



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

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April 20, 2010

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:

**LOS ANGELES COUNTY AREA AGENCY ON AGING
FISCAL YEAR 2010-11 AREA PLAN UPDATE
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

SUBJECT

Older Americans Act (OAA) of 1965 mandates all Area Agencies on Aging (AAA) to have an Area Plan that identifies goals and related objectives of each AAA's unique needs. The Los Angeles County Area Agency on Aging Fiscal Year 2010-11 Area Plan Update is a document that not only fulfills the mandates set forth in law, but also informs the public and policy-makers, locally and statewide, how the AAA plans to address local needs and accomplish State goals and objectives. The yearly Area Plan Update process enables the AAA to re-examine its direction and progress as a result of changing circumstances and to add, change, or delete objectives, as appropriate.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve the Fiscal Year (FY) 2010-11 Planning and Service Area Plan Update (Attachment I).
2. Authorize the Director of Community and Senior Services (CSS), or designee, to sign the Letter of Transmittal on behalf of the Chair of the Board and submit the plan to the California Department of Aging (CDA).

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The recommended actions are necessary to allow CSS to submit the FY 2010-11 Area Plan Update to the CDA for approval. CDA approval of the Area Plan Update is a required condition of the State's agreement with the AAA.

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

24 APRIL 20, 2010

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

Honorable Board of Supervisors
April 20, 2010
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Implementation of Strategic Plan Goals

The activities identified in the Area Plan Update support the Countywide Strategic Plan Goals: Goal #1 Operational Effectiveness, Goal #2 Children, Family and Adult Well-Being, and Goal #4 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. Attachment II identifies some performance outcomes tied to the goals and objectives of the Area Plan Update.

FISCAL IMPACT/FINANCING

The activities described in the update are financed by the federal Older Americans Act (OAA), State, and local funds.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The update reflects a coordinated services system under the jurisdiction of CSS for functionally impaired and older adults and describes needs and agency goals and objectives. The update provides a status report of progress made by the AAA in meeting the specified goals and objectives. The Los Angeles County Commission for Older Adults and the public had the opportunity to participate in the planning process, review and comment on the goals and objective of the plan. County Counsel has reviewed and approved the form of the Area Plan Update (Attachment I).

IMPACT ON CURRENT SERVICES

Approval of the FY 2010-11 Area Plan Update will enable the AAA to continue with its home- and community-based long-term care initiatives and programs. These programs provide opportunities for functionally impaired and older adults to live out their lives with maximum independence and dignity in their own homes and communities.

Respectfully submitted,



Cynthia D. Banks
Director

CDB:OS:aa

Attachments (2)

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

LOS ANGELES COUNTY AREA AGENCY ON AGING (PSA 19)

2010–2011 AREA PLAN UPDATE



MOVING FORWARD TO SAVE LIVES

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**TRANSMITTAL LETTER
Area Plan Update
2010-2011**

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 Gloria Molina
Governing Board Chair

Date

2. Signature: _____
Matty Fegan-Perry, Co-Chair
Transition Team - Los Angeles County
Commission for Older Adults

Barbara Sinclair, Co-Chair
Transition Team - Los Angeles County
Commission for Older Adults

Date

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

Date

AREA PLAN CHECKLIST

2010-2011 AREA PLAN UPDATE (APU) CHECKLIST

Section	Three-Year Area Plan Update Components	Annual Update
	REQUIRED	
	Original APU	<input checked="" type="checkbox"/>
	Transmittal Letter with authorized signatures or official stamp	<input checked="" type="checkbox"/>
	All APU documents are on single-sided paper, if submitted hard copy	<input checked="" type="checkbox"/>
5	Organization Chart	<input checked="" type="checkbox"/>
9	Public Hearings	<input checked="" type="checkbox"/>
	REQUIRED only if changed or not previously included in the Area Plan	
2	Description of the Planning and Service Area (PSA)	<input type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)	<input type="checkbox"/>
6	Planning Process	<input type="checkbox"/>
7	Needs Assessment Must be conducted at least once during the Area Plan cycle	<input type="checkbox"/>
10	Identification of Priorities	<input type="checkbox"/>
11	Goals and Objectives: (May be updated at any time and need not conform to a twelve month time frame)	
	^ Title III B Funded Program Development (PD) Objectives	<input checked="" type="checkbox"/>
	^ Title III B Funded Coordination (C) Objectives	<input checked="" type="checkbox"/>
	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
	Title III B/VIIA Long-Term Care Ombudsman Objectives	<input checked="" type="checkbox"/>
	Title VII B Elder Abuse Prevention Objectives	<input checked="" type="checkbox"/>
12	* Service Unit Plan (SUP) Objectives	<input checked="" type="checkbox"/>
13	Focal Points	<input type="checkbox"/>
14	Priority Services	<input type="checkbox"/>
15	Notice of Intent to Provide Direct Services	<input type="checkbox"/>
16	Request for Approval to Provide Direct Services	<input type="checkbox"/>
17	Governing Board	<input type="checkbox"/>
18	Advisory Council	<input checked="" type="checkbox"/>
19	Legal Assistance	<input type="checkbox"/>
21	Title III E Family Caregiver Support Program	<input type="checkbox"/>

^ Required if PD and/or C are funded with Title III B

* AAAs will not submit SUP Objectives for the 2010-11 APU for Community Based Service Programs: Alzheimer's Day Care Resource Centers, Linkages, Senior Companion, Brown Bag, and Respite Purchase of Service

Narration of Significant Changes

The purpose of the 2010– 2011 Area Plan Update is to provide a report of changes that have surfaced since the three year 2009 – 2012 County of Los Angeles Area Agency on Aging Area Plan was developed originally. There are not significant changes in the goals and objectives portion of the document; however, there are some changes in the Service Unit Plan (SUP). PSA 19, the County of Los Angeles Area Agency on Aging, has moved units from Registry to increase units for Case Management services in the Title IIIB - Supportive Services Program to close the gap of services with a loss of Linkages funds. These modifications are reflected in the Title IIIB portion of the SUP.

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 06/30/10	PD	Partially Completed
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	Continued
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	A	Continued
Accountable Party/Lead: Roseann Donnelly/Sylvia Zuniga			

2010/11 Update:

- Los Angeles County CSS in collaboration with the Los Angeles City Department of Aging (LADOA) established a joint Aging and Disabilities Resource Center (ADRC). Meetings with LADOA continue on bimonthly basis to discuss further enhancements to the system and creating a one-step resources for senior services.
- The Department established a roundtable with the Department of Public Social Services, Social Security Administration, Department of Parks and Recreation as well as City and County libraries. Presentations on the Network of Care website continue at general staff meetings at City and County libraries. In addition, in an effort to streamline and expedite services, Information and Assistance (I&A) unit has established a warm hand-over of claims to the In-Home Supportive Services (IHSS) Central Intake Unit for those clients determined by I&A specialists to be potentially eligible for IHSS. A similar system is being developed with Social Security Administration.
- Information and Assistance staff continues to distribute bookmarks developed for the Network of Care website at County/City library resource centers and community events.

