



CYNTHIA D. BANKS
Director

**COMMUNITY AND SENIOR SERVICES
OF LOS ANGELES COUNTY**

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"To Enrich Lives Through Effective And Caring Service"

BOARD OF SUPERVISORS

GLORIA MOLINA
MARK RIDLEY-THOMAS
ZEV YAROSLAVSKY
DON KNABE
MICHAEL D. ANTONOVICH

May 12, 2009

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

Dear Supervisors:

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

35 MAY 12, 2009

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

**LOS ANGELES COUNTY AREA AGENCY ON AGING
2009-2012 PLANNING AND SERVICE AREA PLAN
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

SUBJECT

The Older Americans Act (OAA) and the California Department of Aging (CDA) require each Area Agency on Aging (AAA) to develop and submit an Area Plan for a period designated by the CDA. For this plan cycle, the CDA has approved the option of a one-time-only, three-year Area Plan followed by four-year Area and State Plans. The Area Plan is intended to reflect accurately AAAs' future activities for identifying, documenting and addressing the needs and concerns of older and functionally impaired adults, their families and caregivers. It provides the format and structure to identify and document these needs and concerns in a manner consistent with the OAA and the Older Californians Act.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve the 2009-2012 Planning and Service Area Plan (Attachment).
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 CDA.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The recommended actions are necessary to allow CSS to submit the 2009-2012 Planning and Service Area Plan to the CDA for approval. CDA approval of the Plan is a required condition of the State's agreement with the AAA.

Implementation of Strategic Plan Goals

The activities identified in the 2009-2012 Planning and Service Area Plan support the Countywide Strategic Plan Goals of Operational Effectiveness; Children, Family and Adult Well-Being; and Health and Mental Health.

Performance Measures

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

FISCAL IMPACT/FINANCING

The activities described in the Area Plan are financed by the OAA, State and local 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 individuals at risk for institutional placement.

The plan provides information to the CDA, which in turn is reported to the federal and State officials, on AAA activities, goals and barriers in accomplishing the goals. It also affirms the important role the AAA plays in meeting the needs of the county's vulnerable population. The three goals developed for the three-year plan are as follows:

- Goal #1: Collaborate with the Los Angeles City Department of Aging and county departments to provide a seamless delivery of services and increase awareness of services available to seniors and adults with disabilities.
- Goal #2: Promote an environment that is sensitive to the needs of seniors 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 #3: Continue to coordinate and expand on the development of an integrated multi-disciplinary network of investigative/protective services for vulnerable seniors and adults with disabilities to prevent all forms of abuse and fraud.

County Counsel has reviewed and approved the attachment as to form.

IMPACT ON CURRENT SERVICES

Approval of the 2009-2012 Planning and Service Area Plan will enable the AAA to continue with its home- and community-based, long-term-care initiatives and programs. These programs provide opportunities for older and functionally impaired adults to live out their lives with maximum independence and dignity in their own homes and communities.

Honorable Board of Supervisors

May 12, 2009

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CONCLUSION

Upon Board approval, the Executive Officer, Board of Supervisors, is requested to return one adopted stamped Board Letter to Minh-Ha Nguyen, Assistant Director, Community and Senior Services, 3333 Wilshire Boulevard, Suite 400, Los Angeles, CA 90010. If you need to contact Ms. Nguyen, she may be reached at (213) 738-2645.

Respectfully submitted,



Cynthia D. Banks
Director

CDB:OS

MNH:bsp

Attachment (1)

c: Chief Executive Office
County Counsel

LOS ANGELES COUNTY AREA AGENCY ON AGING (PSA 19) 2009 – 2012 AREA PLAN



MOVING FORWARD TO SAVE LIVES

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AREA PLAN CHECKLIST

Section	Three-Year Area Plan Components	3-Year Plan	Annual Update
	All Area Plan documents are on single-sided paper	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Original Area Plan and two copies are enclosed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Transmittal Letter with Original signatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	Older Americans Act Assurances	<input checked="" type="checkbox"/>	N/A
2	Description of the Planning and Service Area (PSA)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Mission Statement	<input checked="" type="checkbox"/>	N/A
5	Organization Chart	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Planning Process*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Needs Assessment*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Targeting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Public Hearings	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	Identification of Priorities*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Goals and Objectives:		
	Title III B Funded Program Development (PD) Objectives**	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Title III B Funded Coordination (C) Objectives	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	System-Building and Administrative Goals & Objectives**	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Title IIIB/VIIA Long-Term Care Ombudsman Objectives**	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Title VIIB Elder Abuse Prevention Objectives**	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Service Unit Plan (SUP) Objectives**	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Focal Points*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Priority Services*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Notice of Intent to Provide	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Governing Board*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Advisory Council*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	Legal Assistance*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20	Multipurpose Senior Center (MPSC) Acquisition or Construction Compliance Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* Required during first year of the Area Plan Cycle. However, updates only need to be included if changes occur in subsequent years of the cycle.

** Objectives may be updated at any time and need not conform to a twelve month time frame

^ If the AAA funds PD and/or C with Title III B.

**TRANSMITTAL LETTER
Three-Year Area Plan
2009-2012**

AAA Name: Los Angeles County Area Agency on Aging

PSA Number 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.

1. Signature: _____

Supervisor Don Knabe
Governing Board Chairman

Date

2. Signature: _____

Zelda Hutcherson, President
Area Agency on Aging Advisory Council

Date

3. Signature: _____

Cynthia D. Banks, Director
Community & Senior Services, Area Agency on Aging

Date

SECTION 1
OLDER AMERICANS ACT ASSURANCES

OLDER AMERICANS ACT 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)

(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) above.

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

OLDER AMERICANS ACT ASSURANCES

(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;

OLDER AMERICANS ACT ASSURANCES

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

OLDER AMERICANS ACT ASSURANCES

(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.

(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

OLDER AMERICANS ACT ASSURANCES

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

(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 -

OLDER AMERICANS ACT ASSURANCES

(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.

OLDER AMERICANS ACT ASSURANCES

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.

OLDER AMERICANS ACT ASSURANCES

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.

SECTION 2
**DESCRIPTION OF THE PLANING
AND SERVICE AREA (PSA 19)**

DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

History

The County of Los Angeles was established February 18, 1850 as one of the 27 original counties in the State of California. It is the largest and most diverse county in the State of California. There are 88 cities in Los Angeles County; the first city to incorporate was Los Angeles. The County's population is over 10 million people, representing more residents than any county in the nation. Thirty-six major administrative units or departments serve the needs of the County's population. The County has an annual budget in excess of \$22.2 billion. The County's budget includes over 92,000 full-time personnel to serve its diverse population.

In 1850, voters approved the Charter County form of government. The five-member Board of Supervisors is the governing body of the County of Los Angeles. 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.



Gloria Molina



Mark Ridley-Thomas



Zev Yaroslavsky



Don Knabe



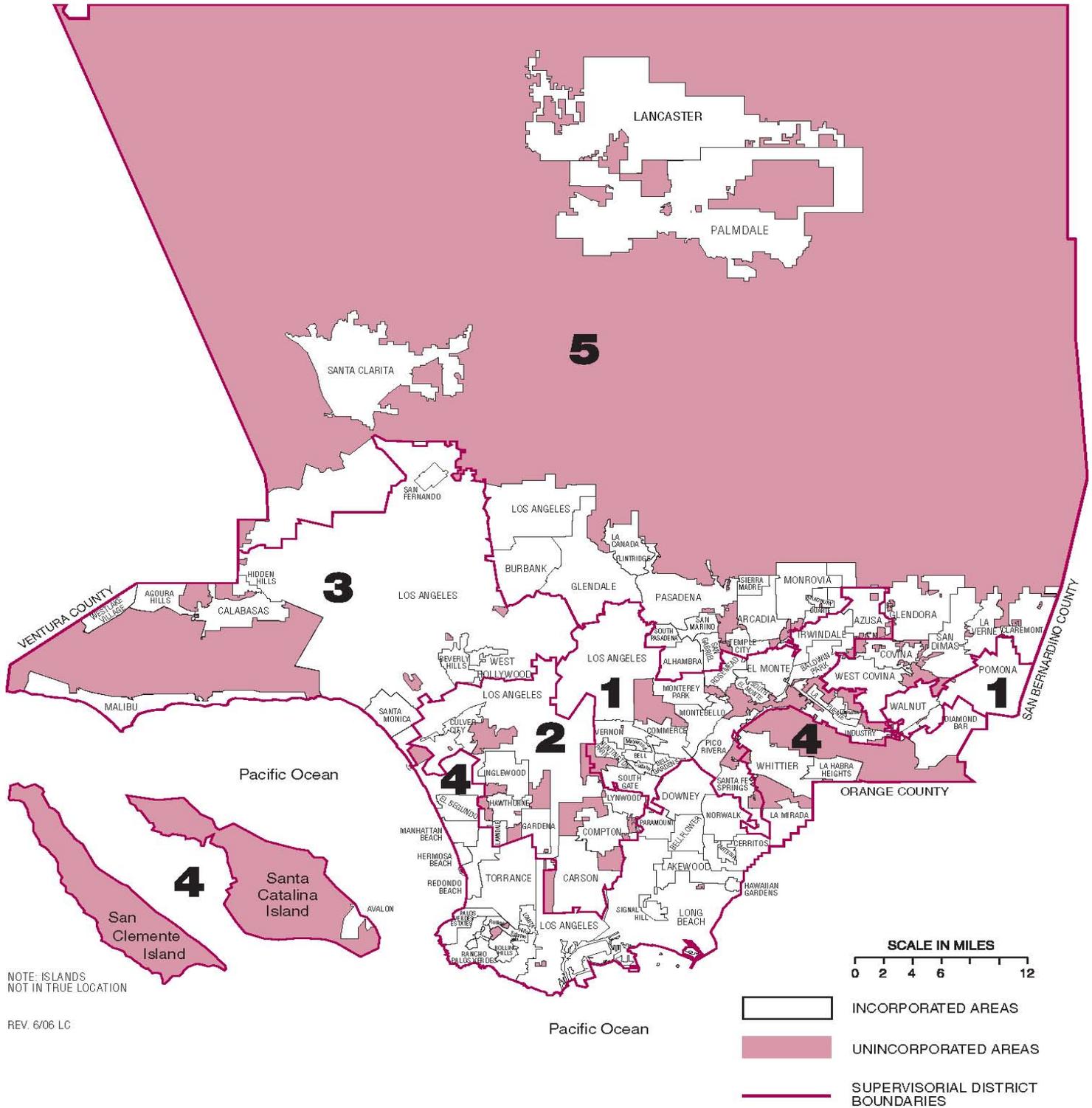
Michael Antonovich

Geographic Boundaries

The County, which is a single county PSA, encompasses an area of 4,082 square miles, roughly the size of Jamaica, with altitudes that 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. Los Angeles County includes the islands of San Clemente and Santa Catalina, and 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. It is the nation's most populous county and, yet, it includes difficult to serve rural areas as well.

DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

Geographic Boundaries



NOTE: ISLANDS NOT IN TRUE LOCATION

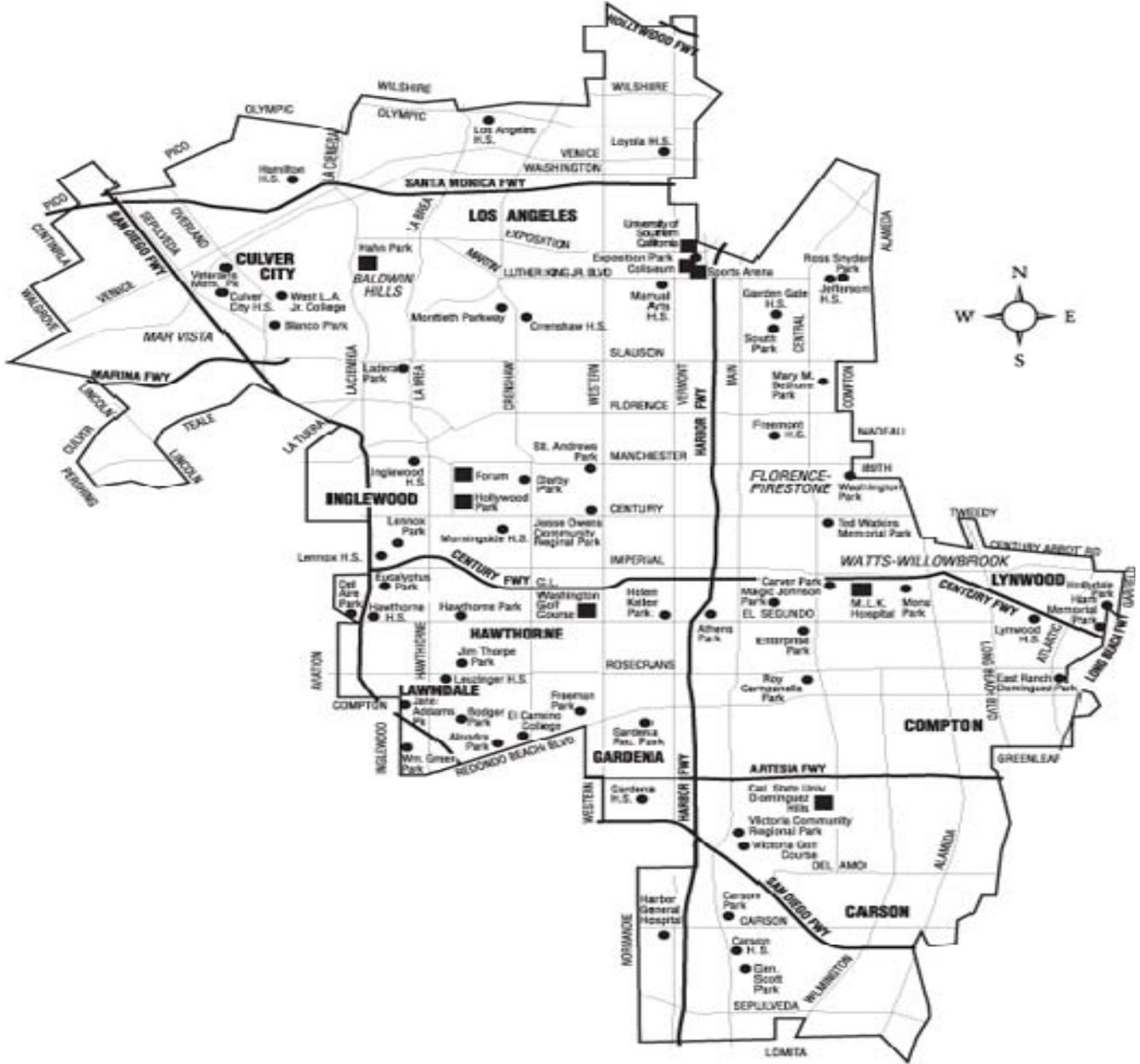
REV. 6/06 LC

The physical characteristic of Los Angeles County 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.

DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

LOS ANGELES COUNTY SUPERVISORIAL AREAS

District 2 includes the cities shown below.

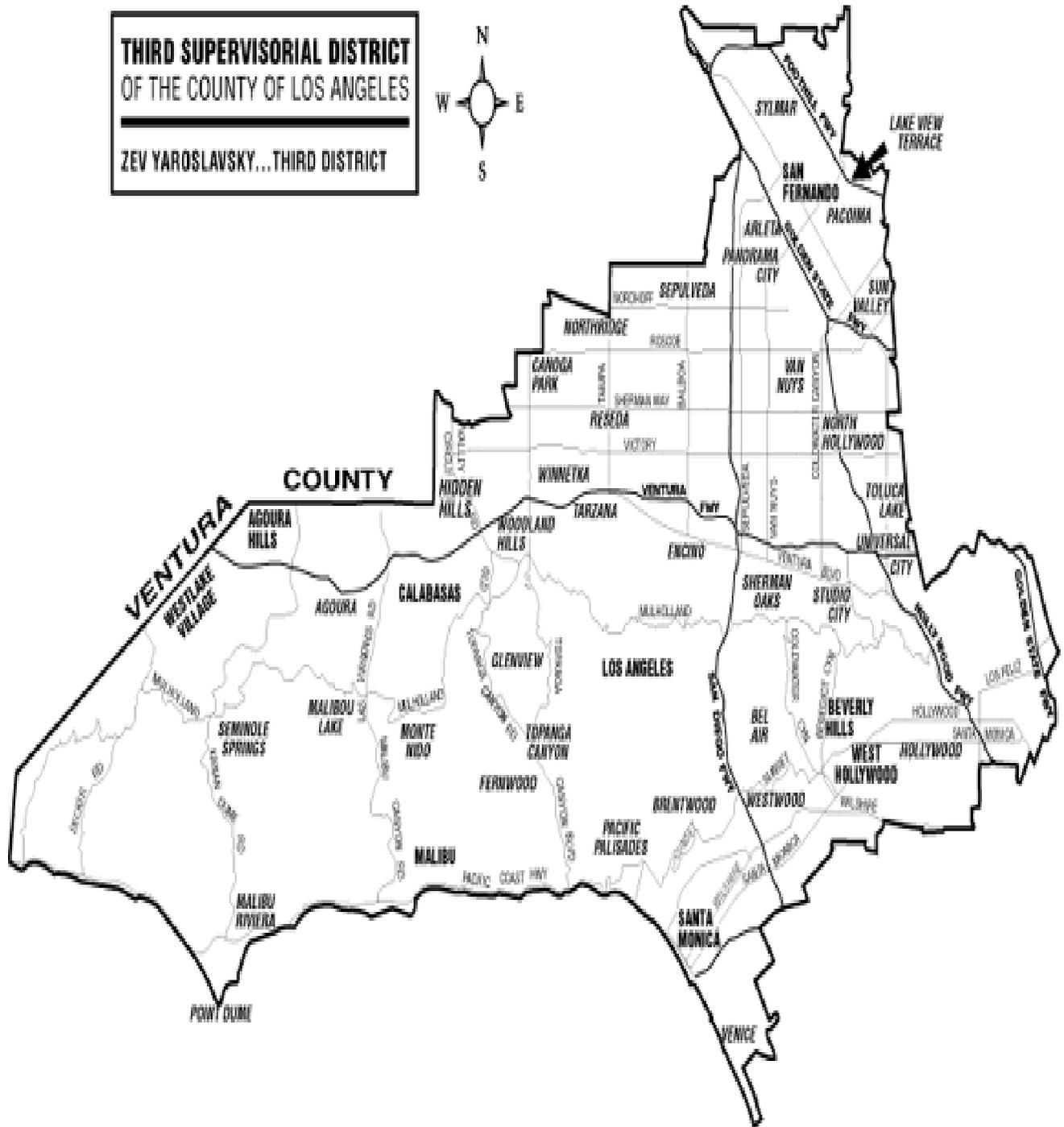


**SECOND SUPERVISORIAL DISTRICT
OF THE COUNTY OF LOS ANGELES**
 MARK RIDLEY-THOMAS...SECOND
 DISTRICT

DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

LOS ANGELES COUNTY SUPERVISORIAL AREAS

District 3 includes the cities shown below.



DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

LOS ANGELES COUNTY SUPERVISORIAL AREAS

District 4 includes the cities shown below.



Artesia

- Avalon
- Bellflower
- Cerritos
- Diamond Bar
- Downey
- El Segundo
- Hacienda Heights
- Harbor City
- Hawaiian Gardens
- Hermosa Beach
- La Habra Heights
- La Mirada
- Lakewood
- Lomita
- Long Beach
- Manhattan Beach

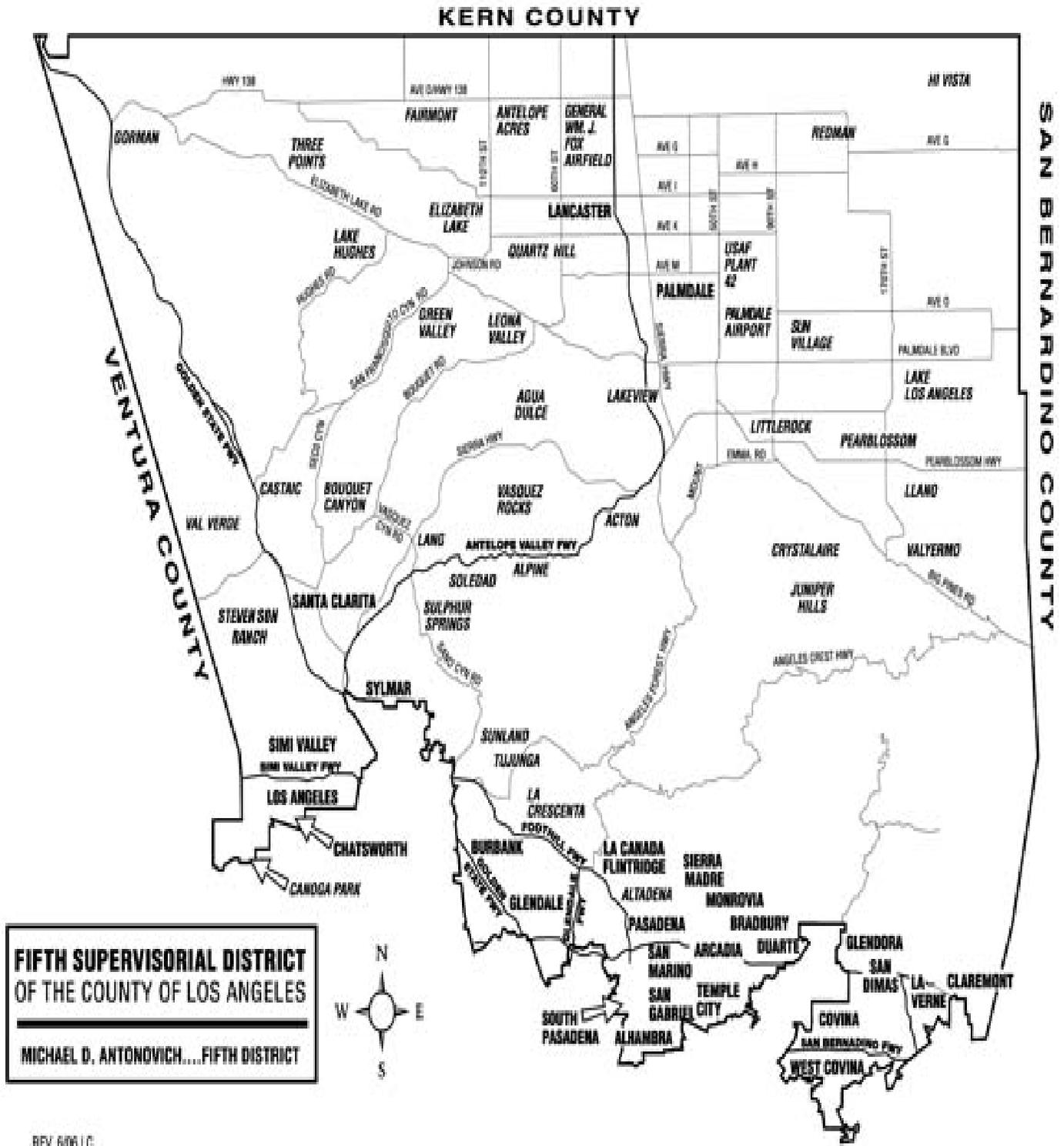
▪ Marina del Rey

- Norwalk
- Palos Verdes Estates
- Paramount
- Playa del Rey
- Rancho Palos Verdes
- Redondo Beach
- Rolling Hills
- Rolling Hills Estates
- Rowland Heights
- San Pedro
- Signal Hill
- South Whittier
- Torrance
- Westchester
- Wilmington
- Whittier

DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

LOS ANGELES COUNTY SUPERVISORIAL AREAS

District 5 includes the cities shown below.

