

Area Agency on Aging of Lake & Mendocino Counties



2019-2020 Area Plan Update
PSA26 AAA 2016-2020 Four-Year
Planning Cycle

2019-2020 Area Plan Update (APU) Checklist

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

Population Demographics

Demographic data is the most "objective" of all data sources. It can gauge the vulnerability of the population and may indicate service needs. Among factors considered are: age, gender, ethnicity, marital or living status, education, perceived need, income/poverty, disability, isolation, source of income, etc.

When setting priorities in the Area Plan, the uniqueness of Lake and Mendocino Counties' population must be taken into consideration as having an impact on services delivered.



Population Totals

	United States	California	Lake County	Mendocino County	PSA26
Total Population	318,558,162	38,654,206	64,076	87,409	151,485
Population 60+	64,950,861 20.3%	7,060,513 18.2%	18,437	23,966	42,403 28.1%
Population 85+	6,056,891 1.9%	678,710 1.8%	1,440	2,081	3,523 2.3%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Age

The population in Lake and Mendocino Counties is growing older, living longer and becoming more culturally varied. The increase in senior population can be attributed to increasing life span and the aging of the "Baby Boomer" generation.

PSA26AAA has a higher percentage of seniors than the US and California averages, and this is projected to increase between now and 2040. This, plus growth in the diversity of cultures, will present unique opportunities and challenges in the future.

Population Projections for Lake & Mendocino Counties

	2010	2020	2030	2040	2060	Increase 2010-2060
Total Population	152,620	155,477	158,644	181,842	172,859	13.3%
Population 65+	25,037	36,119	31,956	40,682	40,512	61.8%
Population 85+	3,354	3,847	6,117	10,388	9,538	184.3%

Source: CA Department of Finance, *State and County Population by Major Age Groups 2010-2060*
Projections Prepared by Demographic Research Unit, California Department of Finance, January 2018

Race and Ethnicity			
	Lake County	Mendocino County	PSA26
Total population	64,076	87,409	151,485
Race			
White	71.8%	66.7%	68.8%
Black/African American	1.6%	0.6%	1.0%
American Indian/ Alaska Native	2.4%	4.1%	3.3%
Asian/Pacific Islander	1.0%	2.2%	1.3%
Other/Multiple	3.2%	3.1%	3.1%
Ethnicity			
Hispanic or Latino	20.2%	25.7%	23.6%
Not Hispanic or Latino	80.2%	76.1%	77.7%

Source: 2010-2014 American Community Survey 5-Year Estimates, U.S. Census

Race and Ethnicity

In both counties, Hispanic and Native Americans comprise the largest ethnic group among the older adult community. Local service providers suspect that the percentage of Hispanic or Latino seniors is actually much larger than the following numbers indicate, because many of these individuals were not counted in the last census. In response to this growing component of the older adult population, there will need to be increased availability of bi-lingual and culturally-appropriate services.



60+ Population Projections By Ethnicity for Lake & Mendocino Counties

	2010		2020	2030	2040	Increase 2010-2040
White	33,013	88%	42,288	45,180	43,218	30.9%
Hispanic	2,299	6%	4,216	6,862	10,169	342%
Native American	828	2.2%	1,354	1,696	1,764	113%
Black	490	1.3%	712	819	827	68.7%
Asian/Pacific Islander	482	1.3%	864	1,295	1,614	235%
Other	592	1.5%	1,140	1,535	1,592	169%

Source: CA Department of Finance, *Population Projections by Race/Ethnicity, Gender and Age for California and Its Counties 2000-2060*.
Projections Prepared by Demographic Research Unit, California Department of Finance, January 2018

Poverty

When considering the population of all age groups, 21.9% of Lake and Mendocino Counties’ residents had an income at or below poverty levels during the past 12 months. This is significantly higher than federal and state poverty levels.

Senior poverty levels in PSA26AAA are at 9.3%, are more in line with the state and federal averages for the 65+ age group, and fall below the federal figure of 9.4% and the California figure of 10.2%.



Population With Income Below Poverty Level					
	United States	California	Lake County	Mendocino County	PSA26
Residents All Ages Below Poverty Level	15.6%	16.4%	24.3%	20.2%	21.9%
Residents 65+ Below Poverty Level	9.4%	10.2%	9.7%	8.9%	9.3%

Source: 2010-2014 American Community Survey 5 Year Estimates, Selected Characteristics of People at Specified Levels of Poverty in the Past 12 Months, U.S. Census

Elder Index

The California Elder Economic Security Standard Index (Elder Index) is produced by the Insight Center for Community Economic Development.

The Elder Index measures how much income is needed for a retired adult age 65 and older to adequately meet his or her basic needs including housing, food, out-of-pocket medical expenses, transportation, and other necessary spending. For an elderly renter living alone in Lake and Mendocino counties, the 2013 Elder Index is approximately \$22,000/year.

As measured by the Elder Index, 63% of all elders age 65+ do not have enough income to meet their most basic needs, . That’s over 16,000 seniors struggling to make ends meet in these counties.

In contrast, according to the Federal Poverty Level (FPL), only 9.3% (2,480) of elders in Lake and Mendocino Counties are considered “poor,” with annual individual incomes below \$11,880.00.

A large number of other elders (14,300 or 53%) fall into the “hidden poor” with incomes above the FPL but below the Elder Index. These seniors don’t have enough money to cover their most basic needs, but have too much to qualify for many public programs.

The gap between seniors’ basic living expenses and their income illustrates the degree of economic instability that many elders experience.

Elder Index for Lake County

Elder Cost Of Living													
County	Elder Index Year	Number of Elders	Housing Type	Annual Total	Annual Total as Percent of FPL	Annual SSI/SSP Income Gap	Annual Median Social Security	Annual Social Security Income Gap	Monthly Housing	Monthly Health Care	Monthly Food	Monthly Trans.	Monthly Misc.
Lake	2013	Couple	Owner w/o a Mortgage	\$27,780	179.1 %	(\$10,234)	\$22,100	(\$5,680)	\$383	\$749	\$471	\$326	\$386
Lake	2013	Couple	Owner w/ a Mortgage	\$39,252	253.1 %	(\$21,706)	\$22,100	(\$17,152)	\$1,339	\$749	\$471	\$326	\$386
Lake	2013	Couple	Renter	\$31,512	203.2 %	(\$13,966)	\$22,100	(\$9,412)	\$694	\$749	\$471	\$326	\$386
Lake	2013	Single	Owner w/o a Mortgage	\$17,928	156.0 %	(\$7,531)	\$10,700	(\$7,228)	\$383	\$375	\$254	\$233	\$249
Lake	2013	Single	Owner w/ a Mortgage	\$29,400	255.9 %	(\$19,003)	\$10,700	(\$18,700)	\$1,339	\$375	\$254	\$233	\$249
Lake	2013	Single	Renter	\$21,660	188.5 %	(\$11,263)	\$10,700	(\$10,960)	\$694	\$375	\$254	\$233	\$249