*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 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>A</p> <p>C</p> <p>A</p> <p>A</p>	<p>Continued</p> <p>Continued</p> <p>Continued</p> <p>Continued</p>
<p>Accountable Party/Lead: Roseann Donnelly/Sylvia Zuniga/Brenda Sapp-Pradia</p>			

2010/11 Update:

- Increasing awareness of the multiple services available to older and disabled adults by outreaching to this population are part of I & A's ongoing responsibilities. I & A represented AAA at 93 events in 2009 targeting the caregiver community. On September 22, 2009, the LA County Governing Board approved the consolidation of the AAA Advisory Council and Los Angeles County Commission on Aging into the Los Angeles County Commission for Older Adults (LACCOA). Restructuring of committees, Bylaws, membership and other critical areas is being finalized.
- Presentations have been made at general staff meetings on the Network of Care website for libraries. Bookmarks are being distributed on an ongoing basis at County/City library resource centers.
- AAA continues to outreach to the Lesbian, Gay, Bisexual and Transgender (LGBT) community by providing information on services available.
- As part of their ongoing responsibilities, I & A staff makes presentations and distributes hand-outs at events targeting seniors, disabled adults and caregivers at multiple venues.

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>2010/11 Update:</p> <ul style="list-style-type: none"> • CSS created a task force of 24 County departments to review services to seniors and disabled adults. CSS Director facilitated 16 stakeholder meetings in local communities and developed 60 recommendations to strengthen service delivery. Final Report was completed and submitted to the Board of Supervisors in June 2009. The report proposed a three-year, phased approach to implement the 	<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>A</p> <p>A</p>	<p>Continued</p> <p>Continued</p> <p>Continued</p>

<p>recommendations.</p> <ul style="list-style-type: none"> • The S3 task force identified nearly 100 services provided by 24 departments and agencies for seniors, disabled, and dependant adults. CSS maintains its role as the lead department and continues to work with County Departments to integrate and coordinate multiple program services and implement the recommendations. • On the Elder Economic Security Standard Index, CSS continues to collaborate with the UCLA School of Public Health to reflect current demographics and economic conditions. <p>Accountable party/Lead: Jonathan Glassman</p>			
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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>07/01/09 to 06/30/12</p>	<p>IIIE</p>	<p>Continued</p>
	<p>07/01/09 to 06/30/12</p>	<p>IIIE</p>	<p>Continued</p>

<p>c) Facilitate caregiver provider meetings, quarterly, for the purpose of training, networking and enhancing the delivery of services.</p>	<p>07/01/09 to 06/30/12</p>	<p>A</p>	<p>Continued</p>
<p>d) Collaborate with the Department of Children and Family Services to provide printed material and information about resources and services available to grandparents and other senior caregivers of relative children.</p>	<p>07/01/09 to 06/30/12</p>	<p>IIIE & C</p>	<p>Complete</p>
<p>2010/11 Update:</p>			
<ul style="list-style-type: none"> • The AAA continued to collaborate with caregiver providers to increase the number of caregivers serviced through the program. Quarterly caregiver provider meetings continue for the purpose of training, networking and enhancing the delivery of services. • Conducted presentations to the Los Angeles County Commission on Aging and the Los Angeles County Area Agency on Aging Advisory Council to inform about caregiver services. On September 22, 2009, the LA County Governing Board approved the consolidation of the AAA Advisory Council and Los Angeles County Commission on Aging into the Los Angeles County Commission for Older Adults (LACCOA). Currently working with the new LACCOA 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. • Collaborated with the Department of Children and Family Services (DCFS) to conduct a marketing campaign to outreach and inform grandparents taking care of grandchildren and other caregivers about the available services to caregivers. Marketing campaign included printed material and other outreach information. • The Department continued its activities associated with the redesigning/restructuring of its multiple senior program contracts through the unbundling of the funding streams. Title III 			

<p>E – Family Caregiver Support Program RFP was released and contracts are in place effective July 1, 2009. In addition to the regular caregiver services, expanded services have been included for two additional contractors to provide grandparent services to grandparents or relative caregivers caring for children.</p> <p>Accountable Party/Lead: Gabriel Boyadjian</p>			
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<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.</p>			
<p>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.</p>			
<p>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.</p>			
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>07/01/09 to 06/30/12</p>	<p>IIIB/ Linkages</p>	<p>Continued</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>07/01/09 to 06/30/12</p>	<p>A</p>	<p>Continued</p>
<p>c) Promote outreach to seniors in need of in-home services through the Home-Based Care/Linkages program in collaboration with providers.</p>	<p>07/01/09 to 06/30/12</p>	<p>IIIB/ Linkages</p>	<p>Continued</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>2010/11 Update:</p> <ul style="list-style-type: none"> AAA staff continues to work with a consultant to identify pilot transportation projects for implementation to improve transportation services for seniors and disabled adults. Grant application to Metropolitan Transit Authority is due in March 29, 2010. The funds will be used to implement a pilot transportation project in five (5) sectors of the County of Los Angeles. <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>Continued</p> <p>Continued</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
2.5 Housing			
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	07/01/09 to 06/30/12	A	Continued
b) Support expansion of the program to other areas in Los Angeles County.	07/01/09 to 06/30/12	A	Continued
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.	07/01/09 to 06/30/12	C	Continued
<p>2010/11 Update:</p> <ul style="list-style-type: none"> • AAA staff is currently in the process of identifying appropriate CSS/AAA services for target population • AAA continues to explore options to support expansion of the program to other areas in Los Angeles County • AAA staff continues participation on the Special Needs Housing Alliance Committee to ensure that the needs of older adults, homeless veterans and disabled adults are addressed. 			
Accountable party/Lead: Jonathan Glassman/Alex McSweyn			

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
2.6 Nutrition			
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.	07/01/09 to 06/30/12	A	Continued
b) Conduct quarterly Nutrition Provider meetings for training, networking and improving meals and services, particularly seeking ways to entice Baby Boomers to participate.	07/01/09 to 06/30/12	A	Continued
c) Continue to assist with the coordination of the annual awards ceremony for excellence of service by Nutrition Providers.	07/01/09 to 06/30/12	A	
2009/10 Update:			
<ul style="list-style-type: none"> AAA continued to partner with its Advisory Council to effectively monitor congregate sites. The Nutrition Committee was instrumental in assisting AAA to evaluate sites that won the Distinguished Site Award for hospitality, ambiance and nutritious food. 			Continued
<ul style="list-style-type: none"> AAA Nutritionist continues to conduct quarterly Nutrition Provider meetings. 			
<ul style="list-style-type: none"> AAA staff in collaboration with its service provider, CNS conducted the annual Silver Thermometer and Distinguished Site Award Ceremony in October 29, 2009. 			
Accountable Party/Lead: Susan Kennedy			