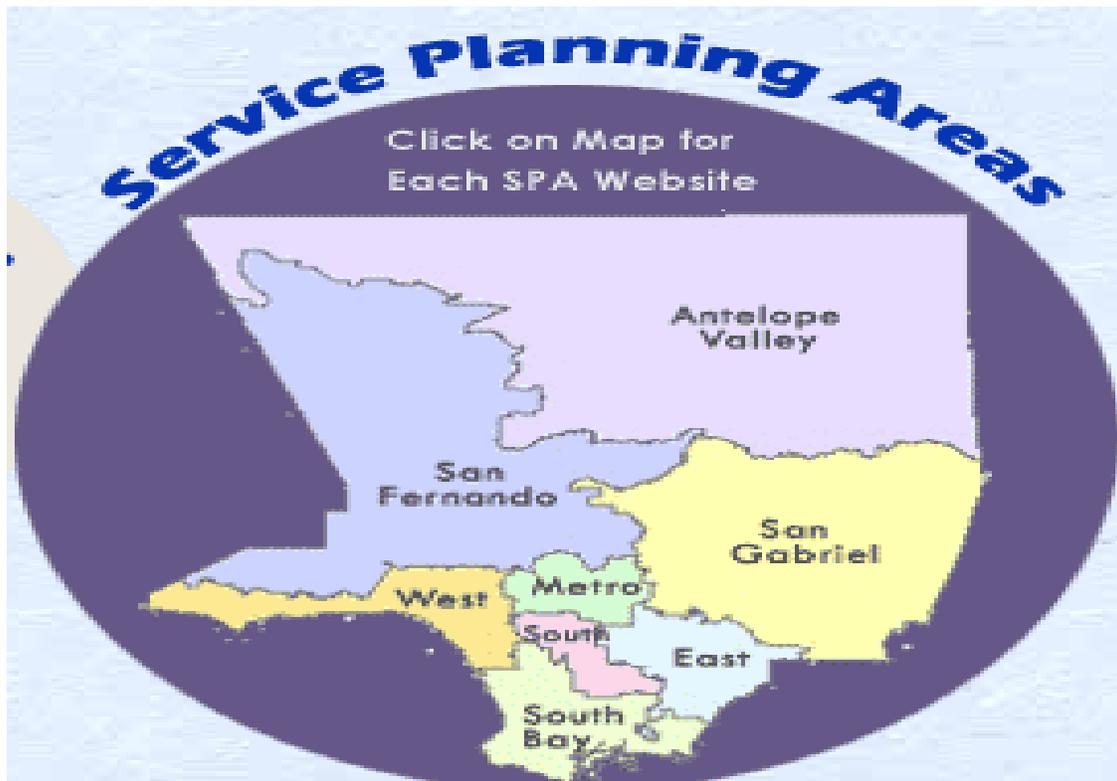


DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

Demographic Data

The County is not only divided into Supervisorial District, it is also divided into eight "Service Planning Areas" (SPAs) for purposes of planning and service delivery. The service areas vary widely in geographic size and climate, as well as a variety of demographic and socio-economic factors, such as density of population, racial/ethnic diversity, poverty levels, etc. The impact of these characteristics also complicates planning efforts and service delivery.

The SPA structure is shown below.



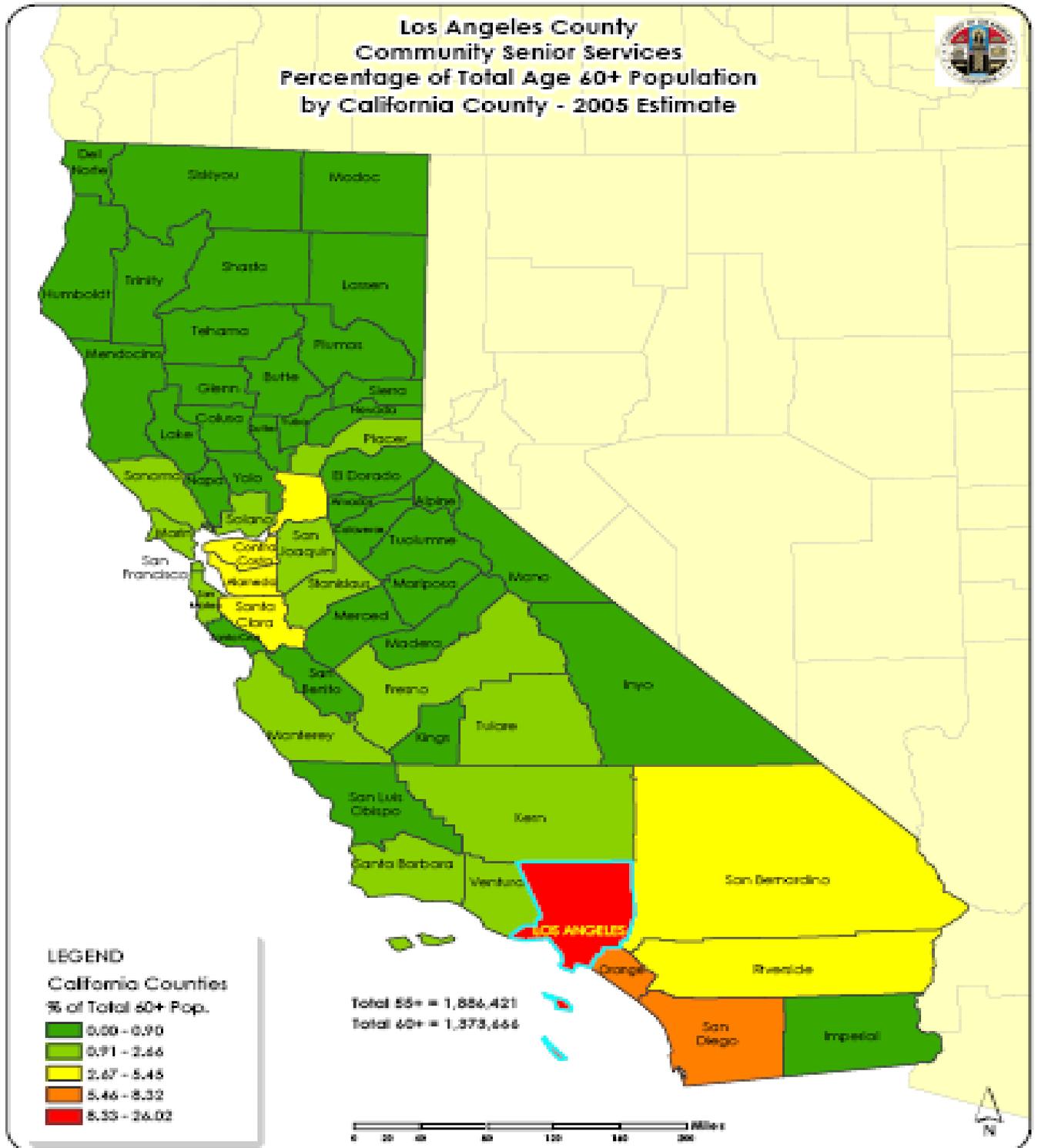
Service Area 1: Antelope Valley
Service Area 2: San Fernando
Service Area 3: San Gabriel
Service Area 4: Metro

Service Area 5: West
Service Area 6: South
Service Area 7: East
Service Area 8: South Bay

DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

Demographic Data

The demographic characteristics of California are also geographically diverse, and the highest concentration of seniors lives in Los Angeles County as shown below:



Map 14, 2007 - Joel Hyatt (800-310-0715) - LA County Senior Research - Data Source: Census Bureau for the National Center for Health Statistics (NCHS) - C2500014_Seniorpop_California

DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

Demographic Data

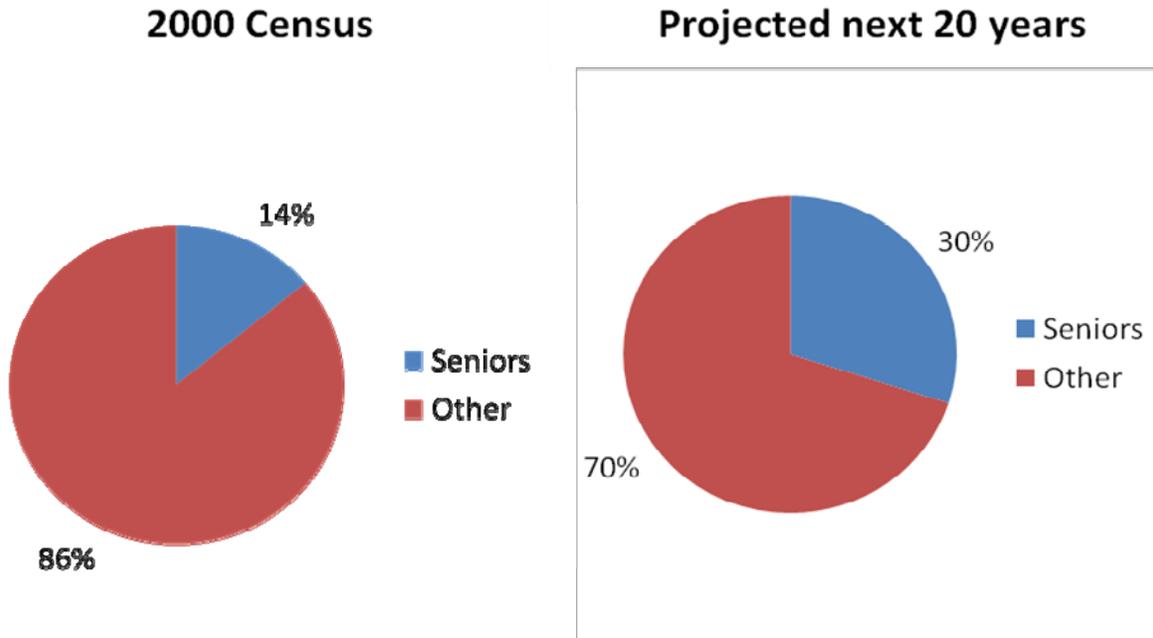
The map below shows the breakout of cities in Los Angeles County and the zip codes for these cities. More populous zip codes are darker and less populous, rural, zip codes are lighter.



DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

Population Projections

California's population is among the fastest growing of all the states in the nation. According to the 2000 U.S. Census, California's population of 60 years and older is expected to exceed 6.4 million by 2010. The charts below indicate the percentages from the 2000 Census and the projected growth in the senior population through the year 2020.

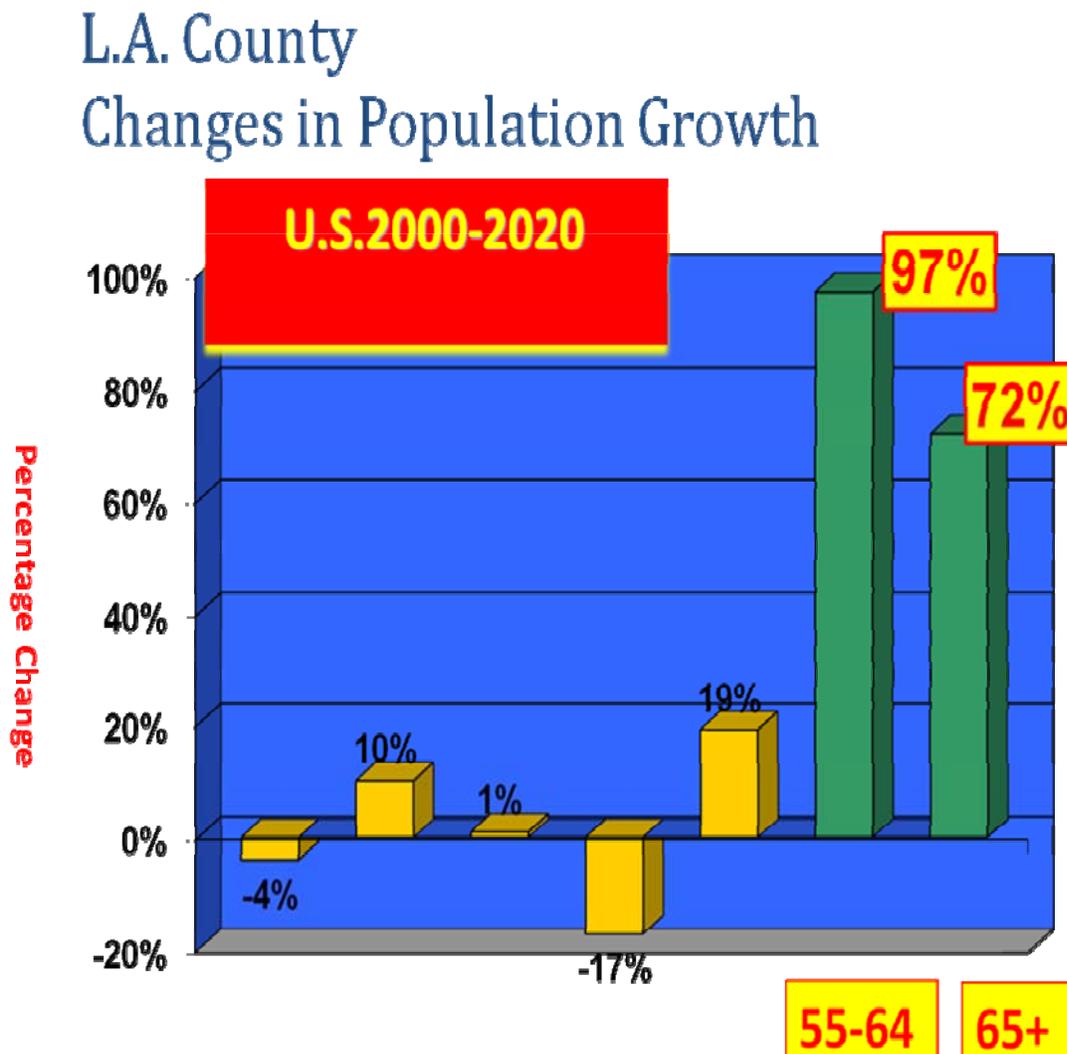


L.A. County Demographics

DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

Population Projections

One of the major contributors to the growth of Los Angeles County's senior population is the influx of the Baby Boomers. The first generation of Baby Boomers, those born in 1946, turned 60 in 2006. The second generation of Baby Boomers, those born between 1957 and 1964, will begin entering the senior bracket in 2017. In the 20th Century, the average length of retirement grew from 2 years to more than 19 years. *



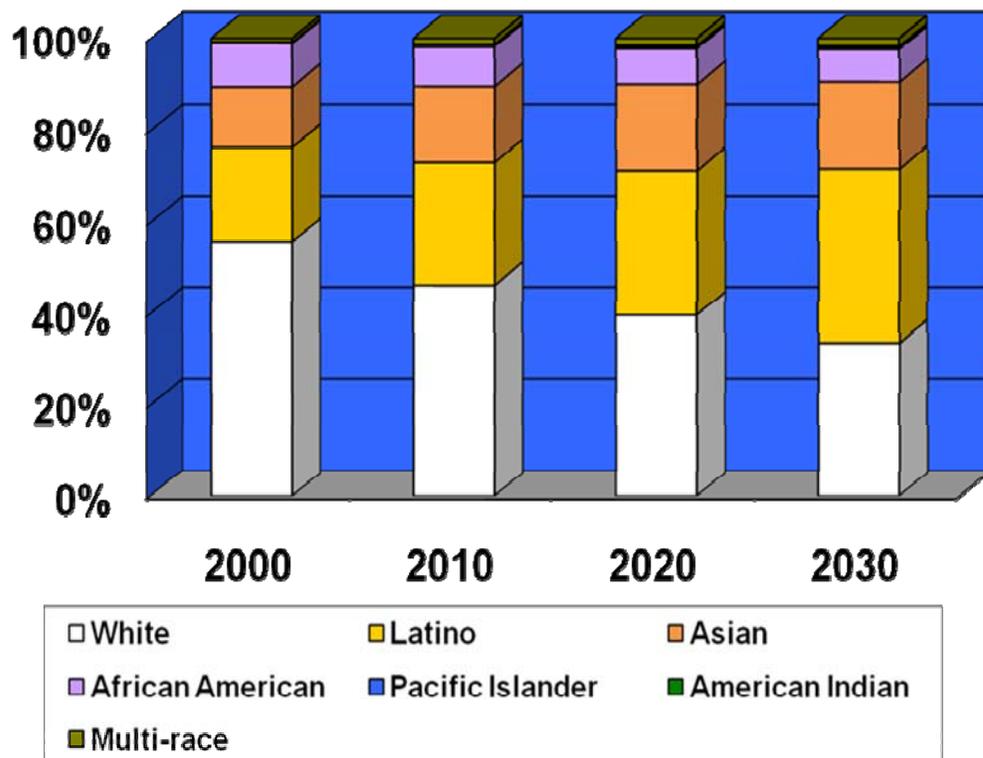
*AlterNet: The truth About Aging Boomers' Effect on our Economy – Source: U.S. Census

DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

Ethnic Composition

Los Angeles County is the largest county in the nation, with one of the most diverse population in the world. Nearly 3.5 million Los Angeles County residents, or 36% of its total population, were born outside the United States. In contrast, only 26% of the state's population is foreign-born. The chart below shows the racial/ethnic diversity in the senior population, 65 years and above.*

L.A. County Racial/Ethnic Composition of 65+ Population



* Data taken from the 2000 Census (Compiled by the Asian Pacific American Legal Center)

DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

Language Skills

The large diverse population presents multiple challenges for Los Angeles County, one of which is the language barrier. Approximately 2.5 million county residents are limited English proficient (LEP). The nine most frequently spoken languages, other than English, spoken countywide are: Spanish, Chinese, Tagalog, Korean, Armenian, Vietnamese, Farsi, Japanese and Russian (according to the U.S. 2000 Census). Language barriers can pose serious consequences for seniors, particularly in accessing healthcare and other critical services.

Approximately one in four Los Angeles County residents 65 years and older, or nearly 242,000 seniors, are limited English proficient (see table below).

L.A. COUNTY LIMITED ENGLISH PROFICIENCY OF PERSONS 65+ BY RACIAL GROUP

GROUP	NUMBER	PERCENT
Asian	81,053	65
Latino	105,805	57
NHOPI*	927	42
Am. Indian or Alaska Native**	1,474	18
Non-Hispanic White	54,861	10
African American	1,656	2
TOTAL SENIOR POPULATION	241,936	26

*Native Hawaiian or other Pacific Islander

**American Indian or Alaska Native

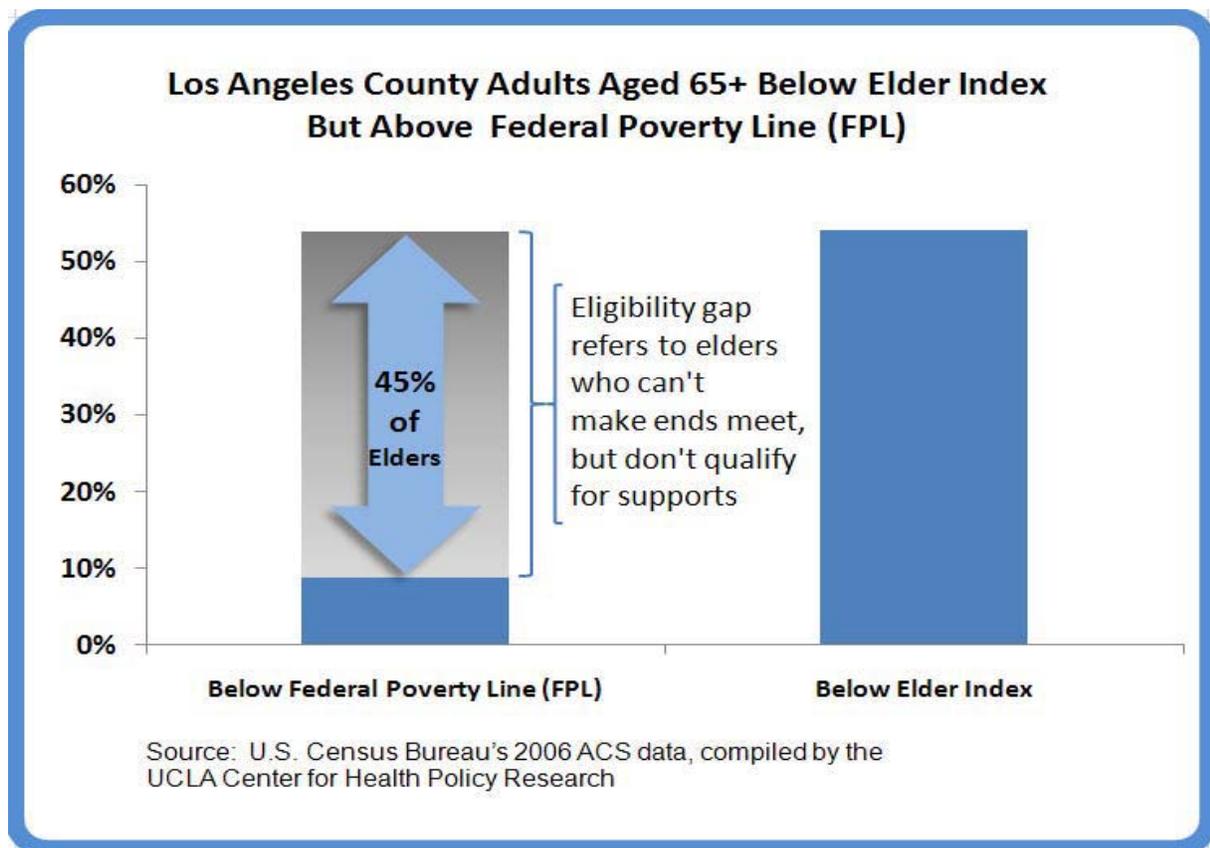
(Data taken from U.S. 2000 Census – Compiled by Asian Pacific American Legal Center)

DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

Economics

Los Angeles County also faces a growing economic challenge which affects the well-being of those we serve. The Federal Poverty Level (FPL), currently used to determine income eligibility for many public programs, covers less than half of the basic costs experienced by adults age 65 and older in the state. In 2007, the FPL for a single, elderly person was an annual income of \$10,210, and for an older couple, \$13,690. In Los Angeles County, the basic annual cost of living for a retired older adult, in good health and living in rental housing, is \$22,827 for an individual, and \$30,567 for a couple. However, the California Elder Economic Security Standard index (Elder Index) measures how much income is needed for a retired adult age 65 and older to adequately meet his or her basic needs, including housing, food, out-of-pocket medical expenses, transportation and other necessary spending.