Elder Index for Mendocino County

Elder Cost Of Living													
County	Elder Index Year	Number of Elders	Housing Type	Annual Total	Annual Total as Percent of FPL	Annual SSI/SSP Income Gap	Annual Median Social Security	Annual Social Security Income Gap	Monthly Housing	Monthly Health Care	Monthly Food	Monthly Trans.	Monthly Misc.
Mendocino	2013	Couple	Owner w/o a Mortgage	\$28,116	181.3 %	(\$10,570)	\$22,100	(\$6,016)	\$438	\$717	\$471	\$326	\$391
Mendocino	2013	Couple	Owner w/ a Mortgage	\$41,688	268.8 %	(\$24,142)	\$22,100	(\$19,588)	\$1,569	\$717	\$471	\$326	\$391
Mendocino	2013	Couple	Renter	\$32,544	209.8 %	(\$14,998)	\$22,100	(\$10,444)	\$807	\$717	\$471	\$326	\$391
Mendocino	2013	Single	Owner w/o a Mortgage	\$18,492	160.9 %	(\$8,095)	\$10,700	(\$7,792)	\$438	\$359	\$254	\$233	\$257
Mendocino	2013	Single	Owner w/ a Mortgage	\$32,064	279.1 %	(\$21,667)	\$10,700	(\$21,364)	\$1,569	\$359	\$254	\$233	\$257
Mendocino	2013	Single	Renter	\$22,920	199.5 %	(\$12,523)	\$10,700	(\$12,220)	\$807	\$359	\$254	\$233	\$257

The Elder Index indicates:

- ◆ The Federal Poverty Guideline is based on an unrealistically low assessment of what it costs to live.
- ◆ The average Social Security payment is not enough to live on, yet it is the largest source of income for most elderly Americans today.
- ◆ SSI, the program designed to help the most vulnerable - the blind, aged and disabled - puts that population far below what it really costs to live.

NOTE: For more information on the California Elder Economic Security Standard, visit: <http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/elder-index-data/Pages/elder-index-data.aspx>

Disabled Senior Population

As in California and the rest of the United States, the number of frail and functionally impaired seniors continues to grow along with the aging population base. This affects the allocation of available resources, emphasizing the need for care management, medical services and information & assistance services.

65+ Population With Disabilities					
	US	California	Lake County	Mendocino County	PSA26
All Population 65+	44,912,936 14%	4,897,815 12.8%	12,587 19.8%	14,846 17%	27,433 18%
Population 65+ with disabilities	16,160,513 36%	1,746,722 35.7%	5,220 41.5%	5,978 40.3%	11,198 40.8%

Source: 2014 American Community Survey 1-Year Estimates, Disability Characteristics, U.S. Census

In Lake and Mendocino Counties, 40.8% of the seniors have a disability. The probability of having more than one disability nearly doubles from age 65-74 to age 75+.

The increased incidence of disabilities in the 75+ population indicates an increased need for in-home systems of care and caregiver support services as our population ages.

65+ Population by Number of Disabilities					
		California	Lake County	Mendocino County	PSA26
w/One Disability	65-74 Years	12.45%	17.24%	19.81%	18.74%
	75+ Years	18.01%	23.23%	11.06%	16.57%
w/Multiple Disabilities	65-74 Years	11.44%	19.38%	16.12%	17.48%
	75+ Years	33.54%	25.79%	42.33%	34.84%

Source: 2014 American Community Survey 1-Year Estimates, Age by Number of Disabilities, U.S. Census

Disability types include vision, hearing, ambulatory, cognitive, independence (physical, mental or emotional condition lasting six months or more that make it difficult to go outside the home alone to shop or visit a doctor's office) and self-care (physical, mental or emotional condition lasting six months or more that make it difficult to dress, bathe or get around inside the home).

Disability by Type in 65+ Population				
	California	Lake County	Mendocino County	PSA26
Vision	6.7%	6.9%	8.9%	7.94%
Hearing	14.3%	17.5%	19.6%	18.62%
Ambulatory	23.2%	23.8%	24.2%	24.02%
Cognitive	10.2%	17.1%	11.6%	14.13%
Independence	17.6%	18.4%	17.2%	17.73%
Self Care	10.1%	12.3%	8.9%	10.09%

Source: 2014 American Community Survey 1-Year Estimates, Disability Characteristics, U.S. Census

Section 7

Public Hearings

The purpose of the public hearing is to solicit comments from the community on the Area Plan and present the Area Agency on Aging of Lake & Mendocino Counties' (PSA26AAA) methods for developing the Area Plan.

CCR Title 22, Article 3, Section 7302(a) (10) and Section 7308; OAA 2006 306(a) requires that the Area Agency on Aging (AAA) must conduct at least one public hearing during each year of the four-year planning cycle.

Public Hearings Conducted for the 2016-2020 Planning Period

Fiscal Year	Date	Location	Number of Attendees	Presented in Languages Other Than English?*	Was Hearing Held at a Long-Term Care Facility**
2016-2017	2/11/2016	Sunshine Manor Apt 2031 Giselman St. Lakeport	17	No	No
	2/25/2016	Walnut Village Apt 1240 N. Pine St. Ukiah	4	No	No
2017-2018	10/26/2017	Adult Services 16170 Main St. #D Lower Lake	3	No	No
	11/9/2017	University of CA 890 N. Bush St. Ukiah	2	No	No
2018-2019	01/16/2018	University of CA 890 N. Bush St. Ukiah	1	No	No
	01/24/2018	Highlands Senior Center 3245 Bowers Rd Clearlake	19	No	No
2019-2020	03/28/2019	Redwood Coast Seniors 490 N. Harold St. Fort Bragg, CA 95437	7	No	No
	03/29/2019	Lakeport Senior Activity Center 527 Konocti Ave. Lakeport, Ca 95453	12	No	No

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

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

Items Below Must Be Discussed at Each Planning Cycle Public Hearing		
		2019-2020 Lake County
1	Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.	Public Hearings were advertised by Public Service announcements in local papers and by flyers distributed throughout Lake and Mendocino Counties. A flyer was posted on the AAA webpage of the Lake and Mendocino County website.
2	Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?	Not Applicable, PD and/or C funds are not used
3	Summarize the comments received concerning proposed expenditures for PD and C, if applicable.	Not Applicable
4	Attendees were provided the opportunity to testify regarding setting minimum percentages of Title IIIB program funds to meet the adequate proportion of funding for Priority Services.	No comments were made.
5	Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.	No comments were made.
6	List any other issues discussed or raised a the public hearing.	Salt content in senior meals, Health benefits of Tai Chi, Services provided by Legal Services, Lack of services for homeless seniors, Difficulty finding volunteers, AAA and contracted Senior Center role in an emergency
7	Note any changes to the Area Plan which were a result of input by attendees.	No changes required.