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
2.7 Health & Well-Being			
a) Expand Health Promotion and Disease Prevention activities through the Be Well Program to include fall prevention, mental health awareness, physical fitness, Nutrition education and other health related services.	07/01/09 to 06/30/12	IIID	Continued
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. - Work with contracted agencies to ensure that medication management activities (i.e. medication screening and information on incorrect medication usage and adverse food/drug and drug/drug reactions) are conducted with seniors and disabled adults.	07/01/09 to 06/30/12	IIID	Continued
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.	07/01/09 to 06/30/12	A	Continued
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.	07/01/09 to 06/30/12	A	Continued

<p>2009/10 Update:</p> <ul style="list-style-type: none"> • AAA Be Well program continues to provide Health Promotion and Disease Prevention activities including fall prevention, mental health awareness, physical fitness, Nutrition education and other health related services. The program is now conducted in nine (9) senior centers. • AAA will continue to coordinate with Department of Public Social Services' In-Home Supportive Services' managers to develop a plan/agenda on providing education session on health promotion, disease prevention and medication management. • AAA's Food and Nutrition Management Services contractor continues to conduct medication management activities with community-based organizations, senior centers and contracted Elderly Nutrition Providers. • AAA continues to work with Center for Health Care Rights, contractor for HICAP, Bet Tzedek, contractor for legal services to ensure that Medicare beneficiaries have access to current information regarding Medicare Part D and other legal services, as needed. <p>Accountable Party/Lead: Susan Kennedy/Lan Ficht</p>			
<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.</p>			
<p>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.</p> <p>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.</p>			

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>2009/10 Update: In collaboration with the Department of Mental Health, CSS is still involved in the PEI planning process; however, as a result of the cuts to the State's budget which will result in decreased funding for potential projects, options are being reexamined. Therefore, no RFS's/RFP's have been issued as a result.</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>Continued</p> <p>Continued</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>3.1 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>2010/11 Update:</p> <ul style="list-style-type: none"> Adult Protective Services' (APS) Staff Development Section is in the process of receiving comments on the elder abuse identification fact sheet developed for the general public and professionals. The fact sheet is target for release in May 2010. In 2009, all IHSS social workers were trained on the identification, prevention and treatment of elder abuse, neglect and exploitation. APS Staff Development is in the process of developing training sessions for service providers and nurses which will be scheduled in 2010 and 2011. 	<p>07/01/09 to 06/30/10</p> <p>07/01/09 to 06/30/12</p>	<p>PD</p> <p>A</p>	<p>Continued</p> <p>Continued</p>
<p>Accountable Party/Lead: Lorenza Sanchez/APS Managers</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.

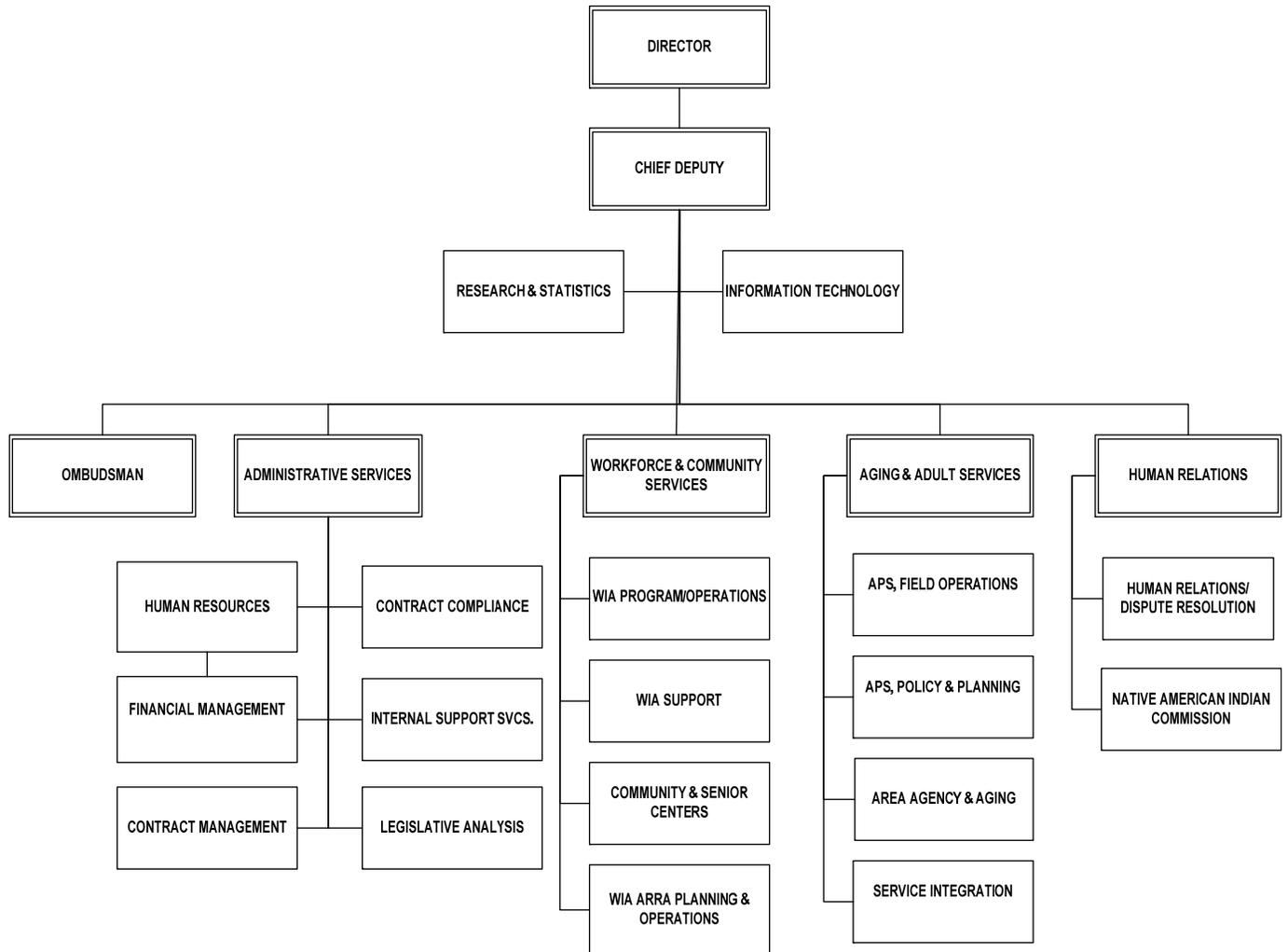
The need for improved and expanded education, outreach and support is imperative for the victims of any fraud, scams and abuse that occur in nursing and long term care facilities.