The Elder Index is part of a statewide initiative to raise awareness and to promote policy and programs that assures income adequacy for all of the state's older adults. The statewide initiative is led by the Insight Center for Community Economic Development, part of a national project headed by Wider Opportunities for Women. In Los Angeles County, the lead agency for the Elder Index is the UCLA Center for Health Policy Research, School of Public Health. The chart below shows those persons age 65+ who are living below the Elder Index but above FPL.

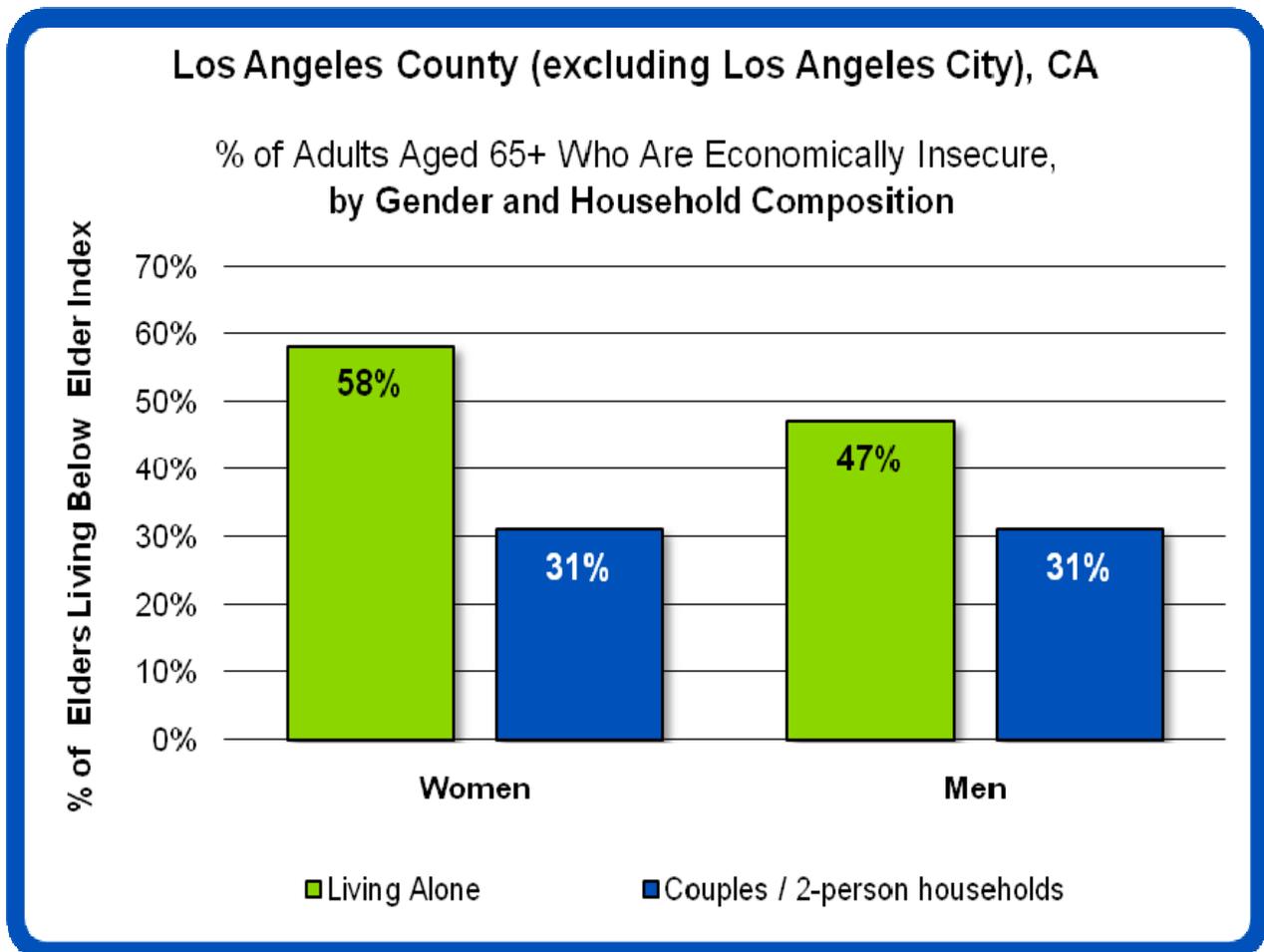


DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

Economics

54% of all elders age 65+ do not have enough income to meet their most basic needs, as measured by the Elder Index. **That's over 312,000 elders struggling to make ends meet in L.A. County.** In contrast, according to the FPL, only 9% (52,000) of L.A. County elders are considered "poor," with annual individual incomes below \$10,210.

However, a large number of other elders (260,000 or 45%) fall into the "eligibility gap," with incomes above the FPL but below the Elder Index. These elders don't have enough money to cover their most basic needs, but have too much to qualify for many public programs. This distinction is even more prevalent among women, who have historically earned less than men and the multiple ethnic groups, as referenced in the following two charts.



(Source us Census Bureau's 2006 American Community Survey (ACS) data, completed by the UCLA Center for Health Policy Research)

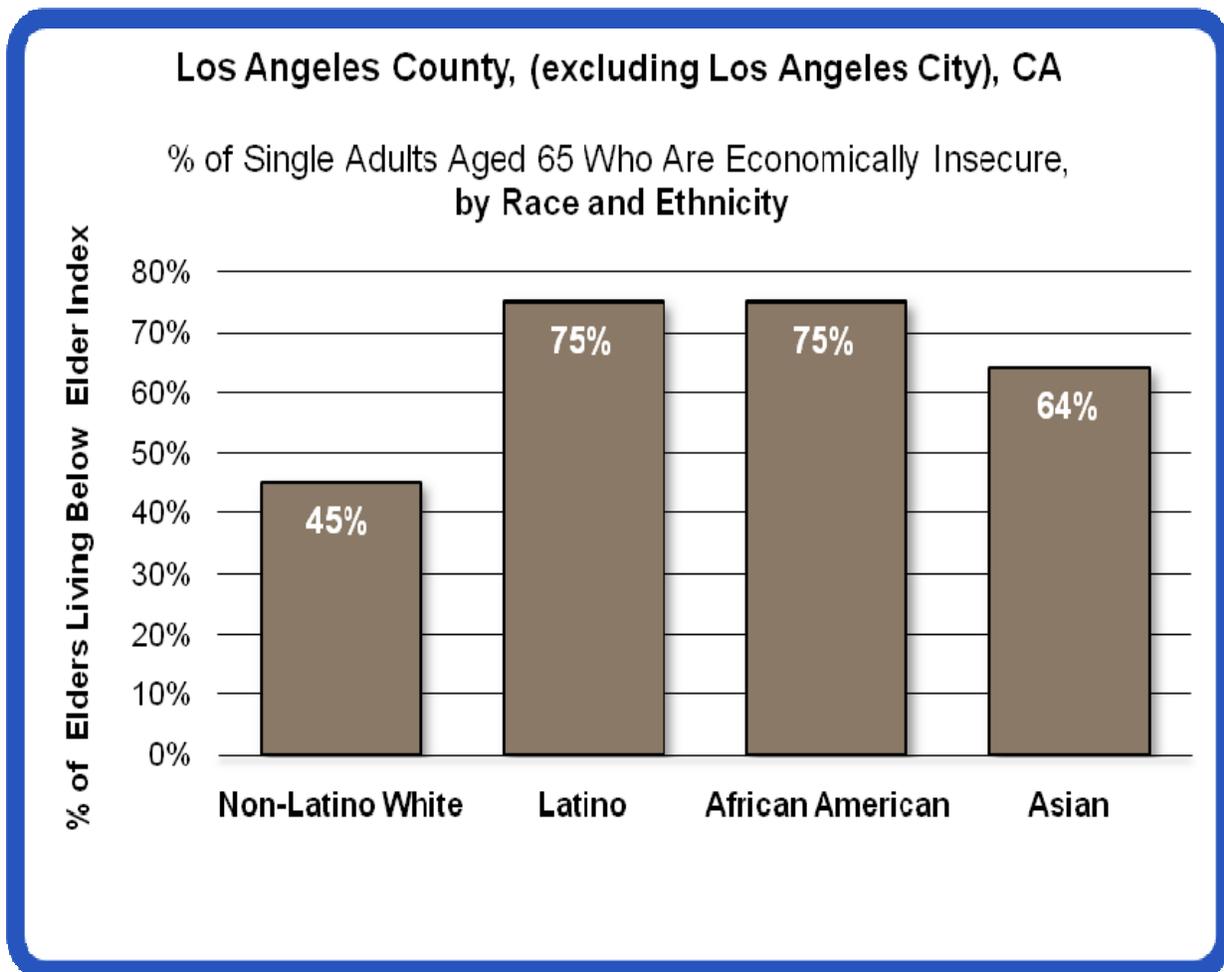
DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

Economics

Elders of all races/ethnicities are struggling in high cost L.A. County. Almost half of non-Latino Whites have incomes below the Elder Index. Elders of color, who typically earned less than Whites throughout their working lives and who often don't have pensions and 401Ks to supplement their Social Security income, are struggling the most:

- Over 7 out of 10 Latinos
- Over 7 out of 10 African Americas
- Over 6 out of 10 Asian elders

...living alone in L.A. County are trying to make ends meet with incomes below the Elder Index.



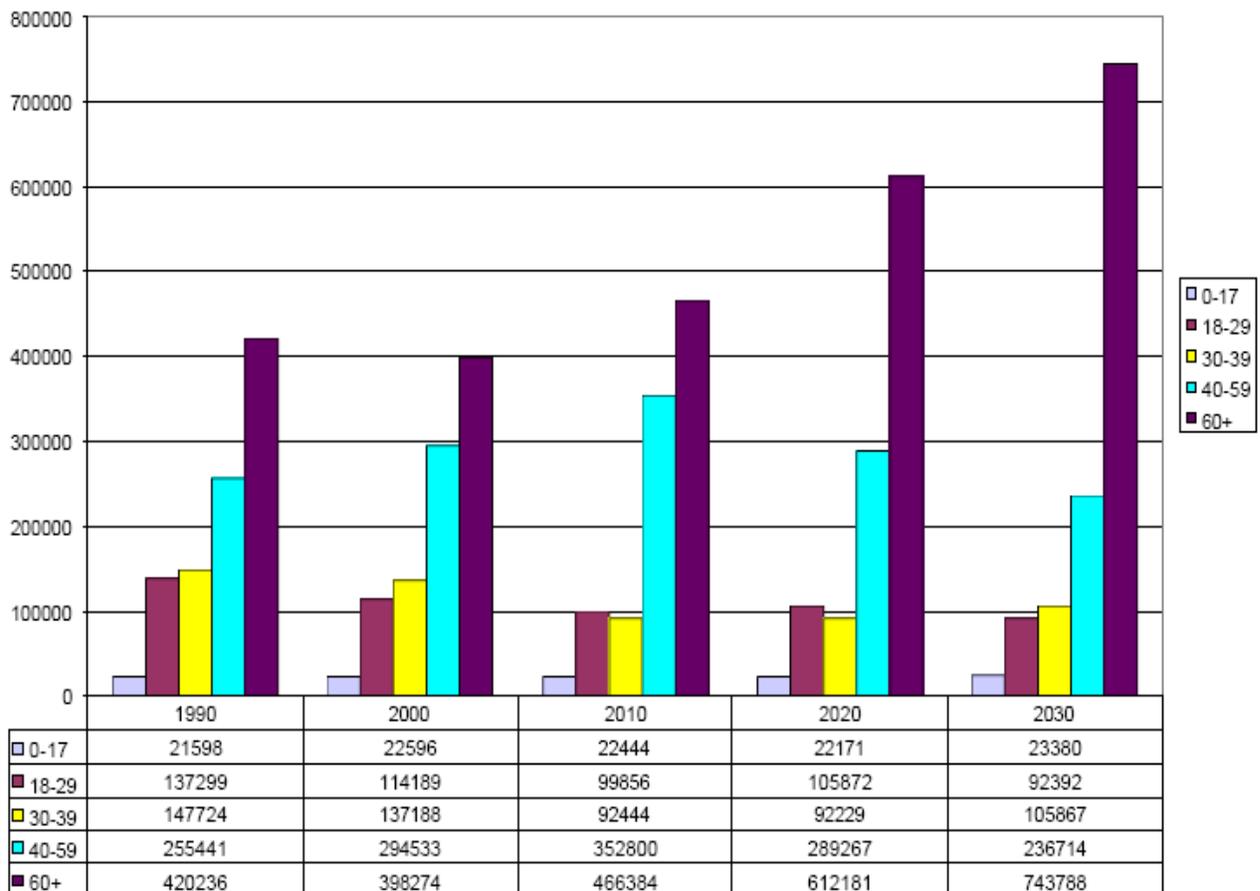
(Source us Census Bureau's 2006 ACS data, completed by the UCLA Center for Health Policy Research)

DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

Disabled Population

The growth in the disabled population and the number of individuals at risk for institutional placement creates additional caregiver challenges. The growth for the number and proportion of older adults and individuals with functional impairments from 1990 to 2030 is shown in the chart below.

**Graph 4: Disabled Population by Age
Los Angeles County, 1990 to 2030**



A cross-reference of the ethnic and economic data, with the age-specific disability rates, reveals that the need is greatest primarily among the low-income, predominantly, ethnically diverse population of the County. Many of these same individuals have limited economic opportunities and limited English proficiency.

DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

Resources and Constraints

Resources

In Los Angeles County, survivorship rates are projected to increase for both males and females. The number of persons 65+ is expected to increase 72% by the year 2020. In addition, the influx of Baby Boomers entering the senior population will put additional strains on the aging network. Baby Boomers will be the first wave of older adults who will lead a fundamental shift in the demographic structure of the nation. In 2030, there will be 58 million Baby Boomers (aged 66 to 84) in the United State (source: U.S. Census).

Resources for seniors and disabled adults will be spread thin; however, the AAA will continue to make every effort to increase its collaboration and partnership with other county departments to enhance the current services and programs. A well-established network of community-based organizations, including private, non-profit, governmental, and for-profit service providers serving seniors and the disabled will be included in these collaborative efforts.

In addition, Los Angeles County's AAA continues to work with the Los Angeles City Department of Aging to continue the development activities for the Aging and Disability Resource Center. Community and Senior Services will also continue to work with other county departments on the Seamless Senior Services project in order to ensure that seniors and disabled adults throughout Los Angeles County, including unincorporated areas, are able to easily access the myriad of services available to them.

The goals and objectives developed for the Area Plan will be used to help address the needs and concerns of seniors and disabled adults for services and help them to remain in their homes and communities. Also, the goals and objectives were developed based on key priority areas identified in the 2006 Needs Assessment, emerging issues, and input from the AAA Advisory Council and the Los Angeles County Commission on Aging. The entire plan reflects, where appropriate, an integrated approach to serving seniors and disabled adults.

DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

Constraints

The vastness of the County and its numerous political jurisdictions pose great challenges in the development of community-based systems of care. Also, serving frail older and disabled adults who live in remote rural areas poses a major challenge.

The ethnic populations are growing faster than the population at large and many of them do not speak English as their primary language. In the year 2010, 56% of those between the ages of 60-74 will be of some ethnic background. The elderly population of Hispanic descent will increase the most. They are expected to be the majority of the elderly in 2010. Reaching out to these individuals present multiple challenges because of cultural practices and their limited English proficiency.

Along with the increase in the ethnic populations, the aging population, in general, is increasing by leaps and bounds. The now-aging Baby Boomers, who represent the largest cohort in the history of the United States, have started entering the senior population. Baby Boomers present their own unique challenges for the aging networks. They will require a new approach to services. Even though Baby Boomers tend to continue employment through retirement year, their health challenges will have a substantial impact on the long-term care and overall health care system.

Transportation issues continue to be a major concern for seniors and disabled adults in Los Angeles County. The lack of access to affordable transportation and transportation, in general, poses a major problem for the County. Often times, seniors and disabled adults with mobility issues find it too difficult to use public transportation, as well as the fact that access to public transportation may be too far away, too infrequent or unreliable. However, private transportation is too expensive for them. In addition, for the limited population that drives their own vehicles, it is becoming a challenge to continue to do so with increasing gas costs, upkeep of their vehicles and their diminishing reflex abilities.

Affordable housing continues to be a critical unmet need especially for older and disabled adults on fixed incomes. An emerging trend is the “eviction” of low-income older adults from their communities, particularly in large and highly-developing cities with no rent control. Also, the majority of new housing developments are upscale and unaffordable for seniors and disabled adults because rents are higher and affordable home ownership is limited.

There are over 49 County departments with more than 90 senior programs offered throughout the county; therefore, access to these services is still a challenge for seniors and disabled adults. The maze of programs, funding sources, intake points and eligibility criteria frequently add to the difficulty of accessing services. In addition, due to the State’s current fiscal crisis, which translates to decreased funding for the county and programs for older and disabled adults, as well as static federal funding for these programs, the ability of the aging network to comprehensively address all the needs of this vulnerable population is a major factor.

DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)

SERVICES

The Los Angeles County AAA currently offers numerous services in collaboration with profit and non-profit organizations in order to meet the needs of seniors and disabled adults. These services include the following:

- Adult Day Care
- Alzheimer Day Care Resource Centers
- Family Caregiver Support Program
- Care Management
- Community Education
- Congregate Meals
- Disease Prevention/Health Promotion
- Elder Abuse Prevention
- Health Insurance Counseling and Advocacy Services (HICAP)
- Home Delivered Meals
- Homemaker Services
- Information and Assistance
- Legal Assistance
- Linkages
- Long-Term Care Ombudsman
- Nutrition education
- Outreach
- Personal Care
- Respite Care Services
- Respite Purchase of Services
- Senior Community Services Employment Program (SCSEP)

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

DESCRIPTION OF THE AREA AGENCY ON AGING (AAA)

The Los Angeles County AAA is under the umbrella of the Community and Senior Services (CSS) Department 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 of the needs of older and disabled adults residing within the Los Angeles County area. We are actively involved in advocating for the well-being of the underserved population, which includes low-income and minority seniors, disabled adults, seniors with limited English proficiency, homelessness within the senior and senior veteran population, as well as the frail population that is at risk of institutional placement.

There is an AAA Advisory Council composed of 77 members from each area of the County. The AAA (PSA 19) also has the Los Angeles County Commission on Aging (LACCOA) whose members are appointed by the Board of Supervisors. The Advisory Council serves as an independent, non-partisan, advocacy body on behalf of all seniors and disabled adults residing in PSA 19. The Council consists of members from all sectors of the community, including retired businessmen, educators, caregivers and others of varying ages. They assist with the planning and monitoring of services for older and disabled adults. LACCOA also assists with these activities and advises the Board on matters relating to aging issues.

The AAA continues to work closely with both bodies 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 Advisory Council committees include housing, membership/outreach, older women's issues, legislative/advocacy, nutrition, veterans affairs, elder abuse/fraud prevention, employment/transportation and health/long-term care. In addition, ad hoc committees are formed, when needed.

The AAA is focused on implementing and promoting programs that attribute to independence, self-determination, awareness of services and access to needed services. CSS contracts with 50 different organizations to provide services for seniors and disabled adults, which includes caregiver, care management, nutrition and other services throughout the County. Direct services provided by the AAA include senior employment activities, information and assistance and outreach through our InfoVans and Community/Senior Centers. These services are funded with federal Older Americans Act, State and local funds.

CSS and the AAA's continuous focus are to work toward a comprehensive and coordinated system of home and community-based care for older and disabled adults. In an effort to ensure that this happens, CSS is currently spearheading the Seamless Senior Services (S3) project. This project is a significant step toward ensuring that services are more accessible and comprehensive for this population. As the aging and disabled adult population increases, efforts must be made to continue to respond to their needs throughout the planning process. Access to and delivery of quality programs and services, even with budget constraints, must continue to be available.

DESCRIPTION OF THE AREA AGENCY ON AGING (AAA)

Continued collaboration with our partners, contractors, community based organizations, and multiple county departments who offer services for older and disabled adults is a vital component. Focal points also play a major role in this endeavor. Focal points provide an avenue for older and disabled adults to access much needed programs and services, such as information and assistance, care management and nutrition programs.

