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## County of Los Angeles COMMUNITY AND SENIOR SERVICES

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*Enriching Lives Through Effective And Caring Service*



css.lacounty.gov

Cynthia D. Banks  
Director

Otto Solórzano  
Chief Deputy

April 05, 2016

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

# ADOPTED

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

18 April 5, 2016

LORI GLASGOW  
EXECUTIVE OFFICER

### LOS ANGELES COUNTY AREA AGENCY ON AGING 2016-2020 PLANNING AND SERVICE AREA 19 AREA PLAN (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

#### **SUBJECT**

The Older Americans Act (OAA) of 1965 mandates all Area Agencies on Aging (AAA) to have an Area Plan that identifies goals and related objectives of each AAA's unique needs. The Los Angeles County AAA Fiscal Years (FYs) 2016-2020 Area Plan is a document that not only fulfills the mandates set forth in law as specified in the OAA Section 306, but also informs the public and policymakers, locally and statewide, how AAA intends to address local needs and accomplish State goals and objectives. The four-year Area Plan process enables AAA to appropriately re-examine its direction and progress as a result of changing circumstances.

#### **IT IS RECOMMENDED THAT THE BOARD:**

1. Approve the FYs 2016-2020 Planning and Service Area 19 Area Plan (Attachment I).
2. Authorize the Director of Community and Senior Services (CSS), or designee, to sign the Letter of Transmittal on behalf of the Chairman of the Board and submit the Area Plan to the California Department of Aging (CDA).

#### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

The recommended actions are necessary to allow CSS to submit the FYs 2016-2020 Planning and Service Area 19 Area Plan to the CDA for approval. CDA approval of the Area Plan is a required condition of the State's agreement with AAA.

### **Implementation of Strategic Plan Goals**

The activities identified in the Area Plan support the Countywide Strategic Plan Goals: Goal #1 Operational Effectiveness, Goal #2 Community Support and Responsiveness, and Goal #3 Integrated Services Delivery.

#### **Performance Measures**

All agencies contracting with CSS are required to develop benchmark criteria for each of their performance standards that CSS approves. CSS will assess the agencies' performance during each monitoring visit.

### **FISCAL IMPACT/FINANCING**

The activities described in the Area Plan are financed by federal OAA, State, and local County funds.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

The Area Plan reflects a comprehensive and coordinated system with specific goals and objectives for providing services to older and functionally impaired adults with the greatest economic and social need, and to individuals at risk for institutional placement.

The FYs 2016-2020 Area Plan outlines the goals and objectives of AAA and its plan to meet the specified goals and objectives. The Los Angeles County Commission for Older Adults and the public participated in the planning process and reviewed and commented on the goals and objectives of the Area Plan. County Counsel has reviewed and approved the form of the Area Plan (Attachment I).

### **IMPACT ON CURRENT SERVICES (OR PROJECTS)**

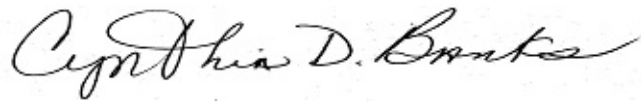
Approval of the FYs 2016-2020 Area Plan will enable AAA to continue with its home and community-based long-term care initiatives and programs. These programs provide opportunities for functionally impaired and older adults to live their lives with maximum independence and dignity in their own homes and communities.

The Honorable Board of Supervisors

4/5/2016

Page 3

Respectfully submitted,

A handwritten signature in cursive script, reading "Cynthia D. Banks". The signature is written in dark ink on a light background.

CYNTHIA D. BANKS

Director

CDB:OSLCS:aa

Enclosures

c: Chief Executive Office  
County Counsel  
Executive Officer, Board of Supervisors



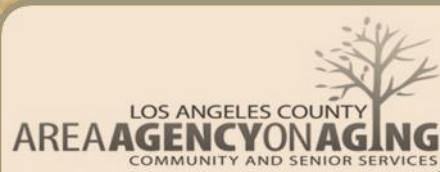
# LOS ANGELES COUNTY PSA 19



*Planning for the future...*



## AREA AGENCY ON AGING 2016-2020 AREA PLAN



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**2016-2020 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST**

| 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 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 III B Funded Program Development (PD) Objectives  | <input type="checkbox"/>            |
| 9       | Title III B Funded Coordination (C) Objectives  | <input type="checkbox"/>            |
| 9       | System-Building and Administrative Goals & Objectives   | <input checked="" type="checkbox"/> |
| 9       | Title III B/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**  
☒ **FY 16-20/** ☐ **FY 17-18** ☐ **FY 18-19** ☐ **FY 19-20**

**AAA Name:** Los Angeles County

**PSA** 19

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.

Signature: \_\_\_\_\_  
Supervisor Hilda L. Solis  
Governing Board Chair <sup>1</sup>

\_\_\_\_\_  
Date

Signature: \_\_\_\_\_  
Linda Yamauchi, President  
Los Angeles County Commission for Older Adults

\_\_\_\_\_  
Date

Signature: \_\_\_\_\_  
Cynthia D. Banks, Director  
Community & Senior Services  
Area Agency on Aging

\_\_\_\_\_  
Date

\_\_\_\_\_  
<sup>1</sup> Original signatures or official signature stamps are required.



## **SECTION 1. MISSION STATEMENT**

### **California Department of Aging**

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.

### **Community and Senior Services (CSS)**

CSS and our community partners are committed to the delivery of quality services to youth, adults and seniors that promote independence, dignity, choice and well-being.

### **Area Agency on Aging (AAA)**

To provide support services that will enable our elderly and disabled adults to maintain their independence, improve their quality of life, and prevent abuse and neglect through collaborative intervention.



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

### *Background*

The County of Los Angeles was established February 18, 1850 as one of the 27 original counties in the State of California. With more than 10 million people calling LA County home, it is the largest and most diverse county in the nation. The County government is comprised of 37 departments and approximately 200 committees and commissions. The County has an annual budget of over \$26 billion and more than 100,000 budgeted positions to serve its diverse population.

The five-member Board of Supervisors is the governing body of the County of Los Angeles and was created by the State Legislature in 1852. The Board has executive, legislative, and quasi-judicial roles. Members are elected by voters in their respective districts and are limited to three four-year terms. Below are current Board members.



Hilda L. Solis  
1<sup>st</sup> District



Mark Ridley-Thomas  
2<sup>nd</sup> District



Sheila Kuehl  
3<sup>rd</sup> District



Don Knabe  
4<sup>th</sup> District



Michael Antonovich  
5<sup>th</sup> District

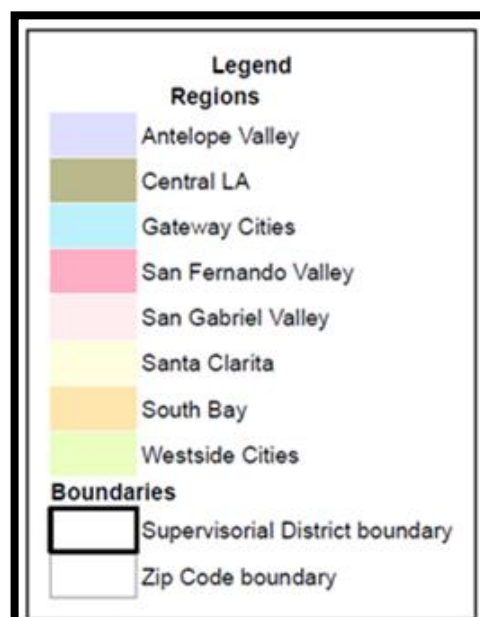
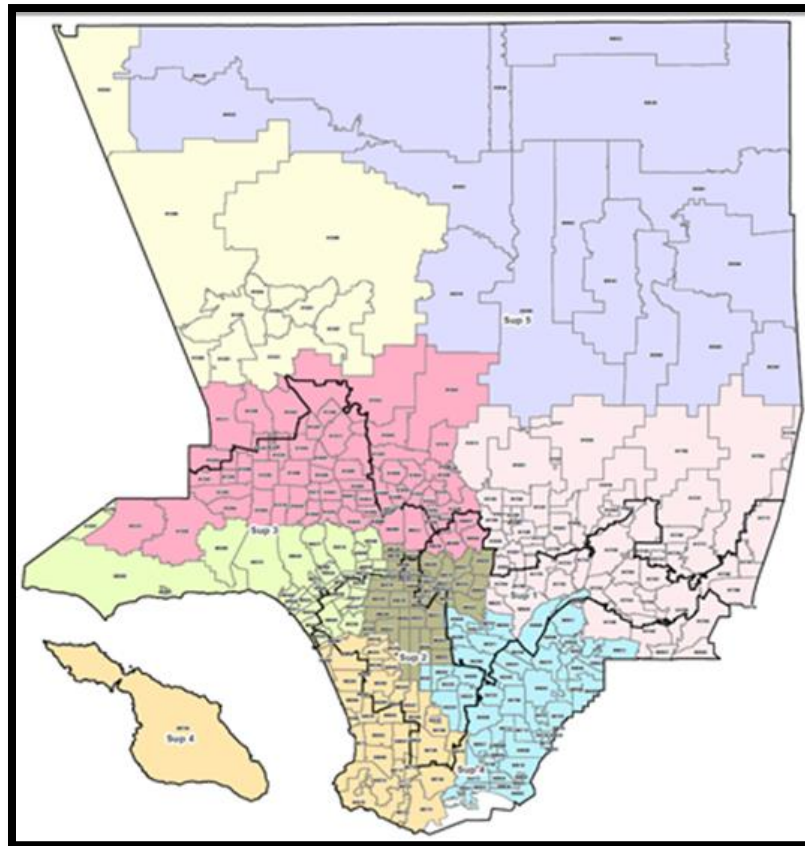
The Board appoints all department heads other than the assessor, district attorney, and sheriff, which are elective positions. As a subdivision of the State, the County is charged with providing numerous services that affect the lives of all residents, including law enforcement, property assessment, tax collection, public health protection, public social services, elections, and flood control. There are 88 cities within the County, each with its own city council. All of the cities, in varying degrees, contract with the County to provide municipal services. The areas not part of these cities are considered to be unincorporated County territory. The Board of Supervisors and County Departments provide the municipal services to approximately 140 unincorporated areas. More than 65 percent of the County – 2,649 square miles – is unincorporated.

### *Geography*

The County is a single county PSA and encompasses an area of 4,084 square miles, roughly the size of Jamaica. Altitudes vary from nine feet below sea level in Wilmington to 10,080 feet above sea level at Mt. San Antonio. There are 72 miles of beaches, which represents nearly nine percent of California's 840 mile coastline. The County of Los Angeles includes the islands of San Clemente and Santa Catalina. It is bordered on the east by Orange and San Bernardino Counties, on the north by Kern County, on the west by Ventura County, and on the south by the Pacific Ocean. Below is a map that displays the geographical boundaries of the County of Los Angeles and the five Supervisorial Districts:

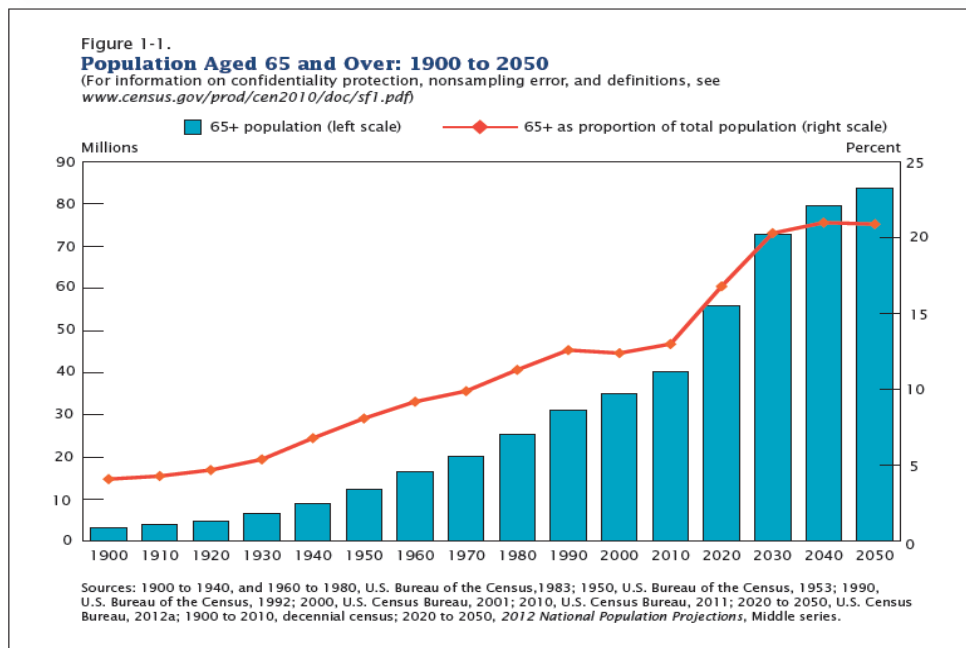


Given the vastness of the County of Los Angeles, the County can be geographically divided into 8 regions in order to enhance the service deliver with Community and Senior Services (CSS). These distinct regions allow CSS to develop and provide more relevant services targeted to the specific needs of the residents in these different areas. The eight (8) regions are illustrated in the map below:



## Demographic Characteristics: Population Projections

An unprecedented shift towards an “aging nation” is being felt across the country as the baby boomer generation reaches older adulthood. According to projections based on the U.S. Census Bureau, the older population is projected to more than double from 40.3 million in year 2010 to 83.7 million in the year 2050. Between 2000 and 2008, the number of California residents aged 65 and older grew by 16%. The comparable rate for the County of Los Angeles is 19%, while the older population of the rest of the State grew by 15%<sup>2</sup>.



The County of Los Angeles is one of the largest, most populous, and ethnically diverse counties in the entire nation. Older adults currently make up roughly 11% (or approximately 1.6 million) of the County’s population<sup>3</sup>. The County of Los Angeles older adult population is expected to double from 9.7% in 2000 to 18.2% in 2030<sup>4</sup>.

Caregivers in Los Angeles County play a significant role in providing unpaid care for frail adults. In 2007, 1.2 million adults in Los Angeles County cared for an older family member, friend, or neighbor who needed help to live independently<sup>5</sup>. More than two-thirds of caregivers in the County reported caring for someone 65 years of age or older. As the aging population increases, this number is only going to significantly increase as well. Grandparent caregivers also represent a vulnerable segment of the older adult population, as they are the primary caregiver of a child who’s

<sup>2</sup> USC School of Social Work, 2010, Health Policy Brief: Los Angeles Population Change and Healthy Aging (Data from Department of Finance)

<sup>3</sup> 2010 U.S. Census Report

<sup>4</sup> USC Sol Price School of Public Policy, 2013, The Generational Future of Los Angeles: Projections to 2030 and Comparisons to Recent Decades

<sup>5</sup> UCLA School of Public Health, 2011, Informal Caregiving in Los Angeles County

biological or adoptive parents are no longer able to provide care. According to the 2013 American Community Survey, 1.8% of the County's 60 years and over population is responsible for at least one grandchild.

The chart below illustrates current (2015) population demographic projections for Los Angeles County<sup>6</sup>.

| Los Angeles County Population Demographic Projections for 2015         |                  |              |                |                       |                    |             |                |                 |                 |
|--|------------------|--------------|----------------|-----------------------|--------------------|-------------|----------------|-----------------|-----------------|
| Pop. 60+   | Non-Minority 60+ | Minority 60+ | Low Income 60+ | Medi-Cal Eligible 60+ | Geo. Isolation 60+ | SSI/SSP 65+ | Population 75+ | Lives Alone 60+ | Non-English 60+ |
| 1,117,745  | 441,079          | 676,666      | 138,420        | 294,581               | 10,719             | 133,642     | 331,920        | 183,580         | 95,145          |
|  | 39%              | 61%          | 12%            | 26%                   | 1%                 | 12%         | 30%            | 16%             | 9%              |
| Los Angeles County's Percentage of California's Respective Populations |                  |              |                |                       |                    |             |                |                 |                 |
| 16%  | 11%              | 22%          | 17%            | 22%                   | 2%                 | 24%         | 16%            | 14%             | 25%             |

The County of Los Angeles is home to a significant portion of the State's most vulnerable older adult population. A study completed by the U.S. Government Accountability Office (GAO) found that many older adults with low-incomes experience food insecurity, reporting skipping meals because they did not have enough money for food. When comparing data from 2013 to 2008, the GAO found that there was an increase in low-income older adults who are food insecure (about 19% in 2008 compared to 24% in 2013) even though a substantially larger percentage of this population is receiving meal services (11% in 2008 compared to 17% in 2013)<sup>7</sup>. The GAO estimates 27% (about 16 million) of people age 60 and older likely need home-based care services.

#### *Demographic Characteristics: Racial/Ethnic Composition*

The County's racial and ethnic composition is evolving in ways that will transform future needs of the growing older adult population. Unique to the County of Los Angeles, the aging population is becoming more racially and ethnically diverse than any other region. The Hispanic and Asian older adult population has grown by over 40% since 2000, while the African American older adult population grew by about 9%<sup>8</sup>. By 2050, it is projected that the number of African Americans age 65 or older will more than triple nationwide.<sup>9</sup>

<sup>6</sup> 2015 CDA Population Demographic Projections by County and PSA

<sup>7</sup> U.S. Government Accountability Office, 2015, Older Americans Act: Updated Information on Unmet Need for Services

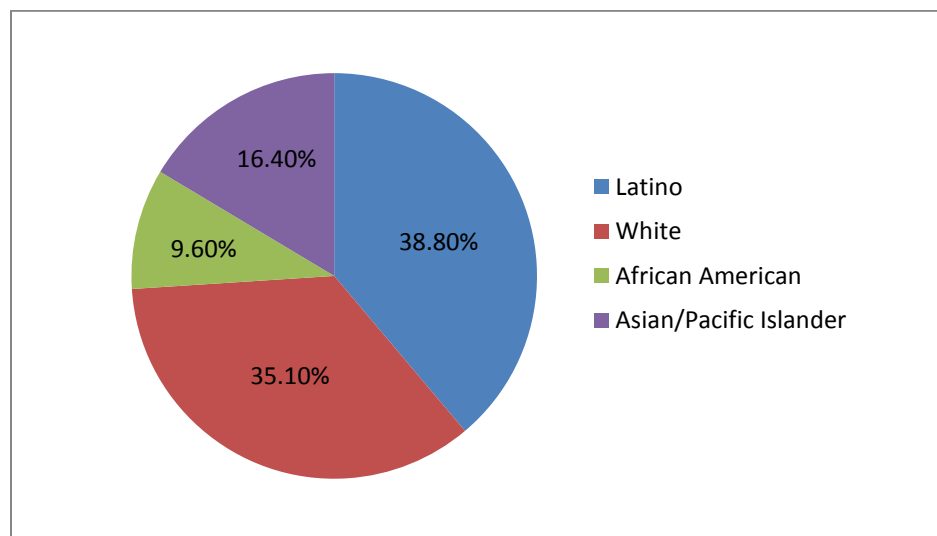
<sup>8</sup> USC School of Social Work, 2010, Health Policy Brief: Los Angeles Population Change and Healthy Aging (Data from U.S. Census)

<sup>9</sup> Advocates for African American Elders (AAAE), 2014, Understanding the Service Needs of African American Seniors in Los Angeles County: Findings from the AAAE Community Survey

Below is the racial and ethnic makeup of the 60 years and older population in the County of Los Angeles according to the 2014 American Community Survey<sup>10</sup>.

| Los Angeles County, California (Population 60+)    |       |
|--|-------|
| Hispanic, Latino or Spanish Origin (of any race)   | 29.9% |
| White Alone  | 41.0% |
| One Race   |       |
| White  | 59.3% |
| Black or African American                          | 9.2%  |
| American Indian and Alaska Native                  | 0.5%  |
| Asian, Native Hawaiian, and Other Pacific Islander | 18.4% |
| Other Race   | 10.4% |

The racial and ethnic breakdown for caregivers and non-caregivers was similar to the general ethnic and racial breakdown in 2007<sup>11</sup>. However, a lower percentage of caregivers were Latino and a higher percentage of caregivers were Asian/Pacific Islander when compared to non-caregivers of the same racial and ethnic group. The below chart illustrates the racial and ethnic breakdown of Caregivers in the County of Los Angeles.



### *Demographic Characteristics: Language*

The County of Los Angeles' large minority population presents multiple implications with regards to Limited English Proficient (LEP) speakers. LEP refers to any individual who reported speaking English "less than very well," as classified by the U.S. Census Bureau. Nearly one out of every three individuals countywide are LEP, or face some difficulty communicating in English that

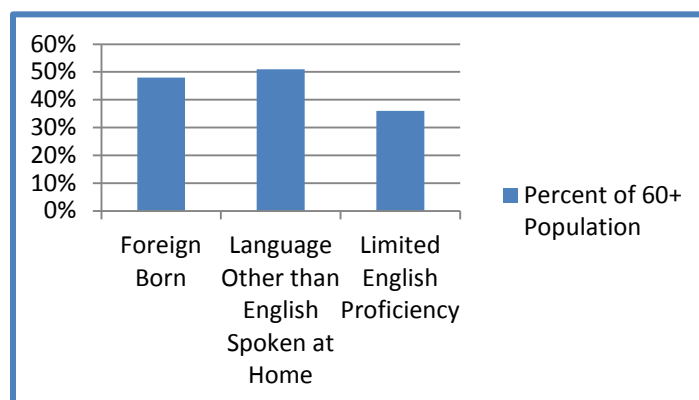
<sup>10</sup> U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates

<sup>11</sup> UCLA School of Public Health, 2011, Informal Caregiving in Los Angeles County



impacts their ability to access critical services. Asian and Latino residents are more likely than other residents to face language barriers; 48% of Latinos and 43% of Asians in Los Angeles County are LEP<sup>12</sup>. The prevalence of individuals who reported to be LEP is consistent with the growth in the US foreign-born population<sup>13</sup>.