Objectives	Start/End Dates	Type	Status
<p>3.2 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>2010/11 Update:</p> <ul style="list-style-type: none"> AAA's contractor, WISE and Healthy Aging, continues to monitor nursing facilities and long term care facilities to prevent all forms of abuse. AAA continues to collaborate with WISE and Healthy Aging to seek additional funding sources as well as recruit more volunteers due to budget cuts. <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>A</p> <p>A</p>	<p>Continued</p> <p>Continued</p>

SECTION 5
ORGANIZATION CHARTS



COMMUNITY AND SENIOR SERVICES
 CYNTHIA D. BANKS, DIRECTOR
 FY 2010-11



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
Thursday, January 21, 2010	Wilmington Senior Center 1371 Eubank Avenue Wilmington, CA 90744	46	Yes	No
Friday, January 22, 2010	Congresswoman Juanita Millender-McDonald Community Center 3 Civic Plaza Drive Carson, CA 90745	25	Yes	No
Tuesday, January 26, 2010	Friendship Auditorium 3201 Riverside Drive Los Angeles, CA 90027	21	Yes	No
Thursday, January 28, 2010	Mid-Valley Regional Library 16244 Nordhoff Street North Hills, CA 91343	77	Yes	No
Tuesday, February 2, 2010	East LA Community Service Center 133 N. Sunol Drive Los Angeles, CA 90063	92	Yes	No
Tuesday, February 4, 2010	Palmdale Senior Center 1002 East Avenue, Q-12 Palmdale, CA 93550	30	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.

None

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

See the Summaries of Public Comments below.

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 21, 2010 – Wilmington Multipurpose Senior Center

- Need to improve outreach to those seniors who reject assistance from various public social services agencies; especially those with poor communicative skills.
- Coordinator for the Older Adult Education Program for LA Unified School District: Given the inordinate challenge with all the budget cuts, the concern raised, how will the Area Agency on Aging continue to meet the need that is growing at a time when programs and long-time partnerships have really been hit hard?
- Dr. Mangione, UCLA Geriatrics and General Medicine emphasized the importance of partnering. Mood and Diabetes Empowerment & Improvement Training a federally funded project designed to help older adults (Spanish Speaking) with diabetics and depression. At a time with scarce resources in the State of California, it is very important to partner with federal efforts to figure out the best way to support older adults with chronic diseases in our communities.
- Concerns about the proposed funding cuts to English as a Second Language (ESL) classes in the Adult Education Programs and whether these classes will be cut.
- Savings from computers and modern technology replacing some of the paperwork formerly completed by court stenographers should be reviewed and these savings passed onto the taxpayers.
- Encouragement that everyone participate in the Census 2010. It is very important that everybody is counted in the State of California because our population dictates how much funding comes to our State.
- Homeland Security and Transportation: Need to link the cities of San Pedro and Wilmington because of demographics and ethnicity. If something happens to the Blue Line, there will be no public transportation in the Wilmington area.
- Need safe zones for people, including our seniors temporarily parked along the 110 freeway or the Los Angeles River and living in their motor homes and campers.
- Elder and Financial Abuse: Predatory loans or lending – local banks charging excessive fees to seniors for bank cards, statements, and transfer fees.
- Early Hospital Discharge: Hospitals are discharging patients too early.
- Medication management among the seniors and seniors are properly taking their medication.
- Are there strategies or is the AAA involved in any way to increase the senior's awareness of the scammers that are in full force giving the economy and the dangers that our older citizens face.

2009 - 2012 AREA PLAN PUBLIC HEARINGS SUMMARY OF PUBLIC COMMENTS

January 22, 2010– Congresswoman Juanita Millender-McDonald Community Center

- Transportation is a critical issue, especially with proposed cuts to services and fare increases could severely affect older adults that use LA Department of Transportation (LADOT) services. LADOT's recommendations include elimination of Commuter Express and DASH routes and fare increases of 40% and more.
- There is a great need for culturally competent Lesbian Gay Bi-sexual & Transgender (LGBT) Outreach at senior centers throughout L. A. County. Currently, there is one main center providing the majority of services to LGBT seniors (Hollywood); however, there are seniors, who may identify as LGBT, with very unique needs that have the same difficulties in seeking congregate meals, transportation, low-income housing, etc. LGBT seniors are much more likely to not have the critical family support that often times fills in the gaps of community services.
- Seniors (South Asian: Indian, Nepali, Pakistani, Bangladesh, Sri Lanka) have been facing language barriers while joining the senior centers. Because of the language barrier, they have not been able to enjoy and participate in the daily activities. A separate room should be provided for this special population at the Artesia Senior Center.
- LA County Departments should provide public information regarding senior programs in the South Asian languages. This community needs, in their language, information about housing and job training.
- Given the language in the Older Americans Act on serving ethnically diverse older adults, many of whom are immigrants and are currently underserved. Hopefully there will be a commitment to outreach populations in ethnically and culturally appropriate ways. Where there are larger concentration of ethnic minorities, there should be services available in those languages and partnerships with respective ethnic community organizations to ensure these seniors are able to access public services.
- Educate community providers who are ethnic specific on public services as these are the gatekeepers to their communities. For instance, some communities are not aware of the Adult Protective Services. Outreach is still needed on a community level with material in languages other than English and Spanish, and not just at CSS events.
- Many seniors on a fixed income are targeted in various senior centers throughout Los Angeles: playing bingo for money, gambling, turn-around trips to Casinos.
- Title V budget cuts and decrease in funds and how it will impact seniors.
- Nutrition: Need an increase in culturally appropriate foods in the senior centers.

