment is \$9,965. *(Source: UCLA Center for Health Policy Research)* While many older adults also have retirement income, annual

income for older adults is approximately \$20,000 below the county median income of \$74,163. (Source: 2015 Community Indicators)

No matter what their source of income, older adults often struggle to make ends meet in Orange County. While there are programs that can help, many use the Federal Poverty Guidelines (FPL) that are the same amount across the nation to determine eligibility. As a result, thousands of economically insecure older adults in Orange County fall through the cracks of our public systems.

The *Elder Economic Security Standard Index (Elder Index)* for California tabulated by UCLA's Center for Health Policy Research quantifies basic living expenses for retired seniors 65 and older living in the community (not in institutions). The Index reflects actual costs at the county level for housing, health care, food, transportation, and other costs in different housing types. It demonstrates that many older Americans who are not "poor" as defined by the federal poverty guideline still do not have enough income to meet their basic needs. For a senior renter living alone in Orange County, the Elder Index is approximately \$26,663 per year; for an older adult with a mortgage the Elder Index is \$35,317. (Source: *Orange County Costs 2011, UCLA Center for Health Policy Research*)

According to the Elder Index, whereas there are 19,000 older adults 65+ in Orange County who fall below the federal poverty level (FPL), there are another 118,000 who are above the FPL but still fall into the "eligibility gap," with incomes above the FPL but below the Elder Index. The total number of older adults in Orange County who are considered economically insecure by virtue of falling below the Elder Index is estimated to be 137,000, which is 44 percent of the total 65+ population of the County.

Economic insecurity (below Elder Index) levels vary by gender, age, living arrangement, and ethnicity. Women living alone are the more economically vulnerable compared to men due to earning less income over their lifetimes. Additionally, in Orange County almost 8 out of 10 Latino elders and almost 7 out of 10 Asian elders living alone have incomes below the Elder Index. Almost three-fourths of elder renters living alone in Orange County and more than half of elders living alone who own their home but are still paying off a mortgage are unable to meet their basic needs. (Source: *UCLA Center for Health Policy Research*)

Contributing factors to economic insecurity among the oldest old include increasing age-related disability and medical issues, with the cost of medical care and prescription drugs a continual drain on their fixed incomes.

High Cost of Housing

Affordable housing continues to be one of the top most requested service and a top unmet need as tracked by the Information & Assistance call center at the Orange County Office on Aging. Orange County's cost of living is third highest among peer regions; San Francisco and San Jose were the only markets more expensive.

The median price of a single-family detached home in Orange County in January 2015 was \$674,340. Orange County's housing market remains among the most expensive in the country, with a median sale price of a house almost \$250,000 more than the state median price of \$426,800 for a comparable home. (Source: 2015 OC Community Indicators)

Although 70 percent of older adults in Orange County own their own homes, many older residents who have had their homes for many years have “aged in place,” and have fixed incomes that have reduced in purchasing power over the span of their retirement. For the seniors who have to rent, rental payments are one of the largest expenses. Both single and older adult couples who rent in Orange County are among those with the highest rates of economic insecurity. The cost of the lowest priced apartment still exceeds the average price that many older adults in Orange County can afford to pay. This leaves little money for food, healthcare, transportation, or basic needs. In July 2015, the average price for an apartment in Orange County was \$1,848, with a one bedroom apartments ranging from \$1,414 to \$1,848 depending on location. This is an all-time high, and 6.9 percent increase from 2 years ago, according to a second-quarter survey compiled by apartment tracker RealFacts.

Of the estimated 33,190 renters in Orange County age 65 and above, 71.8 percent were paying at least 30 percent of their total income on rent, compared to 58.1 percent of the general population. The 2010 Census showed Orange County having 343,308 households with one or more persons age 60 and older; this includes 98,819 who are living alone. The number of households with persons 60 and older represents 34.6 percent of households in the County.

Many Orange County older adults do struggle to pay for living expenses, but find ways to remain in stable housing. However, there is a segment of the older adult population that finds themselves homeless. In 2015, 622 people 62+ were identified, assessed, and placed in a housing program (ie. transitional or permanent supportive housing). This represents 7.9% of the total number of people placed into Orange County programs. *(Source: 2-1-1 Orange County)*

State and Local Finances

As with the rest of the state and nation, recovery from the Great Recession is ongoing and Orange County’s economy continues to out-perform local surrounding counties in annual percentage growth. Internal County indicators show a continued slow but steady recovery of the local economy. Unemployment rates have been decreasing and job growth is expected to remain steady. *(OC Citizen’s Report, 2014)* This continued moderate economic growth has been the norm since the Great Recession.

Orange County’s General Fund receives the lowest share of property taxes of any California counties. This inequity is based on the property tax allocation formulas legislated in 1979 when Orange County reflected a more rural character. Today, Orange County is almost all urban and is the third most populated county in the state. Only 13% of property tax collected from Orange County property owners is available to fund county-wide services. This includes 1% which is earmarked for the Orange County Public Library. The largest share of all property tax dollars goes to support public schools (47%). *(Source: OC Facts & Figures 2011)*

Limited Funding and a Growing Population

Flat funding from all revenue sources in the face of increased demand for services has challenged the resources of contracted service providers, the Office on Aging, and other organizations serving older adults in the county. Orange County residents 65 and older are the only age group that is projected to increase proportionate to the other age groups in the next 25 years. In 2015, residents 65 years and older comprised 14% of the population; by 2040,

they are expected to be make up 24% of the total county population. While growth in the number of seniors mirrors national and statewide trends, this growth is more pronounced in Orange County than the nation. *(Source: 2015 OC Community Indicators)* This is further exacerbated by the increase in expenses for contractors, such as increased food and fluctuating gasoline costs for the nutrition providers. The fact that there are more needs than can be met with available funds will inevitably result in limits to services. With increased demand, but fewer services available, waiting lists will be more prevalent.

Fragmentation in Service Delivery

Within Orange County there are several different agencies providing services to older adults. As lead advocate, systems planner, and facilitator of services for older adults, their families and caregivers, the Office on Aging is challenged with the task of tracking and coordinating with the programs offered by other agencies. With multiple funding and regulatory silos, older adults may find it hard to enter or navigate the system of care, making the role of the Office on Aging more critical. The efforts of the Orange County Aging Services Collaborative, Aging and Disability Resource Center (ADRC), and the many collaborative efforts within the provider network are focused on providing ready access into the service network for older adults, caregivers and persons with disabilities.

Increasing Customer Demand

With the growth of the aging population there comes a corresponding growth in the number of older adults in need of services. For example, the number of participants in the elderly nutrition program has increased significantly, as well as the number of clients receiving In-Home Supportive Services. As of June 2014, almost 13,000 older adults (65+) were receiving In-Home Supportive Services through the County of Orange Social Services Agency. Demand among older adults for IHSS services has increased 188 percent over the past fifteen years. *(Source: County of Orange, Social Services Agency)*

Elder abuse reports to Adult Protective Services increased 74 percent from 2004 to 2014. In 2014, the Orange County Elder Abuse and Dependent Adult Abuse Registry received over 9,000 reports of elder and dependent adult abuse; financial abuse being the most often reported. *(Source: County of Orange, Social Services Agency)*

With the implementation of the Affordable Care Act, the number of Medi-Cal beneficiaries in Orange County has increased to 753,000, with approximately 59,000 being 65 or older *(Source: CalOptima Fast Facts: . November 2015)*. The number of older adults receiving Medi-Cal has increased by 123 percent since 2001. *(Source: County of Orange, Social Services Agency)*

Enrollment by seniors 65 years and older into CalFresh has increased significantly over the last 15 years, but more predominantly since 2010. The CalFresh program has seen enrollment of older adults jump from 2,235 in 2010 to 9,358 in 2015 in Orange County. *(Source: County of Orange, Social Services Agency)*. According to the CA Health Interview Survey, in 2014 22% of those 65 years and older were determined to be food insecure. This highlights a subset of the older adult population who do rely on various programs to access food.

Barriers to Access

Research consistently indicates that ethnic/cultural background, literacy, language skills, level of assimilation, and even a preference for informal resources (family, friends, and neighbors)

rather than “official” government programs, all impact service utilization. The Office on Aging is challenged to develop strategies to overcome these barriers.

According to surveys conducted by the Office on Aging and others, the most often cited reason older adults and their caregivers fail to access available services is lack of awareness that such services exist. Families and individuals tend not to be concerned about such programs until confronted with an immediate or imminent need. Marketing of services is an important component to the reduction of gaps in service delivery due to lack of knowledge about service availability, but frequently does not occur because under-funded providers are hard pressed to accommodate their current client base.

To address these barriers, targeting underserved communities through increased community outreach efforts will continue to be a priority in the new planning period. The Office on Aging will explore new opportunities to use the InfoVan within outreach activities. The Office on Aging also makes brochures, informational literature, health education articles, and marketing materials available in multiple languages including English, Spanish, and Vietnamese. The Office on Aging provides full time bilingual/bicultural Spanish speaking and Vietnamese speaking staff as well as translation through Language Line to assist clients in their native language. Finally, the Office on Aging online resource directory is searchable by language, and “Google Translation” is available on the Office on Aging website to translate content into the threshold languages of Orange County. Language condition filters have also been installed to assist I&A staff with locating resources with specific language capabilities.

Finding ways to develop and finance additional service capacity that meets needs, allows choice, and ensures quality care will be a challenge for the Office on Aging and local governments in years to come; demanding strategic planning, collaboration and partnership with the broad spectrum of service providers as we strive to make Orange County the best place in America to age with dignity.

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

OC Community Services/ Office on Aging, a department of Orange County government, is the designated Area Agency on Aging for Orange County.

Since 1974, the Orange County Board of Supervisors has been recognized by the California Department of Aging (CDA) as the governing board of the Area Agency on Aging for the County of Orange (officially designated as Planning and Service Area 22). To carry out the mandates of the Older Americans Act, the Board of Supervisors created the Orange County Area Agency on Aging, which was a division of the Community Services Agency from 1979 until 2003. The Orange County Area Agency on Aging was re-named Office on Aging in 2002.

In March 2008, the Board of Supervisors approved a County reorganization. In an effort to improve the financial position of smaller County departments, several units were reorganized into a larger department. The Housing & Community Services Department, the parent department of the Office on Aging, was renamed OC Community Services (OCCS), and combined with OC Parks, OC Animal Care, and OC Public Libraries to become OC Community Resources.

OC Community Services is made up of the following divisions: Housing and Community Development/Homeless Prevention, Orange County Housing Authority, Community Investment, Office on Aging, and the Veterans Service Office. These divisions offer services such as affordable housing opportunities for renters and homeowners, community revitalization for homeowners and unincorporated communities, and a wide variety of community services. Programs offered by OC Community Services serve special needs groups such as older adults, caregivers, persons with disabilities, veterans, the unemployed, and the homeless in Orange County.

As the local Area Agency on Aging, the Office on Aging is mandated by Federal law to be the lead advocate, systems planner, and facilitator of services and programs for older adults, persons with disabilities, and their caregivers who live both in the community and in long-term care facilities within Orange County. This mandate includes accomplishing the goals of the older adult programs funded by Federal, State, and county general funds. The Office on Aging is supported in its mission by a 40 member volunteer advisory body, the Senior Citizens Advisory Council, and the associated subcommittees of the council.