The U.S. Census Bureau's 2014 American Community Survey reveals the following foreign born and LEP statistics for the County of Los Angeles:



More than half of Los Angeles County residents speak a language other than English at home. According to a professor at the University of California Los Angeles, there are at least 224 identified languages in Los Angeles County, not including the differing dialects. Spanish is the most widely spoken first language in Los Angeles. Other common languages in Los Angeles County include Vietnamese, Cantonese, Mandarin, Armenian, Russian, Tagalog, Korean, Farsi, Arabic, and Khmer.

#### *Demographic Characteristics: Disability and Health*

Older adults in Los Angeles County are also facing rising health care costs as illness and disability rates increase with age. In the County of Los Angeles, 31% of individuals 60 years and over are living with a disability<sup>14</sup>, while 25% report being diabetic, 22% are classified as obese, 18% live with cardiovascular disease or have had a heart attack, and 27% report being limited in their daily activities due to physical, mental, or emotional problems<sup>15</sup>.

In a 2015 publication, the California Department of Public Health estimated the 2010 healthcare costs for each of the 58 counties in California. The healthcare costs were for treating the six most common chronic conditions: arthritis, asthma, cardiovascular disease (stroke, hypertension, coronary heart disease, and congestive heart failure), diabetes, cancer, and depression. The

<sup>12</sup> Asian Pacific American Legal Center of Southern California and Cyrus Chung Ying Tang Foundation, 2009, LA Speaks: Language Diversity and English Proficiency by Los Angeles County Service Planning Area

<sup>13</sup> Migration Policy Institute National Center on Immigrant Integration Policy, 2011, LEP Data Brief

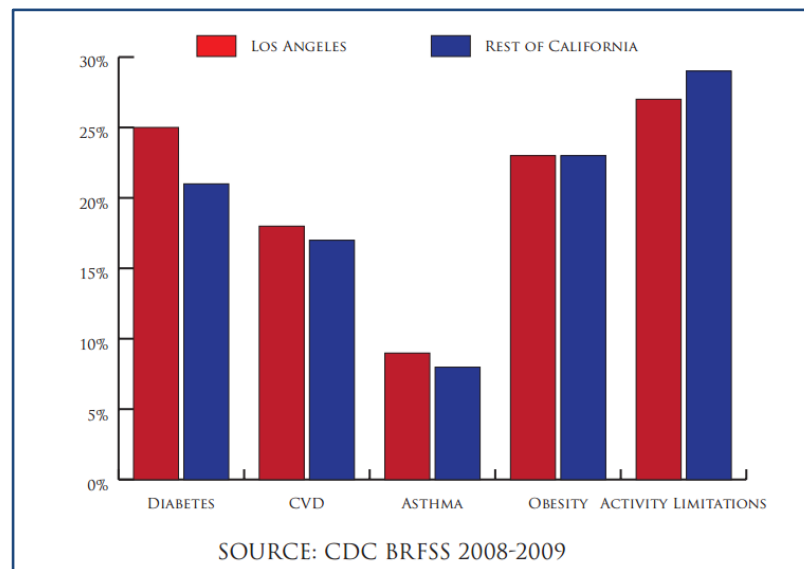
<sup>14</sup> U.S. Census, 2014 American Community Survey 1-year Estimates

<sup>15</sup> USC School of Social Work, 2010, Health Policy Brief: Los Angeles Population Change and Healthy Aging



healthcare costs for Los Angeles County was \$25.4 billion. The costs were primarily determined by population size. However, when comparing the health care costs for chronic conditions as a percentage of total health care expenditures, the County of Los Angeles ranks 37 out of 58.

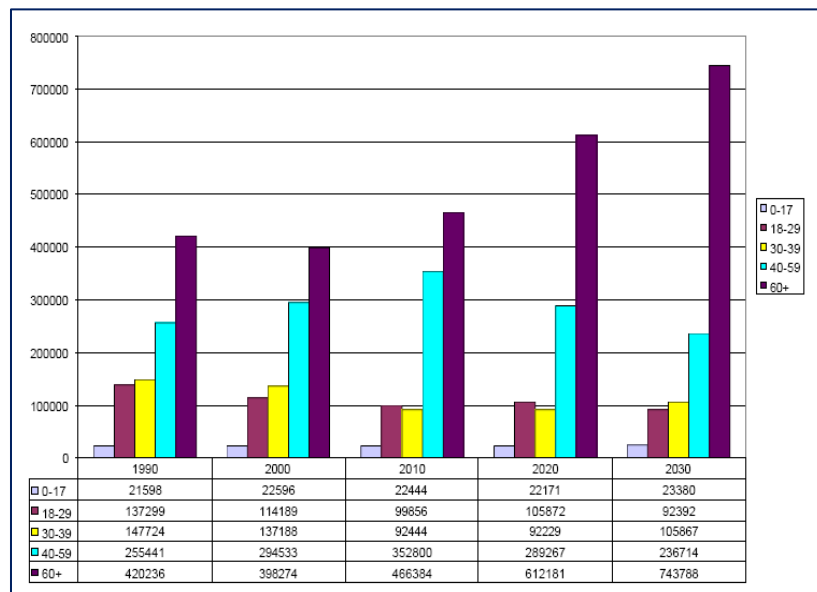
Data from the U.S. Department of Health and Human Services Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS) shows that older adults living in the County of Los Angeles have a greater rate of diabetes when compared to the rest of California; 25% as opposed to 21%). The figure below displays the prevalence rates of diabetes, cardiovascular disease, asthma, obesity, and activity limitations among older adults age 60 and over in the County of Los Angeles when compared to the rest of California's 60 and over population.



The BRFSS data also reveal significant differences in health problems among different racial and ethnic groups. The chart below shows the prevalence of health problems among older adults age 60 and over in the County of Los Angeles.

|                        | Diabetes | Asthma | Cardiovascular Disease | Obesity | Activity Limitations |
|------------------------|----------|--------|------------------------|---------|----------------------|
| White                  | 16%      | 9%     | 20%                    | 20%     | 33%                  |
| Hispanic               | 35%      | 7%     | 19%                    | 30%     | 25%                  |
| African American       | 30%      | 13%    | 17%                    | 37%     | 39%                  |
| Asian Pacific Islander | 27%      | 8%     | 16%                    | 9%      | 12%                  |

The growing prevalence of individuals with disabilities and functional limitations due to various health reasons increase the number of individuals at risk for institutional placement. The graph below displays the population of individuals with a disability by age in the County of Los Angeles from 1990-2030.



(Source: Los Angeles County CSS Longer-Term Care Strategic Plan)

The health of caregivers is just as important as the health of the older family members or friends they support. Caregivers are often busy caring for their loved ones that they tend to neglect their own emotional and physical health, resulting in caregiver burnout. Older caregivers (65 years and above) in the County of Los Angeles reported having the highest rates of fair or poor health status (27.6%), a disability (41.1%), minimal to no physical activity (41.9%), and more average number of days of poor physical health (6.2). Furthermore, a higher percentage of caregivers compared to non-caregivers were obese, had higher average number of days of poor mental health during a given month, and have been diagnosed with high blood pressure<sup>16</sup>.

### *Demographic Characteristics: Income and Economics*

Although income is not an eligibility criteria for AAA programs and services (excluding the Title V Senior Community Service Employment Program), the Federal Poverty Guidelines (FPG) (also commonly referred to as Federal Poverty Level (FPL)) is typically used to determine income eligibility for many public assistance programs. When using the poverty guidelines to set eligibility criteria, some programs use a percentage multiple of the guidelines, such as 125 percent, 150 percent, or 185 percent. The guidelines are adjusted for families of different sizes and by geographic location (with different guidelines for the 48 contiguous states and the District of Columbia; Alaska; and Hawaii).

<sup>16</sup> UCLA School of Public Health, 2011, Informal Caregiving in Los Angeles County

The chart below shows the 2015 Poverty Guidelines for the 48 contiguous states and the District of Columbia.

| Persons in family/household   | Poverty guideline |
|---|-------------------|
| 1   | \$11,770          |
| 2   | 15,930            |
| 3   | 20,090            |
| 4   | 24,250            |
| 5   | 28,410            |
| 6   | 32,570            |
| 7   | 36,730            |
| 8   | 40,890            |
| For families/households with more than 8 persons, add \$4,160 for each additional person. |                   |

On the other hand, poverty threshold refers to the poverty level determined by the U.S. Census Bureau. It was devised to define and quantify poverty in America and used mainly for statistical purposes. In the County of Los Angeles, 14% of individuals 60 years of age or older are living below 100% of the poverty level, 11.3% are living 100 to 149 percent of the poverty level, and 74.7% are living at or above 150 percent of the poverty level<sup>17</sup>. In 2013, the poverty threshold for a single individual 65 years and older was an annual income of \$11,173 and \$14,081 for an older couple not raising a child under 18 years of age. In 2014, the poverty threshold for a single individual 65 years and older increased to \$11,354 and \$14,309 for an older couple. The chart below displays the poverty thresholds for 2014.

| Poverty Thresholds for 2014 by Size of Family and Number of Related Children Under 18 Years |                             |                                 |        |        |        |        |        |        |        |               |
|---|-----------------------------|---------------------------------|--------|--------|--------|--------|--------|--------|--------|---------------|
| Size of family unit   | Weighted average thresholds | Related children under 18 years |        |        |        |        |        |        |        |               |
|   |                             | None                            | One    | Two    | Three  | Four   | Five   | Six    | Seven  | Eight or more |
| One person (unrelated individual).....  | 12,071                      |                                 |        |        |        |        |        |        |        |               |
| Under 65 years.....   | 12,316                      | 12,316                          |        |        |        |        |        |        |        |               |
| 65 years and over.....  | 11,354                      | 11,354                          |        |        |        |        |        |        |        |               |
| Two people.....   | 15,379                      |                                 |        |        |        |        |        |        |        |               |
| Householder under 65 years.....   | 15,934                      | 15,853                          | 16,317 |        |        |        |        |        |        |               |
| Householder 65 years and over.....  | 14,326                      | 14,309                          | 16,256 |        |        |        |        |        |        |               |
| Three people.....   | 18,850                      | 18,518                          | 19,055 | 19,073 |        |        |        |        |        |               |
| Four people.....  | 24,230                      | 24,418                          | 24,817 | 24,008 | 24,091 |        |        |        |        |               |
| Five people.....  | 28,695                      | 29,447                          | 29,875 | 28,960 | 28,252 | 27,820 |        |        |        |               |
| Six people.....   | 32,473                      | 33,869                          | 34,004 | 33,303 | 32,631 | 31,633 | 31,041 |        |        |               |
| Seven people.....   | 36,927                      | 38,971                          | 39,214 | 38,375 | 37,791 | 36,701 | 35,431 | 34,036 |        |               |
| Eight people.....   | 40,968                      | 43,586                          | 43,970 | 43,179 | 42,485 | 41,501 | 40,252 | 38,953 | 38,622 |               |
| Nine people or more.....  | 49,021                      | 52,430                          | 52,685 | 51,984 | 51,396 | 50,430 | 49,101 | 47,899 | 47,601 | 45,768        |




Source: U.S. Census Bureau.

<sup>17</sup> U.S. Census, 2014 American Community Survey 1-year Estimates

## Demographic Characteristics: Income and Economics, Elder Economic Security Standard™ Index

The poverty threshold is the same dollar amount across the country and does not capture today's cost of living. Thus, the Elder Economic Security Standard™ Index (Elder Index) was developed to provide an evidence-based indicator of the actual basic costs faced by older adults. The Elder Economic Planning Act of 2011 (AB 138) was signed into law in October 2011. This law requires state and local agencies to use the Elder Index in planning for California's growing aging population. The Elder Index is used as a guide in developing policies, making resource allocation decisions, and crafting statewide and local area plans. The statewide initiative was led by the Insight Center for Community Economic Development, part of a national project headed by Wider Opportunities for Women. In the County of Los Angeles, the lead agency for the Elder Index is the UCLA Center for Health Policy Research, School of Public Health.

The Elder Index measures how much income a retired older adult requires to meet his or her basic needs—without public or private assistance. The Elder Index measures basic expenses for those age 65 and older living in the community, not in institutions. The Elder Index was first identified for the year 2011, and is specific to household size, location, housing status, and health status, including the cost of housing, health care, transportation, food, and miscellaneous essentials.

| Los Angeles County (excluding LA City), CA 2011  |                    |                  |                     |                    |                  |                     |
|--|--------------------|------------------|---------------------|--------------------|------------------|---------------------|
| Elder Economic Security Standard™ Index  |                    |                  |                     |                    |                  |                     |
| Elder Index Per Year, Annual Comparisons, and Basic Monthly Expenses for Selected Household Types  |                    |                  |                     |                    |                  |                     |
| Elder Index Per Year†  |                    |                  |                     |                    |                  |                     |
| Income Needed to Meet Basic Needs<br>(based on monthly expenses shown below*)  | Elder Person       |                  |                     | Elder Couple       |                  |                     |
|  | Owner w/o mortgage | Owner w/mortgage | Renter, one bedroom | Owner w/o mortgage | Owner w/mortgage | Renter, one bedroom |
|  | \$15,438           | \$33,335         | \$24,359            | \$22,638           | \$40,535         | \$31,559            |
| Annual Comparison Amounts  |                    |                  |                     |                    |                  |                     |
| Federal Poverty Guideline (2011 DHHS)  | \$10,890           | \$10,890         | \$10,890            | \$14,710           | \$14,710         | \$14,710            |
| % of Federal Poverty [Elder Index divided by (%) Federal Poverty Guideline]  | 142%               | 306%             | 224%                | 154%               | 276%             | 215%                |
| SSI Payment Maximum, California 2011   | \$9,965            | \$9,965          | \$9,965             | \$16,886           | \$16,886         | \$16,886            |
| SSI Income Gap [SSI Payment Maximum minus (-) Elder Index]   | -\$5,473           | -\$23,370        | -\$14,394           | -\$5,752           | -\$23,649        | -\$14,673           |
| Median Social Security Payment 2011  | \$12,608           | \$12,608         | \$12,608            | \$20,319           | \$20,319         | \$20,319            |
| Soc Sec Income Gap [Average Social Security Payment minus (-) Elder Index]   | -\$2,830           | -\$20,727        | -\$11,751           | -\$2,319           | -\$20,216        | -\$11,240           |
| *Basic Monthly Expenses Used to Calculate Elder Index  |                    |                  |                     |                    |                  |                     |
| Monthly Expenses   | Elder Person       |                  |                     | Elder Couple       |                  |                     |
|  | Owner w/o mortgage | Owner w/mortgage | Renter, one bedroom | Owner w/o mortgage | Owner w/mortgage | Renter, one bedroom |
| Housing  | \$393              | \$1,885          | \$1,137             | \$393              | \$1,885          | \$1,137             |
| Food   | 258                | 258              | 258                 | 480                | 480              | 480                 |
| Transportation   | 239                | 239              | 239                 | 335                | 335              | 335                 |
| Health Care (Good Health)  | 182                | 182              | 182                 | 364                | 364              | 364                 |
| Miscellaneous @ 20%  | 214                | 214              | 214                 | 314                | 314              | 314                 |
| Elder Index Per Month  | \$1,287            | \$2,778          | \$2,030             | \$1,887            | \$3,378          | \$2,630             |
| †Note: Annual total may not equal the sum of monthly totals due to rounding.   |                    |                  |                     |                    |                  |                     |
| For the complete report, methodology or other counties visit:<br><a href="http://healthpolicy.ucla.edu/elder-index2011">http://healthpolicy.ucla.edu/elder-index2011</a>   |                    |                  |                     |                    |                  |                     |
| For more information about the California Elder Economic Security Initiative™ program visit:<br><a href="http://www.insightced.org/communities/cfess/cal-eesi.html">http://www.insightced.org/communities/cfess/cal-eesi.html</a>                            |                    |                  |                     |                    |                  |                     |
|    |                    |                  |                     |                    |                  |                     |

The following was calculated for the year 2013. The table displays the basic costs of living for those 65 years and older living in the County of Los Angeles. It is arranged to provide the annual total by number of older adults for each housing type with annual comparisons to the Federal Poverty Level (FPL), Supplemental Security Income (SSI/SSP), and Median Social Security payments, followed by the monthly cost components breakdown for housing, healthcare, food, transportation and miscellaneous.

| 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. | Monthly Total |
| LA County            | 2013             | Single           | Owner w/o a Mortgage | \$15,552     | 135.4 %                        | (\$5,155)                 | \$9,300                       | (\$6,252)                         | \$417           | \$166               | \$264        | \$233          | \$216         | \$1,296       |
| LA County            | 2013             | Couple           | Owner w/o a Mortgage | \$22,536     | 145.3 %                        | (\$4,990)                 | \$15,900                      | (\$6,636)                         | \$417           | \$332               | \$490        | \$326          | \$313         | \$1,878       |
| LA County            | 2013             | Single           | Owner w/ a Mortgage  | \$33,216     | 289.1 %                        | (\$22,819)                | \$9,300                       | (\$23,916)                        | \$1,889         | \$166               | \$264        | \$233          | \$216         | \$2,768       |
| LA County            | 2013             | Couple           | Owner w/ a Mortgage  | \$40,200     | 259.2 %                        | (\$22,654)                | \$15,900                      | (\$24,300)                        | \$1,889         | \$332               | \$490        | \$326          | \$313         | \$3,350       |
| LA County            | 2013             | Single           | Renter               | \$24,600     | 214.1 %                        | (\$14,203)                | \$9,300                       | (\$15,300)                        | \$1,171         | \$166               | \$264        | \$233          | \$216         | \$2,050       |
| LA County            | 2013             | Couple           | Renter               | \$31,584     | 203.6 %                        | (\$14,038)                | \$15,900                      | (\$15,684)                        | \$1,171         | \$332               | \$490        | \$326          | \$313         | \$2,632       |

(Source: UCLA Center for Health Policy Research, School of Public Health, 2013)

The chart below displays the Elder Economic Security Standard Index for the County of Los Angeles in a slightly different format.

| California, Los Angeles County              |                    |                     |                   |                    |                     |                   |
|---|--------------------|---------------------|-------------------|--------------------|---------------------|-------------------|
| Expenses/Monthly and Yearly Totals          | Single Elder       |                     |                   | Elder Couple       |                     |                   |
|   | Owner w/o Mortgage | Renter, one bedroom | Owner w/ Mortgage | Owner w/o Mortgage | Renter, one bedroom | Owner w/ Mortgage |
| Housing (inc. utilities, taxes & insurance) | \$417              | \$1,171             | \$1,889           | \$417              | \$1,171             | \$1,889           |
| Food  | \$264              | \$264               | \$264             | \$490              | \$490               | \$490             |
| Transportation                              | \$233              | \$233               | \$233             | \$326              | \$326               | \$326             |
| Health Care (Good)                          | \$166              | \$166               | \$166             | \$332              | \$332               | \$332             |
| Miscellaneous                               | \$216              | \$216               | \$216             | \$313              | \$313               | \$313             |
| Elder Index Per Month                       | \$1,296            | \$2,050             | \$2,768           | \$1,878            | \$2,632             | \$3,350           |
| Index Per Year                              | \$15,552           | \$24,600            | \$33,216          | \$22,536           | \$31,584            | \$40,200          |

(Source: Wider Opportunities for Women (WOW), Economic Security Database)

Expenses are estimated by three household types: Elder renters; elder owners with no mortgage; and, elder owners with a mortgage for either a single elder or a couple. More individuals 60 years and over in the County of Los Angeles are living in owner-occupied housing units (63.8%) when compared to renter-occupied housing units (36.2%)<sup>18</sup>.

<sup>18</sup> U.S. Census, 2014 American Community Survey 1-year Estimates

In 2015, The UCLA Center for Health Policy Research identified the “hidden poor,” defined as those who have incomes over 100 percent of the Federal Poverty Guideline/Level, but who do not have enough income to make ends meet as calculated by the 2011 Elder Index. The chart below displays the percentages of those who have incomes below the Elder Index in the County of Los Angeles.

|                 | Age Group   | 65-74 years                            |  | 75 and over                            |  | Totals |
|-----------------|-------------|--|--|--|--|--------|
|                 | Family Type | Older Couple Head of Household         | Single Elder Head of Household         | Older Couple Head of Household         | Single Elder Head of Household         |        |
|                 | County      | Los Angeles County (excluding LA City) | Los Angeles County (excluding LA City) | Los Angeles County (excluding LA City) | Los Angeles County (excluding LA City) |        |
| Economic Status |             |  |  |  |  |        |
| Below FPL       |             | 6.20                                   | 20.90                                  | 7.90                                   | 22.20                                  | 57.20  |
| Hidden Poor     |             | 21.00                                  | 29.10                                  | 25.90                                  | 29.90                                  | 105.90 |
| Totals          |             | 27.20                                  | 50.00                                  | 33.80                                  | 52.10                                  | 163.10 |

The chart below displays the population numbers (by thousands) in the County of Los Angeles. The FPG underestimates the number of economically insecure older adults who are unable to make ends meet.