2009 - 2012 AREA PLAN PUBLIC HEARINGS SUMMARY OF PUBLIC COMMENTS

January 26, 2010– Friendship Auditorium

- **Transportation:** Problems for seniors utilizing transportation. Perhaps a service provider or one person could be the expert on all the rules. The waiting period for Access Services could be up to one hour and in unpleasant weather conditions. Seniors may use services more frequently if there was one source contact for general information.
- **Outreach:** Impressed with the number of programs that are available to senior citizens, but many of the seniors may not know these programs exist. The majority of seniors do not attend senior centers. There is a very strong need to get the information out to senior citizens on the availability of senior programs and services and to have a central contact whereby seniors could make just one phone call to obtain these services.
- **Outreach:** Include a small notice of contact numbers, short blurb or description of available services with utility bills. Just about everyone pays a utility bill.
- **Outreach:** Automatically provide senior centers and libraries with a generous supply of brochures and fact sheets, etc., as we don't know what's available and who to call to get the services.
- **Older California Act Programs, Title III A, B, C:** These programs need to be reinstated. Senior citizens are fast becoming a much greater percentage of the population. Also, Alzheimer's seems to be exploding in senior citizens. It's expensive to put these people in institutions. People/families may not be able to afford that kind of care. Adult Day Care Programs provide relief for care givers and is less expensive. If the day care programs work as they should, the Alzheimer's patient will get mental and physical challenges which may slow down or reduce the effects of Alzheimer.
- **Jewish Family Service (JFS)** supports the goals delineated in the Area Plan particularly those focused on community-based care, and would be pleased to collaborate in the development and delivery of these critical services.
- **JFS** supports programs that recognize diversity, and encourages the Triple-A to ensure increased access to programs for ethnically and culturally diverse populations that are not traditional minorities, such as Farsi-speaking community.
- There is a clear need to recreate a "Linkages-like" program for seniors and people with disabilities who fall between the cracks and are not SSI, but just above, so they are not eligible for many programs that could help them remain safely in the community.
- **Jewish Family Services (JFS)** strongly supports any effort that would increase low-income housing programs for older adults, particularly the Assisted Living Waiver Project with which we have had terrific success.

- JFS strongly supports the expansion of Health Promotion and Disease Prevention activities and evidence based programs. We have had incredibly positive feedback on the Fall Prevention and Chronic Disease Health Management workshops that the Department of Aging is promoting.
- Genesis-Older Adult Program: The care and independence of older adults is being jeopardized by State cuts. Much needed services are: Emergency Preparedness Kits for Senior Emergency Alert Response System for LA County low income seniors. All present LA City and County programs are needed and should continue. Some consideration should be given to expand these programs that frequently see wait lists such as: Home Delivered Meals, Senior Centers Case Management, Housing, and Legal Advocacy Services.
- Assistance League of Southern California: I & A needs more materials in Russian and Armenian Languages.
- Assistance League of Southern California: Transportation issues need to be addressed; city cards, TAP cards, too many cards, too confusion, can't use TAP until 1st of the month. What happens to the previous month's allotment? Better education on how to access these transportation services.
- Assistance League of Southern California: Need to update Network of Care.
- Assistance League of Southern California: Advertise on week days during Soaps and Novella times.
- Assistance League of Southern California: Web sites; not many seniors have computers; more education on availability of "threat free" computer classes.
- Assistance League of Southern California: Seamless Services; more information needed with and for Department of Parks and Recreation and the Multi-Purpose Service Centers to work together.
- Assistance League of Southern California: Transportation. More seniors would access services if they could get there. Not just services for frail elderly. What about those who can't drive anymore!
- Griffith Park Adult Community Club: There should be close, concrete ties between Departments of Aging and the Parks and Recreation in the following areas: Making senior centers in the Parks and Recreation Department a place for seeking information and connecting to the needed resources; computer access; space to accommodate pamphlets and written information; connection to on-site case management; lectures and forums on appropriate topics; orientation to facility directors about seniors needs and interests; and make sure the Parks and Recreation Directors are aware of services from DOA.
- Griffith Park Adult Community Club: The Older American Act funds should be designated to the 50+ populations at the same time it is concentrating on the 'Fragile Elderly' as prevention measures or facilitating maintenance of health in the local community so "Aging in Place" can be realistic.

2009 - 2012 AREA PLAN PUBLIC HEARINGS SUMMARY OF PUBLIC COMMENTS

January 28, 2010– Mid-Valley Regional Library

- Financial Fraud: Need improved measures to prevent systemic fraud against seniors by electronic transfers.
- Senior Centers: At a Public Hearing several years ago, a new senior center was to be built, but nothing happened. Who determines where senior centers are built.
- Funding for Nutrition Programs: How are contractors selected that provide lunches to senior centers and would like a list of the vendors?
- Recreational Programs: Would like all recreational and senior programs to continue.
- Nutrition: Should not subcontract for nutritional services and are site inspections conducted to determine if the quality of food is in compliance with standards?
- Nutrition: There should be a better quality of food for the money budgeted to nutritional services.
- Nutrition: Overall meal planning for Meals on Wheels Program does not appear to be nutritionally balanced. For instance, too many starches in a single meal.
- East Valley Multi-Purpose Senior Center commented they have a challenge in marrying the two communities who will inhabit the new facility in Van Nuys and Sherman Oaks Parks/Senior Citizens' Centers and will do their best to maintain as many activities and classes from both operations.
- East Valley Multi-Purpose Senior Center: A long-time volunteer thinks the joining of the Sherman Oaks and the North Hollywood Centers will be a boom for both and see it as an addition rather than competition.
- Budget Cuts: Considering the state of the economy, are any of the senior programs in jeopardy of not receiving funds after July 2010?
- Transportation: METRO Red Line extension to Bob Hope Airport, City of Burbank and beyond to Sylmar Station that stops in Sun Valley, Pacoima, San Fernando. Cities of Burbank, Glendale, Eagle Rock Section of LA, Pasadena; connect with METRO Gold Line. Replace at-grade Orange Line Bus way with grade-separated METRO Red Line into West San Fernando Valley.
- Housing: A number of seniors lost their homes and are living in mobile homes and cars throughout the San Fernando Valley. The Stimulus monies are not reaching these seniors.
- Alzheimer's Day Care Resource Center Programs was totally eliminated and what will happen to these clients?
- Seniors with limited English speaking skills (Asian and Pacific Islander) are unable

to access State and federally funded senior programs due to language barriers. The contractors do not provide appropriate language or culturally diverse services and San Fernando Valley is one of the fastest growing populations for Asian and Pacific Islander seniors.

- Concern that a lot of monies going into nutrition programs are wasted. The untouched foods in the centers are thrown away and there is a need for more outreach to get seniors into the senior centers.
- Fraudulent Scams: Received information where they would pay part of your taxes but you would have to pay a fee.
- East Valley Multi-Purpose Senior Center: LINKAGES eliminated; are services or funding going to be increased? Need to increase these services.
- What happened to the property tax postponement for seniors?
- Elder Abuse: People know of it but are afraid to get involved. What is the affect for someone reporting elder abuse?
- Protest all budget cuts to In-home Supportive Services and senior meals. No more cuts to senior programs.
- Financial Fraud/Scam: Long-term insurance plan; plan transferred; take your money and then relocate.
- Can LA County/City become an advocate to assist seniors regarding various scams and elderly abuse targeted to seniors?
- Many of the goals & objectives do not adequately address needs of seniors in the San Fernando Valley. For example, objectives dealing with LGBT and elderly abuse, their issues, the budget cuts, misinformation and lack of information. It is important LA County/City go into all the senior centers. The goals should be adjusted to the real needs of the people.
- Transportation is a big issue. Need to get people to the senior centers.
- There is a need to band together; it takes a whole community to help people age in place. Senior/Service Centers have a wealth of information. LA City and County over the years have done a wonderful job.
- One Generation Senior Center (improv group) put on a skit emphasizing the need for senior services and senior classes to continue. Services needed: Housing for senior homeless; Health care assistance; assistance for Elder Abuse; Transportation; Language barrier - need information interpreted; Meals on Wheels; Unable to stay in Shelters; and Alzheimer's Care and Assistance.
- Nutrition: Would like to see the nutrition menus revamped or changed around in the senior centers.