Senior Citizens Advisory Council

The Senior Citizens Advisory Council (SCAC) advises the Orange County Board of Supervisors and the Office on Aging on matters affecting older adults in Orange County. The council meets monthly in senior centers throughout Orange County.

SCAC consists of forty volunteer citizens, including local elected officials, representatives of health care and supportive services provider organizations, persons with leadership experience, caregiver representatives and the general public. At least half of the council must be older adults (60+). The Board of Supervisors appoints twelve members, the City Selection Committee appoints ten members, and the council itself appoints the remaining eighteen at-large members.

The council has three standing committees addressing health/nutrition, housing/transportation and legislation, and a seven-member executive board.

AAA's Demonstrated Leadership in Community-Based System Development

From its beginning 42 years ago, the primary mission of the Office on Aging has been to advocate for the development of a comprehensive and coordinated system of services that responds to the social, economic and health-related needs of Orange County's older adults. The Office on Aging has served as the primary advocate for older adults by developing area plans for services, administering service contracts, providing staff support to the Senior Citizens Advisory Council, supporting a continuum of community based long term care services, publicizing and disseminating information on available resources, identifying service gaps and barriers, and providing limited direct services.

The following, along with the state-of-the-art Information & Assistance call center and the contracts administered by the Office on Aging for service delivery, provide some indicators of the leadership role of the Office on Aging within the aging network in Orange County.

Service Delivery Model

In Orange County, the Board of Supervisors and the senior community have preferred that services be privatized to local non-profit or municipal contractors to the maximum extent possible. Rather than provide services directly, the Orange County Office on Aging administers contracts for the provision of services to older adults through community-based organizations. These programs are funded with federal and State funds; County General Funds; Tobacco Settlement Revenue and local Measure M2 (Senior Non-Emergency Medical Transportation program). Contracts for provision of services are awarded every four years through a competitive Request for Proposals process. These contracted services include:

- Adult Day Care
 - Personal care for dependent older adults in a supervised, protective, and congregate setting during some portion of the day.
- Case Management
 - Assistance with access coordination where the older person is experiencing diminished functioning capacities or other characteristics which require the provision of services by formal service providers or family caregivers.
- Community Services
 - Senior Center activities, interpretation and translation services, and cash or material aid.
- Elder Abuse Prevention
 - Public education and training of professionals and distribution of materials and guidance kits to develop, strengthen, and carry out programs for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation (including financial exploitation).
- The Elderly Nutrition Program
 - Meals provided to eligible individuals in their place of residence or in a congregate group setting, that meet all of the requirements of the Older

Americans Act and State/Local laws, assures the current Dietary Reference Intake, and complies with Dietary Guidelines for Americans.

- The Family Caregiver Support Program
 - A support service that provides caregiver assessment, counseling, support groups, case management and training for family caregivers. Includes public information and community education about program resources and services.
- The Health Insurance Counseling & Advocacy Program (HICAP)
 - Provides free, confidential counseling and community education for California Medicare beneficiaries, their representatives, and people who will soon be eligible for Medicare. Assistance is available related to all aspects of Medicare.
- In-Home Services
 - Personal assistance (such as with eating, bathing, toileting, transferring in/out of bed/chair, walking, dressing, grooming) assistance preparing meals, shopping for personal and household items, managing money, using the telephone or doing light or heavy housework, yard work and other home maintenance for a person.
- Legal Assistance
 - Legal advice, counseling and/or representation by an attorney or other person acting under the supervision of an attorney
- The Long-Term-Care Ombudsman Program
 - Investigates and endeavors to resolve complaints made by, or on behalf of, individual residents in long-term care facilities.
- The Senior Community Service Employment Program
 - Provides part-time work-based training opportunities at local community service agencies for older adults who have poor employment prospects and are unemployed.
- The Senior Non-Emergency Medical Transportation Program (SNEMT)
 - Non-emergency transportation to doctor, dentist, pharmacy and other medical-related destinations for older adults.
- Senior Nutrition Transportation
 - Transportation for an older adult to access a congregate meal program.

Our contracted service providers are a close-knit community that often collaborate on projects related to both Older Americans Act programs and other endeavors that benefit the older adult population.

Of the services funded under the Older Americans Act and Older Californians Act, the Office on Aging directly provides two programs: Title III B Information & Assistance and Title III D Health Promotion.

Office on Aging I&A Call Center

The Office on Aging Information & Assistance (I&A) call center provides information and referral services via a state-of-the-art call center system. Through the onsite call center, the Office on Aging toll-free line acts as a single point of entry for referrals to services and programs for older adults, caregivers, and persons with disabilities. In addition to having bi-lingual/bi-cultural staff to serve Spanish speaking and Vietnamese speaking callers, the call center also uses a language line that provides access to other languages as needed. Consumers contacting the call center can be directly connected with public and private community-based programs to meet their needs. I&A staff utilize a resource database to track

client contact information and offer several resource options, as well as perform follow-up on all assistance calls to ensure that consumers were connected with referred services.

Health Promotion

The Office on Aging Health Educator oversees the Chronic Disease and Diabetes Self-Management Programs and A Matter of Balance. Activities include training new leaders and providing technical assistance to current leaders, conducting fidelity checks, distributing a quarterly leaders newsletter, recruiting and working with workshop sites, collecting paperwork and managing workshop supplies, and seeking out partnerships to expand the programs.

Other activities conducted by the health educator include distribution of a monthly health article to older adult service providers, providing information at health fairs, conducting presentations, and collaborating with other stakeholders to promote older adult health and safety. The health educator also serves on the steering committee of a countywide fall prevention coalition (Down with Falls) as well as represents the Office on Aging at other community collaborative meetings.

Office on Aging Website

With the increasing use of technology for accessing information and connecting with resources, particularly among older adults, the Office on Aging website provides up-to-date information regarding upcoming community events and meetings, health related articles, latest news, downloadable printed materials, and popular links. The website also features an "Online Service Directory" which directs website visitors to resource information that can be searched in several languages by category, key word, or area served. There is also a "Contact Us" feature which allows consumers to request information via email, and an I&A specialist will respond by the next business day. The email function is widely used by family caregivers, baby boomers, and consumers with speech or hearing disabilities as a preferred method of communicating rather than telephone interaction or use of a TTY line.

Transportation Advocacy

Transportation is an issue for every service funded by the Office on Aging; without transportation the client population would have no access to needed services. The Office on Aging has worked extensively with the Orange County Transportation Authority (OCTA), with cities, community-based organizations and private providers to expand the scope of transportation services available in the county.

The Office on Aging Division Manager participates in the Special Needs in Transit committee seated by the board of directors of OCTA. This committee and its work groups play an advocacy role shaping public policy on behalf of the transportation needs of older adults. The Office on Aging provides technical assistance to cities and other entities relative to their transportation issues for older adults, and frequently supports the efforts of cities and other transportation entities by writing letters of support for their funding proposals.

The Senior Non-Emergency Medical Transportation Program (SNEMT)

Orange County's Senior Non-Emergency Medical Transportation program is unique in the State and the nation. The purpose of the SNEMT program is to provide a coordinated community-based system of non-emergency medical transportation for older adults (60+) who lack other reasonable means of medical-related transportation. The program utilizes cars,

vans, mini-buses or other appropriate vehicles on a cost-per-mile basis. The program is funded with Tobacco Settlement Revenue and local Measure M2 funds.

The Office on Aging currently has two service contracts for the operation of the SNEMT program, providing countywide services to eligible older adults. In FY 2014-15, there were 2,385 older adults enrolled in the SNEMT program, and 147,409 trips were provided. The SNEMT program plays an important role in addressing the critical need for senior transportation in Orange County, with transportation to and from the doctor, dentist, physical therapist, pharmacy and other medical-related destinations.

Aging & Disability Resource Connection (ADRC)

Established in 2008, the Orange County ADRC continues to operate as a collaborative between the Office on Aging, CalOptima and the Dayle McIntosh Center for Independent Living.

Office on Aging Information & Assistance staff have been trained in Options Counseling; CalOptima received additional grant funding to provide Care Transitions Intervention (CTI) services focusing on consumer transitions from hospital to home. The Dayle McIntosh Center for Independent Living received grant funding for California Community Transitions (CCT) focusing on assisting consumers who wish to transition out of a skilled nursing facility back into the community. Together, all three ADRC partners are continuing to lead projects that are changing the way long term care services and supports are delivered to consumers in the aging and disability communities of Orange County.

Orange County Aging Services Collaborative

The Orange County Aging Services Collaborative (OCASC), of which the Office on Aging is an advisory member, was established in 2010 as a result of continued challenges faced by nonprofit and government organizations to serve a growing number of older adults in the midst of budget constraints. The Orange County Aging Services Collaborative brings together nonprofit and governmental senior service providers who are committed to effectively meeting the needs of our aging community through ongoing coordination.

The purpose of the OCASC is to assess the issues and perceived needs of adults currently living in Orange County, in order to provide an instrument to educate federal, state and local elected officials on the most critical areas of concern for local citizens as they age. The Office on Aging participates in the Communications and Healthy Aging Initiative subcommittees of OCASC. The Communications subcommittee plans outreach activities and reviews the OCASC marketing materials and strategies to reach the broadest number of people possible. The Healthy Aging Initiative subcommittee focuses on the health needs of Orange County older adults and identifies activities that will enhance and improve service delivery to the older adult population. By participating in these subcommittees, Office on Aging staff ensure that community members and service providers are aware of the Office on Aging and the Information & Assistance call center.

Coalitions & Other Collaborations

The Office on Aging works closely with community-based organizations and other government agencies on a variety of projects throughout the year. As previously mentioned, the ADRC is a collaboration between the Office on Aging, CalOptima, and the Dayle McIntosh Center for

connecting consumers with home and community based resources. The needs of the older Latino population are addressed through collaboration with Alzheimer's Orange County and other community partners on the planning process for two large Latino events in Santa Ana and with bi-monthly outreach at the Mexican Consulate. The Office on Aging also participates every other week at the County Community Services Center with the Social Services Agency, OC Housing Authority, Health Care Agency, and CalOptima to provide face-to-face resource delivery to the Vietnamese population.

Other collaborations that make it possible for the Office on Aging to positively influence the community on behalf of older adults include the Down With Falls Coalition for fall prevention, Community Alliance Forum Committee, Financial Abuse Services Team (FAST), OC Roundtable, Ageless Alliance, CalOptima OneCare Connect Member Advisory Committee, among others.

The outcome of these partnerships includes better communication between the Office on Aging and other key informants, more efficient and effective use of resources, the opportunity to influence policy and planning within the County, and opportunity for the Office on Aging to hear and consider the needs of those in the greatest social and economic need.

APPROVED

SECTION 4. PLANNING PROCESS / ESTABLISHING PRIORITIES

The Planning Process

The process of developing an Area Plan involves ongoing contact with other County agencies and entities providing services to older adults, as well as dialogue with the aging services community, the Senior Citizens Advisory Council and other key informants. The Office on Aging is part of the larger OC Community Resources/ OC Community Services family; as such, interaction and sharing of information strengthens all the programs offered by the various sections of the Department. Additionally, the Office on Aging participates in collaborative groups with many other public and private agencies, as detailed elsewhere in this document. The input of these entities was sought in the planning process. In addition, surveys provided electronically and input solicited from other agency surveys informed the needs assessment portion of this Area Plan.