Items Below Must Be Discussed at Each Planning Cycle Public Hearing		
		2018-2019 Mendocino County
1	Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.	Public Hearings were advertised by Public Service announcements in local papers and by flyers distributed throughout Lake and Mendocino Counties. A flyer was posted on the AAA webpage of the Lake and Mendocino County website.
2	Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?	Not Applicable, PD and/or C funds are not used
3	Summarize the comments received concerning proposed expenditures for PD and C, if applicable.	Not Applicable
4	Attendees were provided the opportunity to testify regarding setting minimum percentages of Title IIIB program funds to meet the adequate proportion of funding for Priority Services.	Yes, changes were requested
5	Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.	It was mentioned that the funding percent for Alzheimer's daycare is inadequate for the services they provide and should be increased.
6	List any other issues discussed or raised a the public hearing.	The benefits of Tai Chi, legal services available to seniors
7	Note any changes to the Area Plan which were a result of input by attendees.	No changes required.

Section 9

Area Plan Narrative Goals and Objectives

CCR Article 3, Section 7300(c)

Goal Number 1: Improve The Health And Well-Being Of Older Adults In Lake and Mendocino Counties

Rationale: Healthy aging will contribute to the quality of life for older adults in Mendocino and Lake Counties. Keeping people safe, healthy and connected will promote health and well-being.

Objective	Projected Start and End Dates	Persons or Groups Responsible	Title IIB Funded PD or C	How	Update Status
1a Coordinate health promotion/disease prevention efforts within the older adult service community and support community education to groups of older persons, their families, friends, and community organizations serving them.	July 2016 to June 2020	PSA26AAA staff, PSA26AAA Advisory Council	Coordination	<ul style="list-style-type: none"> Support coordination of community-wide health promotion activities including fall prevention. Share health promotion information with all Outreach workers through meetings. Advocate for improved benefits and rights of older adults on legislation related to older adult health promotion. 	Continued
1b Collaborate with community partners on the prevention of elder abuse.	July 2016 to June 2020	PSA26AAA staff, PSA26AAA Advisory Council, Long-Term Care Facilities, Adult Protective Services, Public Authorities, IHSS Advisory Committees, Multi-Disciplinary Team (MDT)	N/A	<ul style="list-style-type: none"> Participate in Elder Abuse Prevention Committee meetings and activities. Advocate for legislation related to elder abuse prevention. Annual elder abuse prevention conference for professionals and paraprofessionals in relevant fields on the identification, prevention and treatment of elder abuse. 	Continued
1c Coordinate disaster preparedness planning within the older adult service community.	July 2016 to June 2020	PSA26AAA staff, PSA26AAA Advisory Council, County OES, Senior Centers and other Community Based Organizations serving older adults	Coordination	<ul style="list-style-type: none"> Meet with County OES and the older adult service community to assess level of preparedness. Assist service providers to develop agency disaster preparedness plans. Provide Outreach workers with materials to educate older adults on home disaster preparedness. Review/Update Emergency Action Plan on an annual basis 	Continued

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Rationale: Healthy aging will contribute to the quality of life for older adults in Mendocino and Lake Counties. Keeping people safe, healthy and connected will promote health and well-being.

Objective	Projected Start and End Dates	Persons or Groups Responsible	Title IIB Funded PD or C	How	Update Status
1d Increase the percentage of older adults who have adequate health care insurance.	July 2016 to June 2020	PSA26AAA staff, PSA26AAA Advisory Council, HICAP, Advisory Council Legislative Advocacy Committee	N/A	<ul style="list-style-type: none"> • Maintain communication with HICAP staff by continuing to participate in HICAP meetings and inviting them to PSA26AAA meetings. • Assist HICAP to recruit and train volunteers in all areas of the PSA. • Identify a liaison to monitor and report on older adult service provider satisfaction with HICAP services in the PSA. • Advocate for legislation related to adequate health care benefits for older adults. • Provide Outreach workers with materials to educate older adults on HICAP services. 	Continued
1e Identify and assist older adults who have mental health issues related to dementia (e.g. anxiety and paranoia) and participate in community education for the purpose of promoting mental health.	July 2016 to June 2020	PSA26AAA staff, PSA26AAA Advisory Council, senior center outreach workers, Multi-Disciplinary Team (MDT), Adult Protective Services, Long-Term Care Ombudsman	N/A	<ul style="list-style-type: none"> • Distribute educational materials on how to identify common mental health issues associated with dementia, and how to access resources available to assist older adults who have these issues. • Attend community education for medical providers, caregivers, and older adult services staff on promoting mental health in older adults. • Coordinate with new APS and Mental Health staff to train outreach workers at each senior center on how to identify dementia and related mental health issues and how to refer to available resources. 	Continued

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Rationale: Healthy aging will contribute to the quality of life for older adults in Mendocino and Lake Counties. Keeping people safe, healthy and connected will promote health and well-being.

Objective	Projected Start and End Dates	Persons or Groups Responsible	Title III B Funded PD or C	How	Update Status
1f Identify and assist isolated older adults who have inadequate access to needed services through public information, community education and outreach activities.	July 2016 to June 2020	PSA26AAA staff, PSA26AAA Advisory Council senior center outreach workers, PSA26AAA Contractors, community based organizations	N/A	<p>Public Information</p> <ul style="list-style-type: none"> Promote the availability of home-based senior services including Senior I&A as the point of contact. Disseminate information to caregivers and non-isolated older adults encouraging them to think about friends, relatives, or neighbors who could benefit from a referral to the local outreach program. <p>Community Education</p> <ul style="list-style-type: none"> Conduct community education to increase awareness of challenges older adults experience in accessing services. <p>Outreach</p> <ul style="list-style-type: none"> Include provisions in all outreach contracts that outreach workers will contact (by phone or in-person) isolated older adults who are referred by the program (e.g. by Senior I&A). Facilitate coordination between outreach program and Meals on Wheels to increase program information. 	Continued
1g Increase the number of older adults who participate in Senior Center socialization opportunities.	July 2016 to June 2020	PSA26AAA staff, PSA26AAA Advisory Council, senior centers	N/A	<ul style="list-style-type: none"> Encourage senior centers to conduct incentives for current diners who bring a friend or neighbor to lunch at the center. Encourage senior centers to solicit information from participants and those 60+ to better understand need. Promote concept and educate seniors about the Senior Center without Walls initiative. Work with the Senior Centers without Walls program, Friendship Line and other similar programs. 	Continued

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Rationale: Healthy aging will contribute to the quality of life for older adults in Mendocino and Lake Counties. Keeping people safe, healthy and connected will promote health and well-being.