**2009 - 2012 AREA PLAN PUBLIC HEARINGS
SUMMARY OF PUBLIC COMMENTS**

February 2, 2010 – East LA Community Service Center

- Information & Referral: Need more specific information on program services to seniors.
- Elder Abuse Assistance: Called the Abuse Help Line seven times and no one returned the call.
- Applied to assist with Meals on Wheel Program and received no response.
- Called on behalf of a veteran who needed mental health counseling and was unable to receive a response.
- Adult Protective Services: Need more caregiving services.
- Where does the funding for senior program come from?
- Legal Assistance: Concerns that the State is going to take away their real property and interested in legal counseling.
- Eligibility for Senior Services: How to determine whether seniors are eligible or qualify to receive program services.
- Transportation: Need transportation services to pick up and deliver seniors to doctor's appointments. Where to obtain information? Bus line #31; discontinued in their area.
- Fall Prevention Coalition-LA: Advocate organization for seniors in providing services to prevent falls. Falling is not part of aging.
- Rebuilding Together of Greater Los Angeles: Advocates for seniors; concentration on safety in homes. Many seniors do not have safety railings in their homes.
- Fall Prevention Coalition-LA: Advocates for seniors on safety modifications in the homes of seniors. The organization would also like to partner with AAA's in servicing the senior population.
- Housing: Reported items needing home repairs, but no one responded.
- Appreciate senior program services provided by the City and County of Los Angeles.
- Fall Prevention Coalition-LA: Advocate for seniors providing services to reduce risk of failing. Need for Fall Risk Assessment that includes four elements. 1. Increase Fall Prevention Awareness; 2. Create a Continuum of Fall Prevention Programs; 3. Develop and encourage culturally sensitive programs; and 4. Advocate with the Triple A Agencies for Fall Prevention Services.

**2009 - 2012 AREA PLAN PUBLIC HEARINGS
SUMMARY OF PUBLIC COMMENTS**

February 4, 2010 – Palmdale Senior Center

- Need to keep seniors active and promote healthy living in the senior centers.
- Need more health care services and medical services for seniors.
- Need information how to get a stair climber for seniors living in a 2-story home.
- Need information for seniors on lowering property taxes on homes in a market when property values are on the decline.
- Would like information on mortgage loans.
- Transportation: Problems with transportation in the Antelope Valley area; very difficult to getting to surrounding cities.
- Nutrition: Need more nutritionally balanced meals. Need more protein and vegetables in the meals. Many elderly eat lots of donuts and cookies and this could be dangerous for diabetics or seniors with high blood pressure.
- What available information and how to obtain it for retired military seniors?
- Need a program where seniors can learn how to lower their property taxes.
- Need information to help with social security and disability.
- Nutrition: Long waiting lists. It takes a long time after signing up for meals on wheels to receive in-home meals.
- Encourage everyone to join their town council. A lot of good information is shared for the community at the town council meetings.
- Need information on security fraud; people from other countries are marrying American citizens to become a US citizen.
- Last year, received a letter that the Rental Assistance Account is empty. Is there anything available for seniors?

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, 2.2
2010-2011	21,656	1, 2	1.1, 1.2, 2.2
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, 2.2
2010-2011	27,025	1, 2	1.1, 1.2, 2.2
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, 2.2
2010-2011	34,945	1, 2	1.1, 1.2, 2.2
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	1.2, 2.6
2010-2011	1,304,791	1, 2	1.2, 2.6
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	1.2, 2.6
2010-2011	818,387	1, 2	1.2, 2.6
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	48,561	1, 2	1.2, 2.6, 2.7
2010-2011	44,738	1, 2	1.2, 2.6, 2.7
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			
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, 2	1.1,1.2, 2.7
2010-2011	5,814	1, 2	1.1,1.2, 2.7
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	10,023	1	1.1, 1.2
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	2.2
2010-2011	5,535	1, 2	2.2
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/Nutrition Counseling/Nutrition Education

Units of Service = 1 Session

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	3,537	2	2.7
2010-2011	3,500	2	2.7
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	2,264	2	2.7
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	61,308	2	2.6
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	1,2	1.1, 2.2
2010-2011	16,857	1,2	1.1, 2.2
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	3,692	2	2.2
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	7,270	2	2.2
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
2010-2011	42,640	1	1.1, 1.2
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>75</u> %
4. FY 2011-2012 Target: Resolution Rate <u> </u> %
Program Goals and Objective Numbers::Goal 3. Objectives 3.2

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 <u>200</u> and % increase <u>0</u> or % decrease <u>19.5%</u>
4. FY 2011-2012 Target: number ___ and % increase <u>0</u> or % decrease ___
Program Goals and Objective Numbers: Goal 3. Objectives 3.2

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 <u>10</u> and % increase <u>0</u> or % decrease <u>0</u>
4. FY 2011-2012 Target: number ___ and % increase <u>0</u> or % decrease ___
Program Goals and Objective Numbers: Goal 3. Objectives 3.2

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 <u>261</u> and % increase ___ or % decrease <u>0</u>
4. FY 2011-2012 Target: number ___ and % increase ___ or % decrease ___
Program Goals and Objective Numbers: Goal 3. Objectives 3.2

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 <u>872</u> and % increase ___ or % decrease <u>20%</u>
4. FY 2011-2012 Target: number ___ and % increase ___ or % decrease ___
Program Goals and Objective Numbers: Goal 3. Objectives 3.2

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 <u>5</u> of sessions and % increase <u>0</u> or % decrease ___
4. FY 2011-2012 Target: number ___ of sessions and % increase ___ or % decrease ___
Program Goals and Objective Numbers: Goal 3. Objectives 3.2

G. Systems Advocacy

1. FY 2010-2011 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).

<p>1. FY 2006-2007 Baseline: <u>93</u> %</p> <p>Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>268</u> divided by the number of Nursing Facilities <u>248</u>.</p>
<p>2. FY 2009-2010 Target: <u>268</u>: % increase ___ or % decrease ___</p>
<p>3. FY 2010-2011 Target: <u>268</u> % increase <u>0</u> or % decrease <u>0</u></p>
<p>4. FY 2011-2012 Target: ___ % increase ___ or % decrease ___</p>
<p>Program Goals and Objective Numbers: Goal 3. Objectives 3.2</p>

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).