In preparation for this 2016-20 Area Plan, the Office on Aging staff examined 2010 census data and existing data elements on target populations, as well as the 2015 Orange County Community Indicators Report; Growing Older in Orange County: A Report on Older Adults. Orange County Health Needs Assessment Special Report, 2010; Orange County Health Improvement Plan: Older Adult Health, Orange County Health Care Agency 2014-16; Community Health Needs Assessment Report, St. Joseph Health, 2014; 65+ in the United States: 2010, United States Census Bureau, 2014; Caregiving in the U.S., National Alliance for Caregiving, 2015; A Profile of Older Americans, Administration on Aging, 2014, and recent needs assessments and surveys completed by the North Orange County Senior Collaborative, Orange County Aging Services Collaborative; Alzheimer's Family Service Center, Community SeniorServ, and AgeWell Senior Services. These elements provide the broadest perspective available on the current needs of the older adult population of Orange County.

In addition, through the ongoing work of the subcommittees of the Senior Citizens Advisory Council and the involvement of Office on Aging staff with contracted service providers, the Down with Falls Coalition and outreach to senior and community centers, the Office on Aging remains aware of the needs – met and unmet – of older adults in Orange County.

SECTION 5 - NEEDS ASSESSMENT

The process of assessing needs among the older adult and caregiver population is an ongoing one involving regular contact with providers of direct services. The 2016-20 Area Plan needs assessment process involved a variety of elements, including a study of the 2010 Census (as described in Section 2) and other existing data elements; assessing existing data on target populations; community meetings; and a variety of surveys for key informants and the public. These elements were selected to provide the broadest perspective possible on the current needs of the older adult population of Orange County.

Key Informant Findings

Key informant surveys were given to every senior center and community center in the county; all the Office on Aging contracted service providers; Aging Services Collaborative members; the members of the Senior Citizens Advisory Council; and the SCAC Legislative, Housing/Transportation and Health/Nutrition Committees.

The top three most serious problems facing older adults and persons with disabilities today expressed by key informants were:

- High cost of living (lack of affordable housing and adequate financial resources)
- Transportation issues
- Health/nutrition issues

Key informants stated that the biggest problems facing family caregivers were:

- Health care issues
- Respite needs

In addition, key informants felt that the greatest barriers to services were:

- Lack of awareness
- Lack of finances
- Lack of ability to access services (includes lack of available transportation)

I&A Call Center Findings

The Office on Aging has the ability to extrapolate a large amount of data from the Information & Assistance ReferNet database on caller statistics and demographics, services requested, and unmet needs.

The top five service referrals by the Office on Aging call center during FY 2014-15 were:

- Transportation – Transportation requests include medical and disabled transportation, local transportation and taxi services.
- Affordable housing – Request for housing services include information on the housing authorities, shared housing programs, senior housing, rent rebates and emergency shelters.

- Legal services – Legal services includes requests for assistance in the form of advocacy, certificates/forms assistance, legal counseling, legal representation, mediation, and self-representation assistance.
- In-Home assistance – These requests include referrals to In-Home Supportive Services, home-delivered meals, home modification services, personal emergency response system companies, and general in-home assistance and housekeeping aid.
- Health/insurance services – These requests include, but are not limited to, Medicare information/counseling (HICAP), MediCal, patient rights assistance, mental health care and counseling, prescription assistance, and eye/dental care.

These are not new concerns; however, due to the limited resources of the Office on Aging and partner organizations many of the most requested services are also unmet needs of the community. The key informant surveys responses on identification of unmet needs among older adult and persons with disabilities are aligned with the needs experienced by the call center clients: transportation, affordable housing, and in-home services.

Study of Existing Data Elements

The Office on Aging is fortunate to have a wide range of data available on older adults in Orange County. In addition to the 2010 Census, data sources included:

- Local reports and other assessments from outside agencies:
 - Growing Older in Orange County: A Report on Older Adults. Orange County Health Needs Assessment Special Report, 2010
 - 2014-16 Orange County Health Improvement Plan: Older Adult Health, Orange County Health Care Agency
 - Community Health Needs Assessment Report, St. Joseph Health, 2014
 - 65+ in the United States: 2010, United States Census Bureau, 2014
 - Caregiving in the U.S., National Alliance for Caregiving, 2015
 - A Profile of Older Americans, Administration on Aging, 2014
- I&A call center data on unmet needs and most commonly requested services
- I&A client satisfaction data
- Senior Non-Emergency Medical Transportation program client satisfaction data
- Data gathered from the Orange County Healthier Together website

Surveys and Key Findings

The Office on Aging studied a variety of the most recent surveys taken by various entities in the aging services network. These surveys and their key findings are summarized here.

- North Orange County Senior Collaborative Survey 2013 (344 respondents)
 - 75% of the respondents plan to stay in their homes in the North Orange County area “as long as possible”
 - 30% of people remain uncertain regarding the amount of support they can count on from family & friends in the area
 - About 40% of seniors say they do not know where to get information / resources / referrals if they need it

- 48% of seniors respond that they have an Advance Directive, however 52% indicate that they have not provided copies to their health care agent or their physician
- North Orange County Senior Collaborative Survey Fall Prevention Survey 2015 (271 respondents)
 - 71% of seniors have fallen in the last year
 - 72% of seniors worry about falling
 - 83% of seniors who fell were hurt in some way
 - 77% of seniors who fell made a behavior change to reduce their chance of falling again
- Age Well Senior Services Food Insecurity Survey (226 respondents)
 - The majority of congregate meal and home delivered meal clients eat 2-3 meals each day.
 - 63% stated that they always have enough money to buy food; 35% stated that they do not always have enough money for food.
 - 40% of home delivered meal client respondents stated that they only have the frozen meals from the home-delivered meal program in their freezer.
- Alzheimer's Family Services Center - A comprehensive survey of existing dementia services (152 agency respondents)
 - The top five unmet needs most frequently cited by survey respondents were:
 - Legal issues/Advanced Care Planning
 - Assistance with Insurance
 - Treatment of Cognitive Symptoms
 - Dementia Evaluation/Diagnosis
 - Behavior Management

The following surveys illustrate the benefit of some of the Older Americans Act services administered by the Office on Aging and provided by contracted service providers:

- Age Well Senior Services Annual Client Survey (567 respondents)
 - If the Nutrition programs were not available, seniors would:
 - Senior Center meal program – 22% would skip meals or eat less, 42% would cook their meals and 38% would eat easy to prepare meals such as frozen dinners, canned soups or sandwiches, 23% would eat at restaurants and 22% at fast-food restaurants.
 - Home-Delivered Meal (HDM) program – 38% would skip meals or eat less, 64% would prepare easy to eat foods like frozen dinners and canned soup, and 27% would have family and friends provide meals
 - 52% of attending congregate seniors responded that information in the nutrition presentations have helped them make better food choices. 65% of HDM clients responded that the nutrition education handed out 4 times a year has been interesting and informative.

- Community SeniorServ Outcomes Study on the Impact of the Case Management and Home-Delivered Meals Programs (1,279 respondents)
 - Outcomes study reveals that the home delivered meals and case management services help participants stay in their own homes longer while maintaining independence.
 - Participants receive 141% more referrals to supportive services
 - Participants gained an average of 2 pounds
 - 34% reduction in client hospitalization and 62% length of stay reduction

- Community SeniorServ Outcomes Study on the Impact of the Senior Lunch Program (1,200 respondents).
 - Outcomes study reveals the benefit to overall wellbeing of participants.
 - 68% of respondents reported the lunches have improved their quality of life
 - 59% said their physical health has improved because of the program
 - 95% have more friends as a result of the program

Orange County Aging Services Collaborative Survey: Assessing Senior Living Needs in Orange County

The Orange County Aging Services Collaborative (OCASC) conducts an annual needs assessment of Orange County older adults. The focus of this needs assessment process is to assess the issues and perceived needs of adults currently living in Orange County, in order to provide an instrument to educate federal, state and local elected officials on the most critical areas of concern for local citizens as they age.

In 2015, 630 surveys were collected from individual respondents with the following characteristics:

- Age:
 - 11 percent age 45 to 59
 - 41 percent age 60 to 74
 - 12 percent age 75 and older
 - 10 percent were younger than 45 or did not respond to the question

- Race/ Ethnicity
 - 47 percent White
 - 21 percent Asian/Pacific Islander
 - 18 percent Hispanic
 - 9 percent “Other”

Summary of Findings

The 2015 survey concentrated on future plans and current concerns. The respondents’ greatest concerns were 1) having transportation services (62%); 2) managing personal health (58%); and 3) staying safe (52%). 89% of the respondents plan to remain in Orange County through retirement and 70% feel that there are sufficient financial resources to allow them to do so. This survey metric is on average increasing each year, possibly indicative of the nation coming out of the Great Recession and residents feeling more financially secure.

Additional findings include:

- Of the reasons for leaving Orange County, 45% identified financial reasons, 23% stated family concerns, and 23% are leaving for adventure
- Of the things that they want elected officials to do for older adults, the highest responses included:
 - Protect Social Security
 - Protect Medicare/Medi-Cal Benefits
 - Increase Home and Community-Based Services

For this 2016-20 planning period the Office on Aging will continue to address the identified needs of the community through the administration of allocated funds and provision of limited direct services, and will provide technical assistance to contracted service providers and others, as appropriate. The Office on Aging will continue to employ collaborative partnerships and innovative programming to maximize limited resources and improve the service delivery system in Orange County. In addition, the activities of the Senior Citizens Advisory Council committees will support and enhance the work of the aging network.

APPROVED

SECTION 6. TARGETING

The targeting priorities established in the Older Americans Act (Sections 307 and 373(c)(1) and listed in the California Code of Regulations (CCR Article 3, Section 7310) require that AAAs use outreach efforts to identify individuals eligible for assistance under federal law. Special emphasis is to be given to older adults:

- residing in rural areas
- having the greatest economic need and social need, with particular attention to low-income minority individuals
- having severe disabilities
- having limited English-speaking ability
- having Alzheimer's disease or related disorders, and their caregivers
- at risk of institutional placement

There are often barriers to serving the abovementioned communities.

- Language barriers and transportation problems can impede access.
- Low income older adults are especially vulnerable living in Orange County, with its high cost of living.
- 2010 Census data illustrates that the rate of growth of the ethnic minority senior population is significantly higher than that of non-minority seniors, underscoring the need for targeted outreach.
- LGBT seniors are largely a hidden population in Orange County, often due to their past experiences of discrimination.

Along with these, consideration must be given to planning for the service needs of the approximately 700,000 baby boomers residing in Orange County. The baby boomer generation will reshape the landscape of service delivery to older adults in ways yet to be defined.

It must also be noted that resource limitations caused by static budgets with increased population and demand result in further barriers to service, as individuals are either delayed in receiving, or unable to access, needed services due to limited staff and/or funding.

The Office on Aging remains committed to ensuring that services are accessible to individuals with the characteristics identified in the Older Americans Act and California Code of Regulations. This is done in part by allocation of Title III funds according to the Court-approved funding formula for California, which gives additional weight to minority and low-income older adults. In addition, the Office on Aging has developed a number of strategies to meet the needs of target populations.