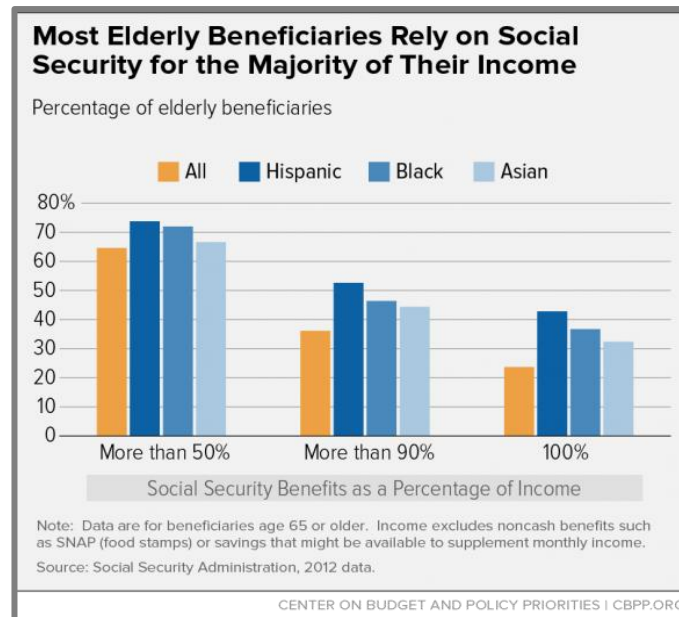
|                 | Age Group   | 65-74 years                            |  | 75 and over                            |  | Totals |
|-----------------|-------------|--|--|--|--|--------|
|                 | Family Type | Older Couple Head of Household         | Single Elder Head of Household         | Older Couple Head of Household         | Single Elder Head of Household         |        |
|                 | County      | Los Angeles County (excluding LA City) | Los Angeles County (excluding LA City) | Los Angeles County (excluding LA City) | Los Angeles County (excluding LA City) |        |
| Economic Status |             |  |  |  |  |        |
| Below FPL       |             | 10.00                                  | 18.00                                  | 8.00                                   | 23.00                                  | 59.00  |
| Hidden Poor     |             | 33.00                                  | 25.00                                  | 25.00                                  | 30.00                                  | 113.00 |
| Totals          |             | 43.00                                  | 43.00                                  | 33.00                                  | 53.00                                  | 172.00 |

The income gap between the Elder Index and primary sources of income for older adults is noteworthy. For 2011, the FPG amount for an older adult is \$10,890 and \$14,710 for an older couple, and the SSI/SSP maximum payment amount for an older adult is \$9,965 and \$16,886 for an older couple. For 2013, the FPG amount for an older adult is \$11,490 and \$15,510 for an older couple, and the SSI/SSP max payment amount is \$10,397 for an older adult and \$17,546 for an older couple. In 2013, the income gap between the FPG and Elder Index ranges between 35% for a single older adult without a mortgage to over 150% for an older couple with a mortgage.

Many older adults rely on Social Security as a primary source of income. In 2014, the average nation-wide social security benefits for retired workers, disabled workers, and aged widows and widowers was about \$1,300 a month or \$15,000 annually. That is only at 128% of the 2014 Federal Poverty Guideline and even more alarming, it is 96% of the Elder Index for a single older



adult without a mortgage. Most beneficiaries have other sources of income as well, but for two-thirds of elderly beneficiaries, Social Security provides at least half of their total income. Social Security makes up at least 90% of total income for more than one-third of elderly beneficiaries<sup>19</sup>. According to the Social Security Administration, those percentages are even higher among minorities:



Supplemental Security Income (SSI) is a source of income for some of the most vulnerable populations. SSI provides cash to help older individuals (65+), individuals who are blind, and individuals with a disability, who have little or no income, meet basic needs for food, clothing, and shelter. About 12% of Los Angeles County's 60 and over population relies on SSI for basic living costs. In 2014, the average monthly SSI payment was \$430 for individuals 65 and older, equating to an average of \$5,160 annually<sup>20</sup>. The maximum SSI payment for an eligible individual was \$733 and for an eligible couple, \$1,082. The gap between SSI and FPG is significant, and the gap between SSI and the Elder Index is even greater.

The economic security of family caregivers must also be given precedence. It is common to attribute family caregiver services as being "free;" however, the value of the services family caregivers provide is estimated to be \$375 billion a year<sup>21</sup>. That is almost twice as much as what is actually spent on homecare and nursing home services combined (\$158 billion). The estimated economic value of their unpaid contributions was approximately \$450 billion in 2009, up from an estimated \$375 billion in 2007. During the 2009 economic downturn, 1 in 5 family caregivers had to move into the same home with their loved ones to cut expenses. The average family caregiver for someone 50 years or older spends \$5,531 per year on out of pocket caregiving expenses in 2007, which was more than 10% of the median income for a family caregiver that same year.

<sup>19</sup> Center on Budget and Policy Priorities, 2015, Social Security Benefits Are Modest: Policymakers Have Limited Room to Reduce Benefits Without Causing Hardship

<sup>20</sup> Social Security Administration, 2014, Research, Statistics, and Policy Analysis: Monthly Statistical Snapshot

<sup>21</sup> Caregiver Action Network, Caregiver Statistics



In addition, older adults who usually become the primary caregivers of their grandchildren after an unexpected event are further faced with the financial challenge of having an additional dependent without additional income. A study conducted by the UCLA Center for Health Policy Research estimates that older adults need about twice the median Social Security income to support themselves and their grandchildren<sup>22</sup>. In the County of Los Angeles an older couple would need a total income of \$40,497 (2011 Elder Index for Grandparents Raising Grandchildren) in order to raise one grandchild in a two-bedroom rental.

### *Constraints*

The physical characteristics of the County of Los Angeles ranges from seaside areas to some of the highest mountains and most densely populated areas in the nation. Because the area is so vast, this presents multiple challenges in delivering services. It is the nation's most populous county and yet, it includes difficult to serve rural areas as well. Serving frail older adults and adults with disabilities who live in remote rural areas poses a major challenge.

Furthermore, the County of Los Angeles is one of the major immigrant gateways in the nation. Major immigrant gateways in all regions of the United States had the highest populations of LEP residents. Immigrant gateways include greater New York, Los Angeles, Miami, and Chicago, with an LEP count of 3.1 million, 3 million, and 1.1 million, respectively<sup>23</sup>. Language problems are one of the biggest challenges facing immigrants in the United States, impeding access to crucial services such as healthcare. Most studies on language barriers focus on children and adults in their child-rearing years. Thus, much less is known about older adults who may be especially vulnerable to adverse health outcomes resulting from language problems in healthcare access.

Home to a melting pot of various cultures, races, and ethnicities, Los Angeles County's older minority population represents almost one-quarter of California's entire 60 years and older population. More than 650,000 older adults in Los Angeles County are considered a minority, representing approximately 60% of the County's older adult population. This presents numerous challenges, as studies often show that minority populations have the largest number of LEP speakers and face many adversities that can limit economic opportunities and willingness to seek services from governmental agencies.

While support programs can help, many use the Federal Poverty Guidelines to determine eligibility. The problem is that the Federal Poverty Guidelines is the same dollar amount across the country, and does not reflect today's cost of living. Older individuals in the County of Los Angeles are struggling with increasing costs of living on a limited, and often times, fixed income. The Elder Index does not factor in any "extras" as it measures only basic expenses. These "extras" may include vacations, entertainment, gifts, or eating out. Older individuals living below the Elder Index often times make difficult decisions between basic needs such as nutritious food, prescription medications, or adequate heating or cooling during winter and summer months. Many older adults and caregivers in the County of Los Angeles may be living above the poverty level, but may not necessarily have economic security.

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<sup>22</sup> UCLA Center for Health Policy Research, 2013, Health Policy Brief, The High Cost of Caring: Grandparents Raising Grandchildren

<sup>23</sup> Migration Policy Institute National Center on Immigrant Integration Policy, 2011, LEP Data Brief

The nation is no longer shifting towards an “aging nation,” but is currently experiencing a state in which Baby Boomers are turning 65 years old at a rate of about 10,000 a day. The Pew Research Center estimates that all Baby Boomers will be 65 years old by the year 2030, representing 18% of the nation’s entire population<sup>24</sup>. These startling numbers translate to increased strain on healthcare, transportation, housing, and public service systems.

The increased aging population coupled with the struggling economic environment has created a significant increase in the demand for AAA programs and services. OAA funding has remained flat over the past several years, and the sequestration has further impacted the ability for programs and services to meet growing needs for basic services. These basic services such as meals, health insurance counseling, family caregiver support, in-home services, and legal assistance play a significant role in allowing seniors to live independently with dignity in their homes and communities. However, every challenge and constraint presents an opportunity to identify untapped resources and develop innovative solutions to serve the most vulnerable populations in the County of Los Angeles.

### *Resources*

Resources for older individuals, their caregivers, and adults with disabilities remain limited; thus, the AAA and its aging network are making every effort to leverage its current resources. The AAA takes advantage of the sheer size of the County by working collaboratively with other County departments, local Universities, and a well-established network of community-based organizations, including private and non-profit service providers whose mission is to serve older adults, caregivers, and adults with disabilities. In addition, the Los Angeles County AAA continues to work in partnership with the City of Los Angeles Department of Aging (PSA 25) to continue program development and coordination efforts.

The County government is comprised of 37 departments and approximately 200 committees and commissions. Developing community-based systems across numerous departments with its own specializations and political jurisdictions remains a challenge, and navigating the complex and often ambiguous maze of services made available by County departments, municipalities, and non-governmental organizations may be difficult for many older adults, their caregivers, and adults with disabilities. However, all 37 departments and 200 committees and commission share the same bottom-line vision—to improve the quality of life in the County of Los Angeles by providing responsive, efficient, and high quality public services that promote the self-sufficiency, well-being, and prosperity of individuals, families, businesses, and communities. This philosophy of teamwork and collaboration is anchored in the shared values of:

- |                   |                         |
|-------------------|-------------------------|
| ❖ Responsiveness  | ❖ Integrity             |
| ❖ Professionalism | ❖ Commitment            |
| ❖ Accountability  | ❖ A Can-Do Attitude     |
| ❖ Compassion      | ❖ Respect for Diversity |

The County of Los Angeles recognizes that no single strategy in isolation can achieve the greatest

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<sup>24</sup> Pew Research Center, 2010, Baby Boomers Approach 65 – Glumly: Survey Findings about America’s Largest Generation

well-being for residents. Thus, consensus has emerged among County and community leaders that making substantial improvements in integrating the County's health and human services system is necessary to significantly move toward progress in an environment with static or decreasing revenue streams.

In addition to comprehensive and collaborative planning efforts with a wealth of community stakeholders, the Los Angeles County AAA has established a robust relationship with its commission—the Los Angeles County Commission on Older Adults (LACCOA). The AAA's Commission acts as a valuable resource for both the AAA and the communities in which they represent.

### *Service System*

The Los Angeles County AAA currently offers numerous programs and services in collaboration with private, non-profit, and municipal organizations in order to meet the growing needs of the older adult population. Realizing that programs and services should reflect the needs and preferences of each unique community, the AAA contracts with community-based organizations to provide essential services. For instance, the AAA currently contracts with approximately 20 community Service Providers to provide Title III C Nutrition Services. These Service Providers deliver over one million meals to homebound clients annually. Also, there are currently over 100 congregate meal sites located throughout the County of Los Angeles, providing socialization opportunities to older adults. Service Providers are able to customize menus by offering ethnic meals based on community preferences.

Additional services provided through community-based contracts are:

- Comprehensive Case Management
- Homemaker Services
- Personal Care Services
- Respite Care Services
- Alzheimer's Day Care Services
- Telephone Reassurance
- Family Caregiver Support Program
- Health Promotion Services
- Elder Abuse Prevention and Education
- Legal Assistance
- Long-Term Care Ombudsman
- Health Insurance Counseling and Advocacy Services (HICAP)
- Nutrition Education and Counseling Services

The Los Angeles County AAA also collaborates with many community leaders to provide the following:

- Senior Community Services Employment Program (SCSEP)
- Information and Assistance
- Outreach and Education
- Senior Center Activities

In addition, the County of Los Angeles CSS is currently in the process of releasing several Requests for Proposals over the next four (4) years to establish contracts with organizations that can provide critical services for residents in the County of Los Angeles. These services include nutrition services, evidence-based disease prevention and health promotion activities, and transportation services, which include door-to-door escort transportation, taxicab voucher, and mileage reimbursement programs.

The AAA has experienced numerous successes in the development of various programs and services. For instance, the AAA achieved notable results from the Supplemental Nutrition Assistance Program: Nutrition Education and Obesity Prevention (SNAP-ED). Given that a majority of its services are provided through contracts with local non-profit organizations, the AAA must overcome the challenges brought by the very nature of contracting out social services and remains cognizant of both the advantages and disadvantages of indirect service delivery. New endeavors and a commitment towards service improvement will constantly bring new challenges. However, the AAA finds that the efforts to overcome these challenges are well-worth the benefits of a strong, coordinated, and community-based service delivery system.

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

The Los Angeles County AAA is under the umbrella of the County of Los Angeles Community and Senior Services and is part of the Aging and Adult Services Branch. CSS is governed by a five-member County Board of Supervisors, representing five supervisorial districts. The AAA's role is to provide leadership and continued support to meet the needs of older adults, informal caregivers, and adults with disabilities residing within the Los Angeles County area. The AAA is actively involved in advocating for the well-being of the underserved population, which includes low-income and minority seniors, adults with disability, seniors with limited English proficiency, homeless seniors, senior veterans, as well as the frail elderly population that is at risk of institutional placement. Furthermore, the AAA provides leadership and support by ensuring close communication with the County of Los Angeles Board of Supervisors to identify potential policy issues and establish departmental priorities, goals, and objectives.

The AAA promotes the involvement of older individuals, adults with disabilities, and informal caregivers in developing community-based systems of care by continuing to work in partnership with the Los Angeles County Commission for Older Adults (LACCOA). The mission of LACCOA is to advocate, advise, and make recommendations regarding the needs and welfare of Los Angeles County seniors, age 60 and older, to the County of Los Angeles Board of Supervisors, County departments, and other entities that provide services to seniors regarding their needs, health, well-being, and rights. To accomplish this mission, LACCOA:

- Assists the County in preparing for the significant increase expected in the senior population.
- Network and collaborate with other partners who are interested in and concerned about issues affecting seniors.
- Develop methods of communications which enhance and provide outreach and education to seniors in Los Angeles County.
- Advocates for the needs and well-being of older adults in Los Angeles County.

The AAA and LACCOA collaborate to identify and address the needs of the population served. Members are actively involved in their communities to assess what is needed and make recommendations as to how these needs can be met. Standing LACCOA committees are Area Plan, which includes Veteran Affairs, Employment, Fraud and Elder Abuse; Communications; Health, Nutrition, & Long Term Care; Housing and Transportation; Legislative/Advocacy; and Membership. In addition, ad hoc committees are formed when needed.

The AAA is focused on developing, implementing, and promoting community-based programs to support the independence and protect the quality of life of older individuals, adults with disabilities, and their caregivers. To this endeavor, the AAA contracts with over 40 different organizations to provide services for seniors, informal caregivers, and adults with disabilities. Some of these services include care management, supportive services, legal assistance, health insurance counseling, and nutrition services. Direct services provided by the AAA include senior employment activities, information and assistance, and outreach. These services are funded with federal Older Americans Act, State, and local funds.

Continued collaboration with partners, contractors, community-based organizations, and multiple County departments is a vital component of the AAA's continuous focus on working toward a comprehensive and coordinated system of home and community-based care. In addition to the service delivery system composed of contracts and direct services, focal points play a major role in this endeavor. Focal points provide an avenue for older adults and adults with disabilities to access much needed programs and services, such as information and assistance, care management, and nutrition programs.

Over the next four years, the AAA will continue to work toward providing comprehensive, coordinated, and effective services in collaboration with its partners. The AAA's main priority is to ensure this vulnerable population is provided with the resources and services to live as independently as possible and with dignity. In doing so, the AAA continues to be sensitive to the needs of the population by exploring new and innovative ways to improve the quality of services delivery in the County of Los Angeles.

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

The Los Angeles County AAA strives to implement an inclusive and comprehensive planning process to ensure the needs of Los Angeles County older adults, informal caregivers, and adults with disabilities are being adequately addressed. The planning process includes Public Hearings and a Needs Assessment. Public Hearings are conducted in partnership with the City of Los Angeles Department of Aging (PSA 25) and the Los Angeles County Commission on Older Adults. Public Hearings are essential in providing older adults, caregivers, service providers, senior advocacy groups, community leaders, and other relevant stakeholders an opportunity to comment on proposed program changes or service modifications of Older Americans Act Programs. The Public Hearings also provide an opportunity for discussion, public testimony, and written statements.

The Needs Assessment revealed critical information from older adults in the various Los Angeles County communities. The seven focus groups represented the five Los Angeles County Supervisorial Districts, the rural area in Antelope Valley, and the lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) older adult population. In addition to this Needs Assessment, Los Angeles County Community and Senior Services conducted a transportation-specific Needs Assessment and developed a Mobility Management Business Plan in order to assess and strategically plan for improving transportation options for residents seeking employment in the County of Los Angeles, particularly older adults, people with disabilities, and low-income individuals.

Findings from the Needs Assessment, transportation-specific Needs Assessment, Mobility Management Business Plan, Public Hearings, and input from LACCOA Commissioners were used to determine the needs and unmet needs faced by older adults and adults with disabilities. These resources form a solid foundation for the development of goals and objectives, which outline the major activities that will be accomplished over the next four-year planning cycle. The Area Plan describes the AAA's response to the identified needs and challenges, as well as the resources and actions that will be taken.

The AAA takes part in a continuous planning process and is constantly collaborating with community organizations, other County departments and governmental entities, County residents, and LACCOA Commissioners to improve current services or develop new avenues to better address the needs of older adults, informal caregivers, and adults with disabilities. The AAA keeps apprised of new developments and maintains strong relationships with the aging network in order to be aware of the most innovative programs, services, and recent changes in policies. This robust planning process is never-ending and involving as it helps to identify much needed services. These services enable older adults to age in place safely and help older individuals remain independent in their homes and communities for as long as possible.



## **SECTION 5 - NEEDS ASSESSMENT**

### **Objective**

The purpose of the Needs Assessment was to identify present and future aging issues, the needs of older adults (60+), and the barriers faced by older adults and informal caregivers throughout the County of Los Angeles. The Los Angeles County AAA, in partnership with the Los Angeles County Commission for Older Adults, conducted the 2015 Needs Assessment in preparation for the Fiscal Years 2016-2020 Area Plan.

### **Design and Methodology**

The Needs Assessment utilized a convergent approach and consisted of three major parts:

- Findings from graduate students
- Focus Group Discussions
- Focus Group Surveys

The Los Angeles County AAA began the Needs Assessment process by collaborating with graduate students from the University of Southern California, Sol Price School of Public Policy. As part of their curriculum, students must complete a Capstone Project by integrating the core knowledge and skills acquired through their coursework with semester-long group projects working with clients from nonprofit organizations or governmental agencies.

The first Capstone team conducted an analysis of Needs Assessment best practices, carried out a preliminary online survey of Los Angeles County AAA direct service providers, and developed recommendations based on the AAA's available resources to carry out a comprehensive needs assessment. The second Capstone team conducted in-depth key informant interviews and a review of relevant secondary data sources.

The Focus Group discussions were graciously facilitated by volunteers from the University of Southern California (USC) Keck School of Medicine, USC School of Gerontology, and Azusa Pacific University. The AAA partnered with Community & Senior Centers located throughout the County of Los Angeles to hold focus groups. A total of 7 focus groups were conducted; 1 in each of the 5 Supervisorial Districts, 1 in an unincorporated rural area, and 1 in a lesbian, gay, bisexual, and transgender (LGBT) senior housing facility. Volunteer facilitators led the focus groups using a pre-established protocol and asked 6 open-ended questions that were designed to identify key issues, while keeping the discussion fluid.

Each focus group participant signed a consent form and was provided an anonymous, 18-item sociodemographic survey and a needs assessment questionnaire to complete. Participants completed an 18-item sociodemographic survey which addressed the factors identified in 22 CCR 7300 (3), such as age, race, ethnicity, education background, and income level. Perceived needs were assessed through the needs assessment questionnaire.

The focus group needs assessment questionnaire consisted of a 3-point Likert scale to help quantify various areas of needs and barriers. The rating options for the areas of needs were having “no need,” “some need” or “major need,” with a 1, 2, and 3 respective point association so the areas of needs could be quantified. The same scale system was applied to the various barriers.

Participants were informed that both participation in the focus group and completion of the surveys were voluntary. Some participants decided to participate in the focus group discussion and opted out of completing the surveys, while some participants skipped questions they felt uncomfortable answering. Focus group discussions were recorded using both a digital recorder and hand-written notes by a note taker. All digital recordings were sent to a professional transcription company to be transcribed verbatim and all participant identifiers were removed for anonymity. Transcriptions were analyzed using pattern-based auto coding software to query and uncover subtle trends.

## Participants

A total of 86 individuals participated in the focus group discussions, and of those 86 participants, 83 completed the sociodemographic survey and needs assessment questionnaire. Participant sociodemographic characteristics are displayed in the series of tables below. (N) represents the sample size and N/A represents the amount of participants who opted to not answer that particular item.