<p>1. FY 2006-2007 Baseline: <u>78</u> %</p> <p>Number of RCFEs visited at least once a quarter not in response to a complaint <u>606</u> divided by the number of RCFEs <u>776</u>.</p>
<p>2. FY 2009-2010 Target: <u>606</u> % increase ___ or % decrease ___</p>
<p>3. FY 2010-2011 Target: <u>424</u> % increase ___ or % decrease <u>30</u> %</p>
<p>4. FY 2011-2012 Target: ___ % increase ___ or % decrease ___</p>
<p>Program Goals and Objective Numbers: Goal 3. Objectives 3.2</p>

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 <u>8</u> and % increase ___ or % decrease <u>20%</u>
4. FY 2011-2012 Target: number of FTEs ___ and % increase ___ or % decrease ___
Program Goals and Objective Numbers: Goal 3. Objectives 3.2

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 <u>65</u> and % increase ___ or % decrease <u>20%</u>
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 3.2

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 __

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 3.2

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	30
2011-12	

Fiscal Year	Total # of Training Sessions for Professionals
2009-10	10
2010-11	20
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 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	2942	Guide for the Mandated Reporter
	13,839	Elder Abuse is a Crime
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, 2.1
2010-2011	# of activities: 65 Total est. audience for above: 6,500	1, 2	1.1, 1.2, 2.1
2011-2012	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2009-2010	3,754	1, 2	1.1, 1.2, 2.1
2010-2011	6,200	1, 2	1.1, 1.2, 2.1
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, 2.1
2010-2011	# of activities: 6 Total est. audience for above: 650	1, 2	1.1, 1.2, 2.1
2011-2012	# of activities: Total est. audience for above:		

Access Assistance	Total contacts		
2009-2010	375	1, 2	1.1, 1.2, 2.1
2010-2011	620	1, 2	1.1, 1.2, 2.1
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, 2.1
2010-2011	# of activities: 1100 Total est. audience for above: 55,000	1, 2	1.1, 1.2, 2.1
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, 2.1
2010-2011	12,000	1, 2	1.1, 1.2, 2.1
2011-2012			
Respite Care	Total hours		
2009-2010	23,000	1, 2	1.1, 1.2, 2.1
2010-2011	20,600	1, 2	1.1, 1.2, 2.1
2011-2012			
Supplemental Services	Total occurrences		
2009-2010	3,675	1, 2	1.1, 1.2, 2.1
2010-2011	3,100	1, 2	1.1, 1.2, 2.1
2011-2012			

Contracted 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: 25 Total est. audience for above: 500	1, 2	1.1, 1.2, 2.1
2010-2011	# of activities: 115 Total est. audience for above: 5,750	1, 2	1.1, 1.2, 2.1
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, 2.1
2010-2011	1,200	1, 2	1.1, 1.2, 2.1
2011-2012			
Respite Care	Total hours		
2009-2010	4,900	1, 2	1.1, 1.2, 2.1
2010-2011	2,400	1, 2	1.1, 1.2, 2.1
2011-2012			
Supplemental Services	Total occurrences		
2009-2010	485	1, 2	1.1, 1.2, 2.1
2010-2011	500	1, 2	1.1, 1.2, 2.1
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	267		2.3
2011-2012			

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

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

The Service Unit Plan (SUP) uses definitions found at: www.aging.ca.gov/aaa/reporting_instructions/hicap/Current_Forms.asp. This link takes you to the page titled “**Health Insurance Counseling and Advocacy Program (HICAP) Reporting Instructions and Forms**”. On this page you will find the current HICAP report forms, instructions, definitions, and acronyms critical to answering this SUP. 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 each AAA’s respective SUP. Please do this in cooperation with the Managing AAA. The Managing AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

IMPORTANT NOTE FOR HICAPs WITH HICAP PAID LEGAL SERVICES: If your Master Contract contains a provision for using HICAP funds to provide 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) to meet certain targeted performance measures. To help AAA’s complete Section 2, CDA will annually provide AAAs with individual PSA federal performance measure targets.

Section 1: Primary HICAP Units of Service

Fiscal Year (FY)	1.1 Estimated Number of Unduplicated Clients Counseled	Goal Numbers
2009-2010		
2010-2011	5,615	2
2011-2012		

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

Fiscal Year (FY)	1.2 Estimated Number of Public and Media Events	Goal Numbers
2009-2010		
2010-2011	189	2
2011-2012		

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

Section 2: Federal Performance Benchmark Measures

Fiscal Year (FY)	* 2.1 Estimated Number of Contacts for all Clients Counseled	Goal Numbers
2009-2010		
2010-2011	22,062	2
2011-2012		

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

Fiscal Year (FY)	* 2.2 Estimated Number of Persons Reached at Public and Media Events	Goal Numbers
2009-2010		
2010-2011	11,636	2
2011-2012		

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

Fiscal Year (FY)	2.3 Estimated Number of Beneficiaries with Medicare Status Due to a Disability Contacts	Goal Numbers
2009-2010		
2010-2011	1,374	2
2011-2012		

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

Fiscal Year (FY)	2.4 Estimated Number of Low Income Beneficiaries Unduplicated	Goal Numbers
2009-2010		
2010-2011	3,705	2
2011-2012		

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

Fiscal Year (FY)	2.5 Estimated Number of Enrollment and Enrollment Assistance Contacts	Goal Numbers
2009-2010		
2010-2011	4,786	2
2011-2012		

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

Fiscal Year (FY)	2.6 Estimated Part D Enrollment and Enrollment Assistance Contacts	Goal Numbers
2009-2010		
2010-2011	976	2
2011-2012		

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

Fiscal Year (FY)	2.7 Estimated Number of Counselor FTEs in PSA	Goal Numbers
2009-2010		
2010-2011	5.12	2
2011-2012		

Note: This is the total number of counselor FTEs (i.e. the total number of active counselors; paid, in-kind paid and volunteer working 2000 hours per year).

Section 3: HICAP Legal Services Units of Service (if applicable)⁶

State Fiscal Year (SFY)	3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2009-2010	240	2
2010-2011	300	2
2011-2012		
State Fiscal Year (SFY)	3.1 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)	Goal Numbers
2009-2010	500	2
2010-2011	500	2
2011-2012		
State Fiscal Year (SFY)	3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)	Goal Numbers
2009-2010	300	2
2010-2011	300	2
2011-2012		

¹ Requires a contract for using HICAP funds to pay for
^{*} Indicates Changes from previous year.