- The Office on Aging contracts with service providers (such as Abrazar and Vietnamese Community of Orange County) serving ethnic minorities, and maintains collaborative partnerships with others through coalitions and other relationships.
- Evaluation criteria in the Request for Proposals process address the need for providers to appropriately target those groups emphasized in the federal regulations.
- Requests for Proposals contain language requirements to ensure the use of printed materials in languages appropriate to the demographic composition of the service area; contractors must also make use of bilingual paid or volunteer staff or have access to interpreters.
- The Office on Aging call center assures access to services through bilingual staff and the use of the language line provided for callers with limited English proficiency.
- All Office on Aging contracted service providers are required to have materials available to clients in the three threshold languages – English, Spanish and Vietnamese.
- All Office on Aging contracted service providers are required to meet the requirements under Title VI of the Civil Rights Act that address the obligation to provide meaningful access to services to those having limited English proficiency.
- All Office on Aging contracts address the issue of compliance with non-discrimination laws – specifically Title VI of the Civil Rights Act.
- There is low-income ethnic minority representation on the Senior Citizens Advisory Council.
- The Office on Aging to continue working with community organizations, such as The Center of Orange County, to increase services and programming, and address the barriers to service faced by LGBT elders.

SECTION 7. PUBLIC HEARINGS

PSA 22

At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, OAA 2006 306(a)

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ² Yes or No	Was hearing held at a Long-Term Care Facility? ³ Yes or No
2016-17	03/11/2016	Garden Grove Courtyard Center	37	No	No
2017-18					
2018-19					
2019-20					

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

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

The needs of institutionalized, homebound and/or disabled older individuals were identified and addressed by key informant service providers as part of the needs assessment and planning process.

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

Yes. Go to question #3

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

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

N/A

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

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

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

Yes. Go to question #5

No, Explain:

5. Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.

No comments received.

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

Comments were all related to the value of services being provided and included broad discussion on the need for further collaboration between local jurisdictions and service providers for activities beyond the scope of Older American Act funding.

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

None

APPROVED

SECTION 8 - IDENTIFICATION OF PRIORITIES**Priorities**

The CCR, Article 3, Section 7312 requires that the AAA allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation for these priority services is to be determined by the AAA through the planning process.

In this 2016-20 planning cycle, the Office on Aging will maintain the same minimum percentages as those employed in the previous cycle:

- 42% for Access (Information & Assistance, Transportation, Case Management, and Outreach)
- 11% for In-Home Services
- 10% for Legal Assistance

In consideration of identifying priorities for service objectives, it is clear that performance objectives for this Area Plan period must be tailored to resources, which are limited. The needs are unquestionable; however the effects of resource limitations are being keenly felt by the providers of services in the Orange County aging network.

The Office on Aging intends to work as much as possible in collaborative efforts with other agencies and initiatives to maximize limited resources.

Goals and Objectives

The 2016-20 Area Plan has three broad System Building and Administration goals:

- Goal #1 Informed Communities
- Goal #2 Coordinated Service Delivery and Collaborative Partnerships
- Goal #3 Satisfied Customers

First-year objectives are listed under each goal. Unless otherwise stated, all objectives will be addressed by Office on Aging staff.

Service Unit goals are entered into the Service Unit Plans.

Goal #1: Informed Communities

Rationale:

The vision of the Office on Aging is for Orange County to be the best place in America to age with dignity. The most commonly cited reason for non-use of available services is lack of knowledge and awareness that the services exist. It is critical that strategies be employed to increase the number of households and senior care professionals in Orange County that are aware of services available to older adults and persons with disabilities, their caregivers and families.

Objectives:

1.1 The Office on Aging staff will expand the scope of traditional community outreach efforts to include increased education and awareness of resources and services available to older adults, caregivers, and persons with disabilities through:

- Outreaching to new groups such as case managers, hospital discharge planners, volunteers for senior service providers, and cultural community centers.
- Presentations to city councils, policymakers, and stakeholders who need to plan for the increased needs of older adults as the baby boomers enter retirement.
- Partnering with Orange County Board of Supervisors to co-host Senior Summits in the respective districts.
- Seeking new opportunities and strengthening existing partnerships to advertise the Information & Assistance call center number and linkage to the website database, such as through the Aging Services Collaborative, UCI School of Medicine, and Health Care Agency's Healthier Together website.
- Collaborating with community partners to incorporate an Office on Aging component into new staff trainings and student class curricula, such as HICAP new counselor training, County social worker training, volunteer training, and local college classes.

Start Date: July 1, 2016
Completed by: June 30, 2017
Status: New

1.2 The Office on Aging will coordinate disaster preparedness plans and activities with local agencies to expand community education and awareness of emergency preparedness for older adults and persons with disabilities using the following methods:

- The Office on Aging Information & Assistance will distribute disaster kits with printed handouts entitled:
 - Tips for Seniors in Emergency Situations
 - Suggested Emergency Kit Supplies
 - Office on Aging Home Safety Program Personal Home Safety Checklist
 - Evacuation Preparedness Guide
 - Phone Contact List

Distribution will occur through health fairs and senior expos as well as requests for printed materials to be mailed to clients' homes.

- The Office on Aging Information & Assistance staff will distribute "File of Life" magnets with important life-saving information inserts upon the request of call center clients and during outreach events.
- Annual disaster and emergency procedures training for Information & Assistance staff.

Start Date: July 1, 2016
Completed by: June 30, 2017
Status: New

1.3 The Office on Aging I&A Staff will provide or arrange for presentations (with culturally and linguistically appropriate materials) to groups of older adults, caregivers, and service providers, on such subjects as: senior services overview, nutrition, exercise, fall prevention, medications, health promotion, advance healthcare directives, available health-related services and other topics as requested. A minimum of twenty such presentations will be delivered over the course of the year.

Start Date: July 1, 2016
Completed by: June 30, 2017
Status: New

1.4 The Office on Aging Health Educator will write, post on the Office on Aging website, and distribute senior-related related articles to senior/community centers, residential facilities, healthcare providers, community colleges, senior service provides, and the community at large. A minimum of twelve such articles will be delivered over the course of the year.

Start Date: July 1, 2016
Completed by: June 30, 2017
Status: New

1.5 The Long-Term Care Ombudsman Program, through the contracted service provider, Council on Aging, Orange County, will increase community awareness of the Program through the following efforts:

- Verifying that the Ombudsman Program poster is posted prominently in each facility, including posters printed in alternative languages for those residents and their families who do not speak English.
- Conducting trainings within hospitals, to hospice agencies and to other health care groups to explain the Program, the services it provides and the role of ombudsmen representatives in preventing abuse and advocating for the rights and dignity of elderly and dependent adults living in long-term care facilities.
- Making available the Council on Aging, Orange County “Answers” resource guide.
- Actively recruiting volunteer ombudsman representatives through advertising, media and personal outreach.
- Conducting “Changing Lives” tours to provide greater awareness of the advocacy the LTC Ombudsman Program brings to those vulnerable adults living in long-term care facilities.

Start Date: July 1, 2016
Complete by: June 30, 2017
Status: New

Goal #2: Coordinated service delivery and collaborative partnerships

Rationale:

The Office on Aging is charged with the responsibility of serving as lead advocate, systems planner and facilitator of services and programs for older adults and caregivers in Orange County. Consistent with the missions of OC Community Services and the Office on Aging, the Office on Aging will foster strategic partnerships addressing issues that relate to the health, well-being, independence, and dignity of older adults in Orange County. Limited resources demand cooperative approaches to service delivery and systems planning. In addition, population projections prove the urgent need for strategic planning for coordination of service delivery as the baby boomers reach retirement.

Objectives:

- 2.1 The Office on Aging will administer the Senior Non-Emergency Medical Transportation (SNEMT) program providing approximately 133,000 medical-related trips for approximately 2,000 unduplicated Orange County older adults who lack other transportation options.

Start Date: July 1, 2016
Complete by: June 30, 2017
Status: New

- 2.2 The Office on Aging will continue as an advisory member of the Orange County Aging Services Collaborative. Participation on this committee requires ongoing contributions from the members and Office on Aging serves on the communications and Healthy Aging Initiative subcommittees. Office on Aging staff will support the ongoing activities of this collaborative by serving as a facilitator and planner on countywide initiatives.

Start Date: July 1, 2016
Complete by: June 30, 2017
Status: New

- 2.3 The Office on Aging will strengthen the partnership with CalOptima and the Dayle McIntosh Center for Independent Living by maintaining the designated status for the ADRC (Aging and Disability Resource Connection) in Orange County. The Office on Aging Information & Assistance (I&A) staff will ensure that the ADRC database has a robust number of resources for persons with disabilities. The Office on Aging I&A

manager, CalOptima staff and OCIT systems technologist will ensure ongoing maintenance of the ADRC website domain and content.

Start Date: July 1, 2016
Completed by: June 30, 2017
Status: New

- 2.4 As contracted service provider of Title VII B Elder Abuse Prevention services, the Council on Aging – Orange County will operate the Elder Abuse Prevention Program and Financial Abuse Specialist Team (FAST), to combat financial crimes against older adults in Orange County. FAST includes participation by Adult Protective Services and a team of volunteer consultants including the Public Guardian, city attorneys, law enforcement representatives, banking industry professionals, the Legal Aid Society, the Ombudsman program, and private professionals from relevant industries. Both arms of the program will provide prevention and education activities, including 32 community and professional education sessions to approximately 1,500 individuals.

Start Date: July 1, 2016
Completed by: June 30, 2017
Status: New

Title IIID/Disease Prevention and Health Promotion Written Objectives:

Office on Aging offers four (4) evidence-based programs that meet criteria #2 outlined in the Area Plan Guidance:

1. Chronic Disease Self-Management Program (CDSMP)
2. Tomando Control de su Salud
3. Diabetes Self-Management Program (DSMP)
4. A Matter of Balance

Each of these programs has been deemed evidence-based by the Administration on Aging.

- 2.5 The Office on Aging will provide evidence-based Chronic Disease Self-Management Education (Chronic Disease Self-Management Program, Diabetes Self-Management Program, Tomando Control de su Salud) using lay leaders trained by the OoA staff and Health Care Agency Master Trainers. CDSME lay leaders will facilitate 16 community workshops and reach 960 participants (1 participant = 1 contact).

Start Date: July 1, 2016
Completion Date: June 30, 2017
Status: New

- 2.6 The Office on Aging will provide the evidence-based A Matter of Balance using coaches from community partners trained by the OoA Master Trainer. OoA staff will facilitate a

minimum of 4 community workshops and reach 180 participants (1 participant = 1 contact).

Start Date: July 1, 2016
Completion Date: June 30, 2017
Status: New

- 2.7 Through a Memorandum of Understanding with the Health Care Agency (HCA), health education services will be provided by the Health Promotion staff. Staff will provide a minimum of four Chronic Disease Self-Management Program (CDSME) workshops at various sites throughout Orange County for a minimum of 200 participants. (1 participant = 1 contact).