A majority of the participants were 70-79 years old, followed by those who indicated being 60-69 years old.

| Age      | (N) | %     |
|----------|-----|-------|
| Under 60 | 9   | 10.84 |
| 60-69    | 25  | 30.12 |
| 70-79    | 37  | 44.58 |
| 80-89    | 8   | 9.64  |
| Over 90  | 2   | 2.41  |
| N/A      | 2   | 2.41  |
| Totals   | 83  | 100   |

Approximately 33% identified themselves as White, followed by Black/African American at about 27%. Roughly 18% identified themselves as Hispanic, Latino, and/or Spanish, 5% identified themselves as Asian and/or Pacific Islander, and 10% identified as being multiple races, while 9% declined to answer.

| Race                    | (N) | %     |
|-------------------------|-----|-------|
| Asian/Pacific Islander  | 4   | 4.82  |
| Black/African American  | 22  | 26.51 |
| Hispanic/Latino/Spanish | 15  | 18.07 |
| White                   | 27  | 32.53 |
| Multiple Race           | 8   | 9.64  |
| N/A                     | 7   | 8.43  |
| Totals                  | 83  | 100   |

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Participants were asked three questions pertaining to gender and sexual orientation. Given the unique barriers and challenges many LGBT older adults face, these questions were developed based on consultation from the Community and Senior Service Human Relations Branch and publication from the University of California San Francisco, Center of Excellence for Transgender Health.

A majority of the participants identified as being female and a majority of the participants did not identify as Lesbian, Gay, Bisexual, or Transgender. Approximately 15% of the total participants identified themselves as LGBT and 7% declined to state.

| Sex at Birth | (N) | %     |
|--------------|-----|-------|
| Male         | 27  | 32.53 |
| Female       | 53  | 63.86 |
| N/A          | 3   | 3.61  |
| Totals       | 83  | 100   |

| Gender Identity | (N) | %     |
|-----------------|-----|-------|
| Male            | 27  | 32.53 |
| Female          | 54  | 65.06 |
| Transgender     | 0   | 0     |
| N/A             | 2   | 2.41  |
| Totals          | 83  | 100   |

| LGBT Identification | (N) | %     |
|---------------------|-----|-------|
| Yes                 | 12  | 14.46 |
| No                  | 65  | 78.31 |
| N/A                 | 6   | 7.23  |
| Totals              | 83  | 100   |

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Approximately 36% attended some college and 35% were college graduations and/or post graduates. About 10% do not have a high school degree, while 19% have the equivalent of a high school education.

| Education Level          | (N) | %     |
|--------------------------|-----|-------|
| 0 to 8th Grade           | 4   | 4.82  |
| Some High School         | 4   | 4.82  |
| GED                      | 1   | 1.20  |
| High School Diploma      | 15  | 18.07 |
| Some College             | 30  | 36.14 |
| College Degree           | 20  | 24.10 |
| Graduate/Advanced Degree | 9   | 10.84 |
| Totals                   | 83  | 100   |

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About 20% of the participants are considered to have limited English proficiency based on the U.S. Census Bureau's definition, which encompasses those who indicated anything less than speaking English "very well." A majority of the participants reported speaking English very well.

| English Language Proficiency | (N) | %     |
|------------------------------|-----|-------|
| Very well                    | 64  | 77.11 |
| Well                         | 11  | 13.25 |
| Not well                     | 4   | 4.82  |
| Not at all                   | 2   | 2.41  |
| N/A                          | 2   | 2.41  |
| Totals                       | 83  | 100   |

| Primary Language | (N) | %     |
|------------------|-----|-------|
| English          | 63  | 75.90 |
| Spanish          | 12  | 14.46 |
| Chinese          | 4   | 4.82  |
| German           | 1   | 1.20  |
| Italian          | 1   | 1.20  |
| Hebrew           | 1   | 1.20  |
| N/A              | 1   | 1.20  |
| Totals           | 83  | 100   |

Participants were asked to report both their income level and sources of income. Sources of income are not mutually exclusive since 36 participants reported at least two different sources of income. A majority of the participants receive Social Security benefits, followed by a Pension, and then Supplemental Security Income/State Supplementary Payment. About 15% of the participants receive work wages and 19% of the participants receive other sources of income, including investments.

The majority of participants (about 41%) reported receiving \$1,000 to \$2,400 monthly, resulting in an annual income of \$12,000 to \$28,800. Approximately 20% receive \$2,500 to \$4,999 monthly, resulting in an annual income of \$30,000 to \$59,988, while 17% receive less than \$1,000 a month or \$12,000 a year.

| Income Level    | (N) | %     |
|-----------------|-----|-------|
| \$0-\$999       | 14  | 16.87 |
| \$1000-\$2,400  | 34  | 40.96 |
| \$2,500-\$4,999 | 17  | 20.48 |
| \$5,000 or more | 5   | 6.02  |
| N/A             | 13  | 15.66 |
| Totals          | 83  | 100   |

| Sources of Income | (N) | %     |
|-------------------|-----|-------|
| Work Wages        | 12  | 14.46 |
| Pension           | 26  | 31.33 |
| Social Security   | 60  | 72.29 |
| Investments       | 8   | 9.64  |
| Other             | 8   | 9.64  |
| SSI/SSP           | 10  | 12.05 |
| N/A               | 12  | 14.46 |

More than half of the participants reported being MediCare recipients (approximately 73%). About 42% of the participants reported being a Medi-Cal Recipient, while 50% reported not being a Medi-Cal recipient. Approximately 31% of the participants reported receiving both MediCare and Medi-Cal, while 6% reported receiving neither. Only 2 participants skipped both questions.

| MediCare Recipient | (N) | %     | Medi-Cal Recipient | (N) | %     |
|--------------------|-----|-------|--------------------|-----|-------|
| Yes                | 61  | 73.49 | Yes                | 35  | 42.17 |
| No                 | 16  | 19.28 | No                 | 41  | 49.40 |
| N/A                | 6   | 7.23  | N/A                | 7   | 8.43  |
| Totals             | 83  | 100   | Totals             | 83  | 100   |

More than half of the participants lived alone, while about 63% identified themselves as never married, separated, divorced, or widowed.

| Living Arrangement | (N) | %     | Relationship Status | (N) | %     |
|--------------------|-----|-------|---------------------|-----|-------|
| Spouse or Partner  | 19  | 22.89 | Never Married       | 14  | 16.87 |
| Family             | 14  | 16.87 | Married             | 22  | 26.51 |
| Friends            | 0   | 0.00  | Domestic Partner    | 1   | 1.20  |
| Alone              | 45  | 54.22 | Seperated           | 2   | 2.41  |
| Other              | 3   | 3.61  | Divorced            | 20  | 24.10 |
| N/A                | 2   | 2.41  | Widowed             | 16  | 19.28 |
| Totals             | 83  | 100   | N/A                 | 8   | 9.64  |
|                    |     |       | Totals              | 83  | 100   |

Close to 10% of the participants reported being a recipient of the In-Home Supportive Services Program, and about 12% reported having a caregiver.

| Have a Caregiver | (N) | %     | IHSS Recipient | (N) | %     |
|------------------|-----|-------|----------------|-----|-------|
| Yes              | 10  | 12.05 | Yes            | 8   | 9.64  |
| No               | 72  | 86.75 | No             | 72  | 86.75 |
| N/A              | 1   | 1.20  | N/A            | 3   | 3.61  |
| Totals           | 83  | 100   | Totals         | 83  | 100   |

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Furthermore, very few participants reported being a caregiver of a child. However, about 15% of the participants reported that they provide care for an older adult.

| Caregiver of Child | (N) | %     | Caregiver of Older Adult | (N) | %     |
|--------------------|-----|-------|--------------------------|-----|-------|
| Yes                | 2   | 2.41  | Yes                      | 12  | 14.46 |
| No                 | 79  | 95.18 | No                       | 69  | 83.13 |
| N/A                | 2   | 2.41  | N/A                      | 2   | 2.41  |
| Totals             | 83  | 100   | Totals                   | 83  | 100   |

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### Areas of Need/Barriers to Accessing Services

In addition to the sociodemographic survey, participants were asked to complete a needs assessment questionnaire in order to quantify areas of need and barriers faced.

The top five needs rated as a “major need” were: 1) Information regarding available resources (20.48%), 2) Senior-friendly transportation services (19.28%), 3) Emergency preparedness (15.66%), 4) Assistive devices or home adaptations (13.25%), and 5) Legal Assistance (12.05%) and Recreational or social opportunities (12.05%). Having enough nutritious food to eat followed at 10.84%, with both Elder abuse prevention services and Employment training following at 9.64%.

Top areas of need with a rating of “some need” included: 1) Nutrition Education (32.53%), Information regarding available resources (32.53%) and Emergency Preparedness (32.53%), 2) Money management (20.12%), 3) Recreational or social opportunities (28.92%), 4) Legal assistance (26.51), and 5) Long-term care planning and support (25.30%). Senior-friendly transportation services (22.89%) and Homemaker services (18.07%) followed. Furthermore, 16.78% of the participants indicated having “some need” for both Health insurance counseling and Residential repairs/modification.

Participants also had the option to include comments to identify other areas of need that were not listed on the questionnaire. Four comments were provided, which identified affordable housing, assistance with raising grandchildren, Alzheimer’s assistance and education, and outreach programs as additional areas of need.

The table on the next page displays the summative ratings for each area of need.

| Areas of Needs  | No Need |       | Some Need |       | Major Need |       | N/A |       |
|---|---------|-------|-----------|-------|------------|-------|-----|-------|
|   | (N)     | %     | (N)       | %     | (N)        | %     | (N) | %     |
| Adult day care services   | 66      | 79.52 | 9         | 10.84 | 4          | 4.82  | 4   | 4.82  |
| Assistive devices or home adaptations (i.e. hand rails, ramps)  | 55      | 66.27 | 13        | 15.66 | 11         | 13.25 | 4   | 4.82  |
| Alzheimer's or dementia services  | 70      | 84.34 | 1         | 1.20  | 7          | 8.43  | 5   | 6.02  |
| Case Management   | 62      | 74.70 | 10        | 12.05 | 5          | 6.02  | 6   | 7.23  |
| Counseling or mental health services  | 61      | 73.49 | 9         | 10.84 | 7          | 8.43  | 6   | 7.23  |
| Elder abuse prevention services   | 67      | 80.72 | 3         | 3.61  | 8          | 9.64  | 5   | 6.02  |
| Emergency preparedness  | 39      | 46.99 | 27        | 32.53 | 13         | 15.66 | 4   | 4.82  |
| Employment training   | 58      | 69.88 | 12        | 14.46 | 8          | 9.64  | 5   | 6.02  |
| Finding a job   | 60      | 72.29 | 10        | 12.05 | 7          | 8.43  | 6   | 7.23  |
| Having enough nutritious food to eat  | 57      | 68.67 | 12        | 14.46 | 9          | 10.84 | 5   | 6.02  |
| Health insurance counseling   | 59      | 71.08 | 14        | 16.87 | 4          | 4.82  | 6   | 7.23  |
| Homemaker services (i.e, meal preparation, light housework)   | 54      | 65.06 | 15        | 18.07 | 8          | 9.64  | 6   | 7.23  |
| Information regarding available resources   | 35      | 42.17 | 27        | 32.53 | 17         | 20.48 | 4   | 4.82  |
| Legal assistance  | 46      | 55.42 | 22        | 26.51 | 10         | 12.05 | 5   | 6.02  |
| Long-term care planning and support   | 50      | 60.24 | 21        | 25.30 | 7          | 8.43  | 5   | 6.02  |
| Money management  | 51      | 61.45 | 25        | 30.12 | 3          | 3.61  | 4   | 4.82  |
| Medication management   | 63      | 75.90 | 10        | 12.05 | 4          | 4.82  | 6   | 7.23  |
| Nutrition education   | 46      | 55.42 | 27        | 32.53 | 6          | 7.23  | 4   | 4.82  |
| Personal care services (i.e, bathing, walking, grooming)  | 64      | 77.11 | 10        | 12.05 | 3          | 3.61  | 6   | 7.23  |
| Residential Repairs/Modification (minor home renovations to meet safety, health issues, and code standards) | 57      | 68.67 | 14        | 16.87 | 5          | 6.02  | 7   | 8.43  |
| Services for caregiving or raising grandchildren  | 66      | 79.52 | 10        | 12.05 | 2          | 2.41  | 5   | 6.02  |
| Recreational or social opportunities  | 44      | 53.01 | 24        | 28.92 | 10         | 12.05 | 5   | 6.02  |
| Respite services (temporaty relief assistance to caeregivers)   | 62      | 74.70 | 10        | 12.05 | 4          | 4.82  | 7   | 8.43  |
| Senior-friendly transportation services   | 44      | 53.01 | 19        | 22.89 | 16         | 19.28 | 4   | 4.82  |
| Other (Please identify):  | 21      | 25.30 | 0         | 0.00  | 6          | 7.23  | 56  | 67.47 |
| Other (Please identify):  | 22      | 26.51 | 0         | 0.00  | 3          | 3.61  | 58  | 69.88 |

Participants were also asked to rate the barriers they face when trying to access services in order to quantify the degree to which the barriers pose a problem for older adults. The top five barriers that were identified as a “serious problem” were: 1) Limited income (18.07%), 2)



Limited services in area (13.25%), 3) Age discrimination (12.05%), 4) Lack of transportation (9.64%), Limited services for what is needed (9.64%), Not knowing where to go for help (9.64%), and 5) Physical or mental disability (8.43%).

Top barriers with a rating of “some problem” included: 1) Limited income (34.94%), 2) Not knowing where to go for help (31.33%), 3) Limited services for what is needed (28.92%) and Limited services in area (28.92%), 4) Not having anyone to help (26.51%), and 5) Physical or Mental Disability (22.89%) and Feeling Stressed or Overwhelmed (22.89%). Not understanding how to use public transportation (21.69%) and a Lack of transportation (20.48%) followed. Furthermore, 16.87% of the participants indicated having “some problem” not understanding their health insurance.

Five comments were provided, which identified prejudice or racial discrimination, housing, being too busy, not feeling safe, and income requirements and share of costs for Medical as being additional problems. The table below reveals the summative ratings completed by participants for the areas of need and barriers.

| Barriers   | No Problem |       | Some Problem |       | Major Problem |       | N/A |       |
|--|------------|-------|--------------|-------|---------------|-------|-----|-------|
|  | (N)        | %     | (N)          | %     | (N)           | %     | (N) | %     |
| Age discrimination                                 | 55         | 66.27 | 13           | 15.66 | 10            | 12.05 | 5   | 6.02  |
| Lack of transportation                             | 52         | 62.65 | 17           | 20.48 | 8             | 9.64  | 6   | 7.23  |
| Limited English Language Proficiency               | 64         | 77.11 | 8            | 9.64  | 6             | 7.23  | 5   | 6.02  |
| Limited income                                     | 34         | 40.96 | 29           | 34.94 | 15            | 18.07 | 5   | 6.02  |
| Limited services for what I need                   | 46         | 55.42 | 24           | 28.92 | 8             | 9.64  | 5   | 6.02  |
| Limited services in my area                        | 40         | 48.19 | 24           | 28.92 | 11            | 13.25 | 8   | 9.64  |
| Not having anyone to help                          | 51         | 61.45 | 22           | 26.51 | 5             | 6.02  | 5   | 6.02  |
| Not having health insurance                        | 63         | 75.90 | 11           | 13.25 | 5             | 6.02  | 4   | 4.82  |
| Not knowing where to go for help                   | 44         | 53.01 | 26           | 31.33 | 8             | 9.64  | 5   | 6.02  |
| Not understanding how to use public transportation | 55         | 66.27 | 18           | 21.69 | 6             | 7.23  | 4   | 4.82  |
| Not understanding my health insurance              | 56         | 67.47 | 14           | 16.87 | 6             | 7.23  | 7   | 8.43  |
| Persistent sadness or sense of hopelessness        | 61         | 73.49 | 12           | 14.46 | 6             | 7.23  | 4   | 4.82  |
| Physical or mental disability                      | 53         | 63.86 | 19           | 22.89 | 7             | 8.43  | 4   | 4.82  |
| Stressed or overwhelmed                            | 52         | 62.65 | 19           | 22.89 | 6             | 7.23  | 6   | 7.23  |
| Other (Please Identify):                           | 19         | 22.89 | 1            | 1.20  | 2             | 2.41  | 61  | 73.49 |
| Other (Please Identify):                           | 20         | 24.10 | 1            | 1.20  | 1             | 1.20  | 61  | 73.49 |

## Focus Group Discussions

A total of 7 focus groups were conducted throughout the County of Los Angeles. The transcripts were conceptualized and coded into major themes. The following questions were asked at each focus group:

- What problems (needs, challenges) do older adults typically face in your community today?
- Do you feel that resources and information for older adults is readily available or easily accessible to address those needs or challenges? If yes, in what ways? If not, why not? How do you currently access information about services for seniors?
- Based on your knowledge or experiences, what types of services, programs, or activities can older adults benefit from?
- Do you feel that services are provided to all older adult populations including, but not limited to homeless, veterans, and LGBT individuals?
- Do you have an emergency preparedness plan? If so, please tell us what type of plan you have, such as plans regarding communication, food, shelter, and water?
- How do you feel the needs of seniors will change within the next 4 years?

Qualitative data gathered from the focus groups revealed an array of needs, challenges, desires, and outlook verbalized by the participants. The top five areas of need discussed during the focus groups were the following:

- Socialization and Leisure Activities
- Housing
- Transportation
- Health and Well-Being
- Nutrition Services

The top five areas of concern discussed during the focus groups were the following:

- Safety
- Income
- Elder Abuse
- Accessing Services
- Homelessness

Other service topics mentioned include continued education for older adults, senior advocacy and empowerment, assistance with activities of daily living and instrumental activities of daily living, legal assistance, involving younger generations in future planning, employment services, and adult day care. Participants also expressed a great appreciation for the community and senior centers in the County of Los Angeles and shared how the centers have beneficially impacted their lives.

When asked about emergency preparedness, there appeared to be a general consensus with regards to its importance. This topic solicited a wide range of responses; from having an

emergency plan in place to having attended an emergency preparedness workshop, but not taking any actions beyond attendance. Many participants were enthused about sharing emergency preparedness tips with the group and each participant acknowledged that it is essential to be prepared in the event of an emergency or disaster.

The topic of inclusivity and information availability elicited a wide range of responses as well. Many of the participants felt that a wealth of information and resources is available. However, most of the participants also felt that the challenges in accessing information and resources lies within limited knowledge in technology. Furthermore, participants expressed that those who do not attend community or senior centers have very limited access to the information and resources available. The future of aging is often referred to with uncertainty as the aging population grows and resources remain limited or static, but some focus group participants remain hopeful as they witness the younger generation taking a vested interest in serving the older adult population.

## **SECTION 6. TARGETING**

The Older Americans Act (OAA) defines a number of “target populations” that the Area Agency on Aging (AAA) includes in the planning and delivery of community-based services. In particular, service delivery is targeted to those with the greatest economic or social need. Those with the “greatest economic need” are older adults with service needs resulting from an income level at or below the Federal Poverty Guideline or Elder Economic Index. Second, older adults with the “greatest social need” have a service need resulting from non-economic factors that restricts a person’s ability to perform normal daily tasks or threatens their capacity to live independently. This includes isolation caused by racial, ethnic, social, disability, cultural, or geographic factors.

These targeted groups also consist of older individuals with any of the following characteristics:

- Alzheimer’s Disease or Related Disorders
- At risk for institutional placement
- Disability
- Frailty
- Homelessness
- Informal Caregiver
- Isolated, Neglected, and/or Exploited
- Limited English Proficiency
- Native American
- Reside in a Rural Area
- Unemployed

The AAA’s main focus is to serve those with the greatest economic and social needs in addition to older adults with the characteristics identified. Thus, the AAA makes it a priority for all AAA-funded providers to serve this target population. Addressing these issues is primarily done through a network of partners.

The AAA subcontracts with numerous community-based organizations that are required to conduct targeted outreach and provide services in a culturally sensitive manner. The AAA continuously works toward expanding services in rural areas and identifying methods to reach the target population. CSS also administers Adult Protective Services, which assists the AAA and its direct service providers identify and serve the most vulnerable populations. Informal caregivers play a critical role in assisting older adults and individuals with functional impairments continue to live in their own homes for as long as possible. Thus, the AAA continues to work with its Family Caregivers’ network in order to provide the much needed support and services to informal caregivers of older adults and grandparents raising grandchildren. The Senior Community Service Employment Program also remains a priority for the AAA in order to provide essential services to older adults who are unemployed.

In our efforts to serve those with the greatest economic and social need, the AAA requires its contractors to meet minimum goals. The AAA also provides resources and assistance to help achieve these goals.