Over the next three years, the AAA will continue to work toward providing comprehensive, coordinated and effective services in collaboration with its partners. In addition, the AAA will continue to be sensitive to the needs of the population served and explore new and innovative ways to improve the quality of services currently offered. We will also continue to provide the leadership necessary to pursue new and expanded partnerships and promote activities that are beneficial to our seniors and disabled adults.

In addition, one of our major responsibilities is to inform the public of the role and responsibilities of the AAA. Our energies are also spent on developing plans and coordinating activities related to disaster preparedness with local and state emergency response agencies and organizations. Participation of providers and Community Based Organizations (CBOs) will be encouraged in assisting with the finalization a disaster preparedness plan. The AAA will also encourage older and disabled to increase their awareness of what to do in the event of a disaster and/or emergency. This will be carried out through:

- Emergency preparation presentations to AAA contractors/providers and Senior Centers to increase awareness of what to do in an emergency and their role in relationship with the AAA.
- Conduct trainings and other collaborative efforts with CBOs, providers and Community/Senior Centers in concurrence with CDA regulations and guidelines.
- Actively work with the Los Angeles County, Office of Emergency Management (OEM) to manage and coordinate the overall County response. In addition, the AAA emergency plan will be a valuable resource for the County's Adverse Weather Plan.

The rationale is to develop a fundamental and optimal emergency response and service delivery in the event of a disaster or emergency. This is needed because California is subject to multiple types of disasters, i.e. earthquakes, wildfires, etc., which makes it critical that we have an efficient and coordinated response in place in order to address the needs of seniors and disabled residents of Los Angeles County.

The Emergency Coordinator for Los Angeles County's AAA is:

Thomas Jenkins
tjenkins@css.lacounty.gov
(213) 351-5278

DESCRIPTION OF THE AREA AGENCY ON AGING (AAA)

Mission Statements

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 deliver quality services to youth, adults and seniors that promote independence, dignity, choice and social well-being.

CSS' goals are to:

- To become a leader among human services agencies in the nation.
- To be a leading agency in the use of technology to more efficiently manage our delivery of services.

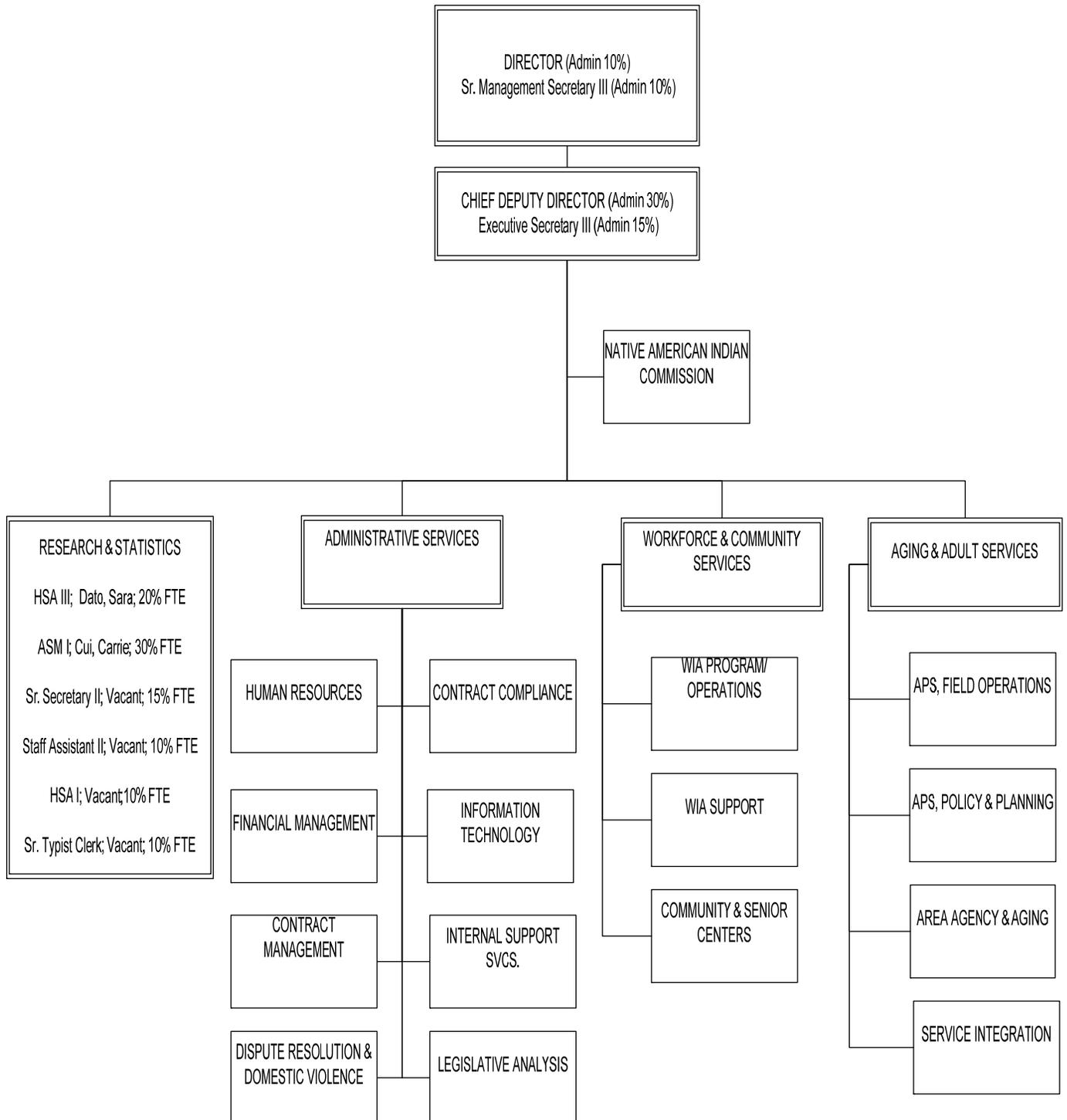
Area Agency on Aging

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 5
ORGANIZATION CHARTS



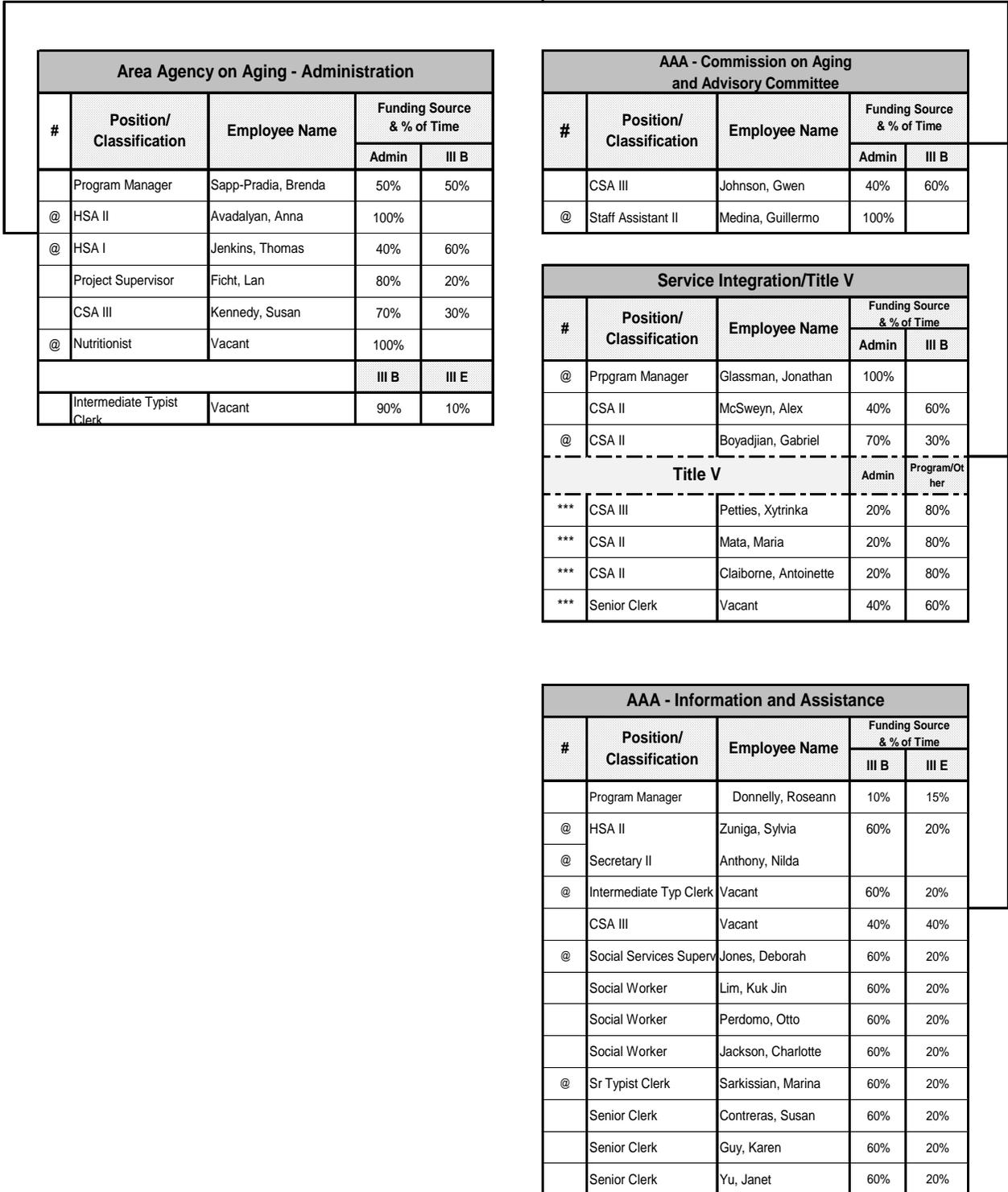
COMMUNITY AND SENIOR SERVICES
 Area Agency on Aging - Organizational Chart (FY 09/10)
 Executive Office



Organizational Chart (FY 09/10)

Area Agency on Aging (Los Angeles County - Department of Community and Senior Services)

Aging and Adult Services Branch	
Assitant Director	Nguyen, Minh-Ha (Admin 35%, IIIB 10%)
Management Secretary III	Huesca, Susana (Admin 20 %)
Staff Assistant III @	Bennett, Joy (Admin 30%)
Intermediate Typist Clerk @	Fong, Ken (Admin 100%)



Organizational Chart (FY 09/10)

Area Agency on Aging (Los Angeles County - Department of Community and Senior Services)

Administrative Services Branch
 Assistant Director Margaret Quinn (Admin 30%)
 Management Secretary III Sandra Deli (Admin 10%)
 Chief CSA Elvira Castillo (Admin 15%)

Contract Compliance					Finance				
#	Position Classification	Employee Name	% of Time	Funding Source	#	Position Classification	Employee Name	% of Time	Funding Source
	Program Manager	Sakane, Jackie	30%	Admin		Program Manager	Tapia, Rogelio	35%	Admin
	Project Supv	Croom, Deborah	45%	Admin		Acct'g Officer II	Pounce, Kathye	35%	Admin
@	CSA I	Pineda, Juliana	100%	Admin				35%	Admin
	CSA II	Watson, Shirley	100%	Admin		Accountant III	Vacant	12%	HICAP
	CSA II	Woodward, Sandra	100%	Admin				20%	Title V
@	CSA II	Alper, Thomas	100%	Admin	@	Acct'g Officer II	Musanur, Mulat	20%	Admin
@	CSA II	Robinson, Timothy	100%	Admin		Accountant II	Essilfie, James	100%	Admin
@	Compliance Auditor	Zaslov, Leo	50%	Admin		Accountant II	Ma, Anna	50%	Admin
@	Sr Secretary II	Frazier, Eloise	20%	Admin				50%	Admin
						Accountant II	Huynh, Christina	25%	Title V
								12%	HICAP
						Accounting Tech I	Hill, Genell	100%	Admin
					@	Fiscal Officer II	Duong, An	40%	Admin
					@	Fiscal Officer I	Vacant	40%	Admin
					@	Accountant III	Versamae, Atchison	100%	Admin
					@	Accountant II	Thomas, Eric	100%	Admin
					@	Accountant II	Karimhashih, Aylin	70%	Admin
					@	Accountant II	Chan, Peter	40%	Admin
					@	Adm Svcs Mgr I	Orr, Marian	100%	Admin
					@	Sr Secretary II	Uribe, Yazmin	20%	Admin
					@	Secretary II	Vacant	15%	Admin
					@	Procurement Asst I	Duran, Dolores	15%	Admin
					@	Procurement Aide	Vacant	15%	Admin
					@	Student Prof Wkr	Huang, Kelly	20%	Admin
Contract Management					Human Resources				
#	Position Classification	Employee Name	% of Time	Funding Source	#	Position Classification	Employee Name	% of Time	Funding Source
	Program Manager	Domingo, Carol	30%	admin	@	HR Manager	Winters, Stacey	15%	Admin
	Project Supv	Ivey, Sonja	50%	admin	@	Admin Svc Mgr II	Acosta, Jhony	15%	Admin
@	Adm Svcs Mgr I	Yamashige, Michael	100%	admin	@	HSA I	Prieto, Johanna	15%	Admin
@	Project Supervisor	Vacant	40%	admin	@	Supervising AA III	Routh, Douglas	15%	Admin
	CSAIII	Silva, Guadalupe	100%	admin	@	Staff Dvlp Specialist	Vacant	15%	Admin
	CSA II	Davis, Jenai	100%	admin	@	CSA III	Johnson, Jeniene	15%	Admin
			65%	admin	@	Dept Personnel Asst	Viera, Anthony	15%	Admin
	CSAII	Taylor, Janine	35%	HICAP	@	Dept Personnel Asst	Walden, Monique	15%	Admin
@	CSAII	Wong, Frank	100%	admin	@	Dept Personnel Tech	Hernandez, Paul	15%	Admin
@	Sr Secretary II	Talwar, Ved	20%	admin	@	Dept Personnel Tech	Vacant	15%	Admin
@	Student Wkr	Walker, Ashley	50%	admin	@	Sr Dept Prsnl Tech	Cariaga, Rowena	15%	Admin
					@	Sr Dept Prsnl Tech	Tebis, Valaria	15%	Admin
					@	Secretary II	Vacant	15%	Admin
					@	Senior Clerk	Franklin, Danese	15%	Admin
					@	Intermediate Typ Clerk	Blockh, Mikhail	15%	Admin
					@	Intermediate Typ Clerk	Diaz, Eva	15%	Admin
Information Technology					Internal Support Services				
#	Position Classification	Employee Name	% of Time	Funding Source	#	Position Classification	Employee Name	% of Time	Funding Source
@	Info Tech Specialist	Cuevas, Gloria	15%	Admin	@	Program Manager	Ellie Wolfe	15%	Admin
@	Info Sys Manager	Tang, Alan	15%	Admin	@	Adm Svcs Mgr I	Vacant	15%	Admin
@	Pr App'n Developer	Vacant	15%	Admin	@	Project Supervisor	Muhammad, Nusun	15%	Admin
@	HSA III	Ditto, Frank	15%	Admin	@	Admin Assistant III	Tadros, Nabil	15%	Admin
@	CSA II	Morales, Jaime	15%	Admin	@	CSA III	Newton, Kathleen	15%	Admin
@	Info Sys Analyst II	Gutierrez, Maria	15%	Admin	@	CSA II	Panday, Maria	15%	Admin
@	Info Sys Analyst II	Moreno, Richard	15%	Admin	@	CSA II	Regalado, Ken	15%	Admin
@	Info Sys Supv I	Lau, Andrew	15%	Admin	@	Accountant II	Padilla, Gildardo	15%	Admin
@	Info Sys Supv II	Merchan, Jorge	15%	Admin	@	Light Vehicle Driver	Le, Trinh	15%	Admin
@	ISSA I	Whitaker, Angela	15%	Admin	@	Senior Clerk	Ghahramanian, Ana	15%	Admin
@	ISSA I	Ogunnaike, Joseph	15%	Admin	@	Intermediate Typ Clerk	Pena, Victor	15%	Admin
@	ISSA II	Cheng, Edwin	15%	Admin	@	Sr Invntry Ctrl Asst	Rodriguez, Clara	15%	Admin
@	ISSA II	Enriquez, Scott	15%	Admin					
@	Sr Info Tech Aide	Tortal, Proserfina	15%	Admin					
@	Intermediate Typ Clerk	Shy, Adam	15%	Admin					
@	Student Prof Wkr	Galstyan, Armen	15%	Admin					

Organizational Chart (FY 09/10)

Area Agency on Aging (Los Angeles County - Department of Community and Senior Services)

Workforce Development and Community Services Branch

Assistant Director
Management Secret

Marquez, Josephine
Cubit, Bobbie

Administration

Program Manager
Community Center Director II @
Secretary II @

Rodriguez, Geraldo (Admin 15%)
Parris, Ofelia (Admin 10%)
Vacant (Admin 15%)

Senior Centers

#	Position Classification	Employee Name	Funding Source & % of Time	
			III B	100%
	Comm Ctr Dir I	Curry, Claudia	95%	5%
	Comm Ctr Dir I	Hamilton, Sandra	95%	5%
	Comm Ctr Dir II	Littleton, Larry	95%	5%
	Com Ctr Splt II	Guzman, Sanjuana	95%	5%
@	Com Ctr Splt II	Vacant	95%	5%
@	Com Ctr Splt II	Vacant	95%	5%
	Light Bus Driver	Gaines, Isaac	100%	0%
	Nghbrhd Worker	Cappiello, Anna	95%	5%
	Nghbrhd Worker	Yaste, Betty	95%	5%
	Nghbrhd Worker	Johnson, Landy	95%	5%
	Nghbrhd Worker	Freddie, Jett	95%	5%
@	Nghbrhd Worker	Homer, Louise	95%	5%
	Student Worker	Demus, Gregory	95%	5%

Service Centers

#	Position Classification	Employee Name	Funding Source & % of Time	
			III B	III E
@	Comm Ctr Dir I	Urrutia, Bertha	15%	10%
@	Comm Ctr Dir I	Mendoza, Brenda	20%	10%
@	Comm Ctr Dir I	Garcia, Catherine	50%	10%
@	Comm Ctr Dir I	Larriva, Elsie	50%	10%
@	Comm Ctr Dir I	Quintero, Joe	20%	10%
@	Comm Ctr Dir I	Garcia, Liliana	50%	10%
@	Comm Ctr Dir I	Neal, Siddie	15%	10%
@	Comm Ctr Dir I	Murales, Mario	40%	10%
@	Comm Ctr Dir II	Robinson, Greg	40%	10%
@	Comm Ctr Dir II	Lopez, Gloria	30%	10%
@	Comm Ctr Dir II	Garcia, Rosendo	20%	10%
	Com Ctr Splt II	Rollins, Verletta	50%	10%
@	Com Ctr Splt II	Vasquez, Alfredo	20%	10%
@	Com Ctr Splt II	Michel, Andrea	50%	10%
@	Com Ctr Splt II	Hazure, Deidrea	20%	10%
@	Com Ctr Splt II	Gonzalez, Sandra	20%	10%
@	Com Ctr Splt II	Quezada, Luis	15%	10%
@	Com Ctr Splt II	O'Neill, Mauricio	40%	10%
@	Com Ctr Splt II	Garnett, Kathryn	15%	10%
@	Com Ctr Splt II	Vacant	15%	10%
@	CSA II	Brown, Janice	15%	10%
@	CSA II	Soto, Sylvia	15%	10%
	Intermediate Clerk	Vacant	95%	5%
	Nghbrhd Worker	Ramirez, Rebecca	20%	10%
@	Nghbrhd Worker	Hampton, Sandra	50%	10%
@	Nghbrhd Worker	Rodriguez, Celia	50%	10%
@	Nghbrhd Worker	Guijarro, Alex	25%	45%
@	Nghbrhd Worker	Ledesma, Micaela	50%	10%
@	Nghbrhd Worker	Ramirez, Robert	65%	5%
	Student Prof Wkr	Eritsian, Amino	50%	10%
	Student Prof Wkr	Albarran, Hildaberta	15%	75%
	Student Worker	Alva, Julie	50%	10%
	Student Worker	Amugo, Queenei	50%	10%
	Student Worker	Nalchajan, Mamikon	15%	75%

SECTION 6

PLANNING PROCESS/ESTABLISHING PRIORITIES

PLANNING PROCESS/ESTABLISHING PRIORITIES

Planning Process

Los Angeles County's AAA, like all AAA's, employs a planning process that is essential to the development of the Area Plan. The planning process includes Public Hearings and a Needs Assessment. Public Hearings are attended by community residents, service providers, the Advisory Council and LACCOA members and any other interested parties. The findings from the Needs Assessment, which was conducted in 2006, information collected from the Public Hearings, input from the Advisory Council and LACCOA was used to determine the service needs of older and disabled adults throughout the county. This information, as well as input from the public, Advisory Council and LACCOA was also used for developing the Area Plan's goals and objectives, which outline the major activities that will be accomplished over the next three-year planning cycle. In addition, CSS is currently in the process of releasing Requests for Proposals to establish new contracts with organizations that can provide services that are not directly provided by the AAA. Also, planning continues to be an ongoing process since services are regularly evaluated to ensure that we are meeting the needs of our seniors and disabled adults.

Needs Assessment Overview

In keeping with understanding, determining, and addressing the needs of older and disabled adults, one of the driving forces was the ***L.A. Seniors Count! Needs Assessment survey***. This project was a joint effort between Los Angeles County and the Los Angeles City Department of Aging. The needs assessment used was a survey research method conducted in 2006. Through a large network of senior organizations and community/senior centers throughout the County and City, the ***L.A. Seniors Count!*** survey was distributed to over 100,000 seniors and over 16,500 seniors responded.