Start Date: July 1, 2016
Completed by: June 30, 2017
Status: New

- 2.8 Through a Memorandum of Understanding with the Health Care Agency (HCA), the Health Promotion staff will co-facilitate lay leader trainings for Chronic Disease Self-management Programs and Diabetes Self-Management Program. A minimum of 3 leaders training with approximately 12-15 persons will be provided.

Start Date: July 1, 2016
Completed: June 30, 2017
Status: New

APPROVED

Goal #3: Satisfied Customers

Rationale:

Excellent customer service is measured through quality assurance protocols and customer satisfaction follow-up of Area Plan program clients who access the Information & Assistance call center and those who utilize the Senior Non-Emergency Medical Transportation Program (SNEMT).

Objectives:

- 3.1 The Office on Aging will ensure that staff is providing excellent customer service and clients are satisfied by adhering to quality assurance protocols measured as follows:
- An Information & Assistance call center follow-up survey will be conducted via telephone call to clients, consisting of three main questions to be answered on a 5-point scale. The target goal will be to achieve a score of 90% or higher. Customer service follow-up calls will be performed monthly.
 - Customer Satisfaction Surveys will be mailed to clients who are actively enrolled in the Senior Non-Emergency Medical Transportation (SNEMT) program. Survey questions will be rated on a 5-point scale with a baseline rating of a "3" (95%) or higher. Surveys will be sent annually.

Start Date: July 1, 2016
Completed by: June 30, 2017
Status: New

- 3.2 Office on Aging will explore additional options to enhance the collection of customer satisfaction data.

Start Date: July 1, 2016
Completed by: June 30, 2017
Status: New

SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES

PSA 22

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

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

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

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

1. Personal Care (In-Home)

Unit of Service = 1 hour

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

2. Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	8,000	2	
2017-2018			
2018-2019			
2019-2020			

3. Chore (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	340	2	
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	990,000	2	
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	42,000	2	
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	12,500	2	
2017-2018			
2018-2019			
2019-2020			

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	350,000	2	
2017-2018			
2018-2019			
2019-2020			

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	32,000	2	
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	7,000	2	
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	14,000	1, 2	
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	30,000	1, 2	
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	13,000	1	
2017-2018			
2018-2019			
2019-2020			

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

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

Title IIIB, Other Priority and Non-Priority Supportive Services

For all Title IIIB “Other” Supportive Services, use the appropriate Service Category name and

Unit of Service (Unit Measure) listed in the CDA Service Categories and Data Dictionary.

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

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

Service Category: Senior Center Activities

Unit of Service = 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	20,500	2	
2017-2018			
2018-2019			
2019-2020			

Service Category: Cash/Material Aid

Unit of Service = 1 Assistance

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	54,000	2	
2017-2018			
2018-2019			
2019-2020			

Service Category: Interpretation/Translation

Unit of Service = 1 Contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	17,500	2	
2017-2018			

2018-2019			
2019-2020			

Service Category: Community Education

Unit of Service = 1 Activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	20	1	1.3
2017-2018			
2018-2019			
2019-2020			

Service Category: Disaster Preparedness Materials

Unit of Service = 1 Product

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	750	1	1.2
2017-2018			
2018-2019			
2019-2020			

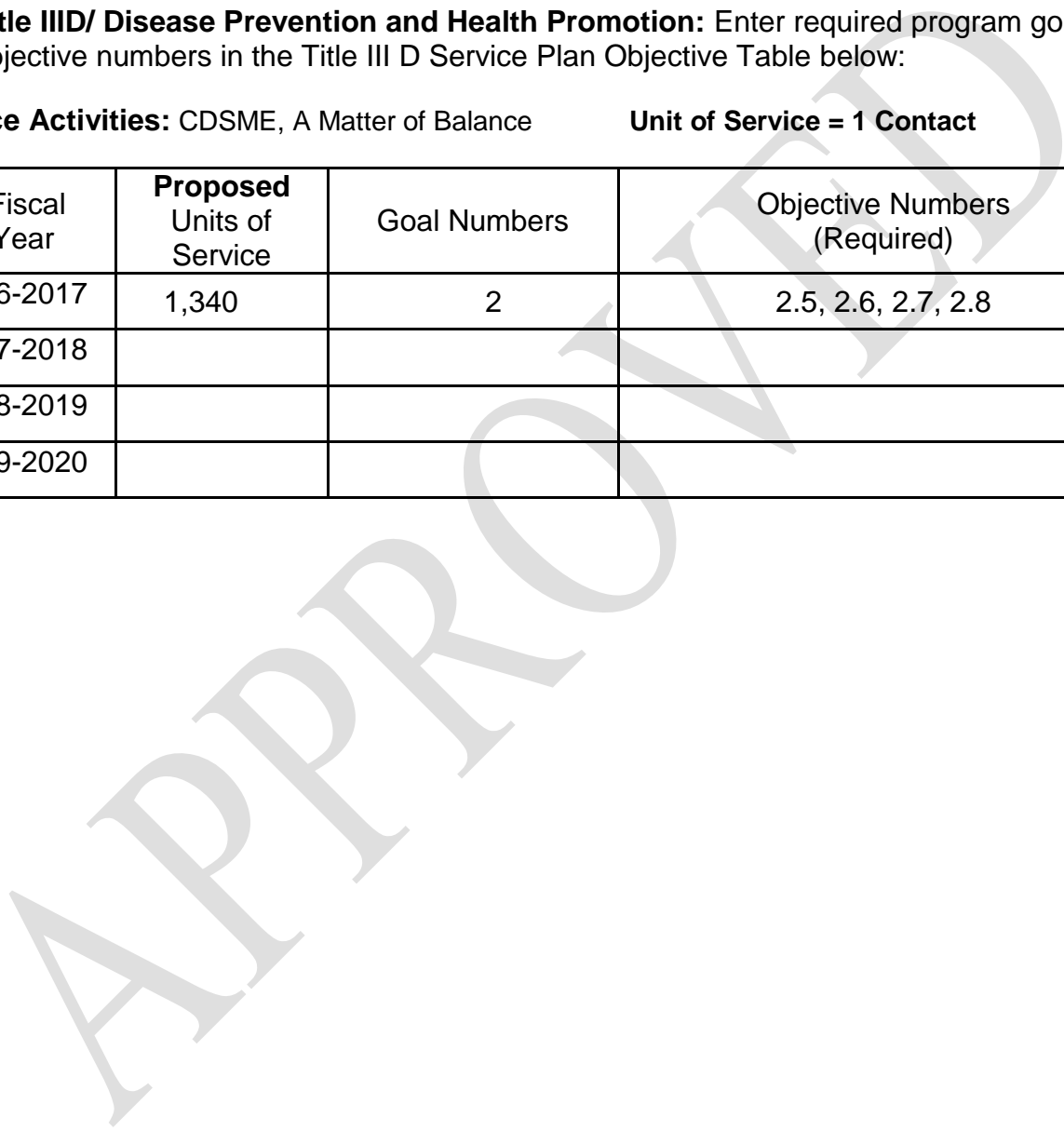
16. Title IIID/ Disease Prevention and Health Promotion

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

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

Service Activities: CDSME, A Matter of Balance **Unit of Service = 1 Contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2016-2017	1,340	2	2.5, 2.6, 2.7, 2.8
2017-2018			
2018-2019			
2019-2020			



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

2016–2020 Four-Year Planning Cycle

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

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

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

Complete all Measures and Targets for Outcomes 1-3.

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

Measures and Targets:

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

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

<p>1. FY 2014-2015 Baseline Resolution Rate: Number of complaints resolved <u>601</u> + Number of partially resolved complaints <u>132</u> divided by the Total Number of Complaints Received <u>1208</u> = Baseline Resolution Rate <u>61</u>% FY 2016-17 Target Resolution Rate <u>65</u>%</p>
<p>2. FY 2015-2016 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2017-18 Target Resolution Rate _____%</p>
<p>3. FY 2016-2017 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2018-19 Target Resolution Rate _____%</p>

4. FY 2017-2018 Baseline Resolution Rate:
 Number of complaints resolved _____ + Number of partially resolved complaints _____
 divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate
 _____ %
 FY 2019-20 Target Resolution Rate _____ %

Program Goals and Objective Numbers: **2**

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

1. FY 2014-2015 Baseline: number of Resident Council meetings attended **986**
 FY 2016-2017 Target: **992**

2. FY 2015-2016 Baseline: number of Resident Council meetings attended _____
 FY 2017-2018 Target: _____

3. FY 2016-2017 Baseline: number of Resident Council meetings attended _____
 FY 2018-2019 Target: _____

4. FY 2017-2018 Baseline: number of Resident Council meetings attended _____
 FY 2019-2020 Target: _____

Program Goals and Objective Numbers: **2**

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

1. FY 2014-2015 Baseline number of Family Council meetings attended **54**
 FY 2016-2017 Target: **54**

2. FY 2015-2016 Baseline number of Family Council meetings attended _____
 FY 2017-2018 Target: _____

3. FY 2016-2017 Baseline number of Family Council meetings attended _____
 FY 2018-2019 Target: _____

4. FY 2017-2018 Baseline number of Family Council meetings attended _____
 FY 2019-2020 Target: _____

Program Goals and Objective Numbers: **2**

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

1. FY 2014-2015 Baseline: number of consultations **1211**
 FY 2016-2017 Target: **1220**

2. FY 2015-2016 Baseline: number of consultations _____
 FY 2017-2018 Target: _____

3. FY 2016-2017 Baseline: number of consultations _____
 FY 2018-2019 Target: _____

4. FY 2017-2018 Baseline: number of consultations _____
 FY 2019-2020 Target: _____

Program Goals and Objective Numbers: **2**

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

1. FY 2014-2015 Baseline: number of consultations <u>3351</u> FY 2016-2017 Target: <u>3400</u>
2. FY 2015-2016 Baseline: number of consultations _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>2</u>

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

1. FY 2014-2015 Baseline: number of sessions <u>22</u> FY 2016-2017 Target: <u>25</u>
2. FY 2015-2016 Baseline: number of sessions _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of sessions _____ FY 2018-2019 Target: _____
1. FY 2017-2018 Baseline: number of sessions _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>2</u>

G. Systems Advocacy

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

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

disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.

Enter information in the box below.

Systemic Advocacy Effort(s) for the current fiscal year 2015-2016
During the fiscal year, the Orange County LTC Ombudsman Program identified that the demographics of the service area has reflected a need to be sensitive to the language requirements of the non-English-speaking population. With that in mind, the focus on our Program’s project produced and provided translation of the Ombudsman statewide poster from English to Vietnamese and Korean. The posters are now in use throughout the state.