## **SECTION 7. PUBLIC HEARINGS**

**PSA 19**

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)

| <b>Fiscal Year</b>       | <b>Date</b>   | <b>Location</b>  | <b>Number of Attendees</b> | <b>Presented in languages other than English? <sup>2</sup><br/>Yes or No</b> | <b>Was hearing held at a Long-Term Care Facility? <sup>3</sup><br/>Yes or No</b> |
|--------------------------|---|------------------|----------------------------|--|--|
| <b>2016-17</b>           | <b>See Below</b>  | <b>See Below</b> | <b>See Below</b>           | <b>See Below</b>   | <b>See Below</b>   |
| <b>Date</b>              | <b>Location</b>   |                  | <b>Number of Attendees</b> | <b>Area Plan Presented with Translator</b>                                   | <b>Hearing Held at Long-Term Care Facility</b>                                   |
| <b>November 3, 2015</b>  | <b>Watts Labor Community Action Committee – Theresa Lindsay Multipurpose Senior Center<br/>429 E. 42<sup>nd</sup> Place<br/>Los Angeles, CA 90059</b> |                  | <b>53</b>                  | <b>Yes</b>   | <b>No</b>  |
| <b>November 4, 2015</b>  | <b>San Fernando Valley Interfaith Council – Robert M. Wilkinson Multipurpose Senior Center<br/>8956 Vanalden Ave.<br/>Northridge, CA 91324</b>        |                  | <b>30</b>                  | <b>Yes</b>   | <b>No</b>  |
| <b>November 5, 2015</b>  | <b>Wilmington Jaycees Multipurpose Senior Center<br/>1371 N. Eubank Ave.<br/>Wilmington, CA 90744</b>   |                  | <b>90</b>                  | <b>Yes</b>   | <b>No</b>  |
| <b>November 10, 2015</b> | <b>Centro Maravilla Service Center<br/>4716 Cesar Chavez Ave.<br/>Los Angeles, CA 90022</b>   |                  | <b>24</b>                  | <b>Yes</b>   | <b>No</b>  |
| <b>November 20, 2015</b> | <b>Altadena Senior Center<br/>560 E. Mariposa Street<br/>Altadena, CA 91001</b>   |                  | <b>32</b>                  | <b>Yes</b>   | <b>No</b>  |
| <b>December 1, 2015</b>  | <b>Antelope Valley Senior Center<br/>777 W. Jackman Street<br/>Lancaster, CA 93534</b>  |                  | <b>43</b>                  | <b>Yes</b>   | <b>No</b>  |

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

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

**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.

*A notice of the Public Hearings was advertised through the newspaper in the County and City of Los Angeles. Furthermore, flyers were sent to the Board offices, County departments, cities within the County of Los Angeles, County Commissioners, Senior Centers, CSS partners, and AAA Subrecipients. Individuals who were unable to make it to any of the scheduled public hearings were also informed that written statements can be submitted to the AAA.*

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

☒ Yes. Go to question #3

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

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

*There were no comments received concerning proposed expenditures for PD and C.*

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

☒ Yes. Go to question #5

☐ No, Explain:

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

*There was no comments received pertaining to adequate proportion funding for priority services.*

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

*Homelessness  
Transportation  
Caregiver Services  
Affordable Housing  
Funding  
Nutrition  
Health and Wellness*

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

*A greater emphasis on collaboration in order to address the issues raised has been incorporated into this Area Plan.*

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

**PSA 19**

The AAA's primary function is to administer Older Americans Act and Older Californians Act programs, along with maximizing independence for all older adults and adults with disabilities. Through the planning process, the AAA has identified priorities based on service and demographic trends, focus group discussions, survey responses, public hearings, and availability of resources. Based on these findings, the specific goals for this four-year Area Plan are as follows:

- Goal #1: Promote an environment that is sensitive to the needs of older adults, informal caregivers, and adults with disabilities in order to enhance their quality of life, which will help maintain their independence and improve their overall health and well-being.
- Goal #2: Continue to coordinate and expand on the development of an integrated multi-disciplinary network of investigative/protective services for vulnerable older adults and adults with disabilities to prevent all forms of abuse and fraud.
- Goal #3: Collaborate with the Los Angeles City Department of Aging, other County departments, and community-based organizations to increase service awareness and provide a seamless and coordinated approach to service delivery for older adults, informal caregivers, and adults with disabilities.

Over the next four years, the AAA will continue to utilize a combination of direct and contracted services to meet the needs of older adults, informal caregivers, and adults with disabilities. The AAA plans to do this by assuring that an "adequate proportion" of Title III-B funds will be allocated to the following priority services established by the federal government: Access Services, In-Home Services, and Legal Services. Access services include Case Management, Information and Referral, and Outreach. In-Home Services include Personal Care, Homemaker, Alzheimer's Day Care, Respite Care, and Telephone Reassurance Services. Legal Services include the legal assistance provided to older adults. For Fiscal Year 2016-2017, the AAA's adequate proportions of Title III-B funds are as follows and were reviewed at the Public Hearings:

- Access – 30%
- In-Home – 17%
- Legal – 5%

The AAA will also continue exploring funding options for transportation services targeted to older adults and adults with disabilities. In addition to the priority service categories established by the federal government, the AAA places a great emphasis on collaborating with various community-based organizations and governmental agencies to address emergency preparedness, food insecurity, elder abuse prevention, veterans issues, and homelessness. Furthermore, the AAA has placed a priority on evidence-based programs and plans to release a request for proposal to implement an evidence-based Disease Prevention and Health Promotion Program that will address at least one of the following areas of need: Fall Prevention, Chronic Disease Self-Management, Medication Management, Physical Fitness, and Mental Health.

## SECTION 9 - AREA PLAN NARRATIVE GOALS AND OBJECTIVES

PSA 19

### Goal # 1

**Goal: Promote an environment that is sensitive to the needs of older adults, informal caregivers, and adults with disabilities in order to enhance their quality of life, which will help maintain their independence and improve their overall health and well-being.**

**Rationale: The need for home and community-based services is substantially increasing as the older adult population continues to exponentially grow. Improved and expanded services on health related issues, nutrition, exercise, outreach, senior-friendly transportation options, and employment training is necessary to help older adults and adults with disabilities maintain their independence, remain active, and strive toward a healthier lifestyle. The Area Agency on Aging and its partners strive toward providing proven ways to promote health and prevent disease among older adults.**

| [Refer to CCR Article 3, Section 7300 (c)]   | Projected Start and End Dates | Title III B Funded PD or C <sup>4</sup> | Update Status <sup>5</sup> |
|--|-------------------------------|---|----------------------------|
| <p>1.1 Disease Prevention and Health Promotion</p> <p>a) Implement an evidence-based Disease Prevention and Health Promotion Program (DPHP) in order to assist older adults in the prevention of illness, the management of chronic physical conditions, the support of healthy lifestyles, and the promotion of healthy behaviors. The DPHP shall address at least one of the following areas:</p> <ul style="list-style-type: none"><li>• Fall Prevention</li><li>• Chronic Disease Self-Management</li><li>• Medication Management</li><li>• Physical Fitness</li><li>• Mental Health</li></ul> <p>b) Ensure the DPHP meets the following criteria:</p> <ul style="list-style-type: none"><li>• Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults;</li></ul> | 7/01/2016<br>to<br>6/30/2020  |   |                            |
|  | 7/01/2016<br>to<br>6/30/2020  |   |                            |

<sup>4</sup>Indicate if Program Development (PD) or Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

<sup>5</sup>Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed**, or **Deleted**.



## Goal # 1

**Goal: Promote an environment that is sensitive to the needs of older adults, informal caregivers, and adults with disabilities in order to enhance their quality of life, which will help maintain their independence and improve their overall health and well-being.**

**Rationale: The need for home and community-based services is substantially increasing as the older adult population continues to exponentially grow. Improved and expanded services on health related issues, nutrition, exercise, outreach, senior-friendly transportation options, and employment training is necessary to help older adults and adults with disabilities maintain their independence, remain active, and strive toward a healthier lifestyle. The Area Agency on Aging and its partners strive toward providing proven ways to promote health and prevent disease among older adults.**

| [Refer to CCR Article 3, Section 7300 (c)]   | Projected Start and End Dates | Title III B Funded PD or C | Update Status |
|--|-------------------------------|----------------------------|---------------|
| <p>1.1 Disease Prevention and Health Promotion</p> <p>b) Ensure the DPHP meets the following criteria:</p> <ul style="list-style-type: none"><li>• Proven effective with the older adult population, using experimental or quasi-experimental design;</li><li>• Research results published in a peer-reviewed journal;</li><li>• Have been implemented previously at the community level (with fidelity to the published research) and shown to be effective outside a research setting; and</li><li>• Includes developed dissemination products (program manuals, guides, and/or handouts) that are available to the public; or</li><li>• Considered evidence-based by any operating division of the U.S. Department of Health and Human Services (HHS).</li></ul> <p>Accountable Party/Lead: Anna Avdalyan, Program Manager (PM)</p> | 7/01/2016<br>to<br>6/30/2020  |                            |               |
| <p>1.2 Transportation and Mobility Management</p> <p>a) Implement the Taxicab Voucher Program, the Volunteer Driver Mileage Reimbursement Program, and the Door Assistance Escort Transportation Program in order to enhance quality of life, maintain independence, and improve the overall health and well-being of vulnerable populations.</p>  | 7/01/2016<br>to<br>6/30/2020  |                            |               |

## Goal #1

**Goal: Promote an environment that is sensitive to the needs of older adults, informal caregivers, and adults with disabilities in order to enhance their quality of life, which will help maintain their independence and improve their overall health and well-being.**

**Rationale: The need for home and community-based services is substantially increasing as the older adult population continues to exponentially grow. Improved and expanded services on health related issues, nutrition, exercise, outreach, senior-friendly transportation options, and employment training is necessary to help older adults and adults with disabilities maintain their independence, remain active, and strive toward a healthier lifestyle. The Area Agency on Aging and its partners strive toward providing proven ways to promote health and prevent disease among older adults.**

**[Refer to CCR Article 3, Section 7300 (c)]**

### 1.2 Transportation and Mobility Management

b) Collaborate with partner agencies and Los Angeles County Metropolitan Transportation Authority (LACMTA) to seek funding for enhancements or expansions of successful pilot programs.

c) Develop and provide mobility management services, which will include travel training and travel options counseling, for older adults throughout Los Angeles County.

Accountable Party/Lead: Sara Lee Dato, PM

**Projected  
Start and  
End Dates**

7/01/2016  
to  
6/30/2020

7/01/2016  
to  
6/30/2020

**Title III B  
Funded  
PD or C**

**Update  
Status**

## Goal # 2

**Goal:** Continue to coordinate and expand on the development of an integrated multi-disciplinary network of investigative/protective services for vulnerable older adults and adults with disabilities to prevent all forms of abuse and fraud.

**Rationale:** Elder and financial abuse, include fraud and scams, are on the rise in Los Angeles. These crimes are often not reported because the older adult and adult with disability populations are afraid or embarrassed, especially since these crimes are often committed by loved ones. This vulnerable population believes that if they report the incident, they will lose their independence by being placed in an institution. The need for improved and expanded education, outreach, and support is imperative for this particular population and the victims of any fraud, scams, and abuse.

| [Refer to CCR Article 3, Section 7300 (c)]  | Projected Start and End Dates | Title III B Funded PD or C | Update Status |
|---|-------------------------------|----------------------------|---------------|
| 2.1 Elder Abuse Prevention  |                               |                            |               |
| a) Collaborate with statewide and Long Term Care (LTC) Ombudsman Offices to create and foster enhanced communication and collaborative services, while fulfilling the roles and responsibilities defined in the Memorandum of Understanding between Los Angeles County Adult Protective Services (APS) and LTC Ombudsman. | 7/01/2016<br>to<br>6/30/2020  |                            |               |
| b) Improve and coordinate elder abuse prevention efforts with other County departments and community-based organizations.   | 7/01/2016<br>to<br>6/30/2020  |                            |               |
| c) Strengthen and carry out education sessions and outreach for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.  | 7/01/2016<br>to<br>6/30/2020  |                            |               |
| Accountable Party/Lead: Anna Avdalyan, PM   |                               |                            |               |
| 2.2 Ombudsman   |                               |                            |               |
| a) Improve collaborative efforts with the AAA Ombudsman service provider to ensure comprehensive and coordinated service delivery for older individuals who reside in LTC Facilities.   | 7/01/2016<br>to<br>6/30/2020  |                            |               |

## Goal #2

**Goal:** Continue to coordinate and expand on the development of an integrated multi-disciplinary network of investigative/protective services for vulnerable older adults and adults with disabilities to prevent all forms of abuse and fraud.

**Rationale:** Elder and financial abuse, include fraud and scams, are on the rise in Los Angeles. These crimes are often not reported because the older adult and adult with disability populations are afraid or embarrassed, especially since these crimes are often committed by loved ones. This vulnerable population believes that if they report the incident, they will lose their independence by being placed in an institution. The need for improved and expanded education, outreach, and support is imperative for this particular population and the victims of any fraud, scams, and abuse.

[Refer to CCR Article 3, Section 7300 (c)]

2.2 Ombudsman

b) Publicize the mission of the LTC Ombudsman Program and the role of ombudsman representatives by conducting targeted community outreach.

Accountable Party/Lead: Anna Avdalyan, PM

**Projected  
Start and  
End Dates**

7/01/2016  
to  
6/30/2020

**Title III B  
Funded  
PD or C**

**Update  
Status**

### Goal # 3

**Goal: Collaborate with the City of Los Angeles Department of Aging, other County departments, and community-based organizations to increase service awareness and provide a seamless and coordinated approach to service delivery for older adults, adults with disabilities, and informal caregivers.**

**Rationale: Consensus has emerged among government and community leaders that making substantial improvements in integrating the County's health and human services system is necessary to significantly move toward progress in an environment with static or decreasing revenue streams. Collaboration with other public entities will increase awareness of resources available to improve the quality of life for older adults and adults with disabilities.**

| [Refer to CCR Article 3, Section 7300 (c)]   |  | Projected Start and End Dates | Title III B Funded PD or C | Update Status |
|--|--|-------------------------------|----------------------------|---------------|
| 3.1 Inclusive Stakeholder Engagement and Collaboration   |  |                               |                            |               |
| a) Increase awareness of AAA programs and services to older adults, adults with disabilities, and caregivers throughout Los Angeles County in collaboration with the Los Angeles County Commission on Older Adults.  |  | 7/01/2016 to 6/30/2020        |                            |               |
| b) Collaborate with the Los Angeles City Department of Aging, the Department of Public Social Services' In-Home Supportive Services and Medi-Cal Program Sections, the Department of Public Health, and other County departments who have a stake in protecting the quality of life for older adults, their caregivers, and adults with disabilities in order to maximize resources and offer comprehensive supportive services. |  | 7/01/2016 to 6/30/2020        |                            |               |
| Accountable Party/Lead: Anna Avdalyan, PM  |  |                               |                            |               |
| 3.2 Information and Referral   |  |                               |                            |               |
| a) Provide outreach to targeted populations, which includes the Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LGBTQ) community.   |  | 7/01/2016 to 6/30/2020        |                            |               |
| b) Strengthen the awareness of AAA programs and services by distributing comprehensive outreach materials at senior centers, health fairs, and various community events.   |  | 7/01/2016 to 6/30/2020        |                            |               |
| Accountable Party/Lead: Sara Lee Dato, PM/Anna Avdalyan, PM  |  |                               |                            |               |

**SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES****PSA 19****TITLE III/VII SERVICE UNIT PLAN OBJECTIVES  
CCR Article 3, Section 7300(d)**

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

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

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

| Fiscal Year | <b>Proposed</b><br>Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2016-2017   | 9,500                               | 3            | 3.1, 3.2                          |
| 2017-2018   |                                     |              |                                   |
| 2018-2019   |                                     |              |                                   |
| 2019-2020   |                                     |              |                                   |

**2. Homemaker (In-Home)****Unit of Service = 1 hour**

| Fiscal Year | <b>Proposed</b><br>Units of Service | Goal Numbers | Objective Numbers(if applicable) |
|-------------|-------------------------------------|--------------|----------------------------------|
| 2016-2017   | 24,500                              | 3            | 3.1, 3.2                         |
| 2017-2018   |                                     |              |                                  |
| 2018-2019   |                                     |              |                                  |
| 2019-2020   |                                     |              |                                  |

**3. Chore (In-Home)****Unit of Service = 1 hour**

| Fiscal Year | <b>Proposed</b><br>Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2016-2017   |                                     |              |                                   |
| 2017-2018   |                                     |              |                                   |
| 2018-2019   |                                     |              |                                   |
| 2019-2020   |                                     |              |                                   |

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

| Fiscal Year | <b>Proposed</b><br>Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2016-2017   | 810,000                             | 3            | 3.1, 3.2                          |
| 2017-2018   |                                     |              |                                   |
| 2018-2019   |                                     |              |                                   |
| 2019-2020   |                                     |              |                                   |

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

| Fiscal Year | <b>Proposed</b><br>Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2016-2017   |                                     |              |                                   |
| 2017-2018   |                                     |              |                                   |
| 2018-2019   |                                     |              |                                   |
| 2019-2020   |                                     |              |                                   |

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

| Fiscal Year | <b>Proposed</b><br>Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2016-2017   | 35,000                              | 3            | 3.1, 3.2                          |
| 2017-2018   |                                     |              |                                   |
| 2018-2019   |                                     |              |                                   |
| 2019-2020   |                                     |              |                                   |

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

| Fiscal Year | <b>Proposed</b><br>Units of Service | Goal Numbers | Objective Numbers(if applicable) |
|-------------|-------------------------------------|--------------|----------------------------------|
| 2016-2017   |                                     |              |                                  |
| 2017-2018   |                                     |              |                                  |
| 2018-2019   |                                     |              |                                  |
| 2019-2020   |                                     |              |                                  |

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

| Fiscal Year | <b>Proposed</b><br>Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2016-2017   | 1,170,000                           | 3            | 3.1, 3.2                          |
| 2017-2018   |                                     |              |                                   |
| 2018-2019   |                                     |              |                                   |
| 2019-2020   |                                     |              |                                   |

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

| Fiscal Year | <b>Proposed</b><br>Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2016-2017   | 2,000                               | 3            | 3.1, 3.2                          |
| 2017-2018   |                                     |              |                                   |
| 2018-2019   |                                     |              |                                   |
| 2019-2020   |                                     |              |                                   |

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

| Fiscal Year | <b>Proposed</b><br>Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2016-2017   |                                     |              |                                   |
| 2017-2018   |                                     |              |                                   |
| 2018-2019   |                                     |              |                                   |
| 2019-2020   |                                     |              |                                   |

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

| Fiscal Year | <b>Proposed</b><br>Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2016-2017   | 7,000                               | 3            | 3.1, 3.2                          |
| 2017-2018   |                                     |              |                                   |
| 2018-2019   |                                     |              |                                   |
| 2019-2020   |                                     |              |                                   |



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

| Fiscal Year | <b>Proposed</b><br>Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2016-2017   | 27,000                              | 3            | 3.1, 3.2                          |
| 2017-2018   |                                     |              |                                   |
| 2018-2019   |                                     |              |                                   |
| 2019-2020   |                                     |              |                                   |

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

| Fiscal Year | <b>Proposed</b><br>Units of Service | Goal Numbers | Objective Numbers(if applicable) |
|-------------|-------------------------------------|--------------|----------------------------------|
| 2016-2017   | 7,000                               | 3            | 3.1, 3.2                         |
| 2017-2018   |                                     |              |                                  |
| 2018-2019   |                                     |              |                                  |
| 2019-2020   |                                     |              |                                  |

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

| Fiscal Year | <b>Proposed</b><br>Units of Service | Goal Numbers | Objective Numbers(if applicable) |
|-------------|-------------------------------------|--------------|----------------------------------|
| 2016-2017   | 10,000                              | 3            | 3.1, 3.2                         |
| 2017-2018   |                                     |              |                                  |
| 2018-2019   |                                     |              |                                  |
| 2019-2020   |                                     |              |                                  |

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

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

### Title III B, 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.

#### Alzheimer’s Day Care

Unit of Service = 1 Day of Attendance

| Fiscal Year | Proposed<br>Units of<br>Service | Goal Numbers | Objective Numbers |
|-------------|---------------------------------|--------------|-------------------|
| 2016-2017   | 6,000                           | 3            | 3.1, 3.2          |
| 2017-2018   |                                 |              |                   |
| 2018-2019   |                                 |              |                   |
| 2019-2020   |                                 |              |                   |

#### In-Home Respite

Unit of Service = 1 Hour

| Fiscal Year | Proposed<br>Units of<br>Service | Goal Numbers | Objective Numbers |
|-------------|---------------------------------|--------------|-------------------|
| 2016-2017   | 1,900                           | 3            | 3.1, 3.2          |
| 2017-2018   |                                 |              |                   |
| 2018-2019   |                                 |              |                   |
| 2019-2020   |                                 |              |                   |

**Registry****Unit of Service = 1 Hour**

| Fiscal Year | <b>Proposed</b><br>Units of<br>Service | Goal Numbers | Objective Numbers |
|-------------|--|--------------|-------------------|
| 2016-2017   | 11,000                                 | 3            | 3.1, 3.2          |
| 2017-2018   |  |              |                   |
| 2018-2019   |  |              |                   |
| 2019-2020   |  |              |                   |

**Telephone Reassurance****Unit of Service = 1 Contact**

| Fiscal Year | <b>Proposed</b><br>Units of<br>Service | Goal Numbers | Objective Numbers |
|-------------|--|--------------|-------------------|
| 2016-2017   | 63,000                                 | 3            | 3.1, 3.2          |
| 2017-2018   |  |              |                   |
| 2018-2019   |  |              |                   |
| 2019-2020   |  |              |                   |

**Senior Center Activities****Unit of Service = 1 Hour**

| Fiscal Year | <b>Proposed</b><br>Units of<br>Service | Goal Numbers | Objective Numbers |
|-------------|--|--------------|-------------------|
| 2016-2017   | 110,000                                | 3            | 3.1, 3.2          |
| 2017-2018   |  |              |                   |
| 2018-2019   |  |              |                   |
| 2019-2020   |  |              |                   |

**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.

## 16. Title III D/ Disease Prevention and Health Promotion

**Unit of Service = 1 contact**

**Service Activities:** Fall Prevention, Chronic Disease Self-Management, Medication Management, Physical Fitness, OR Mental Health

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

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (Required) |
|-------------|---------------------------|--------------|------------------------------|
| 2016-2017   | 20,000                    | 1, 3         | 1.1, 3.1, 3.2                |
| 2017-2018   |                           |              |                              |
| 2018-2019   |                           |              |                              |
| 2019-2020   |                           |              |                              |

**TITLE III B and Title VII A:**  
**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 State-wide 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%.

1. FY 2014-2015 Baseline Resolution Rate: **67%**  
 Number of complaints resolved **4,416** + Number of partially resolved complaints **673** divided by the Total Number of Complaints Received **7,582** = Baseline Resolution Rate **67%**  
 FY 2016-17 Target Resolution Rate **65%**

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 \_\_\_\_\_%

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 \_\_\_\_\_%

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: **Goal 2. Objective 2.2**

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

1. FY 2014-2015 Baseline: number of Resident Council meetings attended **148** FY 2016-2017 Target: **150**
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: **Goal 2. Objective 2.2**

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

1. FY 2014-2015 Baseline number of Family Council meetings attended **5** FY 2016-2017 Target: **5**
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: **Goal 2. Objective 2.2**

**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 **340** FY 2016-2017 Target: **350**
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: **Goal 2. Objective 2.2**

**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 **1,539** FY 2016-2017 Target: **1,500**

|  |
|--|
| 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: <b><u>Goal 2. Objective 2.2</u></b>           |

**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>7</u> FY 2016-2017 Target: <u>4</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: <b><u>Goal 2. Objective 2.2</u></b>            |

## 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 improve pain relief or increase access to oral health care, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.)

Enter information in the box below.

**Systemic Advocacy Effort(s)** Conduct training to first responders on elder abuse in institutional settings and how to collaborate effectively with the Ombudsman.

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

#### Measures and Targets:

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

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

1. FY 2014-2015 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 124 divided by the total number of Nursing Facilities 25 = Baseline 49%  
FY 2016-2017 Target: 49%

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: \_\_\_\_\_%

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: \_\_\_\_\_%

4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint \_\_\_\_\_ divided by the total number of Nursing Facilities \_\_\_\_\_ = Baseline \_\_\_\_\_%  
FY 2019-2020 Target: \_\_\_\_\_%

Program Goals and Objective Numbers: **Goal 2. Objective 2.2**



**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 **48** divided by the total number of RCFEs **814** = Baseline **6%** FY 2016-2017 Target: **6%**

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: **Goal 2. Objective 2.2**

**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: **16** FTEs FY 2016-2017 Target: **16** 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: **Goal 2. Objective 2.2**

**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 40  
FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers 60

2. 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers \_\_\_\_\_  
FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers \_\_\_\_\_

3. 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers \_\_\_\_\_  
FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers \_\_\_\_\_

4. 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers \_\_\_\_\_  
FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers \_\_\_\_\_  
as of June 30, 2015 \_\_\_\_\_

Program Goals and Objective Numbers: **Goal 2. Objective 2.2**

**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

**The program will upgrade computer equipment and increase internet speed to ensure ease and timeliness of data entry.**

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

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

The agency receiving Title VII Elder Abuse Prevention funding is: WISE & Healthy Aging

| <b>Fiscal Year</b> | <b>Total # of Public Education Sessions</b> |
|--------------------|---|
| 2016-2017          | 10  |
| 2017-2018          |   |
| 2018-2019          |   |
| 2019-2020          |   |

| <b>Fiscal Year</b> | <b>Total # of Training Sessions for Professionals</b> |
|--------------------|---|
| 2016-2017          | 10  |
| 2017-2018          |   |
| 2018-2019          |   |
| 2019-2020          |   |

| <b>Fiscal Year</b> | <b>Total # of Training Sessions for Caregivers served by Title III E</b> |
|--------------------|--|
| 2016-2017          | NA   |
| 2017-2018          |  |
| 2018-2019          |  |
| 2019-2020          |  |

| <b>Fiscal Year</b> | <b>Total # of Hours Spent Developing a Coordinated System</b> |
|--------------------|---|
| 2016-2017          | 800   |
| 2017-2018          |   |
| 2018-2019          |   |
| 2019-2020          |   |

| <b>Fiscal Year</b> | <b>Total # of Copies of Educational Materials to be Distributed</b> | <b>Description of Educational Materials</b>   |
|--------------------|---|---|
| 2016-2017          | 2,000   | Elder Abuse Resource Guides, Mandated Reporting Materials, Medical Identity Theft, etc. |
|                    |   |   |
|                    |   |   |
| 2017-2018          |   |   |
|                    |   |   |
|                    |   |   |
| 2018-2019          |   |   |
|                    |   |   |
|                    |   |   |
| 2019-2020          |   |   |
|                    |   |   |
|                    |   |   |

| <b>Fiscal Year</b> | <b>Total Number of Individuals Served</b> |
|--------------------|---|
| 2016-2017          | 1,500                                     |
| 2017-2018          |   |
| 2018-2019          |   |
| 2019-2020          |   |

**CCR Article 3, Section 7300(d)**

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

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

**Direct and/or Contracted III E Services**

| <b>CATEGORIES</b>                                       | <b>1</b>   | <b>2</b>                             | <b>3</b>                                  |
|---|--|--------------------------------------|---|
| <b>Family Caregiver Services<br/>Caring for Elderly</b> | <b><i>Proposed<br/>Units of Service</i></b>                  | <b><i>Required<br/>Goal #(s)</i></b> | <b><i>Optional<br/>Objective #(s)</i></b> |
| <b>Information Services</b>                             | <b># of activities and<br/>Total est. audience for above</b> |                                      |   |
| 2016-2017   | # of activities: 1,400<br>Total est. audience for above: 600 | 3                                    | 3.1, 3.2                                  |
| 2017-2018   | # of activities:<br>Total est. audience for above:           |                                      |   |
| 2018-2019   | # of activities:<br>Total est. audience for above:           |                                      |   |
| 2019-2020   | # of activities:<br>Total est. audience for above:           |                                      |   |
| <b>Access Assistance</b>                                | <b>Total contacts</b>  |                                      |   |
| 2016-2017   | 9,420  | 3                                    | 3.1, 3.2                                  |
| 2017-2018   |  |                                      |   |
| 2018-2019   |  |                                      |   |
| 2019-2020   |  |                                      |   |
| <b>Support Services</b>                                 | <b>Total hours</b>   |                                      |   |
| 2016-2017   | 18,000   | 3                                    | 3.1, 3.2                                  |
| 2017-2018   |  |                                      |   |
| 2018-2019   |  |                                      |   |
| 2019-2020   |  |                                      |   |
| <b>Respite Care</b>                                     | <b>Total hours</b>   |                                      |   |
| 2016-2017   | 26,500   | 3                                    | 3.1,3.2                                   |
| 2017-2018   |  |                                      |   |

|                              |                          |   |         |
|------------------------------|--------------------------|---|---------|
| 2018-2019                    |                          |   |         |
| 2019-2020                    |                          |   |         |
| <b>Supplemental Services</b> | <b>Total occurrences</b> |   |         |
| 2016-2017                    | 1,500                    | 3 | 3.1,3.2 |
| 2017-2018                    |                          |   |         |
| 2018-2019                    |                          |   |         |
| 2019-2020                    |                          |   |         |

### Direct and/or Contracted III E Services

| <b>Grandparent Services<br/>Caring for Children</b> | <b><i>Proposed</i><br/>Units of Service</b>                  | <b><i>Required</i><br/>Goal #(s)</b> | <b><i>Optional</i><br/>Objective #(s)</b> |
|---|--|--------------------------------------|---|
| <b>Information Services</b>                         | <b># of activities and<br/>Total est. audience for above</b> |                                      |   |
| 2016-2017   | # of activities: 50<br>Total est. audience for above: 7,000  | 3                                    | 3.1, 3.2                                  |
| 2017-2018   | # of activities:<br>Total est. audience for above:           |                                      |   |
| 2018-2019   | # of activities:<br>Total est. audience for above:           |                                      |   |
| 2019-2020   | # of activities:<br>Total est. audience for above:           |                                      |   |
| <b>Access Assistance</b>                            | <b>Total contacts</b>  |                                      |   |
| 2016-2017   | 1,000  | 3                                    | 3.1,3.2                                   |
| 2017-2018   |  |                                      |   |
| 2018-2019   |  |                                      |   |
| 2019-2020   |  |                                      |   |
| <b>Support Services</b>                             | <b>Total hours</b>   |                                      |   |
| 2016-2017   | 5,000  | 3                                    | 3.1,3.2                                   |
| 2017-2018   |  |                                      |   |
| 2018-2019   |  |                                      |   |
| 2019-2020   |  |                                      |   |
| <b>Respite Care</b>                                 | <b>Total hours</b>   |                                      |   |
| 2016-2017   | 400  | 3                                    | 3.1,3.2                                   |
| 2017-2018   |  |                                      |   |
| 2018-2019   |  |                                      |   |
| 2019-2020   |  |                                      |   |
| <b>Supplemental Services</b>                        | <b>Total occurrences</b>                                     |                                      |   |
| 2016-2017   | 20   | 3                                    | 3.1,3.2                                   |
| 2017-2018   |  |                                      |   |
| 2018-2019   |  |                                      |   |
| 2019-2020   |  |                                      |   |



**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) <sup>6</sup>**

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.):<br>Los Angeles County Area Agency on Aging   |
| Street Address: 3333 Wilshire Blvd., Suite 400, Los Angeles CA 90010  |
| Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names):<br><u><i>Paid Staff</i></u><br>Ursuala Paz, Social Services Supervisor<br>Seifu Sebhatu, Social Worker<br>Armen Adzhemyan, Social Worker |
| Number of paid staff: 3      Number of participant staff : 0  |
| How many participants are served at this site? 140  |

<sup>6</sup> If not providing Title V, 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 agreement with one “Managing AAA,” then each AAA must enter State and federal performance target numbers in each AAA’s respective SUP. Please do this in cooperation with the Managing AAA. The Managing AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

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

**STATE & FEDERAL PERFORMANCE TARGETS:** In FY 2014, the State Health Insurance Assistance Program (SHIP) was transferred from the Centers for Medicare & Medicaid Services (CMS) to Administration for Community Living (ACL). ACL has continued CMS’ policy that requires 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**

| <b>Fiscal Year (FY)</b> | <b>PM 1.1 Clients Counseled (Estimated)</b> | <b>Goal Numbers</b> |
|-------------------------|---|---------------------|
| 2016-2017               | 6,183                                       | 3                   |
| 2017-2018               |   |                     |
| 2018-2019               |   |                     |
| 2019-2020               |   |                     |

| <b>Fiscal Year (FY)</b> | <b>PM 1.2 Public and Media Events (PAM) (Estimated)</b> | <b>Goal Numbers</b> |
|-------------------------|---|---------------------|
| 2016-2017               | 188   | 3                   |
| 2017-2018               |   |                     |
| 2018-2019               |   |                     |
| 2019-2020               |   |                     |

## Section 2: Federal Performance Measures

| <b>Fiscal Year<br/>(FY)</b> | <b>PM 2.1 Total Client Contacts<br/>(Estimated)</b> | <b>Goal Numbers</b> |
|-----------------------------|---|---------------------|
| 2016-2017                   | 48,948  | 3                   |
| 2017-2018                   |   |                     |
| 2018-2019                   |   |                     |
| 2019-2020                   |   |                     |

| <b>Fiscal Year<br/>(FY)</b> | <b>PM 2.2 Persons Reached at<br/>PAM Events (Estimated)</b> | <b>Goal Numbers</b> |
|-----------------------------|---|---------------------|
| 2016-2017                   | 100,000   | 3                   |
| 2017-2018                   |   |                     |
| 2018-2019                   |   |                     |
| 2019-2020                   |   |                     |

| <b>Fiscal Year<br/>(FY)</b> | <b>PM 2.3 Contacts with<br/>Medicare Beneficiaries Due<br/>to Disability (Estimated)</b> | <b>Goal Numbers</b> |
|-----------------------------|--|---------------------|
| 2016-2017                   | 10,000   | 3                   |
| 2017-2018                   |  |                     |
| 2018-2019                   |  |                     |
| 2019-2020                   |  |                     |

| <b>Fiscal Year<br/>(FY)</b> | <b>PM 2.4 Low-income Medicare<br/>Beneficiary Contacts<br/>(Estimated)</b> | <b>Goal Numbers</b> |
|-----------------------------|--|---------------------|
| 2016-2017                   | 33,502   | 3                   |
| 2017-2018                   |  |                     |
| 2018-2019                   |  |                     |
| 2019-2020                   |  |                     |

| <b>Fiscal Year<br/>(FY)</b> | <b>PM 2.5 Contacts with One or<br/>More Qualifying Enrollment<br/>Topics (Estimated)</b> | <b>Goal Numbers</b> |
|-----------------------------|--|---------------------|
| 2016-2017                   | 32,977   | 3                   |
| 2017-2018                   |  |                     |
| 2018-2019                   |  |                     |
| 2019-2020                   |  |                     |

| <b>Fiscal Year<br/>(FY)</b> | <b>PM 2.6 Total Part D<br/>Enrollment/Assistance<br/>Contacts</b> | <b>Goal Numbers</b> |
|-----------------------------|---|---------------------|
| 2016-2017                   | 14,028  | 3                   |
| 2017-2018                   |   |                     |
| 2018-2019                   |   |                     |
| 2019-2020                   |   |                     |

| <b>Fiscal Year (FY)</b> | <b>PM 2.7 Total Counseling Hours (Estimated)</b> | <b>Goal Numbers</b> |
|-------------------------|--|---------------------|
| 2016-2017               | 17,680   | 3                   |
| 2017-2018               |  |                     |
| 2018-2019               |  |                     |
| 2019-2020               |  |                     |

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

| <b>State Fiscal Year (SFY)</b> | <b>3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)</b>        | <b>Goal Numbers</b> |
|--------------------------------|---|---------------------|
| 2016-2017                      | 300   | 3                   |
| 2017-2018                      |   |                     |
| 2018-2019                      |   |                     |
| 2019-2020                      |   |                     |
| <b>State Fiscal Year (SFY)</b> | <b>3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)</b> | <b>Goal Numbers</b> |
| 2016-2017                      | 350   | 3                   |
| 2017-2018                      |   |                     |
| 2018-2019                      |   |                     |
| 2019-2020                      |   |                     |
| <b>State Fiscal Year (SFY)</b> | <b>3.3 Estimated Number of Program Consultation Hours Per SFY (Unit of Service)</b> | <b>Goal Numbers</b> |
| 2016-2017                      | 300   | 3                   |
| 2017-2018                      |   |                     |
| 2018-2019                      |   |                     |
| 2019-2020                      |   |                     |

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

**SECTION 11 - FOCAL POINTS****PSA 19****COMMUNITY FOCAL POINTS LIST**

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

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

| <b>Designated Community Focal Point</b>   | <b>Address</b>   |
|---|--|
| <b>Alhambra, City of: Joslyn Adult Center</b>                                     | 210 North Chapel Avenue<br>Alhambra, CA 91801  |
| <b>Altadena Community Center (CSS)</b>  | 730 East Altadena Drive<br>Altadena, CA 91001  |
| <b>Altadena Senior Center (CSS)</b>   | 560 East Mariposa Street<br>Altadena, CA 91001   |
| <b>Altamed Health Service: California Southland Chapter</b>                       | Site 1:<br>512 South Indiana Street<br>Los Angeles, CA 90063<br>Site 2:<br>4421 Wilshire Boulevard Suite #400<br>Los Angeles, CA 90010 |
| <b>Armenian Relief Society</b>  | 518 West Glenoaks Boulevard<br>Glendale, CA 91202  |
| <b>Antelope Valley Senior Center (CSS)</b>  | 777 West Jackman Street<br>Lancaster, CA 93534   |
| <b>Asian Senior Center (CSS)</b>  | 14112 South Kingsley Drive<br>Gardena, CA 90249  |
| <b>Avalon Medical Development Corp: Catalina Island Medical Center</b>            | 100 Falls Canyon Road<br>Avalon, CA 90704  |
| <b>Azusa, City of: Azusa Senior Center /Azusa Recreation &amp; Family Service</b> | Site 1:<br>740 North Dalton Avenue<br>Azusa, CA 91702<br>Site 2:<br>320 North Orange Place<br>Azusa, CA 91702                          |
| <b>Bet Tzedek Justice for All</b>   | 3250 Wilshire Boulevard 13 <sup>th</sup> Floor<br>Los Angeles, CA 90010  |
| <b>Burbank, City of : Joslyn Adult Center /Tuttle Center</b>                      | Site 1:<br>1301 West Olive Avenue<br>Burbank, CA 91506<br>Site 2:<br>1731 North Ontario<br>Burbank, CA 91505                           |
| <b>Centro Maravilla Service Center (CSS)</b>                                      | 4716 East Cesar East Chavez Avenue<br>Los Angeles, CA 90022  |

|  |  |
|--|--|
| <b>Cerritos Senior Center</b>  | 12340 South Street<br>Cerritos, CA 90703   |
| <b>Chinatown Service Center: Little Tokyo Service Center /Korean Health Education, Info. &amp; Research Center</b> | Site 1: 231 East 3 <sup>rd</sup> Street Suite # G106<br>Los Angeles, CA 90013<br>Site 2: 3727 West 6 <sup>th</sup> Street Suite #230<br>Los Angeles, CA 90020<br>Site 3: 320 South Garfield Avenue Suite#202<br>Alhambra, CA 91801 |
| <b>Claremont, City of: Joslyn Center /Blaisdell Community Center</b>   | Site 1:<br>660 North Mountain Avenue<br>Claremont, CA 91711<br>Site 2:<br>440 South College Avenue<br>Claremont, CA 91711  |
| <b>Culver, City of: Culver City Senior Center / Roxbury Park Community Center</b>                                  | Site 1:<br>4095 Overland Avenue<br>Culver City, CA 90232<br>Site 2:<br>471 South Roxbury Drive<br>Beverly Hills, CA 90212  |
| <b>East Los Angeles Senior Center (CSS)</b>  | 133 North Sunol Drive Suite# 237<br>Los Angeles, CA 90063  |
| <b>East Rancho Dominguez Service Center (CSS)</b>  | 4513 East Compton Boulevard<br>Compton, CA 90221   |
| <b>El Monte, City of: Jack Crippen Multipurpose Senior Center</b>  | 3120 North Tyler Avenue<br>El Monte, CA 91731  |
| <b>Florence/Firestone Service Center (CSS)</b>   | 7807 South Compton Avenue<br>Los Angeles, CA 90001   |
| <b>Gardena, City of</b>  | 1670 West 162th Street<br>Gardena, CA 90247  |
| <b>Glendale, City of : Adult Recreation Center / Sparr Heights Community Center</b>                                | Site 1:<br>201 East Colorado<br>Glendale, CA 91205<br>Site 2:<br>1613 Glencoe Way,<br>Glendale, CA 91208   |
| <b>Grandparents As Parents, Inc. : Corporate Office / Edelman Court Caregiver Center</b>                           | Site 1:<br>22048 Sherman Way #217<br>Canoga Park, CA 01303<br>Site 2:<br>201 Center Plaza Drive – 5 <sup>th</sup> Floor #422<br>Monterey Park, CA 91754  |

|   |  |
|---|--|
| <b>Human Services Association</b>   | 6800 Florence Avenue<br>Bell Gardens, CA 90201   |
| <b>Jewish Family Service: West Hollywood Comprehensive Service Center /Freda Mohr Multipurpose Center</b> | Site 1:<br>7377 Santa Monica Boulevard<br>West Hollywood, CA 90046<br>Site 2:<br>330 North Fairfax Avenue<br>Los Angeles, CA 90036 |
| <b>Just Rite Community Program</b>  | 17715 Chatsworth Street, Suite 210<br>Granada Hills, CA 91344  |
| <b>Long Beach Senior Center</b>   | 1150 East 4 <sup>th</sup> Street<br>Long Beach, CA 90802   |
| <b>Los Nietos Senior Center (CSS)</b>   | 11640 East Slauson Avenue<br>Whittier, CA 90606  |
| <b>Norwalk, City of : Senior Center</b>   | 14040 San Antonio Drive<br>Norwalk, CA 90650   |
| <b>Office of Samoan Affairs</b>   | 20715 South Avalon Boulevard Suite# 200<br>Carson, CA 90746  |
| <b>Oldtimers Foundation</b>   | 3355 East Gage Avenue<br>Huntington Park, CA 90255   |
| <b>Pomona, City of: Community Service Department</b>  | 499 East Arrow Hwy<br>Pomona, CA 91767   |
| <b>Potrero Heights Park Community and Senior Center (CSS)</b>   | 8051 Arroyo Drive<br>Montebello, CA 90640  |
| <b>San Fernando, City of: Las Palmas Park</b>   | 505 South Huntington Street<br>San Fernando, CA 91340  |
| <b>San Gabriel Valley Service Center (CSS)</b>  | 1441 Santa Anita Avenue<br>South El Monte, CA 91733  |
| <b>San Gabriel Valley YWCA</b>  | 943 North Grand Avenue<br>Covina, CA 91724   |
| <b>San Pedro Service Center (CSS)</b>   | 769 West Third Street<br>San Pedro, CA 90731   |
| <b>Santa Anita Family Service</b>   | 605 South Myrtle Avenue<br>Morovia, CA 91016   |
| <b>Santa Clarita Valley Community on Aging</b>  | 22900 Market Street<br>Santa Clarita, CA 91321   |
| <b>Santa Clarita Valley Service Center (CSS)</b>  | 24271 Main Street<br>Newhall, CA 91321   |
| <b>Senior Care Action Network (SCAN)</b>  | 2501 Cherry Avenue Suite# 380<br>Signal Hill, CA 90755   |



|   |  |
|---|--|
| <b>South El Monte, City of : Senior Center</b>                                  | 1556 Central Avenue<br>South El Monte, CA 91733                              |
| <b>Southeast Area Social Service Funding Authority</b>                          | 10400 Pioneer Boulevard Suite # 9<br>Santa Fe Springs, CA 90670              |
| <b>Special Services for Groups: Older Adult Division</b>                        | 1730 West Olympic Boulevard Floor 3A Suite 100<br>Los Angeles, CA 90015      |
| <b>Torrance, City of: Community Services Department, Bartlett Senior Center</b> | 1339 Post Avenue.<br>Torrance, CA 90501                                      |
| <b>Torrance South Bay Family YMCA</b>   | 2900 West Sepulveda Boulevard<br>Torrance, CA 90505                          |
| <b>USC/LA Caregiver Resource Center</b>   | 3715 McClintock Avenue<br>Los Angeles, CA 90089                              |
| <b>Watts Labor Community Action Committee: Bradley Multipurpose Center</b>      | 10937 South Central Avenue<br>Los Angeles, CA 90059                          |
| <b>West Covina, City of</b>   | 1444 West Garvey Avenue<br>West Covina, CA 91793                             |
| <b>Wise &amp; Healthy Aging</b>   | 1527 4 <sup>th</sup> Street, 2 <sup>nd</sup> Floor<br>Santa Monica, CA 90401 |
| <b>Willowbrook Senior Center (CSS)</b>  | 12915 South Jarvis Avenue<br>Los Angeles, CA 90401                           |

**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 AAA coordinates its disaster preparedness plans and activities with AAA subrecipients by requiring agencies to have on a file an updated emergency preparedness plan and by providing emergency preparedness resources for each agency. The AAA also plays an integral part in alerting AAA subrecipients of adverse weather conditions as well as any other potential circumstances that may result in a disruption of services. Upon determining the scope of the disaster in terms of its effect on AAA clients, the AAA emergency coordinator will report to the California Department of Aging for relay to the State Office on Emergency Services and the Federal Emergency Management Agency. The AAA emergency coordinator will also assist in linking impacted older adults to the nearest Disaster Assistance Center and comply with completing the required CDA reports.