Method

The survey was made available at all County and City libraries, Community and Senior Centers and City and County parks. The Department of Public Social Services also mailed surveys to their In-Home Supportive Services' clients. Posters were placed at each Community and Senior Center in Los Angeles County, which includes 88 cities and the unincorporated areas. A website was made available to allow seniors access to the survey on line, in both English and Spanish. However, the hard copy survey was made available in English, Spanish, Tagalog, Chinese and Korean. Many members of the AAA Advisory Council contributed countless hours in distributing the survey and some members assisted in the oversight of the survey analysis and writing of the final document.

PLANNING PROCESS/ESTABLISHING PRIORITIES

The survey was one of the resources used to provide valuable data on the priorities and needs among seniors who completed the survey. The major objectives of the survey were to:

- Identify the needs and services important to our vulnerable population
- Assist with planning for future programs administered by the department
- Lend more objectivity to the planned health and human service needs of seniors

Characteristics of Survey/participants

Of the over 16,500 seniors who responded, the majority of them were between the ages of 60 and 74, 65% male and 57% female. More than half of respondents were white (54%) and almost one-quarter of respondents were Hispanic or Latino. African American and Asian American respondents were also well represented. One quarter of respondents reported having a high school diploma, and one-third reported having a college degree. About two-thirds of respondents reported having lived in Los Angeles County for 20 years or more with an average length of residency of 32 years.

Description of Data sources used

The Department of Community and Senior Services dedicated staff to conduct proof checks on the data, and hired a contractor to enter the data from the completed questionnaires into an online survey data instrument. This online site was designed to collect questionnaire survey responses. The National Research Center (NRC) analyzed the data and wrote the final report. The NRC has a strong background in older adult assessments and known locally and nationally for expertise in survey research methods for local governments. The 40-question survey contained questions relating to the seniors' ability to perform daily tasks, transportation habits, social habits, in-home service requirements, housing needs, legal needs, health status and prevention services they would like to know more about.

Needs Assessment Findings

The data gathered from the Needs Assessment clearly showed that seniors had a concern about a wide variety of issues and the level of concern varied. After computing the results of the survey, the top five needs were as follows:

- Dental Insurance (inadequate or lacked it)
- Physical Exercise
- Pneumonia Shot
- Prescription Drug Insurance
- Safety information/Safety Issues

PLANNING PROCESS/ESTABLISHING PRIORITIES

Needs Assessment Findings

In addition to the above, some of the other key findings expressed by respondents were in the following areas:

- Health Promotion/Disease Prevention
- Flu Shot
- Dental Exam (hadn't had one in three years)
- Social Isolation/Desire for Interaction
- Meal Preparation
- Routine Housework
- Identity Theft
- Home Repairs
- Volunteering & Community Involvement
- Productive Activities (lacked information about opportunities for this)
- Will or Trust
- Grocery Shopping
- Transportation (for medical appointments)
- Dental Care (affordable)
- Social Security Benefits
- Job (wanting one)

The survey was one of the resources used as a bench mark for identifying senior needs since a survey this large has never been provided to seniors 60 plus in the County of Los Angeles. Although needs change over time, they do not change overnight, so it is expected that the estimation of needs derived from the **L.A. Seniors Count!** survey will provide a long-term preview into the needs of seniors in Los Angeles County.

Planning Overview

The Needs Assessment, along with other resources, provided critical information on the needs of the senior population in Los Angeles County. The findings and the other related activities, such as the Public Hearings comment, and input from the Advisory Council and LACCOA members provided the foundation for developing the goals and objectives for the Area Plan. The Area Plan describes the AAA's response to those needs, as well as the resources and abilities of the agency to address the majority of those needs through direct services, contracted services and collaboration with other county departments, the Los Angeles City Department of Aging and other organizations.

Also, in an effort to address some of the unmet needs of older and disabled adults and reduce the fragmentation of services for this population, the Los Angeles County's Chief Executive Office (CEO) instructed CSS to spearhead a Seamless Senior Services (S3) project. This project involved collaborating with all County departments in an effort to identify all existing programs, services and resources offered for seniors in order to create a seamless services delivery model.

PLANNING PROCESS/ESTABLISHING PRIORITIES

Planning Overview

In response, CSS convened a S3 Task Force, which consisted of representatives from 49 County departments. Their tasks included the following:

- Complete an inventory of all County services provided to seniors and the departments that provide the service.
- Create an S3 Intranet website to centralize information on the project. All S3 County department representatives have access to the S3 website.
- County representatives analyze the multiple services available in the following areas: Supportive Services, Health and Well-Being, Income Support and Prevention and Intervention.
- Identify overlaps and additional community stakeholders, as well as develop recommendations on how to improve services and programs for seniors, short term and long range.

As part of the S3 initiative, four workgroups were established: Supportive Services; Health & Well Being; Income Support; and Prevention and Intervention. CSS held stakeholder meetings to provide them with an overview of the project and get their input on issues critical to seniors as well as review the recommendations developed by the workgroups. The stakeholders included service providers, representatives from all areas in Los Angeles County; educators, County volunteers, business community and health and human service representatives, AAA Advisory Council and LACCOA members.

Current and future activities of the S3 taskforce include:

- Administer a brief survey to the stakeholder meeting participants to determine the S3 project's usefulness and to measure stakeholder interest in future participation in collaborative projects that enhance the S3 project.
- Prioritize recommendations and identify lead departments.
- Identify recommendations that can be implemented in a short-term period and long range goals.
- Identify integration options, i.e. full integration of services, partial integration, and other options.
- Submit a final report to the CEO and County Board of Supervisors on whether or not services can be integrated, to what extent and how this can be accomplished.

SECTION 8
TARGETING

TARGETING

The Older Americans Act (OAA) defines a number of “target populations” which Area Agencies on Aging (AAA) should make special efforts to include in the planning and delivery of community-based services. These targeted groups consist of older individuals with any of the following characteristics:

- Native American
- Isolated, Neglected, and/or Exploited
- Frailty
- Reside in Rural Areas
- Have Limited English-Speaking Ability
- Have Alzheimer’s Disease and Related Disorders
- Have Disabilities, especially Severe Disabilities
- Unemployed Low-income Seniors
- Caregivers (as defined in Title III-E)
- At risk of institutionalization

In addition, the OAA defines two special categories of targeted individuals. Those with the ‘greatest economic need’ are seniors, particularly minority seniors, with need resulting from an income level at or below the Federal Poverty Level. Second, older adults with the “greatest social need” that have a need caused by non-economic factors such as physical or mental disability, language barriers, or cultural, social or geographic isolation that either restricts the ability of an individual to perform daily tasks or threatens their capacity to live independently.

It is the main focus of the AAA to serve those with the greatest economic and social needs and efforts are made to also help all targeted populations. One of the categories included in this population is frail seniors who are at risk of institutionalization. In addition, it is critical that all AAA-funded providers make this a priority. The protection from abuse, neglect and exploitation is also a critical issue for the County and AAA. Addressing these issues is done primarily through a network of partners, including collaboration with administrators of the Ombudsman program. Elder abuse prevention services are also provided by CSS’ Adult Protective Services, who partner with agencies such as the Los Angeles County Sheriff’s Department, Consumer Affairs, and others.

The AAA also continues to work with its Family Caregivers’ network to help older and functionally impaired adults to continue to live in their own homes for as long as possible and support grandparents raising grandchildren. Lastly, the Senior Employment Program continues to be a priority, as well. This program is so vital because of the training programs and helping seniors realize financial security by helping them find meaningful jobs.

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 training and technical assistance to help them meet these goals.

SECTION 9
PUBLIC HEARINGS

SECTION 9: PUBLIC HEARINGS

PSA # 19

PUBLIC HEARINGS
Conducted for the 2009-2012 Planning Period
 CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308; OAA 2006 306(a)

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English?¹ Yes or No	Was hearing held at a Long-Term Care Facility?² Yes or No
2009-10	See Below				
2010-11					
2011-12					

Date	Location	Number Attending	Area Plan Presented with Translator	Hearing Held at Long-Term Care Facility
Wed., January 7, 2009	Alpert Jewish Community center 3801 E. Willow Long Beach, CA 90815	28	Yes	No
Tuesday, Jan. 13, 2009	Wilmington Senior Center 1371 Eubank Avenue Wilmington, CA 90744	91	Yes	No
Thursday, Jan. 15, 2009	Department of Building and Safety 3550 Wilshire Blvd., Suite 2000 Los Angeles, CA 90010	28	Yes	No
Tuesday, January 27, 2009	International Institute of Los Angeles 435 S. Boyle Avenue Los Angeles, CA 90033	38	Yes	No
Thursday, Jan. 22, 2009	Palmdale Senior Center 1002 East Avenue, Q12 Palmdale, CA 93550	21	Yes	No
Thursday, Jan. 29, 2009	Covina Joslyn Senior Center 815 N. Barranca Avenue Covina, CA 91723	19	Yes	No

² A translator is not required unless the AAA determines a significant number of attendees require translation services.
³ AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

Below items must be discussed at each planning cycle's Public Hearings

1. Discuss 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 placed in newspapers throughout Los Angeles County and City. Flyers were sent to contract agencies, public libraries, Senior Centers and notification was sent to Board offices.

2. Proposed expenditures for Program Development (PD) and Coordination (C) must be discussed at a public hearing. Did the AAA discuss PD and C activities at a public hearing?

Yes Not Applicable if PD and C funds are not used

No, Explain:

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

AAA should do more collaboration with outside agencies and more outreach to promote their programs.

4. Were all interested parties in the PSA notified of the public hearing and 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

No, Explain:

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

Since the minimum percentage only equaled 55%, what is done with the balance of the money? In the joint hearings with the LA City Department of Aging, the attendees asked why the percentages for the County were different from the City percentages.

6. Summarize other major issues discussed or raised at the public hearings.

A comment was made pertaining to disaster preparedness training for seniors and how will the department handle disaster situations. A staff person responded by saying the department's Disaster Preparedness Coordinator is working with contract agencies, California Department of Aging, local and federal agencies to ensure that a coordinator plan is viable to reach the at risk population in the event of an emergency. Also, see the following pages for other Public Hearing comments.

7. List major changes in the Area Plan resulting from input by attendees at the hearings.

None

2009 - 2012 AREA PLAN PUBLIC HEARINGS SUMMARY OF PUBLIC COMMENTS

January 7, 2009 – Alpert Jewish Community Center

Topic: Service Integration

- Elderly & Social Security relationship is not good. Services available to seniors are not known and are confusing. Need to fill gap.
- Adequate Proportion – Some of the money is used for administrative costs. If this is so, what services are cut when this is done?
- Why are the percentages for Adequate Proportion different between the City and County and where does the balance of the money go to?
- When will the RFP for ICM be released. MHN responded by saying that the program will be split into Linkages and IIIB.
- Concern about case management services. That area should be supplemented through other funding sources.
- Applaud the city and county for looking at integrating services.
- What makes it difficult for the different government groups to get together to spend the money on the multiple programs?
- What is the situation of the funding for senior programs?
- Relook at how services are delivered to baby boomers.
- Give people what they need and cut back on what's not needed.
- Look at housing needs.
- Why can't our AAA's work with other AAA's in the country and talk.
- How can we improve our delivery service or what kind of program development can be done to inspire services?
- Wouldn't make any recommendations to change services.
- Major impact on Home-Based Care with economy being bad. Suggest that IIIB continue as is. It's a safety net for seniors to stay at home.
- ADCRC – Hope it remains the same
- Case Management – Agencies need to have flexibility on how to use the money. Linkages money is going to be hard to spread throughout the County.
- Service integration needs to be taken to local level.
- Fund some private projects for their efforts of service integration.
- Look at local models.
- Flat funding – Loss in services actually need to rise above turf wars.
- Encourage more conference calls with providers to get helpful ideas in designing programs for individuals in different communities (collaborate more with providers).
- AAA's need to outreach to unincorporated areas and do more to serve them.
- Caretakers – Is anything being done to subsidize this program?
- Is anything being done to help seniors that shouldn't drive?
- Increase visibility of caregiver program so people can take advantage of program.

2009 - 2012 AREA PLAN PUBLIC HEARINGS SUMMARY OF PUBLIC COMMENTS

January 7, 2009 – Alpert Jewish Community Center

Topic: Service Integration

- Transportation critical issue for Long Beach - a. Need for education on how to use buses and taxis. b. Bus tokens and taxi tokens' programs very important.
- Elder Abuse – a. Seniors need to be educated on what is available. b. Seniors given a survey on what they would respond to.
- Caregivers that are criminals – Can there be a list of caregiver/anyone convicted of elder abuse or any crime?
- What is going to be done about APS cuts?
- Collaboration with all the different stakeholders – Why is there a problem to get the word out if there are multiple stakeholders (work together to utilize resources?)
- Seniors don't have access to computers or don't know how to use the computer.
- Is there anything that can be done to facilitate getting federal dollars for faith-based organizations?
- Need more free flowing information to all organizations.
- Educating Social Workers is important.
- Teach people how to access their own abilities – Can't always depend on programs, families and churches. Family needs to get involved.
- State borrowing funds from Proposition 63 – Can't outreach because most of the funds with providers are maxed out.

January 13, 2009 – Wilmington Multipurpose Senior Center

Topic: Emergency Preparedness

- City Health Department in Long Beach has emergency management program. Has emergency kits for seniors (numerous agencies generate the kits). Kaiser has given the city's agency some basic kits.
- Home bound and disabled – Is there a database and what emergency efforts are done for them?
- Stay calm during an earthquake.
- Can the city or county provide training to residents on how to prepare for an emergency?
- Heard that the In-home Supportive Services program has been cut drastically. Are we still funding this program?

2009 - 2012 AREA PLAN PUBLIC HEARINGS SUMMARY OF PUBLIC COMMENTS

January 15, 2009 – Department of Building and Safety

Topic: General

- There are gaps in services – Wait list for home-delivered meals.
- OTO money – Are we looking for input on how to spend.
- Use OTO as a bridge (back fill) for the cuts that were done.
- Number of agencies feeling the impact of the cuts.
- Ombudsman/Elder Abuse – What are the plans if funds are cut? How can we fill the gaps?
- Mental Health/Dental Health – Low cost services for seniors needed. Hope to have this part of the Area Plan.
- Homebound seniors – Baby boomers will make this worse. Seniors taking care of their children.
- Bet Tzedek – Clients coming with unemployment, foreclosures, and etc. issues. Hope city and county will continue funds for legal services.
- Computer issue – Older adults sidelined because they are not on the Internet. When money available, increase usage among older adults through training. It's a critical need.
- What things can we do to create new partnerships to get extra leverage on things we can't afford?
- Training should be given to Social Workers to do simple maintenance on computers for seniors at their home. Possibly pair up with Home-Delivered Meals drivers to do this.
- Share resources with schools (K-12) to offer classes for seniors.
- Helene Park (agency offers legal services) – Make sure our organization is listed with I&A. We do classes in the community and can offer classes in Senior Center on wills, trust, LTC, etc. (Can be included as part of Network of Care).
- Alzheimer's Association – 150,000 people in LA County with Alzheimer's or some form of dementia. Boomers will increase numbers – Do education in community. Provide support services, i.e. care managers are critical. Encourage city and county to continue support of services.
- Are there any plans to develop a core of volunteer services to do friendly visits or computer training?
- Start population volunteering at a young age.

2009 - 2012 AREA PLAN PUBLIC HEARINGS SUMMARY OF PUBLIC COMMENTS

January 22, 2009 – Palmdale Senior Center

Topic: General

- Alzheimer's Assoc. in support of caregivers. Wants to see funding continue for the care management program.
- Legal question – Do you have to sign a lease before you know how much rent you have to pay?
- Transportation – At age 64 not 65, cannot ride for free. Even seniors who are old enough have to prove their age.
- Title V – Want a more in depth explanation about the information.
- Why is there an age difference for different programs?
- What do you do if you need healthcare but you're not a senior (Medicare) or don't qualify for Medi-Cal?
- Service Integration – When will this be implemented (so many departments don't know what the other one offers.)?
- Heritage Clinic – Provides counseling to seniors and case management.
- Natalie Ambrose (Advisory Council member) – Need people in the Antelope Valley to join the AAA Advisory Council to provide support and input.
- What is the age of a senior (55, 62, 65)? Need to determine an age every organizations follows and every business also needs to come to terms and all agree on same age so we may receive services and discounts that are offered to us. State or County needs to decide an age for all.
- Health insurance for any age, especially seniors who lost jobs. Cannot afford private insurance and don't qualify for Medicare or Medi-Cal. Have worked for many years and now don't have insurance. We can give to non-citizens these services but cannot help our own.
- Transportation – Need more buses running every 15 minutes and also more trips to LA to help us get around better.
- Need more services in the Antelope Valley. We are still LA County and we seem to be neglected.
- Start counting the boomers.
- Transportation – Senior bus discounts vary between different cities. Why is that? Please fix that. Seniors really rely on this.
- Title V income is exempt for Food Stamp guidelines. If Social Worker or someone who looks at the forms is not aware of the rules/guidelines, that income can cost them their Food Stamps or other allotments. Social services will subject the client to a fraud screening. This is kept in a file, no matter the outcome.
- Would it be feasible or cost effective to have a senior "Hot Line" like 211 – just for seniors?
- Many of the programs could be expanded by volunteer efforts, i.e. Be Well, with limited training could expand to the outer LA County areas.

2009 - 2012 AREA PLAN PUBLIC HEARINGS SUMMARY OF PUBLIC COMMENTS

January 27, 2009 – International Institute of Los Angeles

Topic: Disease Prevention

- Alzheimer's Assoc. – Starting new caregiver program to help people who care for someone with dementia.
- Senior dance programs are good for your health.
- Partners in Care – Where is the office located and can they write a note later about what they offer.
- Alzheimer's Assoc. – Dementia, heart disease, diabetes – All three are related but good nutrition and exercise can help reduce risk.
- Family history puts you at risk for dementia. Social/mental games help with this, as well as exercise and good diet.
- People have a lot of needs but they are not voiced/known. More outreach and more information are needed so people can participate in programs.
- Friends should be encouraged to do more than just play bingo. Need to take this presentation seriously.
- Culturally, Latin people do not know how to shop nutritionally. Fast food in on the increase, i.e. McDonald's and it doesn't solve the problem of how to prepare good food.

January 29, 2009 – Covina Joslyn Senior Center

Topic: General

- Need to have significant web-presence that outlines the services available to seniors, particularly access for younger seniors.
- Advisory Council member – People are not familiar with the current web page. How do we get the word out about the web page?
- Transportation – Some seniors provide transportation but they need to stay with the person and provide translation.
- Seniors need more help with assistance in the home.
- Transportation – Depending on what city you live in, transportation is not available. Is there attention being given to the checkerboard effect, especially in unincorporated areas and city to city? Transportation fragmented.
- Be Well Program is very important. Should be expanded.
- Home-delivered meal program should be expanded.
- Will programs continue considering the state of the economy?
- Has the County considered the issue of dementia in the proposal for MHSAs funds?

2009 - 2012 AREA PLAN PUBLIC HEARINGS SUMMARY OF PUBLIC COMMENTS

January 29, 2009 – Covina Joslyn Senior Center

Topic: General

- Need more people with expertise in care of developmentally disabled population, i.e., people in 40's or 50's with Down syndrome and other ailments. Raise competency level of providers on these issues. Villa Esperanza is willing to offer training.
- Advisory Council member – Tried to become a volunteer at an agency and never got an answer.
- A computer for seniors is not the answer.
- MSSP – Use their television as a device for teleconferencing. Department should become more involved in training seniors to use a computer.
- Senior Life Line – Can the public get a copy of the final Area Plan and does the plan get into detail of when objectives will be completed.

SECTION 10
IDENTIFICATION OF PRIORITIES

IDENTIFICATION OF PRIORITIES

The AAA's primary function is to administer Older Americans Act and Older Californians Act programs, along with maximizing independence for all older and disabled adults. The AAA is committed to ensuring that these goals are met and assuring cooperation and coordination within its network of agencies. Based on this, our specific goals for this three-year Area Plan are as follows:

- Goal #1: Collaborate with the Los Angeles City Department of Aging and County departments to provide a seamless delivery of services and increase awareness of services available to seniors and adults with disabilities.
- Goal #2: Promote an environment that is sensitive to the needs of seniors 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 #3: Continue to coordinate and expand on the development of an integrated multi-disciplinary network of investigative/protective services for vulnerable seniors and adults with disabilities to prevent all forms of abuse and fraud.

Funding Requirements

The AAA is required to fund a number of programs and services. Over the next three years, the AAA will utilize a combination of direct and predominantly contracted services to meet the needs of seniors, caregivers and disabled adults in the areas of information and assistance and supportive services (Title III-B), nutrition (Title III-C1 and C-2), disease prevention and health promotion (Title III-D), Ombudsman services (Title VII), caregiver services (Title III-E) and other services such as Linkages and Alzheimer's Day Care Resource Centers.

In doing so, the AAA must adhere to a number of funding parameters, such as adequate proportion and parity. The OAA requires that AAAs provide assurances that an "adequate proportion" of Title III-B funds will be allocated to the following priority services established by the federal government: Access Services (including transportation, information and assistance and outreach), In-Home Services (including personal care, homemaker, chore, telephone reassurance, visiting and minor home modification), and Legal Services (including legal advice, representation, assistance to the Ombudsman Program and involvement in the private bar).

In FY 2008-2009, the AAA's adequate proportion allocation was as follows:

- Access – 30%
- In-Home – 20%
- Legal Assistance – 5%

IDENTIFICATION OF PRIORITIES

For FY 2009-2010, the amounts are as follows:

- Access – 30%
- In-Home – 20%
- Legal Assistance – 5%

These percentages were reviewed at the Public Hearings.

Funding Priorities

Based on the establishment of the funding levels for the County, CSS will begin the process of determining how program dollars will be spent in order to meet the needs of our older and disabled adults.

Over the next three years, the AAA will explore funding options for transportation services for older and disabled adults, collaborate with its partners to address the housing issues for low-income and homeless seniors and veterans and continue to advocate for increase funding for the multiple other programs that are administered.

In addition, the AAA along with the Adult Protective Services Section of CSS will continue to participate in multi-disciplinary team efforts pertaining to elder abuse and continue to work with law enforcement and Consumer Affairs to help combat elder abuse, fraud and scams targeting seniors.