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

Measures and Targets:

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

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

<p>1. FY 2014-2015 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 70 divided by the total number of Nursing Facilities 74 = Baseline <u>95%</u> FY 2016-2017 Target: <u>95%</u></p>
<p>2. FY 2015-2016 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2017-2018 Target: _____%</p>
<p>3. FY 2016-2017 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2018-2019 Target: _____%</p>
<p>4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2019-2020 Target: _____%</p>
<p>Program Goals and Objective Numbers: <u>2</u></p>

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

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

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

1. FY 2014-2015 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 611 divided by the total number of RCFEs 923 = Baseline 66% FY 2016-2017 Target: 75%
2. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2017-2018 Target: _____%
3. FY 2016-2017 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2018-2019 Target: _____%
4. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2019-2020 Target: _____%
Program Goals and Objective Numbers: 2

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

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

1. FY 2014-2015 Baseline: 13.15 FTEs FY 2016-2017 Target: 15.19 FTEs
2. FY 2015-2016 Baseline: _____ FTEs FY 2017-2018 Target: _____ FTEs
3. FY 2010-2011 Baseline: _____ FTEs FY 2013-2014 Target: _____ FTEs
4. FY 2010-2011 Baseline: _____ FTEs FY 2014-2015 Target: _____ FTEs
Program Goals and Objective Numbers: 2

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

1. FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers <u>76</u> FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers <u>80</u>
2. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: <u>2</u>

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

Measures and Targets:

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

Some examples could include:

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

Our Program will provide Ombudsman staff and volunteers regular NORS Consistency Training at such times that OSLTCO makes such training available.

We have implemented an in-office system to track abuse and concern reports assigned. Thereafter, our staff checks to ensure a subsequent NORS form is completed. Further, a policy and procedure will be implemented to review the accuracy, consistency and timeliness of the NORS submitted.

We are providing extra training to those employees who input data to ensure the information entered into the system is in compliance with the policy and procedure.

TITLE VIIA ELDER ABUSE PREVENTION
SERVICE UNIT PLAN OBJECTIVES

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

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

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

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

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

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

- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Number of Individuals Served** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

APPROVED

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

The agency receiving Title VIIA Elder Abuse Prevention funding is: Council on Aging - Orange County

Fiscal Year	Total # of Public Education Sessions
2016-2017	20
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Professionals
2016-2017	12
2017-2018	
2018-2019	
2019-2020	

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

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	276
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2016-2017	2,400	FAST brochure and bookmarks; Answer's Guides
		Healthcare Fraud brochure from SMP
		All COAOC Program brochures; Other materials relevant to specific subject matter
2017-2018		
2018-2019		

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2019-2020		

Fiscal Year	Total Number of Individuals Served
2016-2017	1,500
2017-2018	
2018-2019	
2019-2020	

APPROVED

TITLE IIIE SERVICE UNIT PLAN OBJECTIVES**CCR Article 3, Section 7300(d)****2012–2016 Four-Year Planning Period**

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

Direct and/or Contracted IIIE Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
Information Services	# of activities and Total est. audience for above		
2016-2017	# of activities: 250 Total est. audience for above: 170,000	1, 2	
2017-2018	# of activities: Total est. audience for above:		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2016-2017	17,750	1, 2	
2017-2018			
2018-2019			
2019-2020			

Access Assistance	Total contacts		
Support Services	Total hours		
2016-2017	1,075	1, 2	
2017-2018			
2018-2019			
2019-2020			
Respite Care	Total hours		
2016-2017	4,675	1, 2	
2017-2018			
2018-2019			
2019-2020			
Supplemental Services	Total occurrences		
2016-2017	30	1, 2	
2017-2018			
2018-2019			
2019-2020			

Direct and/or Contracted III E Services

Grandparent Services Caring for Children	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above	N/A	
2016-2017	# of activities: Total est. audience for above:		
2017-2018	# of activities: Total est. audience for above:		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		

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

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

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

Enrollment Location/Name (AAA office, One Stop, Agency, etc.): Orange County One-Stop Center - Irvine
Street Address: 125 Technology Drive, Suite 200, Irvine, CA 92618
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names): Albert Stone, SCSEP Career Consultant
Number of paid staff: 1 Number of participant staff: 0
How many participants are served at this site? 14

Enrollment Location/Name (AAA office, One Stop, Agency, etc.): Orange County One-Stop Center – Garden Grove
Street Address: 7077 Oranewood Ave, Suite 200, Garden Grove, CA 92841
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names): Albert Stone, SCSEP Career Consultant Vivian Nguyen, Program Assistant
Number of paid staff: 1.5 Number of participant staff: 1 (assigned to US Vets)
How many participants are served at this site? 47

⁴ If not providing a Title V program, then enter PSA number followed by "Not providing".

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

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

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

STATE & FEDERAL PERFORMANCE TARGETS: In FY 2014, the State Health Insurance Assistance Program (SHIP) was transferred from the Centers for Medicare & Medicaid Services (CMS) to the Administration for Community Living (ACL). ACL has continued CMS’ policy requiring all SHIPs to meet established performance measures. Based on ACL guidelines and to assist AAAs in completing the Service Unit Plan, CDA provides State (1.1 and 1.2), and federal (2.1 through 2.7) performance measures (PM) annually. To download these measures and view definitions, visit <https://www.aging.ca.gov/ProgramsProviders/AAA/Planning/>

Section 1. State Performance Measures

Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2016-2017	5605	2
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2016-2017	334	2
2017-2018		
2018-2019		
2019-2020		

Section 2: Federal Performance Measures

Fiscal Year (FY)	PM 2.1 Total Client Contacts (Estimated)	Goal Numbers
2016-2017	20,258	2
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.2 Persons Reached at PAM Events (Estimated)	Goal Numbers
2016-2017	21,705	2
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.3 Contacts with Medicare Beneficiaries Due to Disability (Estimated)	Goal Numbers
2016-2017	1,385	2
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.4 Low-income Medicare Beneficiary Contacts (Estimated)	Goal Numbers
2016-2017	11,498	2
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.5 Contacts with One or More Qualifying Enrollment Topics (Estimated)	Goal Numbers
2016-2017	18,251	2
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.6 Total Part D Enrollment/Assistance Contacts (Estimated)	Goal Numbers
2016-2017	7,410	2
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.7 Total Counseling Hours (Estimated)	Goal Numbers
2016-2017	9,715	2
2017-2018		
2018-2019		
2019-2020		

Section 3: HICAP Legal Services Units of Service (if applicable) ⁵

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

⁵ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2016-2017	N/A	
2017-2018		
2018-2019		
2019-2020		

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

APPROVED

SECTION 11 - FOCAL POINTS

PSA 22

COMMUNITY FOCAL POINTS LIST

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

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

Designated Community Focal Point	Address
Abrazar	7101 Wyoming Westminster, CA 92683
Anaheim Independencia Senior Center	10841 Garza Anaheim, CA 92804
Anaheim Senior Center	250 E. Center Anaheim, CA 92805
Asian American Senior Citizens Service Center	850 N. Birch St. Santa Ana, CA 92701
Brookhurst Community Center	2271 W. Crescent Ave Anaheim, CA 92801
Brea Senior Center	500 S. Sievers Avenue Brea, CA 92821
Buena Park Community Senior Center	8150 Knott Avenue Buena Park, CA 90620
Costa Mesa Senior Center	695 West 19th Street Costa Mesa, CA 92627
Cypress Senior Center	9031 Grindlay Cypress, CA 90930
Dana Point Senior Center	34052 Del Obispo Dana Point, CA 92629
Fountain Valley Senior Center	17967 Bushard Street Fountain Valley, CA 92708
Fullerton Community Center	340 W. Commonwealth Fullerton, CA 92832

Hope Community Services	1538 N. Century Blvd. Santa Ana, CA 92703
Jewish Family Services Center	1 Federation Way Irvine, CA 92603
Korean American Seniors Assn. of OC	9884 Garden Grove Blvd Garden Grove, CA 92844
Laguna Beach Senior Center	380 Third Street Laguna Beach, CA 92651
Lake Forest Community Center	25550 Commercentre Dr. Lake Forest, CA 92630
H. Louis Lake Senior Center	11300 Stanford Avenue Garden Grove, CA 92840
Lakeview Senior Center	20 Lake Road Irvine, CA 92604
La Habra Community Center	101 West La Habra Blvd La Habra, CA 92631
La Palma Seniors Club	7821 Walker St La Palma, CA 90623
Los Alamitos Recreation & Community Services	10911 Oak St. Los Alamitos, CA 90720
Midway City Community Center	14900 Park Lane Midway City, CA 92655
Norman P. Murray Senior Center	24932 Veterans Way Mission Viejo, CA 92692
Oasis Senior Center	801 Narcissus Avenue Newport Beach, CA 92625
North Orange Senior Center	1001 East Lincoln Orange, CA 92865
Orange Senior Center	170 South Olive St. Orange, CA 92866
Placentia Senior Center	143 S. Bradford Avenue Placentia, CA 92870

Rancho Senior Center	3 Ethel Coplen Way Irvine, CA 92612
Rancho Santa Margarita Community Center	22232 El Paseo Rancho Santa Margarita, CA 92688
Michael E. Rodgers Seniors' Center	1706 Orange Avenue Huntington Beach, CA 92648
San Clemente Senior Center	242 Avenida del Mar San Clemente, CA 92672
San Juan Capistrano Community Services	25925 Camino del Avio San Juan Capistrano, CA 92675
Santa Ana Senior Center	424 W. Third St. Santa Ana, CA 92704
Sea Country Senior & Community Center	24602 Aliso Creek Road Laguna Niguel, CA 92677
North Seal Beach Senior Center	3333 St. Cloud Drive Seal Beach, CA 90740
Seal Beach Senior Center	707 Electric Ave. Seal Beach, CA 90740
Southern California Indian Center, Inc.	10175 Slater Ave. #150 Fountain Valley, CA 92708
Southwest Senior Center	2201 W. McFadden Ave. Santa Ana, CA 92704
Stanton Senior Center	7800 Katella Ave. Stanton, CA 90680
Florence Sylvester Senior Center	23721 Moulton Parkway Laguna Hills, CA 92653
Tustin Area Senior Center	200 S. "C" St. Tustin, CA 92780
Vietnamese Community of OC	1618 W. 1 st . St. Santa Ana, CA 92703
Westminster Senior Center	8200 Westminster Blvd. Westminster, CA 92683

Yorba Linda Senior Center	4501 Casa Loma
	Yorba Linda, CA 92886

APPROVED

SECTION 12 - DISASTER PREPAREDNESS

PSA 22

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

1. Describe how the AAA coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310:

The Orange County Office on Aging is a County government office which falls under the County’s Emergency Management Bureau (EMB) plan for disaster preparedness. The EMB for Orange County has an Emergency Operations Center (EOC) that functions as the communication and coordination center for both the County and Operational Area emergency response organization and disaster preparedness, providing a central point for coordinating operational, administrative, and support needs of the County and Operational Area Members. It also assists in coordination and communication between Mutual Aid Coordinators and the State Office of Emergency Services during County-wide and State-wide emergency response and recovery operations. The Orange County EOC can be used to gather and process information to and from the County, cities, school and special districts, business and industry, volunteer organizations, individuals, and State and federal government agencies. It has the ability to function as a virtual EOC so that Operational Area Members may communicate between EOCs without co-location. In addition, the EOC may become responsible for managing the tactical operations of regional resources designed to more efficiently use the pooled resources of Operational Area Members or external resources to benefit the Operational Area as a whole.

The Orange County Office on Aging is a registered organization with AlertOC, a mass notification system designed to keep Orange County residents and businesses informed of emergencies and certain community events. By registering with AlertOC, time-sensitive voice messages from the County or city in which you live or work may be sent to your home, cell or business phone. Text messages may also be sent to cell phones, e-mail accounts and hearing impaired receiving devices.