APPENDIX IV – PSA #19

Check each applicable planning cycle:

FY2010-11

FY 2011-12

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

Total Council Membership (include vacancies) 85
Number of Council Members over age 60 75

	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
Race/Ethnic Composition		
White	<u>55.9</u>	<u>29</u>
Hispanic	<u>22.1</u>	<u>16</u>
Black	<u>10.2</u>	<u>25</u>
Asian/Pacific Islander	<u>9.9</u>	<u>13</u>
Native American/Alaskan Native	<u>0</u>	<u>0</u>
Other	<u>1</u>	<u>2</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_CSS is currently working with our governing body, the Board of Supervisors, to merge our two senior advisory bodies, Los Angeles County Commission on Aging (LACCOA) and Advisory Council. Board motion was approved on June 22, 2009 to consolidate the AAA Advisory Council and Los Angeles County Commission on Aging into the Los Angeles Commission for Older Adults (LACCOA).

LOS ANGELES COUNTY COMMISSION FOR OLDER ADULTS

	Commissioner	Term Expiration
1	Ambrose, Natalie	06.30.10
2	Amiri, Aziz	06.30.10
3	Anderson, Ted R.	06.30.10
4	Battle, Ada	06.30.10
5	Bhalla, Krishan	06.30.10
6	Birnbaum, Madelaine	06.30.10
7	Bishop, Lula M.	06.30.10
8	Brown, Eleanor	06.30.10
9	Calderon, Frank P.	06.30.10
10	Calderon, Mike	06.30.10
11	Calderon, Pearline M.	06.30.10
12	Chang, Charles	06.30.10
13	Chu, Alice	06.30.10
14	Cisneros, Daniel	06.30.10
15	Cruz, Mary Helen	06.30.10
16	Davis, Mary V.	06.30.10
17	Delgado, Domingo	06.30.10
18	Duran, Ed	06.30.10
19	Duran, Gloria	06.30.10
20	Fegan-Perry, Mattye	06.30.10
21	Fingold, Sol	06.30.10
22	Fisher, MD., Leonard	06.30.10
23	Flores, Ralph	06.30.10
24	Frazier, Nneenah	06.30.10
25	Fried, Marilyn	06.30.10
26	Getzoff, Peter	06.30.10
27	Givens, William	06.30.10
28	Gonzalez, Edward J.	06.30.10
29	Griffith, Irene	06.30.10
30	Guerrero, Manny	06.30.10
31	Ha, William	06.30.10
32	Hall, Raymond	06.30.10
33	Hansen, Betty L.	06.30.10
34	Harrison, Hedy	06.30.10
35	Hutcherson, Zelda	06.30.10
36	Igar, Oleeta	06.30.10
37	Jackson, William	06.30.10
38	Jimenez, Robert	06.30.10
39	Jimenez, Sylvia Linan	06.30.10
40	Johnson, Yvonne Hunt	06.30.10
41	Kelartinian, Vatche	06.30.10
42	Kim, Gene	06.30.10
43	Kim, Jung	06.30.10

	Commissioner	Term Expiration
44	Lai, Brian	06.30.10
45	Langley, Bianca	06.30.10
46	Long, Ed	06.30.10
47	Lynch, Matthew	06.30.10
48	Ma, Derek	06.30.10
49	Magno, Lisa	06.30.10
50	Mason, II William	06.30.10
51	McGrath, Peter J.	06.30.10
52	McLaughlin, Mandy	06.30.10
53	McNamee, Lonnie	06.30.10
54	Meltzer, Barbara	06.30.10
55	Moore, Doreen	06.30.10
56	Negrete, Julio	06.30.10
57	Okamoto, Arlene	06.30.10
58	O'Neal, Mary Anne	06.30.10
59	Owens, Patrick	06.30.10
60	Park, Samuel	06.30.10
61	Payne, Elizabeth	06.30.10
62	Phillips, Amy	06.30.10
63	Polk, James	06.30.10
64	Riddick, Nathaniel J.	06.30.10
65	Rosenberg, Julia	06.30.10
66	Rostker, Patricia M.	06.30.10
67	Rotter, Theresa	06.30.10
68	Sawyer, Minnie	06.30.10
69	Schachter, Marvin	06.30.10
70	Siegrist, David	06.30.10
71	Simmons, Rae Nell	06.30.10
72	Sinclair, Barbara	06.30.10
73	Skovgard, Cindy	06.30.10
74	Smith, Ernie	06.30.10
75	Theus, Lavada	06.30.10
76	Thomas, ET	06.30.10
77	Thomas, Sara Ann	06.30.10
78	Villalobos, Aida M.	06.30.10
79	Weiner, Maurice	06.30.10
80	Weintraub, Bernard	06.30.10
81	Wilson, Elizabeth	06.30.10
82	Wong, Liz	06.30.10
83	Woods, Inell	06.30.10
84	Young, Cheryl I.	06.30.10
85	Zapata, Vincente	06.30.10
		06.30.10

Area Plan Update Performance Outcomes

Update	Implementation Date	Impact to Services		
		FY 2008-09	FY 2009-10	FY 2010-11
<p>Seamless Senior Services (S3)¹ Objective: Collaboration with interdepartmental S3 partners: IHSS/APS sub-workgroup formed to train IHSS managers and supervisors</p> <ul style="list-style-type: none"> Train the trainer training sessions were conducted for IHSS managers and supervisors on mandated reporter responsibilities, i.e. elder and dependent adult abuse and the AAA caregiver program. 	November 2009	N/A	200	Target 230
<p>Family Caregiver Support Program² Objective: Marketing campaign and collaboration with DCFS to increase awareness of caregiver services</p> <ul style="list-style-type: none"> DCFS Kinship Program: Outreach to grandparent/relative caregivers at regional offices, events, fairs, and other activities CSS: Outreach to family caregivers and grandparents caregivers Information and Assistance hotline calls 	June 2009	N/A 2,000 208	500 6,000 2,600	Target 530 Target 6,100 Target 3,000
<p>Title V/Senior Employment³ Objective: Collaboration with community organization, public and private agencies to expand employment and training for seniors:</p> <ul style="list-style-type: none"> Title V senior participants 	Ongoing	266	304	305
<p>Nutrition – Health and Well- Being⁴ Objective: Expand Health Promotion and Disease Prevention activities through the Be Well Program</p> <ul style="list-style-type: none"> Number of sites participating in Be Well Program Number of participants in Be Well classes 	Ongoing	9 270	9 300	Target 9 350

Explanatory Note(s):

- (1) GOAL #1: Objective 1.3 (a) Seamless Senior Services (S3) (Page 11 of the Update)
- (2) GOAL #2: Objective 2.1 (a) & (d) Family Caregiver Services (Page 12 of the Update)
- (3) GOAL #2: Objective 2.3 (a) Senior Employment Opportunities (Page 15 of the Update)
- (4) GOAL #2: Objective 2.7 (a) Health and Well-Being (Page 19 of the Update)