SECTION 11
GOALS AND OBJECTIVES

GOALS AND OBJECTIVES

GOAL #1: Collaborate with the Los Angeles City Department of Aging and County departments to provide a seamless delivery of services and increase awareness of services available to seniors and adults with disabilities.

Rationale: In order to meet the needs of the increasing aging population and effectively improve our systems of care, the Area Agency on Aging and its partners need to work toward an integrated system of care **to create a “no wrong door” policy.**

Collaboration with other public entities will increase awareness of resources available to improve the quality of life for seniors and disabled adults and help them to maintain their independence, and avoid institutionalization.

Objectives	Start/End Dates	Type*	Status
1.1 Aging and Disabilities Resource Center			
a) Expand current Information and Assistance services by providing a single point of contact to services available to seniors and their caregivers using the Aging and Disabilities Resource Center (ADRC) Model.	07/01/09 to 06/30/12	C	New
b) Collaborate with the Department of Public Social Services' In-Home Supportive Services and Medi-Cal Program Sections, Public Libraries, Social Security Administration and Los Angeles City Department of Aging to evaluate and determine options on how to effectively offer a single point of contact system.	07/01/09 to 06/30/12	C	New
c) Coordinate the distribution of printed material to various local facilities and advocate for use of public computers at libraries for senior to access City and County co-branded ADRC website.	07/01/09 to 06/30/12	C	New
Accountable Party/Lead: Roseann Donnelly/Sylvia Zuniga			

*Legend for Type: A= Administrative C= Coordination PD= Program Development IIIE= Family Caregiver Program IIIB=Supportive Services Program IIID=Disease Prevention/Health Promotion Linkages= Care Management Title V=Senior Employment Program

GOAL #1: Collaborate with the Los Angeles City Department of Aging and County departments to provide a seamless delivery of services and increase awareness of services available to seniors and adults with disabilities.

Rationale: In order to meet the needs of the increasing aging population and effectively improve our systems of care, the Area Agency on Aging and its partners need to work toward an integrated system of care.

Collaboration with other public entities will increase awareness of resources available to improve the quality of life for seniors and disabled adults.

Objectives	Start/End Dates	Type	Status
<p>1.2 Information and Assistance (I&A)</p> <p>a) Increase awareness of the multiple services available by outreaching to older and disabled adults by outreaching to this population and their caregivers through collaboration with the AAA Advisory Council, particularly the Speakers' Bureau and participating in public events, such as community fairs, educational forums, etc.</p> <p>b) Collaborate with City and County libraries to make available public computers to older and disabled adults in order for them to access the Los Angeles Network of Care website for information on available services.</p> <p>c) Outreach to the Lesbian, Gay, Bisexual and Transgender (LGBT) community by providing information on services available and making presentations in Senior Centers on LGBT issues.</p> <p>d) Coordinate with the AAA Advisory Council and the Los Angeles County Commission on Aging to improve awareness, utilization and delivery of services to seniors, disabled adults and their caregivers.</p>	<p>07/01/09 To 06/30/12</p> <p>07/01/09 To 06/30/12</p> <p>07/01/09 To 06/30/12</p> <p>07/01/09 To 06/30/12</p>	<p>C</p> <p>C</p> <p>A</p> <p>C</p>	<p>New</p> <p>New</p> <p>New</p> <p>New</p>
<p>Accountable Party/Lead: Roseann Donnelly/Sylvia Zuniga/Brenda Sapp-Pradia</p>			

GOAL #1: Collaborate with the Los Angeles City Department of Aging and County departments to provide a seamless delivery of services and increase awareness of services available to seniors and adults with disabilities.

Rationale: In order to meet the needs of the increasing aging population and effectively improve our systems of care, the Area Agency on Aging and its partners need to work toward an integrated system of care.

Collaboration with other public entities will increase awareness of resources available to improve the quality of life for seniors and disabled adults.

Objectives	Start/End Dates	Type	Status
<p>1.3 Seamless Senior Services (S3)</p> <p>a) Collaborate with interdepartmental S3 partners from the multiple county agencies to establish a “no wrong door” model of integrated services through coordination with county departments and agencies in order to make it easier for older and disabled adults to access services.</p> <p>b) Continue to identify and analyze the multiple interdepartmental programs in the County that provide senior services that can be integrated in a short timeframe and services that can be integrated as a long range goal.</p> <p>c) Work with the Chief Executive Office’s Legislative Analyst to explore the possibility of a new legislative proposal to include the Elder Economic Security Standard Index as a more accurate way than the Federal Poverty Level to reflect costs faced by older adults in Los Angeles County.</p> <p>Accountable party/Lead: Jonathan Glassman</p>	<p>07/01/09 to 06/30/10</p> <p>07/01/09 to 06/30/12</p> <p>07/01/09 to 06/30/12</p>	<p>C</p> <p>C</p> <p>A</p>	<p>New</p> <p>New</p> <p>New</p>

GOAL #2: Promote an environment that is sensitive to the needs of seniors 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 and for individuals who provide these services will increase substantially as the population of older adults and adults with disabilities increases. The coordination of services and redesign of programs, such as caregiver services, case management and in-home services will reduce inefficiencies and help to promote more effectiveness.

The need for improved and expanded education on health related issues, nutrition, and exercise as well as outreach, transportation and employment will also help seniors and adults with disabilities maintain their independence, remain active and strive toward a healthier lifestyle.

Objectives	Start/End Dates	Type	Status
<p>2.1 Family Caregiver Services</p> <p>a) Collaborate with Family Caregiver providers to increase the number of caregivers serviced through the program in order for the care receiver to remain in their homes.</p> <p>b) Work with the Los Angeles County Commission on Aging, Advisory Council and other county departments to increase the knowledge of caregivers regarding the services and resources available to them by using various media and outreach campaigns and information provided by I&A staff when calls are received.</p> <p>c) Facilitate caregiver provider meetings, quarterly, for the purpose of training, networking and enhancing the delivery of services.</p> <p>d) Collaborate with the Department of Children and Family Services to provide information about resources and services available to grandparents and other senior caregivers of relative children.</p> <p>Accountable party/Lead: Anna Avdalyan</p>	<p>07/01/09 to 06/30/12</p> <p>07/01/09 to 06/30/12</p> <p>07/01/09 to 06/30/12</p> <p>07/01/09 to 06/30/12</p>	<p>IIIE & C</p> <p>IIIE & C</p> <p>IIIE & A</p> <p>IIIE & C</p>	<p>New</p> <p>New</p> <p>New</p> <p>New</p>

GOAL #2: Promote an environment that is sensitive to the needs of seniors 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 and for individuals who provide these services will increase substantially as the population of older adults and adults with disabilities increases. The coordination of services and redesign of programs, such as caregiver services, case management and in-home services will reduce inefficiencies and help to promote more effectiveness.

The need for improved and expanded education on health related issues, nutrition, and exercise as well as outreach, transportation and employment will also help seniors and adults with disabilities maintain their independence, remain active and strive toward a healthier lifestyle.

Objectives	Start/End Dates	Type	Status
<p>2.2 Care Management/In-Home Services</p> <p>a) Continue to develop and enhance Care Management training material with emphasis on outreaching to underserved populations within Los Angeles County.</p> <p>b) Conduct quarterly Care Management training with AAA contractors to stimulate outreach to clients who may be eligible for the services.</p> <p>c) Promote outreach to seniors in need of in-home services through the Home-Based Care program in collaboration with providers.</p> <p>Accountable party/Lead: Thomas Jenkins/Gabriel Boyadjian</p>	<p>07/01/09 to 06/30/12</p> <p>07/01/09 to 06/30/12</p> <p>07/01/09 to 06/30/12</p>	<p>IIIB/ Linkages</p> <p>A</p> <p>C</p>	<p>New</p> <p>New</p> <p>New</p>

GOAL #2: Promote an environment that is sensitive to the needs of seniors 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 and for individuals who provide these services will increase substantially as the population of older adults and adults with disabilities increases. The coordination of services and redesign of programs, such as caregiver services, case management and in-home services will reduce inefficiencies and help to promote more effectiveness.

The need for improved and expanded education on health related issues, nutrition, and exercise as well as outreach, transportation and employment will also help seniors and adults with disabilities maintain their independence, remain active and strive toward a healthier lifestyle.

Objectives	Start/End Dates	Type	Status
<p>2.3 Senior Employment Opportunities</p> <ul style="list-style-type: none"> a. Continue to collaborate with community organizations, public and private, and the Workforce Investment Board to expand community outreach and education for seniors to obtain employment or the needed training to become job ready. b. Continue to promote the advantages of hiring older workers and foster employment opportunities for them. 	<p>07/01/09 to 06/30/12</p>	<p>Title V</p>	<p>New</p>
<p>Accountable party/Lead: Trinkia Petties</p>		<p>C</p>	<p>New</p>

GOAL #2: Promote an environment that is sensitive to the needs of seniors 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 and for individuals who provide these services will increase substantially as the population of older adults and adults with disabilities increases. The coordination of services and redesign of programs, such as caregiver services, case management and in-home services will reduce inefficiencies and help to promote more effectiveness.

The need for improved and expanded education on health related issues, nutrition, and exercise as well as outreach, transportation and employment will also help seniors and adults with disabilities maintain their independence, remain active and strive toward a healthier lifestyle.

Objectives	Start/End Dates	Type	Status
<p>2.4 Transportation</p> <p>a) Work with a consultant to secure a Metro New Freedom Formula Grant in order to develop a detailed plan for improved transportation services for seniors and disabled adults.</p> <p>b) Collaborate with the Metropolitan Transit Authority to promote improved transportation services for seniors and disabled adults, particularly low-income and rural and/or isolated individuals.</p> <p>Accountable party/Lead: Jonathan Glassman/Alex McSweyn</p>	<p>07/01/09 to 06/30/10</p> <p>07/01/09 to 06/30/12</p>	<p>PD</p> <p>C</p>	<p>New</p> <p>New</p>

GOAL #2: Promote an environment that is sensitive to the needs of seniors 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 and for individuals who provide these services will increase substantially as the population of older adults and adults with disabilities increases. The coordination of services and redesign of programs, such as caregiver services, case management and in-home services will reduce inefficiencies and help to promote more effectiveness.

The need for improved and expanded education on health related issues, nutrition, and exercise as well as outreach, transportation and employment will also help seniors and adults with disabilities maintain their independence, remain active and strive toward a healthier lifestyle.

Objectives	Start/End Dates	Type	Status
<p>2.5 Housing</p> <ul style="list-style-type: none"> a) Educate CSS/AAA staff on what low-income housing programs are available for older and disabled adults, such as the Assisted Living Waiver Pilot Project being implemented by the Los Angeles County Housing Authority in the South Bay area b) Support expansion of the program to other areas in Los Angeles County. c) Collaborate with housing advocates of older adults, homeless veterans and disabled adults through continued participation on the Special Needs Housing Alliance Committee to ensure that the needs of this population are addressed. <p>Accountable party/Lead: Jonathan Glassman/Alex McSweyn</p>	<p>07/01/09 to 06/30/12</p> <p>07/01/09 to 06/30/12</p> <p>07/01/09 to 06/30/12</p>	<p>C</p> <p>A</p> <p>C</p>	<p>New</p> <p>New</p> <p>New</p>

GOAL #2: Promote an environment that is sensitive to the needs of seniors 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 and for individuals who provide these services will increase substantially as the population of older adults and adults with disabilities increases. The coordination of services and redesign of programs, such as caregiver services, case management and in-home services will reduce inefficiencies and help to promote more effectiveness.

The need for improved and expanded education on health related issues, nutrition, and exercise as well as outreach, transportation and employment will also help seniors and adults with disabilities maintain their independence, remain active and strive toward a healthier lifestyle.

Objectives	Start/End Dates	Type	Status
<p>2.6 Nutrition</p> <p>a) Continue to work with the AAA Advisory Council Nutrition Committee to monitor Nutrition sites and ensure that meals and sites meet all the standards established by federal regulations.</p> <p>b) Conduct quarterly Nutrition Provider meetings for training, networking and improving meals and services, particularly seeking ways to entice Baby Boomers to participate.</p> <p>c) Continue to assist with the coordination of the annual awards ceremony for excellence of service by Nutrition Providers.</p> <p>Accountable party/Lead: Susan Kennedy</p>	<p>07/01/09 to 06/30/12</p> <p>07/01/09 to 06/30/12</p> <p>07/01/09 to 06/30/12</p>	<p>C</p> <p>A</p> <p>C</p>	<p>New</p> <p>New</p> <p>New</p>

GOAL #2: Promote an environment that is sensitive to the needs of seniors 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 and for individuals who provide these services will increase substantially as the population of older adults and adults with disabilities increases. The coordination of services and redesign of programs, such as caregiver services, case management and in-home services will reduce inefficiencies and help to promote more effectiveness.

The need for improved and expanded education on health related issues, nutrition, and exercise as well as outreach, transportation and employment will also help seniors and adults with disabilities maintain their independence, remain active and strive toward a healthier lifestyle.

Objectives	Start/End Dates	Type	Status
<p>2.7 Health & Well-Being</p> <p>a) Expand Health Promotion and Disease Prevention activities through the Be Well Program to include fall prevention, mental health awareness, physical fitness and other health related services.</p> <p>b) Expand ENHANCE services to include education sessions on health promotion, disease prevention and medication management to the Department of Public Social Services' In-Home Supportive Services' Social Workers.</p> <p>c) Continue to collaborate with the Los Angeles County Commission on Aging's Health and Long Term Care Workgroup on the resource directory containing available moderate to low cost dental services.</p> <p>d) Work with community partners, such as the Health Insurance Counseling and Advocacy Program (HICAP) provider and legal provider to ensure that Medicare beneficiaries have access to current information or counseling regarding Medicare Part D and other legal services, if needed.</p> <p>Accountable party/Lead: Susan Kennedy/Lan Ficht</p>	<p>07/01/09 to 06/30/12</p> <p>07/01/09 to 06/30/12</p> <p>07/01/09 to 06/30/12</p> <p>07/01/09 to 06/30/12</p>	<p>IIID</p> <p>IIID/C</p> <p>C</p> <p>A</p>	<p>New</p> <p>New</p> <p>New</p> <p>New</p>

GOAL #2: Promote an environment that is sensitive to the needs of seniors 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 and for individuals who provide these services will increase substantially as the population of older adults and adults with disabilities increases. The coordination of services and redesign of programs, such as caregiver services, case management and in-home services will reduce inefficiencies and help to promote more effectiveness.

The need for improved and expanded education on health related issues, nutrition, and exercise as well as outreach, transportation and employment will also help seniors and adults with disabilities maintain their independence, remain active and strive toward a healthier lifestyle.

Objectives	Start/End Dates	Type	Status
<p>2.8 Mental Health Services Act (MHSA)</p> <p>a) Collaborate with the Department of Mental Health to assure that the needs of older adults are included in the planning and expenditure process of Proposition 63, MHSA funds for Prevention and Early Intervention (PEI).</p> <p>b) Continue to participate in MHSA/PEI forums and workshops to support strategies that will address the needs of older and disabled adults.</p> <p>Accountable party/Lead: Jonathon Glassman/Brenda Sapp-Pradia</p>	<p>07/01/09 to 06/30/12</p> <p>07/01/09 to 06/30/12</p>	<p>C</p> <p>C</p>	<p>New</p> <p>New</p>

GOAL #3: Continue to coordinate and expand on the development of an integrated multi-disciplinary network of investigative/protective services for vulnerable seniors and adults with disabilities to prevent all forms of abuse and fraud.

Rationale: Elder and financial abuse are on the rise in Los Angeles. Fraud and scams are also on the rise. Often times these crimes are not reported because the elderly and disabled population is afraid or embarrassed to speak about these things because many times the crimes are committed by loved ones. In addition, 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 the victims of any fraud, scams and abuse that occur in nursing and long term care facilities.

Objectives	Start/End Dates	Type	Status
<p>2.9 Elder Abuse</p> <p>a) Develop an elder abuse identification fact sheet for the general public and professionals in order to help in the identification, prevention and treatment of elder abuse, neglect and exploitation.</p> <p>b) Collaborate with other partners to provide ten training sessions for professionals (service providers, nurses, social workers) on the identification, prevention and treatment of elder abuse, neglect and exploitation.</p> <p>Accountable party/Lead: Lorenza Sanchez/APS Managers</p>	<p>07/01/09 to 06/30/10</p> <p>07/01/09 to 06/30/12</p>	<p>PD</p> <p>C</p>	<p>New</p> <p>New</p>

GOAL #3: Continue to coordinate and expand on the development of an integrated multi-disciplinary network of investigative/protective services for vulnerable seniors and adults with disabilities to prevent all forms of abuse and fraud.

Rationale: Elder and financial abuse are on the rise in Los Angeles. Fraud and scams are also on the rise. Often times these crimes are not reported because the elderly and disabled population is afraid or embarrassed to speak about these things because many times the crimes are committed by loved ones. In addition, 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 the victims of any fraud, scams and abuse that occur in nursing and long term care facilities.

Objectives	Start/End Dates	Type	Status
<p>2.10 OMBUDSMAN</p> <p>a) Continue to collaborate with the OMBUDSMAN provider to monitor nursing facilities and long term care facilities to prevent all forms of abuse.</p> <p>b) Collaborate with agency to increase volunteers and seek additional funding sources.</p> <p>Accountable party/Lead: Lan Ficht</p>	<p>07/01/09 to 06/30/12</p> <p>07/01/09 to 06/30/12</p>	<p>C</p> <p>A</p>	<p>New</p> <p>New</p>

SECTION 12
SERVICE UNIT PLAN (SUP) OBJECTIVES

SECTION 12. SERVICE UNIT PLAN (SUP) OBJECTIVES GUIDELINES

PSA #19

**TITLE III/VII SERVICE UNIT PLAN OBJECTIVES
2009–2012 Three-Year Planning Period
CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service, as defined in PM 97-02. For services not defined in NAPIS, refer to Division 4000 of the Management Information Systems (MIS) Manual. Report 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). This SUP does **not** include Title III E services.

1. Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	19,825	1, 2	1.1, 1.2, 1.3, 2.2
2010-2011			
2011-2012			

2. Homemaker

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	26,558	1, 2	1.1, 1.2, 1.3, 2.2
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010			
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010			
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	30,784	1, 2	1.1, 1.2, 1.3, 2.2
2010-2011			
2011-2012			

6. Congregate Meal**Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	1,304,791	1, 2	1.1, 1.2, 1.3, 2.6
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	818,387	1, 2	1.1, 1.2, 1.3, 2.6
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	46,533	1, 2	1.1, 1.2, 1.3, 2.6, 2.7
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	2,731	1, 2	1.1, 1.2, 1.3, 2.7
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010			
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010			
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	5,676	1	1.1,1.2,1.3
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	9,731	1	1.1, 1.2
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	5,374	1, 2	1.1, 1.2, 1.3, 2.2, 2.3, 2.6, 2.7
2010-2011			
2011-2012			

NAPIS Service Category 15 – “Other” Title III Services

- In this section, identify **Title III D** services (required); and also identify all **Title III B** services (discretionary) to be funded that were not reported in NAPIS categories 1–14 above. (Identify the specific activity under the Service Category on the “Units of Service” line when applicable)
- Specify what activity constitutes a unit of service (1 hour, 1 session, 1 contact, etc.). (Reference Division 4000 of the MIS Operations Manual, January 1994)
- 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). [**Title III B Example:** Service Category: Community Services/Senior Center Support.
Units of Service: 1 hour – Activity Scheduling]

Title III D, Disease Prevention/Health Promotion

- **Service Activity:** Identify the Title III D specific allowable service activity provided. (i.e.: Physical Fitness, Counseling Advocacy, Community Education, Health Screening, Outreach, Therapy, Information, Comprehensive Assessment, Home Security, Equipment, Family Support, Nutrition Education, Nutrition Counseling, Nutrition Screening).
- **Units of Service:** Specify what constitutes a unit of service (i.e.: one participant, one client served, one hour, one presentation, one piece of equipment, one session, one client counseled). (Reference Division 4000 of the MIS Operations Manual, January 1994)
- Insert the number of proposed units of service in the Disease Prevention/Health Promotion and Medication Management tables in the Title III D Service Unit Plan Objectives.
- **Title III D and Medication Management requires a narrative program goal and objective.** The objective should clearly explain the activity that is being provided to fulfill the service unit requirement.
- **Title III D and Medication Management:** Insert the program goal and objective numbers in all Title III D Service Plan Objective Tables

Title III D, Disease Prevention/Health Promotion

Service Activity: Support Groups/Physical Fitness

Units of Service = 1 Session

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	806	2	2.7
2010-2011			
2011-2012			

Title III D, Medication Management ³

Service Activity Medication Management Review

Units of Service = 1 Hour

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	2,264	2	2.7
2010-2011			
2011-2012			

Title III B, Other Supportive Services ⁴

Service Category Telephone Reassurance

Units of Service and Activity = 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	61,308	2	2.6
2010-2011			
2011-2012			

Service Category: Alzheimer's Day Care

Units of Service and Activity Day of Attendance

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	5,816	1	1.1
2010-2011			
2011-2012			

Service Category In-Home Respite

Units of Service and Activity = 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	3,992	2	2.2
2010-2011			
2011-2012			

⁶ Refer to Program Memo 01-03

⁷ Other Supportive Services: Visiting (In-Home) now includes Telephoning (See Area Plan Budget).

Service Category In-Home Services Registry

Units of Service and Activity = 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	16,986	2	2.2
2010-2011			
2011-2012			

Service Category Community Services/Senior Center Support-Senior Center Staffing

Units of Service and Activity = 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	42,640	1	1.1, 1.2, 1.3
2010-2011			
2011-2012			

**TITLE IIIB and Title VIIA:
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES
PSA #19
2009-2012 Three-Year Planning Period**

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

Baseline numbers are obtained from the local LTC Ombudsman Program's FY 2006-2007 National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

Targets are established jointly by the AAA and the local LTC Ombudsman Program Coordinator. Use the baseline as the benchmark for determining FY 2009-2010 targets. For each subsequent FY target, use the previous FY target as the benchmark to determine realistic targets and percentage of change given current resources available. Refer to your local LTC Ombudsman Program's last three years of NORS data for historical trends and take into account current resources available to the program. Targets should be reasonable and attainable.