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

Name	Title	Telephone	email
Sheriff Sandra Hutchens 550 N Flower St Santa Ana, CA 92703	Orange County Sheriff	Office: 714-647-7000 Cell: 714-628-7008	OAAAdmin@ocsd.org

714/647-7000 714/953-3092- Fax Orange County Office of Emergency Services 2644 Santiago Canyon Road Silverado, CA 92676 (714) 628-7054 (714) 628-7154 fax After-Hours Emergency Only Contact Number: (714) 628-7008			
--	--	--	--

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Erin Ulibarri	Administrative Manager I	Office: 714-480-6455 714-480-6550	Erin.ulibarri@occr.ocgov.com

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

Critical Services	How Delivered?
a I&R b HDM/In-Home Services c Congregate Meals d Elder Abuse/Ombudsman	a Remote capabilities allow I&R to be redirected to alternate locations if needed, or out-stationed at Local Assistance Centers in the community. Emergency notifications can be posted on the Office on Aging website as a means for communicating importance information to clients and service providers. b Service providers maintain protocols for continuing service to their clients. c Service providers maintain protocols for continuing service to their clients. d Service providers maintain protocols for continuing service to their clients.

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

The Orange County Office on Aging does not have formal agreements with agencies for emergency preparation or response. However, as previously stated in this section, the Orange County Emergency Management Bureau maintains formal agreements between the County and various agencies via MOU for emergency preparation and disaster response. These agencies include over 25 County departments, 34 cities, 32 special districts, 33 school districts and community college/college districts, 32 volunteers organizations and programs such as the American Red Cross and 2-1-1 Orange County.

6. Describe how the AAA will:

- Identify vulnerable populations.

Older adults, caregivers, and persons with disabilities are all considered to be vulnerable populations particularly in the event of a disaster. However, individuals who are most at risk are those living in a care facility, living alone, isolated or homebound, or require assistance due to a physical or mental disability. Coordination with service providers whose clients are in these vulnerable categories will help to identify and reach out to them during a disaster. Such service providers include; Adult Day Care Centers, IHSS, Home Delivered Meals, Senior Non-Emergency Medical Transportation, Regional Centers, Independent Living Centers, and the Ombudsman program.

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

Client files for each of the programs serving vulnerable populations include contact information as well as emergency contact information. Collaborating with Office on Aging services providers, I&A staff can assist with follow-up calls to ensure the safety of individuals registered with those programs. In the event that contact is not made with a particular client, staff and volunteers can notify local first responders such as police, fire, or disaster workers.

2016-2020 Four-Year Planning Cycle

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds⁶ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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

Access:

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

2016-17 42% 17-18 _____% 18-19 _____% 19-20 _____%

In-Home Services:

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

2016-17 11% 17-18 _____% 18-19 _____% 19-20 _____%

Legal Assistance Required Activities:⁷

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

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

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. Available resources reflect the adequate proportion percentages. Funds expenditure exceeds the minimum percentages on a consistent basis.

⁶ Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

⁷ 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 22

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

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

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

Check applicable direct services

Check each applicable Fiscal Year

Title IIIB	16-17	17-18	18-19	19-20
<input 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 type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIID	16-17	17-18	18-19	19-20
<input checked="" type="checkbox"/> Disease Prevention and Health Promo.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIIE ⁸	16-17	17-18	18-19	19-20
<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 type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VIIA	16-17	17-18	18-19	19-20
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII	16-17	17-18	18-19	19-20
<input type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

⁸ Refer to PM 11-11 for definitions of Title III E categories.

The Office on Aging operates a state-of-the-art call center with the capacity to directly connect callers with referral agencies. The Office on Aging toll-free number has been widely marketed in Orange County, and Office on Aging is increasingly recognized by service agencies and the general public as the single point of entry for information on programs and services for older adults, their families and caregivers. The Office on Aging will continue to target services to those having the greatest social and economic need, including ethnic minorities, caregivers, frail elderly and/or disabled, and low-income older adults; through cooperative efforts with others in the aging network.

The Office on Aging health educator has developed a well-established network of contacts with a broad spectrum of direct service providers in Orange County, including those addressing the needs of individuals having the greatest social and economic need, caregivers, ethnic minorities, frail elderly and/or disabled. The health educator manages the Chronic Disease Self-Management Programs, including Tomando Control de su Salud, and offers these classes in a variety of settings such as community centers, senior apartment complexes, and churches. Currently in addition to English, lay leaders can offer CDSMP in Spanish, Vietnamese, and Chinese.

APPROVED

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 22

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

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

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

Identify Service Category: _____

Check applicable funding source:⁹

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

Request for Approval Justification:

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

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

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

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service¹⁰ : _____

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

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

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

Total Number of Board Members: 5

Name and Title of Officers:	Office Term Expires:
Andrew Do 1 st District	2017
Michelle Steel 2 nd District – Vice Chair	2019
Todd Spitzer 3 rd District	2017
Shawn Nelson 4 th District	2019
Lisa Bartlett 5 th District - Chair	2019

Names and Titles of All Members:	Board Term Expires:

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

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

Total Council Membership (include vacancies) 40

Number of Council Members over age 60 32

	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
Race/Ethnic Composition		
White	<u>63.5</u>	<u>66.7</u>
Hispanic	<u>14.9</u>	<u>12.5</u>
Black	<u>1.3</u>	<u>8.3</u>
Asian/Pacific Islander	<u>18.9</u>	<u>12.5</u>
Native American/Alaskan Native	<u>0.3</u>	<u>0.0</u>
Other	<u>1.1</u>	<u>0.0</u>

Name and Title of Officers:

Office Term Expires:

Vince Agor	12/31/17
Barbara Baker	12/31/15
Anna T. Boyce - Treasurer	12/31/17
Elizabeth Busick	12/31/16
Diana Carey	12/31/16
Nancy Cheng	12/31/16
Charlie Choi	12/31/16
Carol Downey	12/31/16
Judy Duvall	12/31/16
Dee Erman – Member at Large	12/31/16
Don Gay	12/31/15
Sherry Geyer - Chair	12/31/17
Rebecca R. Gomez, MS	12/31/17
Eugene Hernandez	12/31/15
Shari L. Horne	12/31/16

Name and Title of other members:

Office Term Expires:

Larry Karmer	12/31/17
Eileen Kawas	12/31/17
Irene Lange	12/31/16
Jim Levy	12/31/17
Don MacAllister – Member at Large	12/31/17
Sandra Massa-Lavitt	12/31/17
Kathryn McCollough	12/31/17
Patricia McGuigan	12/31/16
Yvonne Mitchell	12/31/15
John W. Pointer – Vice Chair	12/31/17
Tony Rodella - Secretary	12/31/17
Herbert Schwartz	12/31/15
Faye Stamper	12/31/16
Dave Sullivan	12/31/16
Frank Sun	12/31/17
Jeffrey Rodriguez – SSA Representative	Indefinite

Indicate which member(s) represent each of the “Other Representation” categories listed below. *To protect the privacy of the members of the Advisory Council, this personal information will not be included in this public document, but will be provided to CDA upon request.*

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

Explain any **"No"** answer(s): _____

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

The Board of Supervisors appoints twelve members, the City Selection Committee appoints ten members, and the council itself appoints the remaining eighteen members. All members appointed by the Board of Supervisors and by the City Selection Committee shall serve at the pleasure of the appointing body except that the Board of Supervisors, by majority vote, may reject appointment by any authority. Service beyond a two-year term shall be considered by the appointing authority at the end of each two-year term. A member who has not been reappointed or replaced at the termination date of appointment shall serve as a member until reappointed or replaced unless the appointing authority rules otherwise.

APPROVED

2016-2020 Four-Year Area Planning Cycle

This section must be completed and submitted with the Four-Year Area Plan. Any changes to this Section must be documented on this form and remitted with Area Plan Updates.¹¹

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

The mission of PSA 22 as it relates to Legal Services is to support the Senior Citizens Legal Advocacy Program (SCLAP) by providing Title III B funds to augment the funding level of the program so that Orange County older adults in the greatest social and economic need will be provided access to legal services.

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

A minimum of 10 percent.

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).

During the last four years there has been an increase in the demand for legal services and in the complexity of the problems for which seniors seek legal assistance. Substantively, there has been an increase in the number of older adults seeking legal assistance for consumer debt, collection and bankruptcy issues. There has also been a sharp rise in number of seniors seeking legal assistance with housing problems, primarily landlord-tenant issues. To help with the growing need for elder abuse restraining orders, LASOC has worked with the Orange County Superior Court to establish an Elder & Dependent Adult Restraining Order Clinic. These changes have not generally affected the level of program funding.

4. Specific to Legal Services, does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services?

The LSP for Orange County was involved in the process of drafting the California Statewide Guidelines for the provision of OAA legal Services. The LSP is knowledgeable regarding the Guidelines and follows the Guidelines in the delivery of legal services to Orange County residents. The FY16-17 LSP contract will specify that the LSP is expected to use the California Statewide Guidelines in the provision of OAA legal services.

¹¹ For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or chisorom.okwuosa@aging.ca.gov

5. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA?

Yes, the AAA and LSP do collaborate through the sharing of information about legal needs of seniors to facilitate the establishment by the LSP of priority legal issues. Priority areas focus on issues in which a senior is unable to obtain legal assistance elsewhere, often because they are unable to afford legal services from the private bar. The current top four priority legal issues in PSA 22 are: 1) Landlord-tenant issues, 2) debt collection issues, 3) elder abuse issues, and 4) Social Security and Supplemental Security Income (SSI) issues.

6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA **AND** what mechanism is used for reaching the target population? Discussion:

Yes, the AAA and LSP collaborate on identifying a target population through the sharing of information about Orange County seniors and through the establishment of priority legal needs. Consistent with the Older Americans Act requirements, the AAA and LSP seek to target services to seniors who are low-income or a minority. Within this group, legal services are targeted to minority and low-income seniors facing landlord-tenant issues, dealing with debt collection or bankruptcy problems, seeking elder abuse restraining orders and encountering problems with Social Security administered programs. Services are targeted, where resources allow, to low-income or minority seniors facing an immediate, serious need for legal assistance.

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

LASOC provides free legal services to low-income and elderly eligible Orange County residents. Services to older adults are provided primarily through the Senior Citizens Legal Advocacy Program (SCLAP), a program within LASOC designated to serve Orange County residents age 60 and above. Older adults generally request direct assistance by calling LASOC's Legal Hotline or by attending one of the 15 senior centers that schedule appointments with seniors to discuss their case with one of our representatives. SCLAP targets services to seniors who are low-income and minority and older adults who are frail, disabled or at risk of significant loss or harm. The case priorities established by the SCLAP help reach this targeted audience. All eligible clients that contact SCLAP will receive free legal advice. SCLAP provides a higher level of assistance in cases primarily affecting seniors with limited resources. This could involve attending one of the legal clinics, providing limited assistance or representing a client in court or an administrative hearing. While the majority of time is spent on direct-service cases, SCLAP also delivers community presentations to educate seniors on specific legal topics and the services available to them.

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

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

9. Does your PSA have a hotline for legal services?

Yes, the LASOC does have a hotline that clients can call to request legal assistance. The hotline is open 5 days per week, from 9:00 a.m. – 6:00 p.m. Mondays through Thursdays, and on Fridays from 9:00 to noon. When a senior calls the Hotline they will be screened and then may speak to a paralegal who will gather information from the client about their case. While the senior is on the phone, the Hotline Duty Attorney will review the facts, give legal advice, and determine whether the client can be scheduled to attend one of our legal clinics or given an appointment.

10. What methods of outreach are Legal Services providers using? Discuss:

LASOC conducts extensive community education events. These include attending a variety of community outreach events and delivering community education on various legal topics, including accessing available services. SCLAP works with 15 senior centers in Orange County and meets with clients individually at these centers. SCLAP also works with a variety of other organizations that serve seniors to efficiently extend the reach of our services. SCLAP operates several clinics in cooperation with the Orange County Superior Court and other community providers and works with local law schools and the Orange County Bar Association. SCLAP participates in the Financial Abuse Specialist Team (FAST) and the Elder Abuse Forensic Center Team. Both teams also include representatives from Adult Protective Service (APS) and the Long-Term Care Ombudsman.

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

Fiscal Year	Name of Provider	Geographic Region covered
2016-2017	a. Legal Aid Society of Orange County b. c.	a. Countywide b. c.

2017-2018	a. b. c.	a. b. c.
2018-2019	a. b. c.	a. b. c.
2019-2020	a. b. c.	a. b. c.

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

Seniors typically request direct assistance by calling LASOC's Legal Hotline or visiting one of the senior centers that SCLAP attends monthly. To address the growing legal needs of older adults in Orange County, LASOC has also included additional legal information, including facts sheets and forms such as a will or Advanced Health Care Directive, on its website. The Office on Aging Information & Assistance program refers older adults to SCLAP, as does APS. LASOC offers legal clinics conducted by attorneys in areas such as Supplemental Security Income (SSI) divorce, family, bankruptcy, education, landlord-tenant, limited conservatorships and small-claims matters. Additionally, LASOC has worked with the court, local law schools and other community providers to establish an Elder Abuse Temporary restraining Order Clinic, which is held each Tuesday and Friday at the Central Justice Center Courthouse. LASOC has also implemented an I-CAN! project allowing clients to complete various court forms on-line by answering simple questions that the program will use to complete the pleadings.

13. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area):

The primary legal issues handled by SCLAP include government benefits, landlord-tenant issues, elder abuse, and health and consumer problems. Two areas in which LASOC is seeing increasing demand involves Elder Abuse and landlord-tenant issues. LASOC has worked with the court and other community providers to establish an Elder Abuse Restraining Order Clinic which is held twice per week at the Center Justice Center Court. LASOC continues to provide a weekly unlawful detainer clinic at its office and an unlawful detainer clinic at the North Justice Center in Fullerton. One trend being seen in housing issues involves hoarding problems. For tenants, this can lead to possible eviction. For homeowners, they may be cited by local code enforcement. To address the growing legal needs of older adults involving consumer debt, LASOC has created a variety of fact sheets that are available on its website and continues to provide a Bankruptcy Clinic to assist clients in filing chapter 7 bankruptcy cases.

14. In the past four years, has there been a change in the types of legal issues handled by the Title IIIB legal provider(s) in your PSA? Discuss:

In the past four years, SCLAP has seen demand for legal services increase. To address this growing need, SCLAP added a Supplemental Security Income (SSI) Clinic, a Limited Conservatorship Workshop and Clinic and an Elder Abuse Temporary Restraining Order Clinic. LASOC has also developed a program, LEAP, working with local law schools, to assist new attorneys in developing solo practices in an effort to develop more legal resources for the community.

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

The greatest barriers to accessing legal services for older adults include recognizing a problem as a legal issue, knowing that free services are available, knowing how to obtain services, and meeting a demand which exceeds available resources. To help overcome these barriers, SCLAP engages in outreach efforts and works with senior centers and other older adult providers, delivers presentations around the County on various legal issues and targets services to low-income, minority and vulnerable older adults for whom legal services are not otherwise available.

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

LASOC is very involved with a number of local organizations serving older adults. LASOC, through the SCLAP, works with a number of senior centers around the County to schedule appointments and deliver presentations. SCLAP participates as a member of the Financial Abuse Specialist Team (FAST) and the Elder Abuse Forensics Center Team, which also involves Adult Protective Services (APS) and the Long-Term Ombudsman Program. LASOC works with local law schools to help with providing services. LASOC is actively involved with various sections of the Orange County Bar Association, including the Elder Law Section, the Social Security section and the newly formed Conservatorship Section. SCLAP currently has 3 retired attorneys who volunteer under the Pro Bono Practice Program of the State Bar of California. SCLAP is active in the Senior Legal Services Providers (SLSP) Committee, which works to share information and best practices with organizations providing legal services to older adults in California. LASOC also works with the Public Law Center which works with private attorneys and law firms in Orange County to place cases with attorneys on a pro bono basis.

SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW¹²

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

No. Title IIIB funds not used for Acquisition or Construction.

Yes. Title IIIB funds used for Acquisition or Construction.

Complete the chart below.

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

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

SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM

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

2016–2020 Four-Year Planning Cycle

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

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

Family Caregiver Services

Category	2016-2017	2017-2018	2018-2019	2019-2020
Family Caregiver Information Services	<input 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 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 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

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

Grandparent Services

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

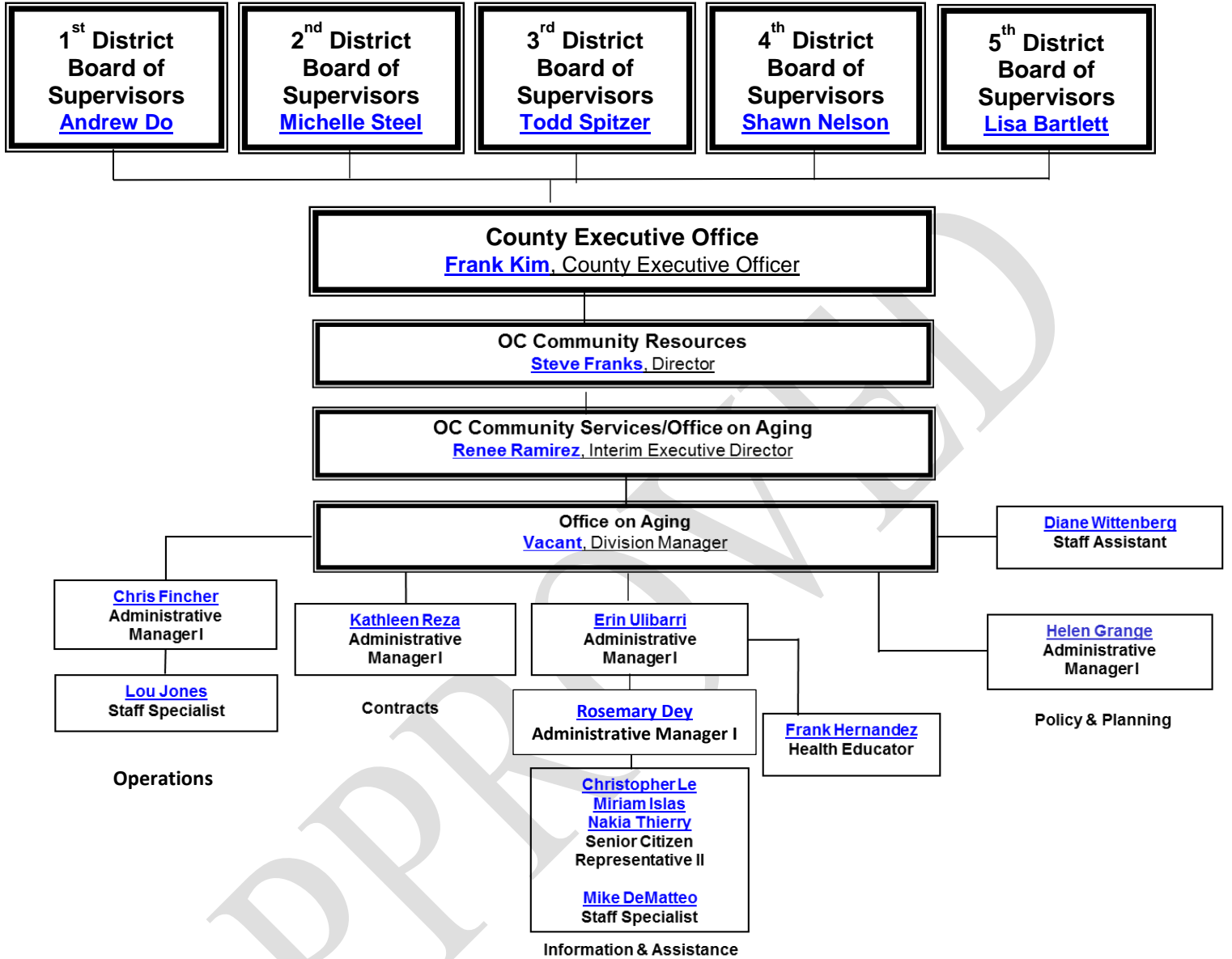
*Refer to PM 11-11 for definitions for the above Title III E categories.

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

- Provider name and address of agency
- Description of the service
- Where the service is provided (entire PSA, certain counties, etc.)
- Information that influenced the decision not to provide the service (research, 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

The Orange County Office on Aging does not provide or administer Title III E Grandparent Services in any category. The Title III E Family Caregiver Support Program (FCSP) in Orange County will be in year 4 of a 4-year contract period in FY 2016-17. During the procurement process for the current contract period, it was determined that the Kinship Support Program operated by the County of Orange Social Services Agency addressed the needs of grandparent caregivers in Orange County. In addition to the presence of the Kinship Support Program, consideration was also given to the fact that no more than ten percent of available FCSP funds could be used for grandparent services, and that allocating funds to grandparent services would reduce available funds for FCSP services to caregivers of older adults.

SECTION 21 - ORGANIZATION CHART



Office on Aging Organization Chart Detail

Name	Title III/VII Admin	Title III Direct	HICAP Admin	TV Admin	Other
Int. Executive Director: R. Ramirez	10%		2%	2%	86%
Division Manager: Vacant	25%		5%	5%	65%
I&A Manager: R. Dey	25%	IIIB 35%, IIID 5%, IIIE 15%			20%
Admin Manager I: C. Hutchinson	75%		5%	5%	15%
Admin Manager I: E. Ulibarri	30%	IIIB 30%, IIID 10%, IIIE 10%			20%
Admin Manager I: K. Reza	10%		2%	2%	86%
Admin Manager I: H. Grange	55%		20%	5%	20%
Staff Specialist: L. Jones	5%	IIIB 35%, IIIE 35%			25%
Staff Specialist: M. De Matteo	10%				90%
Staff Specialist: Vacant					
Staff Assistant: D. Wittenberg	20%				80%
Senior Citizen Rep.: N. Thierry	5%	IIIB 40%, IIIE 30%			20%
Senior Citizen Rep.: Vacant					
Senior Citizen Rep.: C. Le	15%	IIIB 40%, IIIE 30%			15%
Senior Citizen Rep.: M. Islas	5%	IIIB 40%, IIID 5%, IIIE 35%			15%
Health Educator: F. Hernandez		IIIB 5%, IIID 90%, IIIE 3%			2%

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.