The AAA continues to coordinate its disaster preparedness activities with CSS Adult Protective Services and CSS Internal Support Services to carry out emergency support functions and non-deferrable services. The AAA places a high commitment on serving the most vulnerable populations in the County of Los Angeles. This includes advocating for older adults and individuals with disabilities to be included in the emergency planning process. Through collaboration with the City of Los Angeles Parks and Recreation, Los Angeles County Departments of Public Health, Health Services, Mental Health, Parks and Recreation, and Office of Emergency Management, the AAA actively participates in the Senior Emergency Preparedness Action Committee (SEPAC). In addition, the AAA is a member of the Access and Functional Needs (AFN) Committee. The AAA's participation in these committees has provided essential resources for the AAA to expand emergency preparedness policies for its subrecipients.

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):

| <b>Name</b>  | <b>Title</b>              | <b>Telephone</b> | <b>email</b>               |
|--------------|---------------------------|------------------|----------------------------|
| Jessie Comer | Emergency Program Manager | (323) 980-2263   | Jcomer@ceooem.lacounty.gov |

3. Identify the Disaster Response Coordinator within the AAA:

| <b>Name</b>                                 | <b>Title</b>                   | <b>Telephone</b>   | <b>email</b>              |
|---|--------------------------------|--|---------------------------|
| Michael Gavigan (AAA Emergency Coordinator) | Human Services Administrator I | Office: 3333 Wilshire Blvd.<br>Suite 400, Los Angeles,<br>CA 90010<br>Cell: 323-807-8651 | mgavigan@css.lacounty.gov |
| Ellie Wolfe (Depart. Emerg. Coordinator)    | Program Manager                | Cell: 213-748-2681   | ewolfe@css.lacounty.gov   |

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?  |
|---|---|
| <p>a. Congregate Meals</p> <p>b. Home Delivered Meals</p> | <p>a. Depending on the nature of the disaster, the AAA emergency coordinator will coordinate with site directors to ensure alternate arrangements for service delivery.</p> <p>b. Depending on the availability of funds, all active home-delivered meal clients receive a minimum of 3 shelf-stable meals to consume in the event of a disruption to normal meal services. These meals are provided with instructions.</p> |

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

The AAA requires that its sub-recipients maintain an emergency preparedness plan and follow established emergency communications protocol.

- Alhambra, City of
- AltaMed Health Services Corporation
- Alzheimer's Association
- Armenian Relief Society
- Avalon Medical Development Corp.
- Azusa, City of
- Bet Tzedek Legal Services
- Burbank, City of
- Claremont, City of
- Center for Health Care Rights
- Consulting Nutritional Services
- Culver City, City of
- El Monte, City of
- ESCAPA / Chinatown Service Center
- Food & Nutrition Management Services
- Gardena, City of
- Glendale, City of
- Grandparents As Parents
- Heritage Clinic
- Human Services Association
- Inglewood, City of
- Jewish Family Services of Los Angeles
- Just Rite Community Programs, Inc.
- Norwalk, City of

- Office of Samoan Affairs
- Oldtimers Foundation, Inc.
- Pomona, City of
- San Fernando, City of
- San Gabriel Valley YWCA
- Santa Anita Family Services
- Santa Clarita Valley Committee on Aging
- Senior Care Action Network
- South El Monte, City of
- Southeast Area Social Services Funding Authority
- Special Services for Groups
- Torrance South Bay YMCA
- USC Los Angeles Caregiver Resource Center
- Watts Labor Community Action Committee
- West Covina, City of
- WISE and Healthy Aging

6. Describe how the AAA will:

- Identify vulnerable populations.

In the event of an emergency, disaster, or disruption in normal service delivery, the AAA identifies vulnerable populations through direct contact with service providers. In addition, the AAA receives referrals from Adult Protective Services and other agencies that have identified vulnerable populations. This includes other health and human services departments in Los Angeles County.

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

The AAA will link these vulnerable populations with the appropriate services and to the nearest Disaster Assistance Center. The AAA will follow-up with service providers to assure adequate services are in place. Furthermore, the AAA works closely with Adult Protective Services to ensure that the most vulnerable populations are being served.

**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 funds<sup>8</sup> listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 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 30%      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 17%      17-18 \_\_\_\_\_%      18-19 \_\_\_\_\_%      19-20 \_\_\_\_\_%

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

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

2016-17 5%      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.

The percentages were based on target populations and service needs.

<sup>8</sup> Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

<sup>9</sup> Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

**SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES****PSA 19**

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 servicesCheck each applicable Fiscal Year

| <b>Title III B</b>   | <b>16-17</b>                        | <b>17-18</b>             | <b>18-19</b>             | <b>19-20</b>             |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> Information and Assistance               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Case Management                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Outreach                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input 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"/> |
| <b>Title III D</b>   | <b>16-17</b>                        | <b>17-18</b>             | <b>18-19</b>             | <b>19-20</b>             |
| <input type="checkbox"/> Disease Prevention and Health Promo.                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Title III E<sup>10</sup></b>  | <b>16-17</b>                        | <b>17-18</b>             | <b>18-19</b>             | <b>19-20</b>             |
| <input checked="" type="checkbox"/> Information Services                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Access Assistance                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Support Services                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Title VII A</b>   | <b>16-17</b>                        | <b>17-18</b>             | <b>18-19</b>             | <b>19-20</b>             |
| <input type="checkbox"/> Long-Term Care Ombudsman                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Title VII</b>   | <b>16-17</b>                        | <b>17-18</b>             | <b>18-19</b>             | <b>19-20</b>             |
| <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.

The Los Angeles County AAA conducts ongoing outreach activities in communities throughout the County to ensure that under-served, low-income, Limited English Proficient, and minority populations are aware of the services available to them. The LA County InfoVans and the Information and Referral Specialists play an integral part in our continuous efforts to inform the public about our services. Staff attends cultural celebrations, health fairs, community forums as well as other activities to reach targeted populations and distribute information on available services.

In addition to the direct services provided by the AAA, we also contract with multiple agencies that serve older adults, informal caregivers, and adults with disabilities throughout LA County. These community based agencies are equipped to identify local needs and preferences of the target population.

Also, continued collaboration with the LA City Department of Aging and other county departments play a role in outreaching to the population we serve and helping them to have access to quality care.

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

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

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

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

**Identify Service Category: Senior Center Activities**

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

☒ III B

☐ III C-1

☐ III C-2

☐ Nutrition Education

☐ III E

☐ VII A

☐ HICAP

**Request for Approval Justification:**

☐ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ 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 service<sup>12</sup> :

Some services specifically for older adults and adults with functional impairments are currently not offered countywide; providing direct services through the Senior Centers affords the AAA the opportunity to enhance services and address the needs of this population in a more expedient way, when necessary.

<sup>11</sup> Section 15 does not apply to Title V (SCSEP).

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

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

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

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**Total Number of Board Members: 5****Name and Title of Officers:****Office Term Expires:**

|  |               |
|--|---------------|
| Hilda L. Solis – Chair of the Board of Supervisors/1 <sup>st</sup> District Supervisor | December 2018 |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |

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

|   |               |
|---|---------------|
| Hilda S. Solis – 1 <sup>st</sup> District Supervisor/Chair  | December 2018 |
| Mark Ridley-Thomas – 2 <sup>nd</sup> District Supervisor    | December 2016 |
| Sheila Kuehl – 3 <sup>rd</sup> District Supervisor          | December 2018 |
| Don Knabe – 4 <sup>th</sup> District Supervisor             | December 2016 |
| Michael D. Antonovich – 5 <sup>th</sup> District Supervisor | December 2016 |
|   |               |
|   |               |
|   |               |



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

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

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Total Council Membership (include vacancies) 50

Number of Council Members over age 60 33

|                                | <u>% of PSA's<br/>60+Population</u> | <u>% on<br/>Advisory Council</u> |
|--------------------------------|-------------------------------------|----------------------------------|
| <b>Race/Ethnic Composition</b> |                                     |                                  |
| White                          | <u>59.3%</u>                        | <u>34.29%</u>                    |
| Hispanic (of any race)         | <u>29.9%</u>                        | <u>28.57%</u>                    |
| Black                          | <u>9.2%</u>                         | <u>20.00%</u>                    |
| Asian/Pacific Islander         | <u>18.4%</u>                        | <u>17.14%</u>                    |
| Native American/Alaskan Native | <u>.5%</u>                          | <u>0.0%</u>                      |
| Other/Two or more races        | <u>12.5%</u>                        | <u>0.0%</u>                      |

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

|   |          |
|---|----------|
| Linda Yamauchi, President                       | 06.30.16 |
| Olga Sarabia, 1 <sup>st</sup> Vice President    | 06.30.16 |
| Charles Trevino, 2 <sup>nd</sup> Vice President | 06.30.16 |
| Charles Mitchell, Fiscal Officer                | 06.30.16 |
| Vicente Zapata, Secretary                       | 06.30.16 |

**Name and Title of other members:****Office Term Expires:**

|                       |          |
|-----------------------|----------|
| Estelle Beaver-Thomas | 06.30.16 |
| Margaret Belton       | 06.30.16 |
| Gloria Duran          | 06.30.16 |
| Rafael Flores         | 06.30.16 |
| Nneenah Frazier       | 06.30.16 |
| Jerry Gaines          | 06.30.19 |
| Ruth Gonzales         | 06.30.18 |
| Irene Griffith        | 06.30.16 |
| Oleeta Igar           | 06.30.18 |
| William Ha            | 06.30.16 |
| Robert Jimenez        | 06.30.18 |

|                   |          |
|-------------------|----------|
| Paul Jhin         | 06.30.17 |
| Diana Love        | 06.30.18 |
| Gayle McKinney    | 06.30.18 |
| Barbara Meltzer   | 06.30.16 |
| Denise Menchaca   | 06.30.17 |
| Arlene Okamoto    | 06.30.18 |
| Samuel Park       | 06.30.16 |
| Elizabeth Payne   | 06.30.18 |
| Wilma Pinder      | 06.30.16 |
| Helen Romero Shaw | 06.30.18 |
| Julia Rosenberg   | 06.30.18 |
| Patricia Stanyo   | 06.30.18 |
| Kathleen Sullivan | 06.30.18 |
| Anna Swett        | 06.30.17 |
| Elvia Torres      | 06.30.16 |
| Bernard Weintraub | 06.30.16 |
| Elizabeth Wilson  | 06.30.16 |
| Richard Wolfe     | 06.30.17 |
| Candace Yee       | 06.30.18 |

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

|   | <b>Yes</b>                          | <b>No</b>                |
|---|-------------------------------------|--------------------------|
| 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: 25 are appointed by the Board of Supervisors. 25 are elected by the Advisory Council at large.

**2016-2020 Four-Year Area Planning Cycle**

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This section must be completed and submitted with the Four-Year Area Plan.  
Any changes to this Section must be documented on this form and remitted with Area Plan Updates.<sup>13</sup>

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

Our purpose is to provide support services that will enable our older adults, informal caregivers, and adults with disabilities to maintain their independence, improve their quality of life, and prevent abuse and neglect through collaborative intervention, which includes contracted legal services. Our purpose is also to improve and protect the lives of Los Angeles County's diverse older adults, informal caregivers, and adults with disabilities through advocacy, coordination, and education.

2. Based on your local needs assessment, what percentage of Title III B funding is allocated to Legal Services? 5%
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).

The local level of need for legal services has grown in the past four years as appointment schedules for legal services at senior centers are frequently booked weeks in advance. Our legal services provider, Bet Tzedek, has reported receiving more cases involving elder abuse, including financial elder abuse and real estate title fraud through forgery, undue influence, and diminished capacity experienced by older adults.

The foreclosure crisis has significantly abated since its peak in 2010-2012, but the devastating effects are still being experienced by a number of communities throughout the County of Los Angeles. Bet Tzedek continues its foreclosure efforts such as evaluating eligibility for loan modifications, and advocating with banks and government programs to obtain loan modifications, postpone sales, rescind wrongful foreclosures, or to obtain other forms of assistance. Eviction from affordable housing units due to expiring regulatory agreements between buildings' owners and government financing is another development in recent years. Bet Tzedek has also reported seeing an increase in landlords terminating Section 8 tenancies, including elderly tenants. In addition, there has been an increase in the number of older adults with income tax disputes. To alleviate the issue, Bet Tzedek provides tax controversy and tax debt-reduction representation to AAA clients.

An increase in intergenerational family households has also contributed to the consistent increase in legal issues involving kinship care and informal caregiving arrangements. Bet Tzedek has represented undocumented immigrant youth in order to have their grandparents or other older adult relative caregiver appointed as their legal guardians in probate court.

The AAA anticipates that as the older adult population continues to increase, the need for legal services will increase as well. The level of funding as remained relatively stable in the past four years.

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

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 AAA Legal Services Statement of Work (SOW) does not specify the California Statewide Guidelines. However, the requirements outlined in the Guidelines have been incorporated throughout the SOW and contract. Furthermore, the LSP Bet Tzedek is well aware of and follows the California Statement Guidelines for Legal Assistance. Bet Tzedek was a member of the Task Force whose mission was to revise the Guidelines in 2015.

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

Priorities are identified based on the most common legal issues facing AAA clients. The top four (4) priority legal issues in the County of Los Angeles are as follows:

- Government Benefits: This includes assistance with Social Security, SSI, In-Home Supportive Services, and healthcare.
- Housing/Utilities: This includes tenants' rights, real property (including home equity fraud and foreclosures), and utilities.
- Protective Services/Elder Abuse/Defense against Conservatorship: This includes assistance with conservatorship issues, restraining orders, exploitation, and advance planning/autonomy/advance directives.
- Consumer: Older adults consult with Bet Tzedek on debtors' rights issues and harassment by creditors, consumer scams, and identity theft issues.

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

The AAA has identified the target population to be older adults with the greatest economic or social needs. Subsequently, Bet Tzedek targets services to those with the greatest economic or social needs. Specific to legal services, greatest economic needs result from an income level at or below the current official Federal Poverty Guideline amounts. Greatest social needs are caused by non-economic factors, which include: physical and mental disabilities, language barriers, and cultural, social or geographical isolation, including isolation caused by race or ethnicity, sexual orientation or gender identify, or housing status or mobility issues that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of an individual to live independently.

Several mechanisms are used for reaching the target population. This includes scheduling appointments in advance, providing on site services at locations where older adults congregate, conducting follow up sessions at locations convenient to the older adult, and preparing advance planning clinics.

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

The targeted senior population is age 60 or older with the greatest economic or social need, as identified above. AAA legal services are provided through Bet Tzedek's offices on Wilshire Boulevard and various community and senior centers located throughout the County of Los Angeles. In addition to regular appointments, advance planning clinics and other services are provided on an as needed basis in some of the centers. Extensive outreach efforts to reach the target population are conducted, which is further described in #10 below.

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?

Bet Tzedek has a Call Center which can be reached at (323) 939-0506. Callers are pre-screened for eligibility and type of legal need and subsequently either provided with an appointment or, where appropriate, given referrals to other community agencies.

In addition, Los Angeles County Community and Senior Services (CSS) operate an Information and Referral hotline to conduct referrals and follow-up with callers who wish to be connected with supportive services, including legal assistance.

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

Several outreach strategies are used. In addition to one-on-one legal consultations, Bet Tzedek hosts several workshops, trainings, and participates in clinics, senior fairs, information sessions, and communication events sponsored by a variety of social service agencies and departments. Advance Planning Clinics are conducted at various senior centers and outreach sites to assist older adults in preparing advance health care directives and statutory wills. In addition to assisting AAA clients with SSI overpayment cases, Bet Tzedek also operates Self-Help Conservatorship Clinics in several courthouses throughout the County of Los Angeles for older adults and their caregivers. Additional outreach is also provided at the Department of Children and Family Services North facility, where a Bet Tzedek attorney assists grandparents with kinship care legal issues that involve their grandchildren.

Bet Tzedek also produces flyers and brochures on a variety of legal topics, including a distribution of several user-friendly guidebooks that are invaluable for older adults, caregivers, service providers, attorneys, social workers, and health care professionals. These resources are available in English and Spanish.

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

| Fiscal Year | Name of Provider                         | Geographic Region covered         |
|-------------|--|-----------------------------------|
| 2016-2017   | a. Bet Tzedek Legal Services<br>b.<br>c. | a. Los Angeles County<br>b.<br>c. |
| 2017-2018   | a.<br>b.<br>c.                           | a.<br>b.<br>c.                    |
| 2018-2019   | a.<br>b.<br>c.                           | a.<br>b.<br>c.                    |
| 2019-2020   | a.<br>b.<br>c.                           | a.<br>b.<br>c.                    |

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

Older adults and caregivers access legal services in a variety of ways. This includes calling Bet Tzedek's Call Center, accessing Bet Tzedek's website, scheduling an appointment at a multipurpose senior center, or through one of the sites where Bet Tzedek provides outreach. Other access points include the medical-legal clinic that Bet Tzedek operates at St. Francis Medical Center, other clinics conducted by Bet Tzedek staff in the community (e.g., Self-Help Conservatorship Clinics at several courthouses, the Employment Rights Project Clinic, Advance Planning Clinics), DCFS North, and through Bet Tzedek's large referral network throughout the community (e.g., ombudsmen, social workers, case managers, non-profits, social service agencies, government agencies, and local law enforcement officials).

In addition, older adults and caregivers can access legal service through CSS Information and Referral hot line, 211, CSS' website, and through our community partners and providers who contract with the AAA to provide a wealth of services.

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

The major types of legal issues handled by Bet Tzedek include government benefits (e.g., Social Security, SSI, Medi-Cal, IHSS, CAPI, KinGAP), California Statutory Wills, advance health care directives, consumer debt, debtors' rights, financial elder abuse, housing issues, real estate fraud against seniors, foreclosure prevention, family caregiver rights, conservatorships, guardianships, elder abuse restraining orders, legal issues regarding care for adults with intellectual/developmental disabilities and their aging family caregivers, employment rights, income tax disputes, and small claims issues.

Additionally, through its Holocaust Survivor Services Project, Bet Tzedek see hundreds of local seniors who are Holocaust survivors. Bet Tzedek remains one of a handful of agencies in the world that offers free legal advice and assistance for survivors who are applying for reparations, pensions, and other benefits from Germany and other European countries. Bet Tzedek also integrates its Caregiver/Elder Law services into the Holocaust Survivor Services Project, providing the same wraparound services for Holocaust survivors that other seniors receive from Bet Tzedek.

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

The major legal issues handled by Bet Tzedek for Los Angeles County has not changed. However, please see #3 above for more detail.

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

The barriers to accessing legal assistance in the County of Los Angeles are the challenges associated with serving the homebound and those living alone with no support; the hurdles faced in serving the abused; overcoming cultural differences and fears of the older adult immigrant population; the difficulty of grandparents caring for grandchildren in accessing useful information; reaching and communicating to long term care facility residents; language barriers; and lack of access to transportation.

Overcoming these barriers is a challenge, but efforts are continuously made. Bet Tzedek makes home visits to older adults who cannot travel to service sites. Furthermore, Bet Tzedek's Caregiver and Real Estate Fraud units address many elder abuse issues common to seniors, and its Employment Rights Project assists immigrants and others, including seniors, with employment issues in the work place. In addition to having a full time staff attorney dedicated to providing

assistance on kinship care issues, Bet Tzedek publishes easily accessible companion guides on its website, in English and Spanish, on a variety of subjects relevant to seniors. Staff members speak a number of languages, and Bet Tzedek draws upon its large corps of volunteers to provide additional assistance in interpreting when clients speak languages not known to staff members.

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

Bet Tzedek coordinates services and works in close collaboration with a wide variety of social service providers, legal services support centers, non-profits, senior multipurpose centers, medical providers, government agencies, and law enforcement agencies. Bet Tzedek is an active participant in the Los Angeles County Elder Abuse Forensic Center, regularly attending meetings and accepting referrals from the task force. Other partners include several dozen community agencies as well as secondary partners such as the Los Angeles Police Department, Los Angeles Sheriff's Department, Los Angeles Department of Consumer Affairs, Legal Aid Foundation of Los Angeles, Public Counsel, Adult Protective Services of Los Angeles County, the Los Angeles City Attorney's Office, the District Attorney's Office of Los Angeles County, and the Los Angeles County Superior Court. Bet Tzedek also has a massive pro bono program in partnership with major law firms which significantly leverages staff resources to serve more seniors in need. Pro bono assistance to Bet Tzedek, including private attorneys and volunteer paralegals, law students, and other community members, typically averages over 50,000 hours per year.

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

**PSA 19**

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

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

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

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

<sup>14</sup> Acquisition is defined as obtaining ownership of 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 PSA review of current support needs and services for **family caregivers** and **grandparents** (or other older relative of a child), indicate what services the AAA **intends** to provide using Title III E and/or matching FCSP funds for both family caregivers and grandparents/older relative caregivers.

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

**Family Caregiver Services**

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

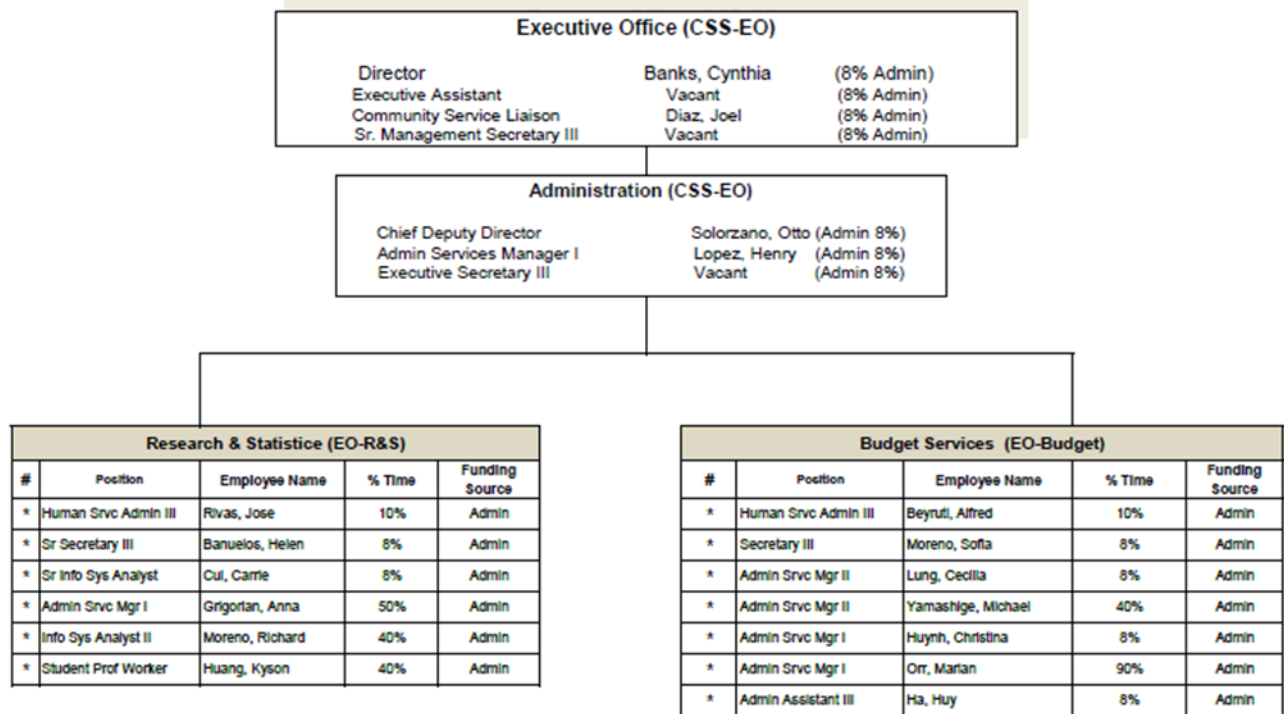
\*Refer to PM 11-11 for definitions for the above Title III E categories.

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

## SECTION 21 - ORGANIZATION CHART

County of Los Angeles Department of Community and Senior Services  
FY 2016-17 ORGANIZATIONAL CHART  
Executive Office (EO)



\* Positions are funded by local County matching, or other non-OAA/OCA funds

12/21/2015

**County of Los Angeles Department of Community and Senior Services  
FY 2016-17 ORGANIZATIONAL CHART  
Aging and Adult Services Branch (AAS)**

| Aging and Adult Services Branch (AAS - Admin) |                   |                                |
|---|-------------------|--------------------------------|
| Assistant Director                            | Sanchez, Lorena   | (#1: Admin 8%, IIB 2%, IIE 2%) |
| Management Secretary III                      | Arraga, Josephine | (#2: Admin 8%, IIB 2%, IIE 2%) |
| Staff Assistant III                           | Wang, Johnson     | (#3: Admin 8%, IIB 2%, IIE 2%) |

| Area Agency on Aging (AAA Admin) |                      |                 |                           |     |     |
|----------------------------------|----------------------|-----------------|---------------------------|-----|-----|
| #                                | Position             | Employee Name   | Funding Source and % Time |     |     |
|                                  |                      |                 | Admin                     | IIB | IIE |
| 4                                | Program Manager      | Ardeyan, Anna   | 80%                       | 15% | 5%  |
| 5                                | Senior Secretary III | Thomas, Barbara | 80%                       | 15% | 5%  |
| 6                                | Staff Assistant II   | Chen, Jovita    | 80%                       | 15% | 5%  |

| Information and Assistance (ISA) <sup>1</sup> |                     |                    |                           |     |
|---|---------------------|--------------------|---------------------------|-----|
| #   | Position            | Employee Name      | % Time and Funding Source |     |
|   |                     |                    | IIB                       | IIE |
| <sup>1</sup>                                  | Human Svc Admin II  | Kochan, David      | 2%                        | 2%  |
| <sup>1</sup>                                  | Admin Svc Manager I | Shibeshi, Solomon  | 10%                       | 10% |
| <sup>1</sup>                                  | Intern Typist Clerk | Elaine Chow        | 28%                       | 12% |
| <sup>1</sup>                                  | Intern Typist Clerk | Nguyen, Tuan       | 28%                       | 12% |
| <sup>1</sup>                                  | Social Worker       | Atta, Anthony      | 28%                       | 12% |
| <sup>1</sup>                                  | Social Worker       | Boger, Vhlan       | 28%                       | 12% |
| <sup>1</sup>                                  | Social Worker       | Javedan, Vahik     | 28%                       | 12% |
| <sup>1</sup>                                  | Social Worker       | Ulley, Barbara     | 28%                       | 12% |
| <sup>1</sup>                                  | Social Worker       | Mansour, Maged     | 28%                       | 12% |
| <sup>1</sup>                                  | Social Worker       | McCormack, Vincent | 28%                       | 12% |
| <sup>1</sup>                                  | Social Worker       | Perdomo, Otto      | 28%                       | 12% |
| <sup>1</sup>                                  | Social Worker       | Smith Thomas, Rynn | 28%                       | 12% |
| <sup>1</sup>                                  | Social Worker       | Yip, Joyce         | 28%                       | 12% |

<sup>1</sup> Positions are supported by ISA funds and local County matching

| AAA |                      |                   |                           |     |      |
|-----|----------------------|-------------------|---------------------------|-----|------|
| #   | Position             | Employee Name     | % Time and Funding Source |     |      |
|     |                      |                   | Admin                     | IIB | IIE  |
| 7   | Human Svc Admin II   | Kirk, Cornelia    | 50%                       | 25% | 25%  |
| 8   | Secretary II         | Ta, Sharla        | 50%                       | 25% | 25%  |
| 9   | Human Svc Admin I    | Eat, Cynthia      | 20%                       | 30% | 50%  |
| 10  | Human Svc Admin I    | Gavigan, Michael  | 10%                       | 0%  | 0%   |
| 11  | Project Supervisor   | Ficht, Len        | 80%                       | 0%  | 0%   |
| 12  | Comm Svc Analyst III | Petree, Yvonna    | 0%                        | 0%  | 100% |
| 13  | Comm Svc Analyst III | Ward, Denise      | 100%                      | 0%  | 0%   |
| 14  | Comm Svc Analyst II  | Mata, Maria       | 0%                        | 0%  | 100% |
| 15  | Int Typist Clerk     | Aprian, Sonik     | 30%                       | 30% | 40%  |
| 16  | Comm Svc Analyst II  | Roberto Miguel    | 75%                       | 0%  | 0%   |
| 17  | Comm Svc Analyst II  | Vacant            | 30%                       | 30% | 40%  |
| 18  | Int Typist Clerk     | Dean, Alma        | 50%                       | 25% | 25%  |
| 19  | Senior Clerk         | Contreras, Susana | 0%                        | 0%  | 100% |

| Los Angeles Commission for Older Adults (LACCOA) |                      |                   |        |                |
|--|----------------------|-------------------|--------|----------------|
| #  | Position             | Employee Name     | % Time | Funding Source |
| 19   | Comm Svc Analyst III | Madina, Guillermo | 25%    | IIB            |
| 20   | Staff Assistant I    | Vacant            | 25%    | IIB            |
| 21   | Int Typist-Clerk     | Musaderian, Anna  | 25%    | IIB            |

**County of Los Angeles Department of Community and Senior Services**

**Administrative Services Branch (AMS-Admin)**

|                             |                   |            |
|-----------------------------|-------------------|------------|
| Admin Deputy II             | Washington, Joyce | (Admin 8%) |
| Chief Comm Services Analyst | Castillo, Elvira  | (Admin 8%) |
| Management Analyst          | Vayas, Ericka     | (Admin 8%) |
| Management Secretary III    | Winbush, Emetta   | (Admin 8%) |

| Finance (FMD) |                   |                   |        |                |
|---------------|-------------------|-------------------|--------|----------------|
| #             | Position          | Employee Name     | % Time | Funding Source |
| *             | Adm Svcs Mgr III  | Nelson, Gerry     | 8%     | Admin          |
| *             | Sr Secretary III  | Uribe, Yasmín     | 8%     | Admin          |
| *             | Adm Svcs Mgr II   | Sanchez, William  | 8%     | Admin          |
| *             | Adm Svcs Mgr I    | Bagnanian, Igor   | 8%     | Admin          |
| *             | Fiscal Officer II | Duong, An         | 8%     | Admin          |
| *             | Fiscal Officer I  | Ngo, Sonny        | 8%     | Admin          |
| *             | Aud'g Officer II  | Muzenur, Mülal    | 8%     | Admin          |
| *             | Aud'g Officer II  | Regalado, Kim P   | 8%     | Admin          |
| *             | Accountant III    | Ghebresb, Yemane  | 90%    | Admin          |
| *             | Accountant III    | Grigoryan, Narine | 50%    | Admin          |
| *             | Accountant III    | Lam, Katie        | 75%    | Admin          |
| *             | Accountant III    | Neydovska, Inna   | 8%     | Admin          |
| *             | Accountant III    | Ngo, Jennifer     | 8%     | Admin          |
| *             | Accountant II     | Colina, Elizabeth | 8%     | Admin          |
| *             | Accountant II     | Exallie, James    | 90%    | Admin          |
| *             | Accountant II     | Lin, Emily        | 75%    | Admin          |
| *             | Accountant II     | Martinez, Martha  | 90%    | Admin          |
| *             | Accountant II     | Pham, Caroline    | 8%     | Admin          |
| *             | Accountant II     | Thomas, Eric      | 8%     | Admin          |
| *             | Int Typist-Clerk  | Galegos, Ruby     | 8%     | Admin          |

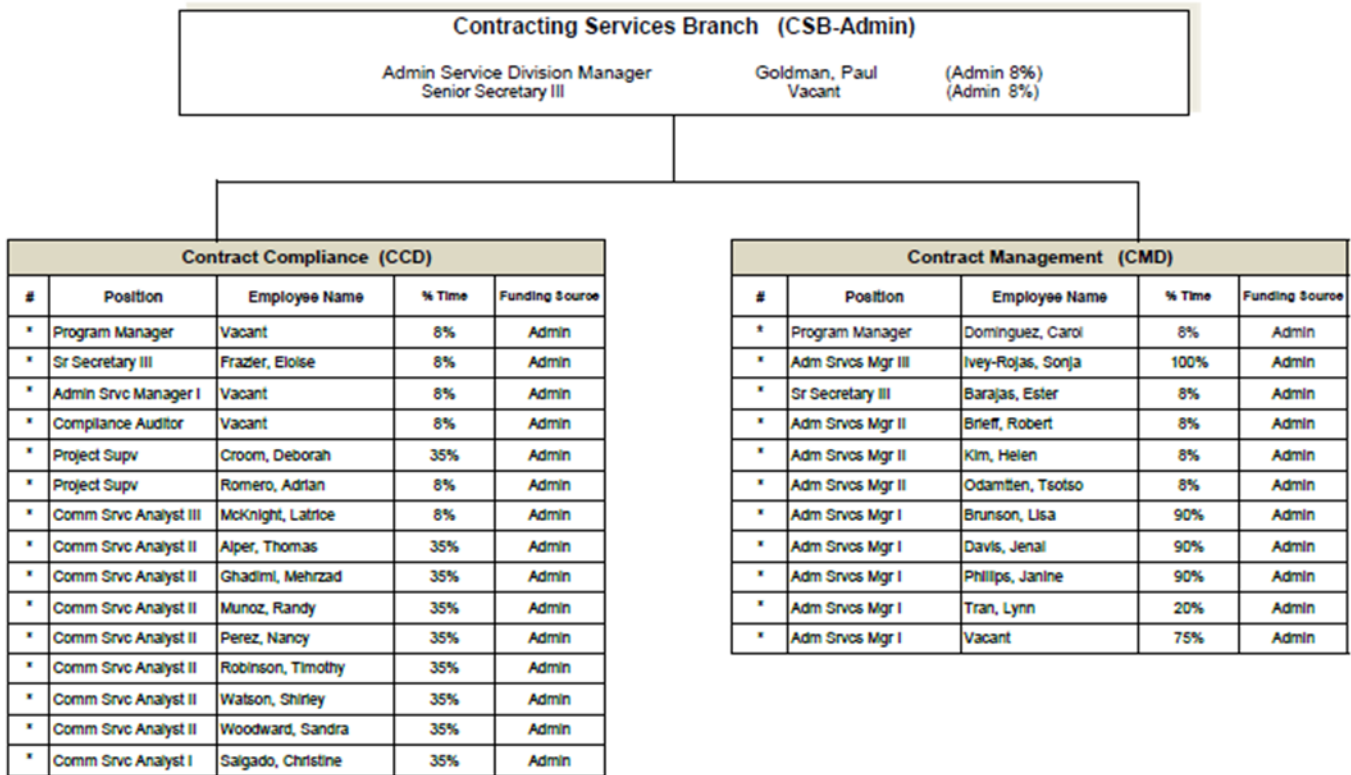
| Information Technology (IT) |                          |                    |        |                |
|-----------------------------|--------------------------|--------------------|--------|----------------|
| #                           | Position                 | Employee Name      | % Time | Funding Source |
| *                           | Info System Manager I    | Agostinelli, Mike  | 8%     | Admin          |
| *                           | Pt'n App'n Developer     | Tang, Alan         | 8%     | Admin          |
| *                           | Comm Svcs Analyst II     | Curtis, Pete       | 8%     | Admin          |
| *                           | Info Sys Supv II         | Merchan, Jorge     | 8%     | Admin          |
| *                           | Info Sys Supv I          | Lau, Andrew        | 8%     | Admin          |
| *                           | Info Sys Analyst II      | Gutierrez, Maria   | 8%     | Admin          |
| *                           | Info Sys Analyst II      | Vacant             | 8%     | Admin          |
| *                           | Info Sys Supp Analyst I  | Ogunnake, Josephus | 8%     | Admin          |
| *                           | Info Sys Supp Analyst I  | Whitaker, Angela   | 8%     | Admin          |
| *                           | Info Sys Supp Analyst II | Enriquez, Scott    | 8%     | Admin          |
| *                           | Sr Typist Clerk          | Aceves, Vanessa    | 8%     | Admin          |

| Human Resources (HR) |                           |                      |        |                |
|----------------------|---------------------------|----------------------|--------|----------------|
| #                    | Position                  | Employee Name        | % Time | Funding Source |
| *                    | Dept HR Manager II        | Acosta, Johnny       | 8%     | Admin          |
| *                    | Sr Secretary III          | Oh, Cindy            | 8%     | Admin          |
| *                    | Adm Svcs Mgr II           | Juarez, Gloria       | 8%     | Admin          |
| *                    | Adm Svcs Mgr II           | Thomas, Michele      | 8%     | Admin          |
| *                    | Adm Svcs Mgr II           | Torres, Paul         | 8%     | Admin          |
| *                    | Adm Svcs Mgr I            | Madison, Kimberly    | 8%     | Admin          |
| *                    | Admin Assistant II        | Ambersturnyan, Gagik | 8%     | Admin          |
| *                    | Comm Svcs Analyst III     | Collier, Shalee      | 8%     | Admin          |
| *                    | Dept Personnel Asst       | Walden, Monique      | 8%     | Admin          |
| *                    | Intermediate Typist-Clerk | Coronado, Roberto    | 8%     | Admin          |
| *                    | Intermediate Typist-Clerk | Hernandez, Silvia    | 8%     | Admin          |
| *                    | Management Analyst        | Araoz, Felisha       | 8%     | Admin          |
| *                    | Sr Dept Personl Tech      | Escobar, Martha      | 8%     | Admin          |
| *                    | Sr Dept Personl Tech      | Mameli, Mark         | 8%     | Admin          |
| *                    | Sr Dept Personl Tech      | Rustani, Lemik       | 8%     | Admin          |
| *                    | Staff Divp Specialist     | Parroli, Okaana      | 8%     | Admin          |
| *                    | Staff Divp Specialist     | Pascual, Ralph       | 8%     | Admin          |

| Internal Support Services (ISS) |                          |                      |        |                |
|---------------------------------|--------------------------|----------------------|--------|----------------|
| #                               | Position                 | Employee Name        | % Time | Funding Source |
| *                               | Program Manager          | Ellie Wolfe          | 8%     | Admin          |
| *                               | Adm Svcs Mgr I           | Tebis, Valeria       | 8%     | Admin          |
| *                               | Adm Svcs Mgr I           | Zachery, Roman       | 8%     | Admin          |
| *                               | Admin Assistant II       | Bennett, Joy         | 8%     | Admin          |
| *                               | Admin Assistant II       | Tadros, Nabli        | 8%     | Admin          |
| *                               | Dept Personnel Assistant | Vera, Anthony        | 8%     | Admin          |
| *                               | Comm Svcs Analyst II     | Hurt, Eyrone         | 8%     | Admin          |
| *                               | Comm Svcs Analyst II     | Newton, Kathleen     | 8%     | Admin          |
| *                               | Comm Svcs Analyst II     | Vacant               | 8%     | Admin          |
| *                               | Comm Svcs Liaison        | Rangel, Myrian       | 8%     | Admin          |
| *                               | Inventory Control Asst 1 | Burns, John          | 8%     | Admin          |
| *                               | Light Vehicle Driver     | Vacant               | 8%     | Admin          |
| *                               | Procurement Aid          | Marquez, Claudia     | 8%     | Admin          |
| *                               | Procurement Assistant I  | Chan, Connie         | 8%     | Admin          |
| *                               | Senior Clerk             | Brokh, Mikhail       | 8%     | Admin          |
| *                               | Senior Clerk             | Pena, Victor         | 8%     | Admin          |
| *                               | Senior Typist Clerk      | Ghahramanian, Anahid | 8%     | Admin          |
| *                               | Senior Typist Clerk      | Rodriguez, Walterina | 8%     | Admin          |
| *                               | Staff Assistant III      | Rodriguez, Clara     | 8%     | Admin          |
| *                               | Sup Typist Clerk         | Pascenda, Sonia      | 8%     | Admin          |

\* Positions are funded by local County matching, or other non-OAA/OCA funds

County of Los Angeles Department of Community and Senior Services  
**FY 2016-17**  
**ORGANIZATIONAL CHART**  
**Contracting Services Branch (CSB)**



\* Positions are funded by local County matching, or other non-OAA/OCA funds



**Workforce Community Services Branch (WCS)**

Cult, Bobble

## Alvarado, Susan (IIB 10%)

- \* Positions are funded by local County matching, or other non-GAA/OCA funds

## **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.