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 2006-2007 was 73%.

1. FY 2006-2007 Baseline Resolution Rate: <u>79%</u> Number of complaints resolved <u>7,103</u> + Number of partially resolved complaints <u>1,517</u> divided by the Total Number of Complaints Received <u>10,876</u> = Baseline Resolution Rate <u>79</u> %
2. FY 2009-2010 Target: Resolution Rate <u>75</u> %
3. FY 2010-2011 Target: Resolution Rate <u> </u> %
4. FY 2011-2012 Target: Resolution Rate <u> </u> %
Program Goals and Objective Numbers::Goal 3. Objectives 2.9, 2.10

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

1. FY 2006-2007 Baseline: <u>872</u> number of meetings attended
2. FY 2009-2010 Target: number <u>248</u> and % increase ___ or % decrease <u>72%</u>
3. FY 2010-2011 Target: number ___ and % increase <u>0</u> or % decrease ___
4. FY 2011-2012 Target: number ___ and % increase <u>0</u> or % decrease ___
Program Goals and Objective Numbers: Goal 3. Objectives 2.9, 2.10

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

1. FY 2006-2007 Baseline: number of meetings attended <u>25</u>
2. FY 2009-2010 Target: number <u>10</u> and % increase ___ or % decrease <u>60%</u>
3. FY 2010-2011 Target: number ___ and % increase <u>0</u> or % decrease ___
4. FY 2011-2012 Target: number ___ and % increase <u>0</u> or % decrease ___
Program Goals and Objective Numbers: Goal 3. Objectives 2.9, 2.10

D. Consultation to Facilities (AoA Report, Part III-D, #4)

1. FY 2006-2007 Baseline: number of consultations <u>435</u>
2. FY 2009-2010 Target: number <u>261</u> and % increase ___ or % decrease <u>40%</u>
3. FY 2010-2011 Target: number ___ and % increase ___ or % decrease ___
4. FY 2011-2012 Target: number ___ and % increase ___ or % decrease ___
Program Goals and Objective Numbers: Goal 3. Objectives 2.9, 2.10

E. Information and Consultation to Individuals (AoA Report, Part III-D, #5)

1. FY 2006-2007 Baseline: number of consultations <u>1,818</u>
2. FY 2009-2010 Target: number <u>1,090</u> and % increase ___ or % decrease <u>40%</u>
3. FY 2010-2011 Target: number ___ and % increase ___ or % decrease ___
4. FY 2011-2012 Target: number ___ and % increase ___ or % decrease ___
Program Goals and Objective Numbers: Goal 3. Objectives 2.9, 2.10

F. Community Education (AoA Report, Part III-D, #10)

1. FY 2006-2007 Baseline: number of sessions <u>5</u>
2. FY 2009-2010 Target: number <u>5</u> of sessions and % increase <u>0</u> or % decrease ___
3. FY 2010-2011 Target: number ___ of sessions and % increase ___ or % decrease ___
4. FY 2011-2012 Target: number ___ of sessions and % increase ___ or % decrease ___
Program Goals and Objective Numbers: Goal 3. Objectives 2.9, 2.10

G. Systems Advocacy

1. FY 2009-2010 Activity: In narrative form, please provide at least one systemic advocacy effort that the local LTC Ombudsman Program will engage in during the fiscal year.

(Examples: Work with LTC facilities to improve pain relief, increase access to oral health care, work with law enforcement to improve response and investigation of abuse complaints, collaborate with other agencies to improve quality of care and quality of life, participate in disaster preparedness planning, conduct presentations to legislators and local officials regarding quality of care issues, etc.)

Enter information in the box on the next page.

Systemic Advocacy Effort(s)

Presentations to legislators and local officials regarding issues impacting residents who reside in long-term care facilities.

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)

Number of Nursing Facilities visited (unduplicated) at least once a quarter not in response to a complaint (based on current resources available to the program).

1. FY 2006-2007 Baseline: 100 %

Number of Nursing Facilities visited at least once a quarter not in response to a complaint 9,542 divided by the number of Nursing Facilities 276.

2. FY 2009-2010 Target: 992: % increase ___ or % decrease 89%

3. FY 2010-2011 Target: ___ % increase ___ or % decrease ___

4. FY 2011-2012 Target: ___ % increase ___ or % decrease ___

Program Goals and Objective Numbers: Goal 3. Objectives 2.9, 2.10

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

Number Board and Care Facilities (RCFEs) visited (unduplicated) at least once a quarter not in response to a complaint (based on current resources available to the program).

1. FY 2006-2007 Baseline: 100 %

Number of RCFEs visited at least once a quarter not in response to a complaint 5,128 divided by the number of RCFEs 664.

2. FY 2009-2010 Target: 1,626 % increase ___ or % decrease 68%

3. FY 2010-2011 Target: ___ % increase ___ or % decrease ___

4. FY 2011-2012 Target: ___ % increase ___ or % decrease ___

Program Goals and Objective Numbers: Goal 3. Objectives 2.9, 2.10

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

(One FTE generally equates to 40 hours per week or 1,760 hours per year)
Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2006-2007 Baseline: FTEs <u>31</u>
2. FY 2009-2010 Target: number of FTEs <u>10</u> and % increase ___ or % decrease <u>68%</u>
3. FY 2010-2011 Target: number of FTEs _____ and % increase ___ or % decrease ___
4. FY 2011-2012 Target: number of FTEs ___ and % increase ___ or % decrease ___
Program Goals and Objective Numbers: Goal 3. Objectives 2.9, 2.10

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

Verify numbers of volunteers with Ombudsman Program Coordinator.

1. FY 2006-2007 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2007 <u>108</u>
2. FY 2009-2010 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2010 <u>80</u> and % increase ___ or % decrease <u>26%</u>
3. FY 2010-2011 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2011 _____ and % increase _____ or % decrease _____
4. FY 2011-2012 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2012 _____ and % increase _____ or % decrease _____
Program Goals and Objective Numbers: Goal 3. Objectives 2.9, 2.10

Outcome 3. Ombudsman representatives report their complaint processing and other activities accurately and consistently. [OAA Section 712(c)]

Measures and Targets:

A. Each Ombudsman Program provides regular training on the National Ombudsman Reporting System (NORS).

1. FY 2006-2007 Baseline number of NORS Part I, II, III or IV training sessions completed
__10__

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

2. FY 2009-2010 Target: number of NORS Part I, II, III or IV training sessions planned __4__

3. FY 2010-2011 Target: number of NORS Part I, II, III or IV training sessions planned ____

4. FY 2011-2012 Target: number of NORS Part I, II, III or IV training sessions planned ____

Program Goals and Objective Numbers: Goal 3. Objectives 2.9, 2.10

TITLE VIIB ELDER ABUSE PREVENTION

SERVICE UNIT PLAN OBJECTIVES

PSA #19

2009–2012 Three-Year Planning Period

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

A Unit of Service may include public education sessions, training sessions for professionals, training sessions for caregivers served by Title III E Program, educational materials developed, educational materials distributed or other hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

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

- **Public Education Sessions** – Please identify the total number of education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** – Please identify the total number of 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 identify the total number of Title VII/B training sessions for caregivers who are receiving services under Title III E of the Older Americans Act on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** – Please identify the number of hours to be spent developing a coordinated system to respond to elder abuse.
- **Educational Products Developed** – Please identify the type and number of educational products (brochures, curriculum, DVDs, etc.) developed by the AAA to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Educational Materials Distributed** – Please identify the type and number of educational materials 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.

TITLE VIIB ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

PSA #19

2009–2012 Three-Year Planning Period

Fiscal Year	Total # of Public Education Sessions
2009-10	24
2010-11	
2011-12	

Fiscal Year	Total # of Training Sessions for Professionals
2009-10	10
2010-11	
2011-12	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2009-10	
2010-11	
2011-12	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2009-10	
2010-11	
2011-12	

Fiscal Year	Total # of Educational Products to be Developed	Description of Educational Products
2009-2010	1	Elder Abuse Resource Guide-Consumer & Professional Guide
	1	Elder Abuse Awareness Posters
	1	Senior Action Fair
2010-2011		
2011-2012		

Fiscal Year	Total # of Copies of Educational Materials or Products to be Distributed	Description of Educational Materials or Products
2009-2010	1,000	Elder Abuse Resource Guide-Consumer & Professional Guide
	300	Seniors Against Investment Fraud Booklets
	800	Elder Abuse Awareness Posters
	1,000	Elder Abuse Awareness Stickers
2010-2011		
2011-2012		

TITLE III E SERVICE UNIT PLAN OBJECTIVES

PSA # 19

**2009–2012 Three-Year Planning Period
CCR Article 3, Section 7300(d)**

This Service Unit Plan (SUP) utilizes the five broad federal service categories defined in PM 08-03. Refer to the FCSP Service Matrix in this PM for eligible activities and service unit examples covered within each category. Specify proposed audience size or units of service for ALL budgeted funds.

For Direct Services

CATEGORIES	1	2	3
Direct III E Family Caregiver Services	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2009-2010	# of activities: 65 Total est. audience for above: 6,500	1, 2	1.1, 1.2, 1.3,2.1
2010-2011	# of activities: Total est. audience for above:		
2011-2012	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2009-2010	3,754	1, 2	1.1, 1.2, 1.3,2.1
2010-2011			
2011-2012			
Support Services	Total hours		
2009-2010	N/A		
2010-2011	N/A		
2011-2012	N/A		
Respite Care	Total hours		
2009-2010	N/A		
2010-2011	N/A		
2011-2012	N/A		
Supplemental Services	Total occurrences		
2009-2010	N/A		
2010-2011	N/A		
2011-2012	N/A		
Direct III E Grandparent Services	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2009-2010	# of activities: 6 Total est. audience for above: 650	1, 2	1.1, 1.2, 1.3,2.1
2010-2011	# of activities: Total est. audience for above:		
	# of activities:		

2011-2012	Total est. audience for above:		
Access Assistance	Total contacts		
2009-2010	375	1, 2	1.1, 1.2, 1.3,2.1
2010-2011	N/A		
2011-2012	N/A		
Support Services	Total hours		
2009-2010	N/A		
2010-2011	N/A		
2011-2012	N/A		
Respite Care	Total hours		
2009-2010			
2010-2011			
2011-2012			
Supplemental Services	Total occurrences		
2009-2010	N/A		
2010-2011	N/A		
2011-2012	N/A		

For Contracted Services

Contracted III E Family Caregiver Services	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	# of activities and total est. audience for above:		
2009-2010	# of activities: 375 Total est. audience for above: 4,500	1, 2	1.1, 1.2, 1.3,2.1
2010-2011	# of activities: Total est. audience for above:		
2011-2012	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2009-2010			
2010-2011			
2011-2012			
Support Services	Total hours		
2009-2010	8,600	1, 2	1.1, 1.2, 1.3,2.1
2010-2011			
2011-2012			
Respite Care	Total hours		
2009-2010	45,000	1, 2	1.1, 1.2, 1.3,2.1
2010-2011			
2011-2012			
Supplemental Services	Total occurrences		
2009-2010	3,675	1, 2	1.1, 1.2, 1.3,2.1
2010-2011			
2011-2012			

Contracted III E Grandparent Services	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	# of activities and Total est. audience for above		
2009-2010	# of activities: 25 Total est. audience for above: 500	1, 2	1.1, 1.2, 1.3,2.1
2010-2011	# of activities: Total est. audience for above:		
2011-2012	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2009-2010			
2010-2011			
2011-2012			
Support Services	Total hours		
2009-2010	1,040	1, 2	1.1, 1.2, 1.3,2.1
2010-2011			
2011-2012			
Respite Care	Total hours		
2009-2010	4,900	1, 2	1.1, 1.2, 1.3,2.1
2010-2011			
2011-2012			
Supplemental Services	Total occurrences		
2009-2010	485	1, 2	1.1, 1.2, 1.3,2.1
2010-2011			
2011-2012			

TITLE V/SCSEP SERVICE UNIT PLAN OBJECTIVES
2009–2012 Three-Year Planning Period
CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) utilizes the new Data Collection System developed by the U.S. Department of Labor (DOL), which captures the new performance measures per the Older Americans Act of 1965 as amended in 2000, and the Federal Register 20 CFR Part 641. The related funding is reported in the annual Title V/SCSEP Budget.

Note: Before the beginning of each federal Program Year, DOL negotiates with the California Department of Aging to set the baseline levels of performance for California. Once determined, those baseline levels will be transmitted to the AAA.

Fiscal Year (FY)	CDA Authorized Slots	National Grantee Authorized Slots (If applicable)	Objective Numbers (If applicable)
2009-2010	266		2.3
2010-2011			
2011-2012			

⁵ If not providing Title V, enter PSA number followed by "Not providing".

**COMMUNITY BASED SERVICES PROGRAMS
SERVICE UNIT PLAN (CBSP) OBJECTIVES
PSA # 19**

**2009-2012 Three-Year Planning Period
CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) follows the instructions for layouts provided in PM 98-26 (P) and updated in PM 00-13 (P). The related funding is reported in the annual Area Plan Budget (CDA 122). Report units of service to be provided with **ALL funding sources**.
For services that will not be provided, check the Not Applicable box

Alzheimer's Day Care Resource Center

1. Goals and Objectives:

Fiscal Year	Goal Numbers	Objective Numbers (If applicable)
2009-2010	1	1.1,1.2,1.3
2010-2011		
2011-2012		

2. In-Service Training Sessions for Staff (A minimum of 6 sessions required per year)

Fiscal Year	In-Service Training Sessions
2009-2010	48
2010-2011	
2011-2012	

3. Professional/Intern Educational Training Sessions (A minimum of 4 sessions required per year)

Fiscal Year	Professional/Intern Educational Training Sessions
2009-2010	32
2010-2011	
2011-2012	

4. Caregiver Support Group Sessions (A minimum of 12 sessions required per year)

Fiscal Year	Caregiver Group Support Sessions
2009-2010	96
2010-2011	
2011-2012	

5. Public/Community Education Training Sessions (A minimum of 1 session required per year)

Fiscal Year	Public/Community Education Training Sessions
2009-2010	8
2010-2011	
2011-2012	

6. List of ADCRC sites in your PSA:

Name of Center	Street Address (Street, City, Zip Code)
1. Center for Aging Resources, Heritage Clinic	447 North Molino Avenue, Pasadena, CA 91107
2. Human Services Association	6800 Florence Avenue, Bell Gardens, CA 90201
3. Jewish Family Services - Partners ADHC/ADCRC	7362 Santa Monica Blvd., West Hollywood, CA 90046
4. Larei Rancho Adult Day Care	7601 East Imperial Highway Bldg. 802, Downey, CA 90242
5. Santa Clarita Valley (LOA)- Hart Park/SCV Senior Center	22900 Market Street, Newhall, CA 91321
6. Life Steps Foundation, Inc.- Circle of Friends/ADHC	365 E. Beach Blvd., Inglewood, CA 90302
7. Partners in Care Foundation - Lancaster Adult Day Health Care Center	858 West Jackman #101, Lancaster, CA 93534
8. WISE Adult Day Care Center	1510 Pico Blvd., Santa Monica, CA 90405

Brown Bag

Fiscal Year	Goal Numbers
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Estimated # of Unduplicated Persons to be Served
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Estimated Pounds of Food to be Distributed
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Estimated # of Volunteers
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Estimated # of Volunteer Hours
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Estimated # of Distribution Sites
2009-2010	
2010-2011	
2011-2012	

Linkages

1. Goals and Objectives:

Fiscal Year	Goal Numbers	Objective Numbers (Optional)
2009-2010	2	2.2
2010-2011		
2011-2012		

2. Unduplicated Clients Served

Fiscal Year	Number of Unduplicated Clients Served (Include Targeted Case Management and Handicapped Parking Revenue)
2009-2010	400
2010-2011	
2011-2012	

3. Active Monthly Caseload

Fiscal Year	Active Monthly Caseload (Include Targeted Case Management and handicapped parking revenue)
2009-2010	300
2010-2011	
2011-2012	

Senior Companion

Fiscal Year	Goal Numbers
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Volunteer Service Years (VSYs)
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Volunteer Hours
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Senior Volunteers
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Seniors Served
2009-2010	
2010-2011	
2011-2012	

Respite Purchase of Service

2009-2010		Goal #	Objective # (if applicable):
Adult Day Care (ADC)	hours: 176	1, 2	1.1, 1.2, 1.3, 2.2
Adult Day Health Care (ADHC)	hours:		
Respite In-Home	hours: 1,725	1, 2	1.1, 1.2, 1.3, 2.2
Respite-Out of Home			
Skilled Nursing Facility	hours:		
Residential Care Facility	hours:		
Other:	hours:		
Alzheimer's Day Care Resource Center (ADCRC)	days:		
POS Transportation	1-way trips:		
Other:	#occurrences:		

2010-2011		Goal #	Objective # (if applicable):
Adult Day Care (ADC)	hours:		
Adult Day Health Care (ADHC)	hours:		
Respite In-Home	hours:		
Respite-Out of Home			
Skilled Nursing	hours:		
Residential Care Facility	hours:		
Other:	hours:		
Alzheimer's Day Care Resource Center (ADCRC)	days:		
POS: Transportation	1-way trips:		
Other:	#occurrences:		

2011-2012		Goal #	Objective # (if applicable):
Adult Day Care (ADC)	hours:		
Adult Day Health Care (ADHC)	hours:		
Respite In-Home	hours:		
Respite-Out of Home			
Skilled Nursing	hours:		
Residential Care Facility	hours:		
Other:	hours:		
Alzheimer's Day Care Resource Center (ADCRC)	days:		
POS: Transportation	1-way trips:		
Other:	#occurrences:		

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)
SERVICE UNIT PLAN
PSA # 19
2009-2012 Three-Year Planning Period
CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) uses definitions that can be found at www.aging.ca.gov. After connecting with the Home Page, select “AAA” tab, then “Reporting”, then select “Reporting Instructions and Forms”, and finally select “**Health Insurance Counseling and Advocacy Program**” to find current instructions, definitions, acronyms, and reporting forms. HICAP reporting instructions, specifications, definitions, and forms critical to answering this SUP are all centrally located there. If you have related goals in the Area Plan to Service Unit Plan, please list them in the 3rd column.

IMPORTANT NOTE FOR 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 its equitable share of the estimated performance numbers in the respective SUPs. Please do this in cooperation with the Managing AAA. The Managing AAA has the responsibility of providing the HICAP services in all the covered PSAs in a way that is agreed upon and equitable among the participating parties.

IMPORTANT NOTE FOR HICAPs WITH HICAP PAID LEGAL SERVICES: If your Master Contract contains a provision for HICAP funds to be used for the provision of HICAP Legal Services, you must complete Section 2.

IMPORTANT NOTE REGARDING FEDERAL PERFORMANCE TARGETS: The Centers for Medicare and Medicaid Services (CMS) requires all State Health Insurance and Assistance Programs (SHIP) meet certain targeted performance measures. These have been added in Section 4 below. CDA will annually provide AAAs, via a Program Memo, with individual PSA targets in federal performance measures to help complete Section 4.

Section 1. Three Primary HICAP Units of Service

State Fiscal Year (SFY)	Total Estimated Persons Counseled Per SFY (Unit of Service)	Goal Numbers
2009-2010	4,800	2
2010-2011		
2011-2012		
State Fiscal Year (SFY)	Total Estimated Number of Attendees Reached in Community Education Per SFY (Unit of Service)	Goal Numbers
2009-2010	5,000	2
2010-2011		
2011-2012		
State Fiscal Year (SFY)	Total Estimated Number of Community Education Events Planned per SFY (Unit of Service)	Goal Numbers
2009-2010	150	2
2010-2011		
2011-2012		

Section 2. Three HICAP Legal Services Units of Service (if applicable)⁶

State Fiscal Year (SFY)	Total Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2009-2010	240	2
2010-2011		
2011-2012		
State Fiscal Year (SFY)	Total Estimated Number of Legal Representation Hours Per SFY (Unit of Service)	Goal Numbers
2009-2010	500	2
2010-2011		
2011-2012		
State Fiscal Year (SFY)	Total Estimated Number of Program Consultation Hours per SFY (Unit of Service)	Goal Numbers
2009-2010	300	2
2010-2011		
2011-2012		

Section 3. Two HICAP Counselor Measures

State Fiscal Year (SFY)	Planned Average Number of Registered Counselors for the SFY⁷
2009-2010	31
2010-2011	
2011-2012	

State Fiscal Year (SFY)	Planned Average Number of Active Counselors for the SFY⁸
2009-2010	31
2010-2011	
2011-2012	

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

¹⁰ The number of registered Counselors will vary throughout the year. This includes Paid Counselors, In-kind Paid Counselors, and Volunteer Counselors. For "average," how many Counselors do you intend to keep on registered rolls at any given time through the year?

¹¹ the number of active Counselors will vary throughout the year. This includes Paid Counselors, In-kind Paid Counselors, and Volunteer Counselors. The average number of active Counselors cannot be greater than the total average registered Counselors. At any given time, how many of the registered Counselors do you anticipate will actually be counseling? For example, you may anticipate that 85% of your Counselors would be working in the field at any given time. Use the number of Counselors this represents for the average active Counselors, a subset of all registered Counselors.

Section 4. Eight Federal Performance Benchmark Measures

Fiscal Year (FY)	4.1 - Beneficiaries Reached Per 10k Beneficiaries in PSA
2009-2010	176.13
2010-2011	
2011-2012	

Note: This includes counseling contacts and community education contacts.

Fiscal Year (FY)	4.2 - One-on-One Counseling Per 10k Beneficiaries in PSA
2009-2010	96.73
2010-2011	
2011-2012	

Fiscal Year (FY)	4.3 - Beneficiaries with Disabilities Contacts Reached Per 10k Beneficiaries with Disabilities in PSA
2009-2010	106.04
2010-2011	
2011-2012	

Note: These are Medicare beneficiaries due to disability and not yet age 65.