Objective	Projected Start and End Dates	Persons or Groups Responsible	Title IIIB Funded PD or C	How	Update Status
1h Provide information to older adults on preventive health care topics such as immunizations, misuse of alcohol or other drugs, and fall prevention.	July 2016 to June 2020	PSA26AAA staff, Senior Centers, Aging Network, Health Promotion Subcommittee	N/A	<ul style="list-style-type: none"> Coordinate with local resources (e.g. retired health care providers) who are willing to give educational presentations to older adults. Provide information on available services and health issues at events within the PSA. Collect samples of senior service providers' favorite handouts on older adult health topics; copy or order additional copies for other providers. Provide outreach workers with materials to educate older adults on preventive health care. Produce quarterly newsletter with information on available services, and educational information on preventive health care. 	Continued

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Rationale: Healthy aging will contribute to the quality of life for older adults in Mendocino and Lake Counties. Keeping people safe, healthy and connected will promote health and well-being.

Objective	Projected Start and End Dates	Persons or Groups Responsible	Title III B Funded PD or C	How	Update Status
<p>1i Provide evidence-based Title IIID health promotion and disease prevention program that meets the following criteria:</p> <ol style="list-style-type: none"> 1) Have demonstrated through evaluation that they are effective for improving the health and well-being or reducing the disability and/or injury among older adults. 2) Have been proven effective with the older adult population, having used an Experimental or Quasi—Experimental design. 3) Have research/evaluation results that have been published in a peer-reviewed journal. 4) Have been implemented previously at the community level (with fidelity to the published research) and shown to be effective outside a research setting. 5) Includes program manuals, guides, and/or handouts that are available to the public. 	<p>July 2016 to June 2020</p>	<p>Certified instructor, PSA26AAA contractors, PSA26AAA Advisory Council</p>	<p>N/A</p>	<ul style="list-style-type: none"> • Tai Chi for Arthritis will be a program taught by a certified instructor targeting adults with or without arthritis, rheumatic diseases or related musculoskeletal conditions. The program is intended to improve movement, balance, strength, flexibility, and relaxation. Tai Chi for Arthritis is on the National Council on Aging (NCOA) chart of Highest Tier Evidence Based Health Promotion/Disease Prevention Programs. 	<p>Continued</p>

Goal Number 2 - Strengthen the Service Delivery System for Older Adults and Their Caregivers Living in Lake and Mendocino Counties

Rationale: An efficient service delivery system will promote healthy aging for older adults and their caregivers in Lake and Mendocino Counties.

Objective	Projected Start and End Dates	Persons or Groups Responsible	Title IIB Funded PD or C	How	Update Status
2a Coordinate with other community based organizations to provide increased and enhanced educational opportunities for caregivers	July 2016 to June 2020	PSA26AAA staff, PSA26AAA Advisory Council, Redwood Caregiver Resource Center, Public Authority, Adult Protective Services, Long-Term Care Ombudsman	Coordination	<ul style="list-style-type: none"> Participate regular meetings with interested parties to avoid duplication of events and co-plan whenever appropriate. Create and maintain annual list of trainings with content description. 	Continued
2b Increase awareness on caregiver issues through outreach activities to caregivers to help improve self care and identification of needs	July 2016 to June 2020	PSA26AAA staff, PSA26AAA Advisory Council, Redwood Caregiver Resource Center, Community Care Management Corp, Public Authorities, Long-Term Care Ombudsman	N/A	<ul style="list-style-type: none"> Conduct trainings for outreach workers and other community-based organizations and groups. Distribute information on caregiver issues. 	Continued
2c Improve access to services for Spanish speaking older adults by increasing availability of bi-lingual resources and services	July 2016 to June 2020	PSA26AAA staff and Advisory Council, Nuestra Casa,	N/A	<ul style="list-style-type: none"> Translate materials for program outreach. Insure access to the use of interpreters as appropriate. Identify Latino community focal points and distribute program materials. 	Continued
2d Recruit and train Ombudsman Volunteer Representatives as necessary	July 2016 to June 2020	PSA26AAA staff, PSA26AAA Advisory Council and Long-Term Care Ombudsman Coordinator	N/A	<ul style="list-style-type: none"> Release public service announcement. Announce at all appropriate meetings. Schedule training. 	Continued
2e Support growth of local Alzheimer's day care options	July 2016 to June 2020	PSA26AAA staff, PSA26AAA Advisory Council, community based organizations	N/A	<ul style="list-style-type: none"> Allocate funds to local Alzheimer's day care programs for support and expansion of services. Promote use of Alzheimer's day care programs as respite for caregivers. 	Continued

Goal Number 3 -Maximize Available Funding and Program Capacity to Ensure the Greatest Possible Support for Older Adults Living in Lake and Mendocino Counties

Rationale: Ensuring creative program expansion through building on existing programs and developing relationships with new community partners to broaden support for older adults will contribute to a healthy community.

Objective	Projected Start and End Dates	Persons or Groups Responsible	Title IIIB Funded PD or C	How	Update Status
3a Develop and enhance relationships with community partners in the business community (including casinos)	July 2016 to June 2020	PSA26AAA staff and PSA26AAA Advisory Council	N/A	<ul style="list-style-type: none"> Identify partners. Educate partners about services and senior issues. Invite/recruit partners to participate on Advisory Council and in events. 	Continued
3b Explore PSA26AAA funding opportunities	July 2016 to June 2020	PSA26AAA staff and PSA26AAA Advisory Council	N/A	<ul style="list-style-type: none"> Identify interested parties. Raise funds to assist in printing Resource Directories for Older Adults. Explore community foundation opportunities for funding. 	Continued
3c Increase publicity for Adult and Aging programs	July 2016 to June 2020	PSA26AAA staff, Long-Term Care Ombudsman Program, PSA26AAA Advisory Council, contracted service providers.	N/A	<ul style="list-style-type: none"> Conduct community education. Maintain agency website. Public Service Announcements. 	Continued

Section 9

Health Insurance Counseling and Advocacy Program (HICAP)

CCR Article 3, Section 7300(d)

Service Unit Plan (SUP)

MULTIPLE PSA HICAPs: If you are a part of a multiple-PSA HICAP where two or more AAAs enter into an agreement with one “Managing AAA,” to deliver HICAP services on their behalf to eligible persons in their AAA, then each AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

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

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

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

Service Unit Plan (SUP) Cont.

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

- PM 1.1 Clients Counseled ~ Number of finalized Intakes for clients/ beneficiaries that received HICAP services
- PM 1.2 Public and Media Events (PAM) ~ Number of completed PAM forms categorized as "interactive" events
- PM 2.1 Client Contacts ~ Percentage of one-on-one interactions with any Medicare beneficiaries
- PM 2.2 PAM Outreach Contacts ~ Percentage of persons reached through events categorized as "interactive"
- PM 2.3 Medicare Beneficiaries Under 65 ~ Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65
- PM 2.4 Hard-to-Reach Contacts ~ Percentage of one-on-one interactions with "hard-to-reach" Medicare beneficiaries designated as:
 - PM 2.4a Low-income (LIS)
 - PM 2.4b Rural
 - PM 2.4c English Second Language (ESL)
- PM 2.5 Enrollment Contacts ~ Percentage of contacts with one or more qualifying enrollment topics discussed

AAAs should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the HICAP State and Federal Performance Measures tool located online at: <https://www.aging.ca.gov/ProgramsProviders/AAA/Planning/>. For current and future planning, CDA requires each AAA ensure that HICAP service units and related federal Annual Resource Report data are documented and verified complete/ finalized in CDA's Statewide HICAP Automated Reporting Program (SHARP) system per the existing contractual reporting requirements. HICAP Service Units do not need to be input in the Area Plan (with the exception of HICAP Paid Legal Services, where applicable).

Section 10

Title III/VII Service Unit Plan (SUP) Objectives

CCR Article 3, Section 7300(d)

Title IIIB and Title IIIC - NAPIS			
Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
1. Personal Care (In-Home)			Unit of Service 1 hour
2016-2017			
2017-2018			
2018-2019			
2019-2020			
2. Homemaker			Unit of Service 1 hour
2016-2017			
2017-2018			
2018-2019			
2019-2020			
3. Chore			Unit of Service 1 hour
2016-2017			
2017-2018			
2018-2019			
2019-2020			
4. Home-Delivered Meal			Unit of Service = 1 meal
2016-2017	133,000	1	
2017-2018	120,000	1	
2018-2019	120,000	1	
2019-2020	120,000	1	
5. Adult Day Care/Adult Day Health			Unit of Service = 1 hour
2016-2017			
2017-2018			
2018-2019			
2019-2020			
6. Case Management			Unit of Service = 1 hour
2016-2017			
2017-2018			
2018-2019			
2019-2020			
7. Assisted Transportation			Unit of Service = 1 one-way trip
2016-2017			
2017-2018			
2018-2019			
2019-2020			

Title IIIB and Title IIIC - NAPIS (Continued)			
Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
8. Congregate Meals			Unit of Service = 1 meal
2016-2017	89,100	1	
2017-2018	84,000	1	
2018-2019	84,000	1	
2019-2020	84,000	1	
9. Nutrition Counseling			Unit of Service = 1 session per participant
2016-2017			
2017-2018			
2018-2019			
2019-2020			
10. Transportation			Unit of Service = 1 one-way trip
2016-2017			
2017-2018			
2018-2019			
2019-2020			
11. Legal Assistance			Unit of Service = 1 hour
2016-2017	1,000	1,2	
2017-2018	1,000	1,2	
2018-2019	1,000	1,2	
2019-2020	1,000	1,2	
12. Nutrition Education			Unit of Service = 1 session per participant
2016-2017	6,100	1	
2017-2018	8,000	1	
2018-2019	8,000	1	
2019-2020	8,000	1	
13. Information and Assistance			Unit of Service = 1 contact
2016-2017	6,675	1,2,3	
2017-2018	7,000	1,2,3	
2018-2019	7,000	1,2,3	
2019-2020	7,000	1,2,3	
14. Outreach			Unit of Service = 1 contact
2016-2017	425	1,2,3	
2017-2018	750	1,2,3	
2018-2019	750	1,2,3	
2019-2020	750	1,2,3	

15. Title IIIB - Other			
Fiscal Year	Proposed Units of Service*	Goal Numbers	Objective Numbers (if applicable)
Alzheimer's Day Care Services day			Unit of Service = 1
2016-2017	144	2	e
2017-2018	500	2	e
2018-2019	500	2	e
2019-2020	500	2	e
Public Information			Unit of Service = 1 activity
2016-2017	3	1	f
2017-2018	3	1	f
2018-2019	3	1	f
2019-2020	3	1	f
Community Education hour			Unit of Service = 1
2016-2017	11	1	f
2017-2018	11	1	f
2018-2019	11	1	f
2019-2020	11	1	f

16. Title IIID Disease Prevention and Health Promotion			
Fiscal Year	Proposed Units of Service*	Goal Numbers	Objective Numbers (if applicable)
Service Activities: Tai Chi for Arthritis Program participant			Unit of Service = 1 session per participant
2016-2017	1,400	1	j
2017-2018	1,400	1	i
2018-2019	1,400	1	j
2019-2020	1,400	1	j

Title IIIB and Title VIIA: Long-Term Care (LTC) Ombudsman Program Outcomes

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 establishes targets each year in consultation with the local LTC Ombudsman Program Coordinator using the yearly baseline data as a benchmark for determining yearly targets.

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%	
1. FY 2014-15 Baseline Resolution Rate (Number of complaints resolved <u>46+</u> number of partially resolved complaints <u>1</u> divided by the total number of complaints received <u>85</u> = Baseline Resolution Rate	54%
FY 2016-2017 Target Resolution Rate	90%
2. FY 2015-16 Baseline Resolution Rate (Number of complaints resolved <u>52+</u> number of partially resolved complaints <u>1</u> divided by the total number of complaints received <u>62</u> = Baseline Resolution Rate	85%
FY 2017-2018 Target Resolution Rate	90%
3. FY 2016-17 Baseline Resolution Rate (Number of complaints resolved <u>56</u> + number of partially resolved complaints <u>3</u> divided by the total number of complaints received <u>65</u> = Baseline Resolution Rate	91%
FY 2018-2019 Target Resolution Rate	70%
4. FY 2017-18 Baseline Resolution Rate (Number of complaints resolved <u>35+</u> number of partially resolved complaints <u>1</u> divided by the total number of complaints received <u>40</u> = Baseline Resolution Rate	90%
FY 2019-2020 Target Resolution Rate	70%
Program Goals and Objective Numbers:	1b, 2b, 2e, 3e

B. Work with Resident Councils

(AoA Report, Part III.D.8)

1. FY 2014-2015 Baseline: number of Resident Council meetings attended	56
FY 2016-2017 Target	60
2. FY 2015-16 Baseline : number of Resident Council meetings attended	76
FY 2017-2018 Target	80
3. FY 2016-17 Baseline: number of Resident Council meetings attended	67
FY 2018-2019 Target	60
4. FY 2017-18 Baseline: number of Resident Council meetings attended	67
FY 2019-2020 Target	60
Program Goals and Objective Numbers:	1b, 2b, 2e, 3e

C. Work with Family Councils

(AoA Report, Part III.D.9)

1. FY 2014-2015 Baseline number of Family Council meetings attended	4
FY 2016-2017 Target	1
2. FY 2015-2016 Baseline number of Family Council meetings attended	0
FY 2017-2018 Target	1
3. FY 2016-2017 Baseline number of Family Council meetings attended	1
FY 2018-2019 Target	0
4. FY 2017-2018 Baseline number of Family Council meetings attended	0
FY 2019-2020 Target	0
Program Goals and Objective Numbers:	1b, 2b, 2c, 2e, 3e

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.

Baseline: number of Consultations		Target	
1. FY 2014-2015	136	FY 2016-2017	200
2. FY 2015-2016	204	FY 2017-2018	205
3. FY 2016-2017	146	FY 2018-2019	150
4. FY 2017-2018	263	FY 2019-2020	150
Program Goals and Objective Numbers:		1b, 2b, 2c, 2e, 3e	

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.

Baseline: number of consultations		Target	
FY 2014-2015	312	FY 2016-2017	300
FY 2015-2016	446	FY 2017-2018	450
FY 2016-2017	528	FY 2018-2019	500
FY 2017-2018	821	FY 2019-2020	500
Program Goals and Objective Numbers:		1b, 2b, 2e, 3e	

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.

Baseline: number of sessions		Target	
FY 2014-2015	21	FY 2016-2017	5
FY 2015-2016	8	FY 2017-2018	10
FY 2016-2017	2	FY 2018-2019	2
FY 2017-2018	9	FY 2019-2020	2
Program Goals and Objective Numbers:		1b, 2b, 2e, 3e	

G. Systems Advocacy

(AoA Report, Part III-D, #10)

1.FY 2018-2019

The LTC Ombudsman program will provide training, and education to facility staff on the subjects of resident rights and elder abuse and reporting.

1. FY 2019-2020

The Ombudsman program will identify facilities that have ongoing issues with specific complaints or care problems, such as a failure to respond to call lights in a timely manner. The program will then work with these facilities to resolve these issues in order to improve residents' quality of life and care. The strategies used to resolve the problems could include providing one-on-one technical assistance or group training for staff members.

Outcome 2

Residents have regular access to an Ombudsman. [(OAA Section 712(a)(3)(D), (5)(B)(ii)].
Measures and Targets:

A. Skilled Nursing Facility (SNF) Coverage (other than in response to a complaint)	
(A0A Report, Part III.D.6)	
Percentage of nursing facilities within the PSA that were visited by an ombudsman representative at least once each quarter not in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not the total number of visits per year. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.	
1. FY 2014-15 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u> 9 </u> divided by the total number of Nursing Facilities <u> 7 </u> = Baseline <u> 78% </u>	78%
FY 2016-2017 Target	
100%	
2. FY 2015-2016 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u> 7 </u> divided by the total number of Nursing Facilities <u> 7 </u> = Baseline <u> 100% </u>	100%
FY 2017-2018 Target	
100%	
3. FY 2016-2017 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u> 6 </u> divided by the total number of Nursing Facilities <u> 7 </u> = Baseline <u> 86% </u>	86%
FY 2018-2019 Target	
80%	
4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u> 7 </u> divided by the total number of Nursing Facilities <u> 7 </u> = Baseline <u> 100% </u>	100%
FY 2019-2020 Target	
80%	
Program Goals and Objective Numbers:	1b, 2b, 2c, 2e, 3e

A. Residential Care Facility for the Elderly (RCFE) Coverage (other than in response to a complaint)			
(A0A Report, Part III.D.6)			
Percentage of RCFEs within the PSA that were visited by an ombudsman representative at least once each quarter during the fiscal year not in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not the total number of visits per year. In determining the number of facilities visited for this measure, no RCFE can be counted more than once			
1. FY 2014-15 Baseline: Number of RCFE visited at least once a quarter not in response to a complaint <u>19</u> divided by the total number of RCFE <u>21</u> = Baseline <u>91%</u>			91%
FY 2016-2017 Target			100%
2. FY 2015-2016 Baseline: Number of RCFE visited at least once a quarter not in response to a complaint <u>21</u> divided by the total number of RCFE <u>21</u> = Baseline <u>100%</u>			100%
FY 2017-2018 Target			100%
3. FY 2016-2017 Baseline: Number of RCFE visited at least once a quarter not in response to a complaint <u>21</u> divided by the total number of RCFE <u>21</u> = Baseline <u>100%</u>			100%
FY 2018-2019 Target			60%
4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>17</u> divided by the total number of RCFE <u>20</u> = Baseline <u>85%</u>			85%
FY 2019-2020 Target			60%
Program Goals and Objective Numbers:		1b, 2b, 2e, 3e	
C. Number of Full-Time Equivalent (FTE) Staff			
(AoA Report Part III. B.2. - Staff and Volunteers)			
(One FTE generally equates to 40 hours per week or 1,760 hours per year). Verify number of staff FTEs with Ombudsman Program Coordinator.			
Baseline: number of sessions		Target	
FY 2014-2015	1	FY 2016-2017	2
FY 2015-2016	1	FY 2017-2018	1
FY 2016-2017	1	FY 2018-2019	1
FY 2017-2018	1	FY 2019-2020	1.5
Program Goals and Objective Numbers:		1b, 2b, 2e, 3e	

D. Number of Certified LTC Ombudsman Volunteers (AoA Report Part III. B.2. - Staff and Volunteers)	
FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers	2
FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers	6
FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers	1
FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers	2
FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers	2
FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers	2
FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers	2
FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers	2
Program Goals and Objective Numbers:	1b, 2b, 2e, 3e

Outcome 3

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

A. NORS Training			
Measures and Targets:			
At least once each fiscal year, the Office of the State Long-Term Care Ombudsman sponsors free training on each of four modules covering the reporting process for the National Ombudsman Reporting System (NORS). These trainings are provided by webinars or are done in-house by LTC Ombudsman Coordinator and are available to all certified staff and volunteers. Local LTC Ombudsman Programs retain documentation of attendance in order to meet annual training requirements			
FY 2015-16 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV	2	FY 2016-2017 Target	2
FY 2016-2017 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV	2	FY 2017-2018 Target	2
FY 2017-2018 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV	2	FY 2018-2019 Target	2
FY 2018-2019 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV	2	FY 2019-2020 Target	2
Program Goals and Objective Numbers:	1b, 2b, 2e, 3e		

Title VII B Elder Abuse Prevention

Title VII B Elder Abuse Prevention						
Fiscal Year	Public Education Sessions	Training Sessions for Professionals	Training Sessions for Caregivers served by Title III E	Hours Spent Developing a Coordinated System	Copies of Educational Materials to Be Distributed*	Total Number of Individuals Served
2016-2017		1		42	1000	1,150
2017-2018		1		55	1000	1,150
2018-2019		1		60	1000	1,150
2019-2020		1		60	1000	1,150

* Description of Educational Materials: Trifold pamphlets on elder abuse prevention

Title III E Family Caregiver Support Program

CCR Article 3, Section 7300(d)

Family Caregiver Services						
Direct Services	Fiscal Year				Goal Numbers	Objective Numbers
	2016-17	2017-18	2018-19	2019-20		
Information Services					2	
Number of Activities	1	1	1	1		
Total Estimated Audience	400	400	400	400		
Access Assistance (Total contacts)						
Support Services (Total hours)						
Respite Care (Total Hours)						
Supplemental Services (Total occurrences)						
Contracted Services	Fiscal Year				Goal Numbers	Objective Numbers
	2016-17	2017-18	2018-19	2019-20		
Information Services					2,3	
Number of Activities	20	20	20	20		
Total Estimated Audience	400	400	400	400		
Access Assistance (Total contacts)	200	400	400	400		
Support Services (Total hours)	639	800	800	800		
Respite Care (Total hours)	1950	2200	2200	2200		
Supplemental Services (Total occurrences)						
Grandparent Services						
Contracted Services						
Information Services						
Number of Activities						
Total Estimated Audience						
Access Assistance (Total contacts)						
Support Services (Total hours)						
Respite Care (Total hours)						
Supplemental Services (Total occurrences)						

Section 13

Priority Services

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

The CCR, Article 3, Section 7312, requires that PSA26AAA allocates an "adequate proportion" of federal funds to provide Access, In-Home Services, and Legal Assistance in the Planning and Service Area (PSA). The annual minimum allocation is determined by the PSA26AAA through the planning process. The minimum percentages of applicable Title III B funds* listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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

Category of Service & Percentage of Title IIIB Funds Expended in/ or to be Expended in FY 2016-2017 Through FY 2019-2020				
Access	2016-2017	2017-2018	2018-2019	2019-2020
Transportation, Assisted Transportation, Case Management, Information and Assistance, Comprehensive Assessment, Health, Mental Health and Public Information	45%	45%	45%	45%
In-Home Services	2016-2017	2017-2018	2018-2019	2019-2020
Personal Care, Homemaker, Chore, In-Home Respite, Adult Day/Health Care, Alzheimer's, Residential Repairs,/ Modifications, Respite Care, Telephone Reassurance, and Visiting	10%	10%	10%	10%
Legal Assistance Required Activities*	2016-2017	2017-2018	2018-2019	2019-2020
Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar	20%	20%	20%	20%
* Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.				

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

Information and Assistance and Outreach Services remain an integral part of providing service in PSA26AAA. Title IIIB funds support a fully-staffed Information and Assistance Program provided by a community-based contractor. Additionally, the funds cover allocations provided to senior centers, which have a staff person designated for performing outreach in their community. The outreach program ensures maximum effort is made in reaching new clients who may be isolated and unable to go to the centers to access services. Setting this percentage at 45% ensures that funding allocated to these services will remain the largest part of our adequate proportion.

In-Home Services remain an important part of our IIIB funded services, however the cost of funding this service has increased tremendously in recent years. PSA26AAA will continue to provide Alzheimer's day care program support to our communities' caregivers.

Legal Assistance provides an essential component of the PSA26AAA safety net for seniors. Our legal service program not only provides advice and representation to individuals, but also supports the Ombudsman Program. Our legal service provider is an integral part of many planning and advisory groups across the PSA.

Section 16

Governing Board Membership

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

Total Governing Board Council Membership: 7	
Names/Titles of Officers	Term in Office Expires
Kelsey Rivera , Chair, Mendocino County HHSA Representative	*
Carol Huchingson , Vice-Chair, Lake County Social Services Representative	*
Names/Titles of Other Members	Term in Office Expires
Carre Brown , Member, Mendocino County Board of Supervisors	*
Eddie Crandell , Member, Lake County Board of Supervisors	*
Jerry Chaney , Member at Large, Lake and Mendocino Counties	12/31/2020
Dan Gjerde , Alternate Member, Mendocino County	*
Tina Scott , Alternate Member, Lake County	*
* County appointed members hold office until Board of Supervisors of appointing County designates otherwise.	

Section 17

Advisory Council Membership

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

Total Advisory Council Membership (including vacancies) : 10 Number of Council Members Over 60: 6		
Race/Ethnic Composition	% of PSA26 60+ Population	% on Advisory Council
White	86.3%	100%
Hispanic/Latino	6.75%	0%*
Black	1.3%	0%*
Asian/Pacific Islander	1.48%	0%*
Native American/ Alaska Native	2.4%	0%*
Other	1.8%	0%*

*Advisory Council is searching for race/ethnic diversity in filling vacant member positions.

Advisory Council Membership								
Member	Term Expires	Low Income Representative	Disabled Representative	Supportive Services Provider Representative	Health Care Provider Representative	Family Caregiver Representative	Local Elected Official	Leadership Experience in private and voluntary sectors
Eileen Bostwick -Mendocino	12/21			X				X
Paul Branson -Lake	01/21			X			X	X
Nancy Nanna -Mendocino	01/21		X		X			X
Vacant Member-Mendocino								
Vacant Member-Mendocino								
Linda Burton Member-Lake	05/22							
Janine Smith-Citron Member-Lake	05/22							
Joan Walter Member-Mendocino	12/21			X		X		X
Jonathan Crooks Member-Lake	05/22							
Vacant Member-Lake								

* Senior Field Representative, Assemblyman Jim Wood **California Senior Legislature

Briefly describe the process designated by the local Governing Board to appoint Advisory Council members.

The Joint Powers Agreement (JPA) defines the makeup of the Advisory Council, in accordance with Older Americans Act guidelines. Council members represent both counties in the Planning and Service Area (PSA) (5 from each county). Staff and the Advisory Council publicize vacancies when applicable, interview potential candidates, and make recommendations to the Governing Board for appointment. Ethnic populations are targeted by word of mouth and sending information to ethnic organizations. The Governing Board appoints members to the Advisory Council.

Our CSL Senator for Mendocino County recently resigned from CSL as well as the Advisory Council. We are currently working on replacing him. Our CSL Senator for Lake County resigned in December 2018 and applications are due March 31st with elections between May 1st and June 25th.

The Advisory council members are now voted in however, at the time of submission, they were not.

Section 18

Legal Assistance

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

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

To ensure that the elderly of Lake and Mendocino Counties are afforded the legal rights and benefits necessary to live healthy, secure, and dignified lives with maximum autonomy and independence.

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

20% is set as a minimum allocation for adequate proportion, and current percentage of Title IIIB funding is 29%.

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 has affected the level of funding and the difference in funding levels in the past four years).

According to the quarterly statistical analysis, approximately 1/3 of the cases served have been concerning landlord-tenant issues. Change has not affected level of funding as additional Title IIIB funds have not been available to increase legal services.

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

Yes, the AAA's contract/agreement with the Legal Services Provider (LSP) specifies that the LSP uses the California Statewide guidelines in the provision of OAA legal services.

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

Legal Services of Northern California focuses on the following issues specific to our service population.

- Advanced Health Care Directives
- Planning for Incapacity
- Elder Abuse
- Consumer Rights
- Senior Scamming

6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider to jointly identify the target population? Yes

7. If so, what is the targeted senior population in your PSA AND what mechanism is used for reaching the target population?

The target population is seniors (60+) with the greatest economic and social needs. A primary strategy for reaching targeted groups is the development of an extensive network of referral sources among programs, agencies and organizations serving the senior communities, resulting in many appropriate referrals of elders in economic or social need and those with homebound or minority status. Participation in Lake and Mendocino Counties multi-disciplinary teams also results in referral of cases involving vulnerable elders. Coordination with services providers serving minority communities results in appropriate referrals of non-Caucasian clients.

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

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

9. Does your PSA have a hotline for legal

services? No

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

Legal Services of Northern California's (LSNC) extensive outreach activities include speaking engagements, newspaper articles, training events and participation in many senior-focused boards, committees, coalitions, and other community based organizations. These outreach activities have increased awareness and visibility of the program and encourage contact by service providers, elders, and persons involved in elder care and support.

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

12. Discuss how older adults access

Fiscal Year	Name of Provider	Geographic Region Covered
2016-2017	Legal Services of Northern California	Lake and Mendocino Counties
2017-2018	Legal Services of Northern California	Lake and Mendocino Counties
2018-2019	Legal Services of Northern California	Lake and Mendocino Counties
2019-2020	Legal Services of Northern California	Lake and Mendocino Counties

legal services in your PSA:

Legal Services of Northern California (LSNC) operates from its Ukiah, Mendocino County office through an extensive network of service providers, outreach workers and other contacts throughout service area in Lake and Mendocino Counties. LSNC maintains a toll free telephone line so that elders in outlying areas may contact them without cost. Outreach events such as community education and training activities are conducted throughout the service area. LSNC is also accessible through fax and email.

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

Legal Services of Northern California has established caseload priorities that focus the program's limited resources on cases that are most critical to the economic and social well being of elder clients in the PSA. Included in those priority areas are public benefits (health, income and supportive services), housing rights (especially where health and safety issues exist or where eviction is threatened), consumer protection (focused on unfair and deceptive practices targeting vulnerable elders), planning for incapacity and long-term care. These priorities have the effect of targeting services to elders with the greatest economic and social needs.

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

See answer to question 3.

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

LSNC's primary strategy for making services accessible is their close, supportive relationship with their many partners. In cases where barriers are geographic, LSNC can use outreach workers, in-home health providers, social workers and other community-based service providers as referral sources, and in some cases, as

LSNC's eyes, ears and legs. By providing legal backup to that community-based service provider, LSNC is often able to effectively meet a client's needs. LSNC relies on local service providers to assemble and fax relevant documents, and/or gather factual information necessary to assist the client. Other access strategies employed include use of a toll free telephone number so that clients in the entire service area can call without cost; use of foreign and sign language interpreters as needed, use of faxing facilities at all local senior centers and use of email access for clients and service providers who are online.

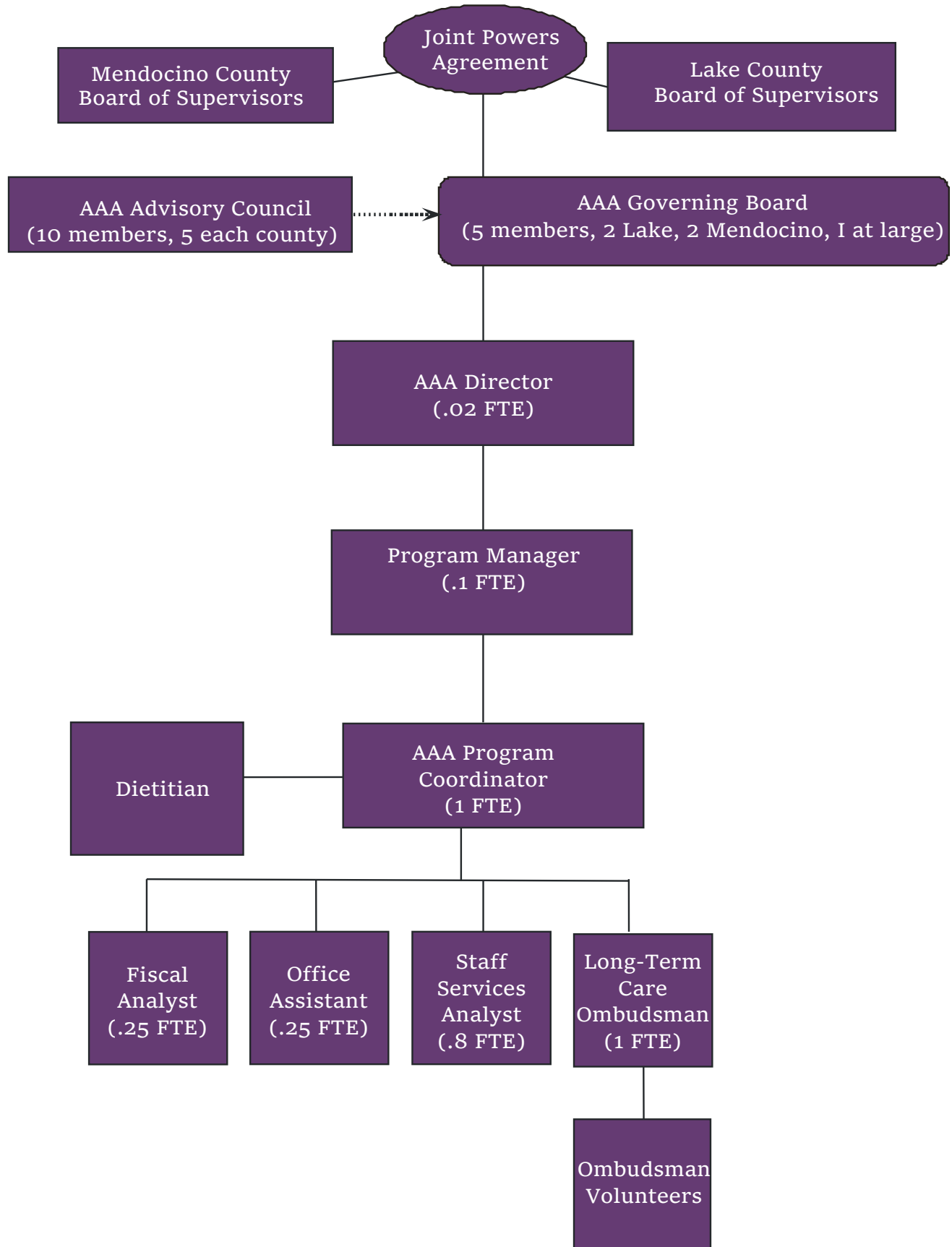
16. What other organizations or groups does your legal service provider coordinate services with? Discuss:

Legal Services of Northern California coordinates services with Multi-Senior Services Program (MSSP), home health programs, Lake and Mendocino Senior Service Centers, Lake and Mendocino Coordinating Care Committee, Lake and Mendocino IHSS Advisory Committees and Public Authorities, California Advocates for Nursing Home Reform, National Senior Citizens Law Center, Western Center on Law and Poverty, Ombudsman Program of Lake and Mendocino Counties, and HICAP.

Section 21

Organizational Chart

AREA AGENCY ON AGING OF LAKE & MENDOCINO COUNTIES ORGANIZATION CHART





**AREA AGENCY ON AGING
OF LAKE & MENDOCINO COUNTIES
PSA 26**

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