Fiscal Year (FY)	4.4 - Low Income Contacts Per 10k Low Income Beneficiaries in PSA
2009-2010	121.68
2010-2011	
2011-2012	

Note: Use 150% Federal Poverty Line (FPL) as Low Income.

Fiscal Year (FY)	4.5 – All Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA
2009-2010	55.09
2010-2011	
2011-2012	

Note: This includes all enrollment assistance, not just Part D.

Fiscal Year (FY)	4.6 - Part D Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA
2009-2010	8.43
2010-2011	
2011-2012	

Note: This is a subset of all enrollment assistance in 4.5.

Fiscal Year (FY)	4.7 - Total Counselor FTEs Per 10k Beneficiaries in PSA
2009-2010	239.18
2010-2011	
2011-2012	

Fiscal Year (FY)	4.8 - Percent of Active Counselors That Participate in Annual Update Trainings
2009-2010	91%
2010-2011	
2011-2012	

SECTION 13
FOCAL POINTS

SECTION 13. FOCAL POINTS

PSA # 19

2009-2012 Three-Year Planning Cycle

COMMUNITY FOCAL POINTS LIST

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

Provide an updated list of designated community focal points and their addresses. This information must match the National Aging Program Information System (NAPIS) SPR 106.

ALHAMBRA, CITY OF / JOSLYN ADULT CTR PO BOX 351 ALHAMBRA, CA 91802-2351 JIMMY VENEGAS (626) 570-5056	CARSON SENIOR SOCIAL SERVICES 3 CIVIC PLAZA DR CARSON, CA 90745 VIRGINIA BROWN (310) 835-0212
ALTAMED ADULT DAY HEALTHCARE CTR 500 CITADEL DR. SUITE 490 LOS ANGELES, CA 90040 HUGO ROMO (323) 307-0200	CENTER FOR HEALTHY AGING 2125 ARIZONA AVE SANTA MONICA, CA 90404 DR. MONIKA WHITE (310) 576-2554
ANTELOPE VALLEY SENIOR CTR 777 W JACKMAN ST LANCASTER, CA 93534 SAUNDRA HAMILTON (661) 726-4400	CLAREMONT JOSLYN SENIOR CENTER 660 N. MOUNTAIN AVE. CLAREMONT, CA 91711 MELLISA VOLLARO (909) 399-5488
ARCADIA, CITY OF / COMM CTR PO BOX 60021 ARCADIA, CA 91066-6021 JIMMY VENEGAS (626) 574-5130	CULVER CITY SENIOR CENTER 4153 OVERLAND AVE CULVER CITY, CA 90230 JENN MA-PHAM (310) 253-6700
AZUSA SENIOR CTR 740 N DALTON AZUSA, CA 91702 LENORE GONZALES (626) 812-5115	DUARTE SENIOR CENTER 1610 HUNTINGTON DR DUARTE, CA 91010 PEGGY DIAMOND (626) 357-3513
BARTLETT SENIOR CTR 1318 CRAVENS AVE TORRANCE, CA 90501 CINDY SNODGRASS (310) 320-5918	EL MONTE, CITY OF/JACK CRIPPEN MPSC 3129 N TYLER AVE EL MONTE, CA 91731 MARIAN LAST (626) 258-8613
BURBANK, CITY OF/ JOSLYN ADULT CTR 1301 W BURBANK BLVD. BURBANK, CA 91505 GAYLE MIGDEN (818) 238-5353	SO. EL MONTE SENIOR CENTER 1556 CENTRAL AVE SOUTH EL MONTE, CA 91733 RON KENNEY (626) 448-0131

SECTION 13. FOCAL POINTS

PSA # 19

2009-2012 Three-Year Planning Cycle

COMMUNITY FOCAL POINTS LIST

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

Provide an updated list of designated community focal points and their addresses. This information must match the National Aging Program Information System (NAPIS) SPR 106.

GARDENA, CITY OF/SR CITIZEN BUREAU 1670 W 162 ND ST GARDENA, CA 90247 KATHY WALKER (310) 217-9552	JEWISH FAMILY & CHILDREN SVCS. 3801 E WILLOW LONG BEACH, CA 90815 WENDY PUZARNE (562) 427-7916
GLENDALE ADULT REC CTR 201 E. COLORADO GLENDALE, CA 91205 ADRIANA PEBLEY (818) 548-3775	LA MIRADA, CITY OF / LA MIRADA ACTIVITY CENTER 13810 LA MIRADA, CA 90638 LA MIRADA, CA 90638 LISA MONTOYA (562) 902-3160
GLENDORA, CITY OF / LA FETRA CTR 116 E FOORHILL BLVD GELNDORA, CA 91740 DEBBIE DOZAL (626) 914-0560	LANGLEY SENIOR CENTER 400 W EMERSON AVE MONTEREY PARK, CA 91754 BETH RYANS (626) 307-1395
HUMAN SERVICES ASSOCIATION 6800 FLORENCE AVE BELL GARDENS, CA 90805 DARREN DUNNAWAY (562) 806-5400	LA VERNE COMMUNITY CENTER 3680 D STREET LA VERNE, CA 91750 NICOLE BRESCIAN (909) 596-8777
HUNTINGTON SENIOR CARE NETWORK 837 S FAIROAKS AVE, STE 100 PASADENA, CA 91103 EILEEN KOONS (626) 397-3110	LONG BEACH SENIOR CENTER 1150 E FOURTH STREET LONG BEACH, CA 90802 SHELLY HELLEM (562) 570-3500
INGLEWOOD SENIOR CENTER 111 N LOCUST STREET INGLEWOOD, CA 90301 SIKIZI ALLEN (310) 412-5338	OLDTIMERS FOUNDATION 3355 E GAGE AVE HUNTINGTON PARK, CA 90255 RAQUEL ROMAN (323) 582-6090
JEWISH FAMILY SVC OF LA / PICO ROBERTSON MPC 8838 W PICO BLVD. LOS ANGELES, CA 90035 SUSAN ALEXMAN (323) 761-8800	PARAMONT, CITY OF 14409 PARAMONT BLVD. PARAMONT, CA 90723 DORIS MORELAND (562) 220-2090

SECTION 13. FOCAL POINTS

PSA # 19

2009-2012 Three-Year Planning Cycle

COMMUNITY FOCAL POINTS LIST

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

Provide an updated list of designated community focal points and their addresses. This information must match the National Aging Program Information System (NAPIS) SPR 106.

PASADENA SENIOR CTR 85 E HOLLY ST PASADENA, CA 91103 AKILA GIBBS (626) 685-6703	SANTA ANITA FAMILY SVCS 603 S MYRTLE AVE MONROVIA, CA 91016 AMY GRALEY (626) 358-1185
SO. PASADENA SENIOR CITIZENS CTR 1102 OXLEY STREET S PASADENA, CA 91030 LILLY TORRES (626) 403-7360	SANTA CLARITA VALLEY COA 22900 MARKET ST NEWHALL, CA 91321 BRAD BERENS (661) 259-9444
PICO RIVERA SENIOR CENTER PO BOX 1016 PICO RIVERA, CA 90660 ADRIANA MORAN (562) 948-4844	WEST COVINA SENIOR CITIZENS CTR PO BOX 1440 WEST COVINA, CA 91791 TRAVIS ISERI (626) 339-6057
POMONA, CITY OF COMM SVCS DEPARTMENT 499 E ARROW HWY POMONA, CA 91767 MAYELA AGUILAR (909) 620-2329	WEST HOLLYWOOD COMPREHENSIVE SERVICE CTR/JEWISH FAMILY SVCS 7377 SANTA MONICA BLVD. LOS ANGELES, CA 90046 MARINA BERKMAN (323) 851-8202
POMONA VALLEY COMM SVCS 2120 FOOTHILL BLVD STE 115 LA VERNE, CA 91750 CATHERINE BACUS (909) 593-7511	WHITTIER SENIOR CITIZENS CTR 13225 WALNUT ST WHITTIER, CA 90602 RURI PIERCE (562) 464-3365
SAN DIMAS, CITY OF 201 E BONITA AVE SAN DIMAS, CA 91773 ERICA RODRIGUEZ (909) 394-6290	WILLOWBROOK SENIOR CTR 12915 S JARVIS AVE. LOS ANGELES, CA 90401 LARRY LITTLETON (310) 603-3358
SAN GABRIEL, CITY OF 324 S MISSION DR SAN GABRIEL, CA 91776 NANCY HOGAN (626) 308-2822	WISE & HEALTHY AGING 1527 FOURTH ST SANTA MONICA, CA 90401 GRACE CHENG BRAUN (310) 394-9871

SECTION 14
PRIORITY SERVICES

2009-2012 Three-Year Planning Cycle

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

The CCR, Article 3, Section 7312, requires that the AAA allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds⁹ listed below have been identified for annual expenditure throughout the three-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 & Percentage of Title III B Funds

Expended in/or To Be Expended in FY 2009-10 through FY 2011-12

Access:

Case Management, Assisted Transportation, Transportation, Information and Assistance, and Outreach

09-10	30%	10-11	%	11-12	%
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In-Home Services:

Personal Care, Homemaker and Home Health Aides, Chore, In-Home Respite, Daycare as respite services for families, Telephone Reassurance, Visiting, and Minor Home Modification

09-10	20%	10-11	%	11-12	%
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Legal Assistance Required Activities¹⁰:

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

09-10	5%	10-11	%	11-12	%
-------	----	-------	---	-------	---

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

¹² 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.

¹³ Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

The percentages were based on target populations and prior year usage.

2. This form must be updated if the minimum percentages change from the initial year of the four-year plan.
3. Provide documentation that prior notification of the Area Plan public hearing(s) was provided to all interested parties in the PSA and that the notification indicated that a change was proposed, the proposed change would be discussed at the hearing, and all interested parties would be given an opportunity to testify regarding the change.

N/A First year of plan.

4. Submit a record (e.g., a transcript of that portion of the public hearing(s) in which adequate proportion is discussed) documenting that the proposed change in funding for this category of service was discussed at Area Plan public hearings.

N/A First year of plan.

SECTION 15

**NOTICE OF INTENT TO
PROVIDE DIRECT SERVICES**

SECTION 15. 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. If not providing any of the direct services below, check this box .

Check applicable direct services

Check each applicable Fiscal Year(s)

Title III B

Information and Assistance

FY 2009-10 FY 10-11 FY 11-12

Title III B

Case Management

FY 2009-10 FY 10-11 FY 11-12

Title III B

Outreach

FY 2009-10 FY 10-11 FY 11-12

Title III B

Program Development

FY 2009-10 FY 10-11 FY 11-12

Coordination

FY 2009-10 FY 10-11 FY 11-12

Title III B

Long-Term Care Ombudsman

FY 2009-10 FY 10-11 FY 11-12

Title III D

Disease Prevention
and Health Promotion

FY 2009-10 FY 10-11 FY 11-12

Title III E - Information Services¹¹

FY 2009-10 FY 10-11 FY 11-12

Title III E - Access Assistance

FY 2009-10 FY 10-11 FY 11-12

Title III E - Support Services

FY 2009-10 FY 10-11 FY 11-12

Title VIII a

Long-Term Care Ombudsman

FY 2009-10 FY 10-11 FY 11-12

Title VIIB

Prevention of Elder Abuse, Neglect and
Exploitation

FY 2009-10 FY 10-11 FY 11-12

¹¹ Refer to PM 08-03 for definitions for the above Title III E categories. If the AAA plans to add in FY 08-09 new direct Title III E Respite Care or Supplemental Services, a separate Section 16 is required for either the Respite Care or Supplemental Service categories. All other FCSP Section 16 submissions on file with CDA will remain applicable for FY 08-09.

Describe the methods that will be used to assure that 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 minorities are aware of the services available to them.

The LA County InfoVans and the Information and Assistance Specialists play an integral part in our continuous efforts to inform the public about our services. In addition to the direct services provided by the AAA, we also contract with multiple agencies that serve seniors and disabled adults throughout LA County. 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.

The AAA staff also attends cultural celebrations, health fairs, community forums as well as other activities to reach targeted populations and distribute information on available services.

SECTION 16

**REQUEST FOR APPROVAL TO
PROVIDE DIRECT SERVICES**

SECTION 16. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

PSA # 19

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

If an AAA plans to provide direct services **other** than those specified in Section 15, **a separate Section 16 must be completed for EACH type of service provided.** The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Section 16, check this box .

Identify Service Category: _____

Check applicable funding source:¹²

III B III C-1 III C-2 III E VII a

CBSP (Identify the specific CBSP program or service on the "Service Category" line above)

HICAP

Basis of Request for Waiver:

Necessary to Assure an Adequate Supply of Service, OR

More economical if provided by the AAA than comparable services purchased from a service provider.

Check each applicable Fiscal Year(s)

If the AAA intends to provide this service for three years, check all boxes. If all boxes are not checked and the AAA intends to provide this service in subsequent years then this Section must be submitted yearly.

FY 2009-10

FY 2010-11

FY 2011-12

Justification: In the space below and/or through additional documentation, **AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.**¹³

¹⁵ Section 16 does not apply to Title V (SCSEP).

¹⁶ For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement.

SECTION 17
GOVERNING BOARD

SECTION 17. GOVERNING BOARD

PSA # 19

2009-2012 Three-Year Area Plan Cycle

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

Number of Members on the Board: 5

Names/Titles of Officers:

**Term in Office
Expires:**

Don Knabe/4th District Supervisor/Chairman	June 2012

Names/Titles of All Members:

**Term on Board
Expires:**

Gloria Molina/1st District Supervisor	June 2010
Mark Ridley-Thomas/2nd District Supervisor	June 2012
Zev Yaroslavsky/3rd District Supervisor	June 2010
Michael Antonovich/5th District Supervisor	June 2012

SECTION 18
ADVISORY COUNCIL

SECTION 18. ADVISORY COUNCIL

PSA # 19

ADVISORY COUNCIL MEMBERSHIP

2009-2012 Three-Year Planning Cycle

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

Total Council Membership (include vacancies) 100
 Number of Council Members over age 60 69

	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
Race/Ethnic Composition		
White	<u>55.9</u>	<u>36</u>
Hispanic	<u>22.1</u>	<u>16</u>
Black	<u>10.2</u>	<u>35</u>
Asian/Pacific Islander	<u>9.9</u>	<u>12</u>
Native American/Alaskan Native	<u>0</u>	<u>0</u>
Other	<u>1</u>	<u>1</u>

Attach a copy of the current advisory council membership roster that includes:

- Names/Titles of officers and date term expires
- Names/Titles of other Advisory Council members and date term expires

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

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

Explain any "No" answer There are no elected officials on the council at this time.

SECTION 18. ADVISORY COUNCIL

PSA # 19

ADVISORY COUNCIL MEMBERSHIP

2009-2012 Three-Year Planning Cycle

Briefly describe the process designated by the local governing board to appoint Advisory Council members. _____

Members are not appointed by the governing board. Advisory Council members recruit new members and interested parties from the public complete applications that are reviewed by the whole body and voted on as to whether or not they approve and deny the new potential member.

LOS ANGELES COUNTY AREA AGENCY ON AGING ADVISORY COUNCIL

ADVISORY COUNCIL OFFICERS

COUNCIL MEMBER	TITLE	DATE TERM EXPIRES
Hutcherson, Zelda	President	06/30/09
Riddick, Nathaniel J.	Vice President	06/30/09
Siegrist, David "Dave"	Recording Secretary	06/30/09
Thomas, Estella "ET" Mae	Corresponding Secretary	06/30/09
Schachter, Marvin	Financial Officer	06/30/09
Villalobos, Aida M.	Historian	06/30/09
Hall, Raymond	Sergeant-at-Arms	06/30/09

ADVISORY COUNCIL MEMBERS

	COUNCIL MEMBER	DATE TERM EXPIRES
1	Ambrose, Natalie	N/A
2	Anderson, Ted R.	N/A
3	Bans, Gurcharan (Gary) Singh	N/A
4	Battle, Ada	N/A
5	Birnbaum, Madelaine G.	N/A
6	Bishop, Lula M.	N/A
7	Brown, Eleanor	N/A
8	Calderon, Frank P.	N/A
9	Calderon, Mike	N/A
10	Calderon, Pearlina M.	N/A
11	Chang, Charles	N/A
12	Chu, Alice	N/A
13	Cisneros, Daniel	N/A
14	Davis, Mary V.	N/A
15	Duran, Ed	N/A
16	Duran, Gloria	N/A
17	Fegan-Perry, Mattye	N/A
18	Fingold, Sol	N/A
19	Fisher, MD., Leonard	N/A
20	Flores, Rafael (Ralph)	N/A
21	Frazier, Nneenah (Nina)	N/A
22	Getzoff, Peter	N/A
23	Givens, William	N/A
24	Gonzalez, Edward J.	N/A
25	Griffith, Irene	N/A
26	Ha, William	N/A
27	Hallenberg, Hugh	N/A
28	Han, M.D., Eugene E.	N/A
29	Hansen, Betty L.	N/A
30	Henson, Helen	N/A
31	Igar, Oleeta Fain	N/A
32	Jackson, William	N/A

	COUNCIL MEMBER	DATE TERM EXPIRES
36	Langley, Bianca	N/A
37	Malik, Gurdip Sing	N/A
38	McGrath, Peter J.	N/A
39	McLaughlin, Mandy	N/A
40	McNamee, Lonnie	N/A
41	Owen, Patrick	N/A
42	Park, Samuel	N/A
43	Payne, Elizabeth	N/A
44	Perez, Manny	N/A
45	Phillips, Amy	N/A
46	Polk, James	N/A
47	Rosenberg, Julia Ann	N/A
48	Rostker, Patricia M.	N/A
49	Sawyer, Minnie	N/A
50	Smith, Ernie	N/A
51	Vinzon, Merlyn	N/A
52	Weintraub, Bernard S.	N/A
53	Wilson, Elizabeth	N/A
54	Woods, Inell	N/A
55	Zapata, Vincente	N/A
56	Amos, Glenna	N/A
57	Griffith, Mary C.	N/A
58	Krikorian, John	N/A
59	Rickles, Ric	N/A
60	Scott, Otha Ray	N/A
61	Wall, Johnnie	N/A
62	Delgado, Domingo	N/A
63	Feinblatt, Albert A.	N/A
64	Harris, Aurelia	N/A
65	Juarez, Beulah R.	N/A
66	Kent, Phillip	N/A
67	Kozasa, Betty	N/A

33	Johnson, Henry	N/A
34	Kelartinian, Vatche	N/A
35	Lai, Brian	N/A

68	MaCleod, Angus G.S.	N/A
69	Risher, Mel	N/A
70	Wellington, Lois	N/A

SECTION 19
LEGAL ASSISTANCE

SECTION 19. LEGAL ASSISTANCE

PSA # 19

2009-2012 Three-Year Area Planning Cycle

This section must be completed and submitted with the Three-Year Area Plan. Any changes to this Section must be documented on this form and remitted with Area Plan Updates.¹⁴

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 elderly and disabled adults 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 and disabled 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, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discussion: The targeted senior population is 60+ with low income, minority, disabled and those in danger of losing their independence. See #5 below.
4. How many legal assistance providers are in your PSA? Complete table below.

Fiscal Year	# Legal Services Providers
2009-2010	2
2010-2011	
2011-2012	

5. What methods of outreach are providers using? Discuss: Several outreach strategies are used that include health fairs, promotional flyers, community education presentations at Senior Centers and Community Center throughout the county.
6. What geographic regions are covered by each provider? Complete table below.

Fiscal Year	Name of Provider	Geographic Region covered
2009-2010	a. Bet Tzedek	a. Los Angeles County
2009-2010	b. Center of Health Care Rights	b. Los Angeles County
	c.	c.

¹⁴ For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or COkwuosa@aging.ca.gov

2010-2011	a. b. c.	a. b. c.
2011-2012	a. b. c.	a. b. c.

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

Older adults access legal services by through phone calls to Community and Senior Services' (CSS) Information and Assistance hot line, 211, CSS' website, appointments at Senior/Community Centers and through our community partners and providers who contract with our department to provide legal services.

8. Discuss the major legal issues in your PSA. Include new trends of legal problems in your area: Securing or loss of real estate property by fraudulent means, financial abuse, and other scams targeting the elderly.

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

Language and inadequate transportation are major issues. In order to minimize these problems, legal staffs of the providers have ensured that they have bilingual staff in their offices, seniors are seen at Community/Senior Center in their neighborhoods and home visits are made for homebound clients or those with transportation problems.

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

Our legal service provider coordinates their services with the Senior/Community Center staff, Adult Protective Services and local law enforcement as well as other community-based organizations.

SECTION 20

MULTIPURPOSE SENIOR CENTER (MPSC)

ACQUISITION OR CONSTRUCTION

SECTION 20. MULTIPURPOSE SENIOR CENTER (MPSC) ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW ¹⁵

PSA # _____

2009-2012 Three-Year Area Planning Cycle

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

- No, Title III B funds have not been used for MPSC Acquisition or Construction.
 Yes, Title III B funds have been used for MPSC Acquisition or Construction.

If yes, complete the chart below.

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

¹⁸ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as an MPSC.

SECTION 21
FAMILY CAREGIVER SUPPORT PROGRAM

SECTION 21. FAMILY CAREGIVER SUPPORT PROGRAM

PSA # 19

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

2009–2012 Three-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), does the AAA **intend** to use Title III E and/or matching FCSP funds to provide each of the following federal Title III E services for both family caregivers and grandparents?

Check YES or NO for each of the services identified below.

FAMILY CAREGIVER SUPPORT PROGRAM for FY 2009-12

Family Caregiver Information Services	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Family Caregiver Access Assistance	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Family Caregiver Support Services	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Family Caregiver Respite Care	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Family Caregiver Supplemental Services	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

and

Grandparent Information Services	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Grandparent Access Assistance	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Grandparent Support Services	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Grandparent Respite Care	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Grandparent Supplemental Services	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

NOTE: Refer to PM 08-03 for definitions for the above Title III E categories.

Justification: For each above service category that is checked “no”, explain how it is being addressed within the PSA: