

2012-2016 AREA PLAN

SUBMITTED TO
THE CALIFORNIA DEPARTMENT OF AGING
MAY 1, 2012



Prepared by
The County of Orange
Office on Aging
PSA 22



Advocacy. Action. Answers on Aging.

TABLE OF CONTENTS

	Page
Area Plan Checklist	
Transmittal Letter	
Section 1. Mission Statement	2
Section 2. Description of the Planning and Service Area (PSA)	3
Section 3. Description of the Area Agency on Aging (AAA)	14
Section 4. Planning Process / Establishing Priorities	20
Section 5. Needs Assessment	21
Section 6. Targeting	26
Section 7. Public Hearings	28
Section 8. Identification of Priorities	29
Section 9. Area Plan Narrative Goals and Objectives	30
Section 10. Service Unit Plan (SUP) Objectives	37
Section 11. Focal Points	61
Section 12. Disaster Preparedness	64
Section 13. Priority Services	67
Section 14. Notice of Intent to Provide Direct Services	68
Section 15. Request for Approval to Provide Direct Services	70
Section 16. Governing Board	71
Section 17. Advisory Council	72
Section 18. Legal Assistance	74
Section 19. Multipurpose Senior Center Acquisition or Construction Compliance Review	78
Section 20. Family Caregiver Support Program	79
Section 21. Organization Chart	81
Section 22. Assurances	82

SECTION 1. MISSION STATEMENT

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

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

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

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

- *Connecting people and resources*

The Vision of OC Community Resources is:

- *Positively transforming lives in Orange County*

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

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

The Vision of OC Community Services is:

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

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

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

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

The Vision of the Office on Aging is:

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

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

Geographic Characteristics

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

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

Demographic Characteristics

Orange County is one of the most densely populated areas in the United States. As of January 2010, Orange County's population density was estimated at 3,967 persons per square mile, an increase of 10 percent since 2000. Unlike Orange County, many otherwise urbanized peer counties (such as San Diego and Los Angeles) have large amounts of undeveloped, rural land which reduce their overall density. *(Source: Orange County 2011 Community Indicators)*

According to the 2010 Census, Orange County's population is 3,010,232, compared to 2,846,289 in 2000, an increase of 5.8 percent. The county's population growth is projected to continue at an increasingly slower rate, reaching nearly 4 million by 2050. *(Source: Orange County 2011 Community Indicators)* During the past ten years, Orange County also became a "minority majority" county, with the non-Hispanic White population no longer comprising more than 50 percent of the population.

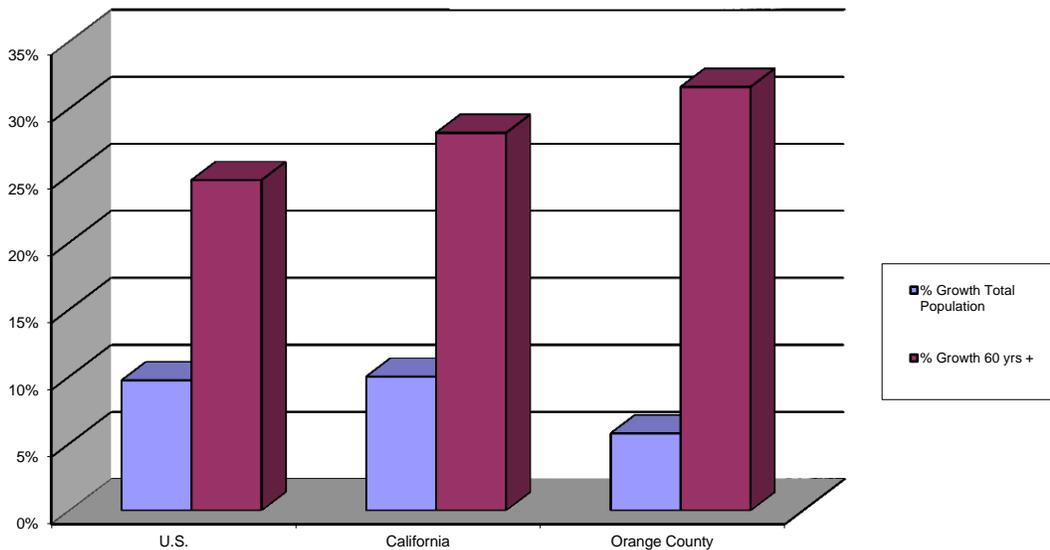
International immigration—largely from Asia and Latin America—has contributed to Orange County's growth in the last 30 years, shifting the county's proportion of foreign born residents from 6 percent in 1970 to 30 percent in 2009. In 2010, one in three individuals in Orange County was Hispanic/Latino,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

Among Orange County's residents at least five years of age or older, 45 percent speak a language other than English at home. Of those, the majority speak Spanish (60 percent), followed by Asian/Pacific Islander languages (28 percent), and other Indo-European languages (9 percent). The remaining 2 percent speak some other language. 22 percent of the total population report that they do not speak English "very well." *(Source: Orange County 2011 Community Indicators)*

Population Trend of Older Adults: California and Orange County

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

**Comparison of Rate of Increase on Total Population and Older Adults
60 Yrs and Older between 2000 and 2010
U.S., California and Orange County**



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

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

Source: U.S. Census Bureau

Older Adults in Orange County

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

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

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

Ethnicity

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

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

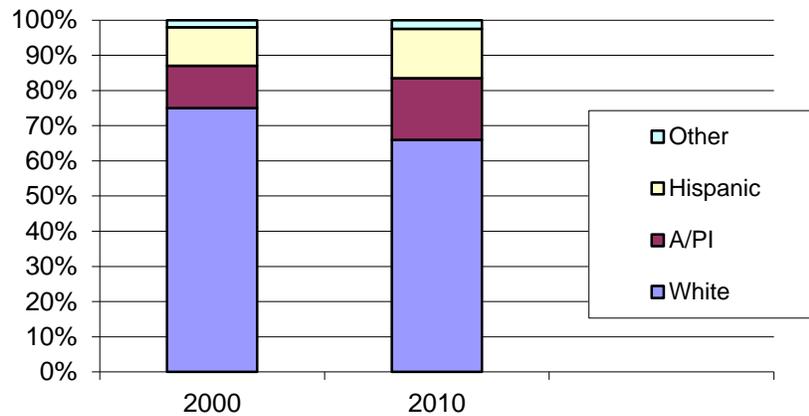
Orange County 60+ Population Growth Between 2000 and 2010 by Race/ Ethnicity					
Year	Total 60+	White	Hispanic	Asian/PI	**Other
2000	377,185	282,363	41,908	44,094	8,820
2010	496,404	326,427	70,381	87,025	12,571
% change	32%	15.6%	67.9%	97.4%	42.5%

Source: U. S. Census 2010

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

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

**Orange County Ethnic Groups as a Percent of the 60+ Population,
2000 to 2020**



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

Resources and Constraints within the PSA

Resources: The Older Adult Service Network in Orange County

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

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

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

Housing and Rental Assistance – Section 8

The Federal government offers housing assistance to the elderly, in addition to low-income families and persons with disabilities, through the U.S. Department of Housing and Urban Development (HUD) Housing Choice Voucher Program (HCV). The Orange County Housing Authority (OCHA) administers the HCV Program to all Orange County areas, except for Anaheim, Garden Grove and Santa Ana, which have their own Housing Authorities. To qualify for Section 8, households must meet the income requirement. A participating household pays 30 percent of its adjusted income towards rent.

OCHA has approximately 10,000 HCV Program vouchers and opens its waitlist every five to six years. When the current OCHA waitlist was opened in November 2005 for four weeks, 27.6 percent of the 18,601 applicants were older adult households. The median household income of the older adult applicants was \$12,100. When the waitlist was re-opened in February 2012 for two weeks, over 52,000 wait list pre- applications were received.

In addition to the HCV Program, OCHA also administers other voucher programs including Veterans Affairs Supportive Housing (VASH), Shelter Plus Care, Non-Elderly Disabled, Family Unification, and Family Self-Sufficiency Vouchers. These programs combined with the HCV Program provide rental assistance to over 25,000 people per month in Orange County. Of the 25,000 people assisted, 69% are elderly and disabled.

Transportation:

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

Case Management:

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

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

Behavioral Health Services:

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

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

Health Promotion:

The Health Care Agency provides direct health promotion programs for older adults, as well as through contracts with local community based organizations. Medication management is provided by HCA Adult Public Health Nursing Services (APHNS) through a memorandum of understanding with the Office on Aging. The Office on Aging also provides health promotion services through the activities of the health educator.

Nutrition:

Nutrition programs are provided by the Office on Aging and the Social Services Agency. The Elderly Nutrition Program (ENP) is provided through contracts administered by the Office on Aging and serves approximately 6,700 congregate and home-delivered meals per day, Monday through Friday.

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

In-Home Services:

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

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

The Multi-purpose Senior Services Program (MSSP) administered by CalOptima provides social and health case management services designed to provide cost effective ways of delaying institutionalization of extremely frail older adults. Case managers provide access to needed services and ensure a coordinated delivery of services. As of September 30, 2011 CalOptima was serving 474 MSSP clients, 8.5 percent less than the previous year, due to reductions in funding.

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

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

Employment:

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

Veterans Services:

The OC Community Services Veterans Service Office provides advocacy services and assistance to Orange County veterans, survivors and dependents, focusing on U.S. Department of Veterans Affairs disability benefits and survivor benefits.

The OC Community Services Office on Aging, Veterans Service Office and Community Investment Division are working in collaboration with the Health Care Agency to implement the new VetConnect Program. This program will provide a one-stop shop of services to Veterans including claims benefit assistance, housing and transportation assistance, mental health services, and employment training and development. This program is especially important given 61% of the Veterans served at the Veterans Service Office are 60 and older.

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

Constraints:

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

High Cost of Living: Economic Insecurity

Since Orange County is one of the most expensive areas of the United States in which to live, income that would be considered sufficient in other areas is grossly lacking in Orange County. Between 2000 and 2009, poverty among Orange County's older adults increased an average of 3 percent each year, compared to 1 percent statewide.

In 2009, the median household income of Orange County's older adult population was \$47,992, approximately \$24,000 less than the county median of \$71,865. (Source: 2011 Community Indicators) The median payment from Social Security was \$12,461, and the maximum Supplemental Security Income payment was \$10,440. (Source: UCLA Center for Health Policy Research)

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

The *Elder Economic Security Standard Index (Elder Index)* for California tabulated by UCLA's Center for Health Policy Research quantifies basic living expenses for retired elders 65 and older living in the community (not in institutions). The Index reflects actual costs at the county level for housing, health care, food, transportation, and other costs in different housing types. It demonstrates that many older Americans who are not "poor" as defined by the federal poverty guideline still do not have enough income to meet their basic needs. For an elderly renter living alone in Orange County, the Elder Index is approximately \$25,000 per year. (Source: http://www.healthpolicy.ucla.edu/elder_index09feb.html)

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

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

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

High Cost of Housing

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

The median price of a single-family detached home in Orange County in July 2010 was \$514,180. Orange County's housing market remains among the most expensive in the country, with a median sale price of a house approximately \$200,000 more than the state median price for a comparable home. *(Source: 2011 OC Community Indicators)*

Although 79 percent of older adults in Orange County own their own homes (compared to 55 percent of the general population), many older residents have had their homes for many years, have "aged in place," and have fixed incomes that have reduced in purchasing power over the span of their retirement.

Of the estimated 33,190 renters in Orange County age 65 and above, 71.5 percent were paying at least 30 percent of their total income on rent, compared to 54 percent of the general population.

The 2010 Census showed Orange County having 343,308 households with one or more persons age 60 and older; this includes 98,819 who are living alone. The number of households with persons 60 and older represents 34.6 percent of households in the County.

State and Local Finances

Beginning in FY 07/08, Orange County experienced an economic downturn in County government as well as the county as a whole. Although the local economy continued to perform well in relation to the State and the nation, Orange County's economic decline coupled with the erosion in consumer confidence resulted in a steep decline of revenue growth.

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

Limited Funding and a Growing Population

Flat and/or reduced funding in the face of increased demand for services has challenged the resources of contracted service providers, the Office on Aging, and other organizations serving older adults in the county. This is further exacerbated by the increase in expenses for contractors, such as increased food and gasoline costs for the nutrition providers. The fact

that there are more needs than can be met with available funds will inevitably result in limits to services. With increased demand, but fewer services available, waiting lists will be more prevalent.

Additionally, the State budget crisis has dramatically impacted local government. As a result, the Office on Aging has sustained reductions in county general fund support as well as cuts in program funding for some Older Americans Act services. Despite the current budget crisis, the Office on Aging has been able to leverage resources to meet the demands of its core business.

Fragmentation in Service Delivery

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

Increasing Customer Demand

With the growth of the aging population there comes a corresponding growth in the number of older adults in need of services. For example, the number of participants in the elderly nutrition program has increased significantly, as well as the number of clients receiving In-Home Supportive Services. As of June 2011, more than 20,000 individuals were receiving In-Home Supportive Services through the County of Orange Social Services Agency; nearly 14,000 of them – 70 percent of the total – are older adults age 60+. Demand among older adults for IHSS services has increased 171 percent over the past ten years. *(Source: Orange County 2011 Community Indicators)*

Elder abuse reports to Adult Protective Services rose 15 percent in 2009/10. *(Source: Orange County 2011 Community Indicators)*

Of the 384,000 Medi-Cal beneficiaries in Orange County, approximately 57,000 are 65 or older. The number of older adults receiving Medi-Cal has grown steadily for seven years at almost 5 percent per year. *(Source: Orange County 2011 Community Indicators)*

The Office on Aging I&A call center experiences an approximately 5 percent increase in overall call activities each year, and the average length of a call has increased significantly due to the complexity and acuity of the clients' needs and the standardization of Long-Term Care Counseling Options. The aging services network, both public and private, faces the challenge of re-tooling programs to ensure improved accessibility and relevance to the evolving needs of older adults.

Barriers to Access

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

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

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

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

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

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

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

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

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

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

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

Senior Citizens Advisory Council

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

SCAC consists of forty volunteer citizens, including local elected officials, representatives of health care and supportive services provider organizations, persons with leadership experience, caregiver representatives and the general public. At least half of the council must be older adults. The Board of Supervisors appoints twelve members, the City Selection

Committee appoints ten members, and the council itself appoints the remaining eighteen at-large members.

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

AAA's Demonstrated Leadership in Community-Based System Development

From its beginning 38 years ago, the primary mission of the Office on Aging has been to advocate for the development of a comprehensive and coordinated system of services that responds to the social, economic and health-related needs of Orange County's older adults. The Office on Aging has served as the primary advocate for older adults by developing area plans for services, administering service contracts, providing staff support to the Senior Citizens Advisory Council, supporting a continuum of community based long term care services, publicizing and disseminating information on available resources, identifying service gaps and barriers, and providing limited direct services.

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

Transportation Advocacy

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

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

The Senior Non-Emergency Medical Transportation Program (SNEMT)

Orange County's Senior Non-Emergency Medical Transportation program is unique in the State and the nation. The purpose of the SNEMT program is to provide a coordinated community-based system of non-emergency medical transportation for older adults (60+) who lack other reasonable means of medical-related transportation. The program utilizes cars, vans, mini-buses or other appropriate vehicles on a cost-per-mile basis. The program is funded with Tobacco Settlement Revenue, Federal New Freedom funds and local Measure M2 funds.

The Office on Aging currently has three service contracts for the operation of the SNEMT program, providing countywide services to eligible older adults. In FY 2010-11, there were 7,722 older adults enrolled in the SNEMT program, and 101,345 trips were provided. The SNEMT program plays an important role in addressing the critical need for senior transportation in Orange County; providing older adults who do not qualify for OCTA ACCESS, the ADA para-transit service, with transportation to and from the doctor, dentist, physical therapist, pharmacy and other medical-related destinations.

Aging & Disability Resource Connection (ADRC)

Established in 2008, the Orange County ADRC continues to operate as a successful collaborative between the Office on Aging, CalOptima and the Dayle McIntosh Center for Independent Living. The sustainability of the ADRC is a result of the commitment of all partners, advisory committee members and key stakeholders to expand access to resources for older adults, caregivers, and persons with disabilities. This is accomplished through increased training of line staff, maintenance of a robust website with online resource information, and additional grant funding to enhance core ADRC services.

Although the initial ADRC grant officially ended in June of 2011, each of the Orange County ADRC partners received additional funding from the California Department of Health and Human Services under the California Community Choices project to expand core ADRC services. The Office on Aging received grant funding to participate in the Options Counseling pilot project to develop California's standards for delivering options counseling services for long term care services and support. CalOptima received additional grant funding to provide Care Transitions Intervention (CTI) services focusing on consumer transitions from hospital to home. The Dayle McIntosh Center for Independent Living received grant funding for California Community Transitions (CCT) focusing on assisting consumers who wish to transition out of a skilled nursing facility back into the community. Together, all three ADRC partners are continuing to lead projects that are changing the way long term care services and supports are delivered to consumers in the aging and disability communities of Orange County.

Since June 2011 ADRC sustainability efforts have also focused on staff training for Information & Assistance specialists, care coordinators, case managers, social workers, discharge planners, *promotores*, and others providing direct services to consumers. Training sessions are called ADRC Snack-N-Learn, and take place on a bi-monthly basis at the Dayle McIntosh Center. Each ADRC Snack-N-Learn features a guest speaker from various organizations and programs providing service to older adults and persons with disabilities. The presentation covers a detailed description of the program, eligibility criteria, and the process for making an appropriate referral. These training sessions are well attended and receive positive feedback from attendees. The goal is to continue to enhance the skill set and competency of staff providing services to consumers in the aging and disability community, to ensure quality of service delivery.

Coalitions & Other Collaborations

The Office on Aging works closely with community-based organizations and other government agencies on a variety of projects throughout the year. As previously mentioned,

the ADRC is a collaboration between the Office on Aging, CalOptima, and the Dayle McIntosh Center for connecting consumers with home and community based resources. The needs of the older Latino population are addressed through collaboration with other community partners on the planning process for two large health fairs in Santa Ana. The Office on Aging also participates monthly at the Community Services Center with the Social Services Agency, Health Care Agency, and CalOptima to provide face-to-face resource delivery to the Vietnamese population. The Disability Rights Workshop planning committee is another collaborative in which the Office on Aging is an active participant.

Other collaborations that make it possible for the Office on Aging to positively influence the community on behalf of older adults include the Down With Falls Coalition for fall prevention, the Orange County Task Force on Hoarding, Community Alliance Forum Committee, Orange County Partnership for C.H.O.I.C.E. (Community and Home Options for Independence and Consumer Education), the Orange County Coalition of Health Educators, and the Unseen OC Elder Abuse Awareness Coalition, among others.

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

Orange County Aging Services Collaborative

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

The purpose of the OCASC is to assess the issues and perceived needs of adults currently living in Orange County, in order to provide an instrument to educate federal, state and local elected officials on the most critical areas of concern for local citizens as they age.

Service Delivery Model

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

- Adult Day Care
- Case Management
- Community Services

- Elder Abuse Prevention
- The Elderly Nutrition Program
- The Family Caregiver Support Program
- The Health Insurance Counseling & Advocacy Program (HICAP)
- In-Home Services
- Legal Assistance
- The Long-Term-Care Ombudsman Program
- The Senior Community Service Employment Program
- The Senior Non-Emergency Medical Transportation Program (SNEMT)
- Senior Nutrition Transportation

Of the services funded under the Older Americans Act and Older Californians Act, the Office on Aging directly provides two programs: Title III B Information & Assistance and Title III D Health Promotion. Medication Management is provided through a memorandum of understanding with the Health Care Agency.

Office on Aging I&A Call Center

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

Office on Aging Website

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

Health Promotion

The Office on Aging health educator provides health promotion services by developing health and nutrition materials; distributing a monthly health article to older adult service providers; promoting physical activity by maintaining a list of group exercise classes; providing information at health fairs, speaking presentations, and through the media; working with the contracted nutritionist to disseminate a monthly nutrition article to senior centers; and collaborating with other stakeholders to promote older adult health and safety. As co-

chair for a countywide fall prevention coalition (Down with Falls) the health educator facilitates and coordinates the coalition's monthly meetings, programs, and services.

SECTION 4: PLANNING PROCESS / ESTABLISHING PRIORITIES

The Planning Process

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

In preparation for this 2012-16 Area Plan, the Office on Aging staff examined and assessed 2010 census data and existing data elements on target populations, as well as the 2011 Orange County Community Indicators Report, Orange County Health Needs Assessments (OCHNA) special reports on older adults, the National Academy on an Aging Society (NAAS) Public Policy & Aging Report on integrating lesbian, gay, bisexual and transgender older adults into aging policy & practice; and recent needs assessments and surveys completed by the Caregiver Resource Center, Community SeniorServ, the City of Irvine, the North Orange County Senior Collaborative, and the Senior Citizens Advisory Council Health & Nutrition Committee. These elements provide the broadest perspective available on the current needs of the older adult population of Orange County.

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

SECTION 5. NEEDS ASSESSMENT

The process of assessing needs among the older adult and caregiver population is an ongoing one involving regular contact with providers of direct services. The 2012-16 Area Plan needs assessment process involved a variety of elements, including a study of the 2010 Census (as described in Section 2) and other existing data elements; assessing existing data on target populations; community meetings; and a variety of surveys for key informants and the public. These elements were selected to provide the broadest perspective possible on the current needs of the older adult population of Orange County.

Study of Existing Data Elements

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

- Local reports and other assessments from outside agencies:
 - Growing Older in Orange County: A Report on Older Adults. Orange County Health Needs Assessment Special Report, 2010
 - A Look at Health In Orange County's Hispanic/Latino Community: Orange County Health Needs Assessment Special Report, 2011
 - A Look at Health in Orange County's Vietnamese Community: Orange County Health Needs Assessment Special Report, 2010
 - Orange County Community Indicators Report 2011
 - Integrating LGBT Older Adults into Aging Policy and Practice: Public Policy Special Report, National Academy on an Aging Society, 2011
- I&A call center data on unmet needs and most commonly requested services
- I&A client satisfaction data
- Senior Non-Emergency Medical Transportation program client satisfaction data
- Data gathered from the Office on Aging web site

Surveys and Key Findings

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

- Senior Citizens Advisory Council Health & Nutrition Survey (649 respondents)
 - Findings: Respondents rated the following topics as being of greatest interest to them:
 - Staying healthy, i.e. nutrition, exercise, fall prevention (86%)
 - New health care laws (83%)
 - Memory loss (73%)

- City of Irvine Survey of Older Adults (353 respondents)
 - Findings: Respondents rated the following as being of most interest:
 - Physical health (58%)
 - Insurance and benefits (29%)
 - Mental health (26%)
- North Orange County Senior Collaborative Unmet Senior Needs Survey 2011
 - Top three unmet needs as stated by respondents:
 - Medication management/assistance (53%)
 - Transportation (44%)
 - Companionship/socialization (31%)

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

- Community SeniorServ Outcomes Study on the Impact of the Case Management and Home-Delivered Meals Programs (1,279 respondents)
 - Outcomes study reveals that the home delivered meals and case management services help participants stay in their own homes longer while maintaining independence.
 - Participants receive 141% more referrals to supportive services
 - Participants gained an average of 2 pounds
 - 34% reduction in client hospitalization and 62% length of stay reduction
- Community SeniorServ Outcomes Study on the Impact of the Senior Lunch Program (1,200 respondents).
 - Outcomes study reveals the benefit to overall wellbeing of participants.
 - 68% of respondents reported the lunches have improved their quality of life
 - 59% said their physical health has improved because of the program
 - 95% have more friends as a result of the program
- Caregiver Resource Center 2011 Survey of Family Caregivers (126 respondents)
 - Survey reveals the benefit of support services to caregivers.
 - 92% state that they have increased knowledge and awareness of community services
 - 89% report that they are taking better care of their health
 - 86% feel more competent as a caregiver

Key Informant Findings

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

The top four most serious problems facing older adults today expressed by key informants were:

- Housing affordability issues
- Transportation issues
- Isolation/lack of purpose/feelings of uselessness
- Health/insurance issues

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

- Lack of awareness
- Lack of finances
- Lack of ability to access services (includes lack of available transportation, inability to access information on the Internet).

I&A Call Center Findings

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

The top four service requests to the Office on Aging call center during FY 2010-11 were:

- Affordable Housing – Request for housing services include information on the housing authorities, shared housing programs, senior housing, rent rebates, emergency shelters, and motel vouchers.
- Transportation – Transportation requests include medical and disabled transportation, local transportation, bus fares, and taxi services.
- In-home assistance – These requests include referrals to In-Home Supportive Services, home-delivered meals, home modification services, personal emergency response system companies, and general in-home assistance and housekeeping aid.
- Health/insurance services – These requests include, but are not limited to, Medicare information/counseling (HICAP), MediCal, patient rights assistance, mental health care and counseling, prescription assistance, and eye/dental care.

These are not new concerns; however, due to the limited resources of the Office on Aging and partner organizations many of the most requested services are also unmet needs of the community. The monthly reports from the Office on Aging Executive Director to the Senior Citizens Advisory Council in FY 2010-11 show that affordable housing, transportation, and

financial assistance were the most consistent unmet needs among Office on Aging callers on a monthly basis.

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

In preparation for this 2012-16 Area Plan, the Office on Aging partnered with the Orange County Aging Services Collaborative (OCASC). The focus of this needs assessment process was to assess the issues and perceived needs of adults currently living in Orange County, in order to provide an instrument to educate federal, state and local elected officials on the most critical areas of concern for local citizens as they age. Surveys were distributed to attendees at a series of Town Hall meetings convened in Fall 2011. 284 individual respondents participated, in the following categories:

- Age:
 - 23 percent age 45 and younger
 - 45 percent age 46 to 64 (Baby Boomers)
 - 25 percent age 65 to 74
 - 7 percent age 75 and older

- Race/ Ethnicity
 - 75 percent White
 - 12 percent Hispanic
 - 9 percent Asian/Pacific Islander
 - 4 percent “Other”

Summary of Findings

In looking at the findings of this survey, it is interesting to note that a high percentage of the respondents were “Baby Boomers,” most of whom have not yet reached retirement age. The greatest concern for these respondents was “financial stability as I age.” Other key observations:

- 83 percent responded “Yes” to the question of whether they intend to remain in Orange County through retirement; with 59 percent saying they feel they have the resources to do so.
- 91 percent plan to remain in their own home.
- 72 percent indicated that they would not move in with family.
- 66 percent said they would not move to assisted living.
- Ability to afford in-home care was divided (49 percent yes, 51 percent no).
- Of the things that they want elected officials to do for older adults, the highest responses were:
 - Don’t threaten Social Security or Medicare benefits (62 percent)
 - Protect Adult Day Health Care and In-Home Supportive Services (57 percent)

- Address the lack of senior housing (42 percent)

For this 2012-16 planning period the Office on Aging will continue to address the identified needs of the community through the administration of allocated funds and provision of limited direct services, and will provide technical assistance to contracted service providers and others, as appropriate. The Office on Aging will continue to employ collaborative partnerships and innovative programming to maximize limited resources and improve the service delivery system in Orange County. In addition, the activities of the Senior Citizens Advisory Council committees will support and enhance the work of the aging network.

SECTION 6. TARGETING

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

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

In addition, recent legislation calls for Area Agencies on Aging to consider the special needs of lesbian, gay, bisexual and transgender (LGBT) older adults in their communities.

There are often barriers to serving the abovementioned communities.

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

Along with these, consideration must be given to planning for the service needs of the 766,000 baby boomers residing in Orange County. The baby boomer generation will reshape the landscape of service delivery to older adults in ways yet to be defined.

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

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

- The Office on Aging contracts with service providers (such as Abrazar and St. Anselm's Cross-Cultural Community Center) serving ethnic minorities, and maintains collaborative partnerships with others through coalitions and other relationships.

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

SECTION 7. PUBLIC HEARINGS

PSA 22

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? Yes or No	Was hearing held at a Long-Term Care Facility? Yes or No
2012-13	4/13/12	Yorba Linda Community Center	30	No	No
2013-14					
2014-15					
2015-16					

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

- Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals. The needs of institutionalized, homebound and/or disabled older individuals were identified and addressed by key informant service providers as part of the needs assessment and planning process.
- Were proposed expenditures for Program Development (PD) and Coordination (C) discussed?
 - Yes. Go to question #3
 - Not applicable, PD and C funds are not used. Go to question #4
- Summarize the comments received concerning proposed expenditures for PD and C.
N/A
- Attendees were provided the opportunity to testify regarding setting of minimum percentages of Title III B program funds to meet the adequate proportion funding for Priority Services
 - Yes. Go to question #5
 - No, Explain:
- Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services.
None.
- List any other issues discussed or raised at the public hearing.
Comments all related to the value of the services being provided, and the need for continued and/or increased funding in these difficult economic times.
- Note any changes to the Area Plan which were a result of input by attendees. None.

SECTION 8. IDENTIFICATION OF PRIORITIES

Priorities

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

In this 2012-16 planning cycle, the Office on Aging will maintain the same minimum percentages as those employed in the previous cycle:

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

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

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

Goals and Objectives

The 2012-16 Area Plan has three broad System Building and Administration goals:

Goal #1 Informed Communities

Goal #2 Coordinated Service Delivery and Collaborative Partnerships

Goal #3 Satisfied Customers

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

Service Unit goals are entered into the Service Unit Plans.

SECTION 9. AREA PLAN NARRATIVE GOALS AND OBJECTIVES

Goal #1: Informed Communities

Rationale:

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

Objectives:

- 1.1 The Office on Aging staff will expand the scope of traditional community outreach efforts to include increased education and awareness of resources and services available to older adults, caregivers, and persons with disabilities through:
 - Coordinating with the Orange County Department of Human Resources to schedule a “Lunch-N-Learn” presentation about the Office on Aging offered to all County employees.
 - Use of presentations titled “The Age Tsunami” and “Resources and Services for Seniors” to city councils, policymakers, and stakeholders who need to plan for the increased needs of older adults as the baby boomers enter retirement.
 - Partnering with Orange County Board of Supervisors to co-host Senior Summits in the respective districts.
 - Leveraging resources to provide joint marketing with ADRC partners and ADRC advisory committee member organizations.

Start Date: July 1, 2012
Completed Date: June 30, 2013
Status: New

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

- The Office on Aging Information & Assistance will distribute disaster kits with printed handouts entitled:
 - *Tips for Seniors in Emergency Situations*
 - *Suggested Emergency Kit Supplies*
 - Office on Aging Home Safety Program *Personal Home Safety Checklist*
 - *What We Can Do to Save Our Lives*
 - *File of Life* magnetic pocket with emergency information
 - American Red Cross *Family Caregiving Guide* with DVD

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

- The Information & Assistance manager will coordinate with service providers serving vulnerable populations such as Adult Day Health Care centers, the Ombudsman program, Friendly Visiting program, and Home Delivered Meals program to identify older adults and persons with disabilities who may require assistance with evacuation during a disaster.
- The Office on Aging Health Educator will distribute "File of Life" magnets with important life-saving information inserts to senior centers, service providers, and community-based organizations.
- Collaboration with Citizen Voice on the distribution of Safely Out™ Evacuation kits.

Start Date: July 1, 2012
Completed by: June 30, 2013
Status: New

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

Start Date: July 1, 2012
Completed by: June 30, 2013
Status: New

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

Start Date: July 1, 2012
Completed by: June 30, 2013
Status: New

- 1.5 The Long Term Care Ombudsman Program will increase awareness of the program and services provided. Council on Aging – Orange County, the contracted service provider, will ensure that residents and/or their responsible parties are aware of and have access to Ombudsman services by:

- Verifying that an LTC Ombudsman Program poster is posted in prominent locations within each facility.
- Providing facilities with brochures to include in their admission packets.
- Distributing Council on Aging agency-wide brochures.
- Conducting *Changing Lives* tours to provide greater awareness of the advocacy that the LTC Ombudsman program brings to vulnerable adults living in long-term care facilities.

Start Date: July 1, 2012
Completed by: June 30, 2013
Status: New

Goal #2: Coordinated service delivery and collaborative partnerships

Rationale:

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

Objectives:

- 2.1 The Office on Aging will maintain a strong partnership with CalOptima and the Dayle McIntosh Center for Independent Living to provide a local ADRC (Aging and Disability Resource Connection) in Orange County. The Office on Aging Information & Assistance (I&A) staff will provide ADRC core services for older adults and persons with disabilities including Information & Referral/Assistance, and Options Counseling. The I&A manager will work with the ADRC evaluation team from California State University, San Diego to perform pertinent data collection for quarterly reports. The Office on Aging I&A manager and information technology systems analyst will ensure ongoing maintenance of the ADRC website domain and content.

Start Date: July 1, 2012
Completed by: June 30, 2013
Status: New

- 2.2 The Office on Aging will administer the Senior Non-Emergency Medical Transportation (SNEMT) program providing approximately 117,000 medical-related trips for approximately 1,400 unduplicated Orange County older adults who lack other transportation options.

Start Date: July 1, 2012
Complete by: June 30, 2013
Status: New

2.3 The Office on Aging will provide Title IID evidence-based Nutrition Education programs at congregate nutrition sites and to home-delivered meal participants, designed to promote better health by providing nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants and/or caregivers. The Nutrition Education sessions will be provided by a credentialed practitioner. A minimum of 15,500 sessions will be provided (1 participant = 1 session).

Start date: July 1, 2012
Completed by: June 30, 2013
Status: New

2.4 The Office on Aging will partner with the OC Adult Day Services Coalition via Letter of Understanding (LOU), to enhance the ability of the Office on Aging Information & Assistance Specialists to assist older adults and caregivers with the process of accessing adult day care services, from referral through enrollment. A representative from the OC Adult Day Services Coalition will be stationed in the Office on Aging call center on a part time basis.

- I&A specialists will utilize a prescreening tool to assess for appropriate adult day services referrals and with the client's permission provide those leads to OC Adult Day Services staff.
- I&A will update the REFER database to ensure the most current information on each center is available.

Start date: July 1, 2012
Completed by: June 30, 2013
Status: New

2.5 Through a Memorandum of Understanding with the Health Care Agency (HCA), medication management services will be provided by the Adult Public Health Nursing Services (APHNS) and Senior Health Outreach and Prevention Program (SHOPP). One-on-one medication review and counseling will be offered to a minimum of 400 clients during health assessment visits. In addition, the APHNS program will offer community education programs with a medication component at senior centers and senior residences, to a minimum of 500 seniors.

Start Date: July 1, 2012
Completed by: June 30, 2013
Status: New

2.6 The Office on Aging will work to ensure that lesbian, gay, bisexual and transgender older adults in Orange County have access to services provided by staff that are trained in and sensitive to their unique issues and needs. In order to accomplish this:

- The Office on Aging will provide informational materials to I&A staff who serve LGBT clients to assist them in planning for long term care.
- The Office on Aging I&A call center will practice data gathering terminology in the REFER database, to ensure that client and caller markers are appropriate and inclusive.
- The Office on Aging will expand the REFER database to include LGBT organizations, programs and resources for older adults.

Start Date: July 1, 2012
Complete by: June 30, 2013
Status: New

2.7 As contracted service provider of Title VII B Elder Abuse Prevention services, the Council on Aging – Orange County will operate the Financial Abuse Specialist Team (FAST), to combat financial crimes against older adults in Orange County. FAST includes participation by Adult Protective Services and a team of volunteer consultants including the Public Guardian, city attorneys, law enforcement representatives, banking industry professionals, the Legal Aid Society, UC Irvine Forensic Unit representatives, and the Ombudsman program. FAST will provide 700 hours of prevention and education activities, including 50 community and professional education sessions to approximately 1,500 individuals.

Start Date: July 1, 2012
Completion Date: June 30, 2013
Status: New

Goal #3: Satisfied Customers

Rationale:

Excellent customer service is measured through quality assurance protocols and customer satisfaction follow-up of clients who access the Information & Assistance call center and those who utilize the Senior Non-Emergency Medical Transportation Program. This performance measurement will also be captured in the OC Community Services Balanced Scorecard to ensure that the Office on Aging is meeting the requirements of the County's strategic plan to provide outstanding public service.

Objectives:

- 3.1 The Office on Aging will adhere to the Balanced Scorecard performance measurement to implement quality assurance protocols for providing excellent customer service and ensuring customer satisfaction, measured as follows:
- An Information & Assistance call center follow-up survey will be conducted via telephone call to clients, consisting of four main questions to be answered on a 5-point scale. Current baseline customer satisfaction rating is a Client rating of "3" (85%) or higher. The target goal will be to achieve a score of 90% or higher. Customer service follow-up calls will be performed monthly.
 - Customer Satisfaction Surveys will be sent to clients who are actively enrolled in the Senior Non-Emergency Medical Transportation (SNEMT) program. Survey questions will be rated on a 5-point scale with a baseline rating of a "3" (95%) or higher and a target goal for FY 12/13 of 98% or higher. Surveys will be sent annually.

Start Date: July 1, 2012
Complete by: June 30, 2013
Status: New

- 3.2 The Office on Aging will work to increase the number of customers linked with services by measuring Information & Assistance call center demand on a quarterly basis. The current baseline number of calls is approximately 35,000 calls per fiscal year. The target goal in FY 12/13 is 10,106 call activities per quarter, which is a 10 percent increase above the baseline.

Start Date: July 1, 2012
Complete by: June 30, 2013
Status: New

SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES

PSA 22

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

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

For services not defined in NAPIS, refer to the [Service Categories and Data Dictionary](#).

Report the units of service to be provided with **ALL funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles III B, III C-1, III C-2, III D, VII (a) and VII (b).

1. Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	2000	2	
2013-2014			
2014-2015			
2015-2016			

2. Homemaker

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	11,000	2	
2013-2014			
2014-2015			
2015-2016			

3. Chore

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	500	2	
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,350,000	2	
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	90,000	2	
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	17,000	2	
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	N/A		
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	420,000	2	
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	N/A		
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	26,000	2	
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	8,000	2	
2013-2014			
2014-2015			
2015-2016			

12. Nutrition Education

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	15,500	1,2	2.3
2013-2014			
2014-2015			
2015-2016			

13. Information and Assistance

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	31,000	1,2	
2013-2014			
2014-2015			
2015-2016			

14. Outreach

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	60,000	1	
2013-2014			
2014-2015			
2015-2016			

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

- Each **Title III B** “Other” service must be an approved NAPIS Program 15 service listed on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.
- Identify **Title III D**/Medication Management services (required) and all **Title III B** services to be funded that were not reported in NAPIS categories 1–14 and 16. (Identify the specific activity under the Service Category on the “Units of Service” line when applicable.)
- **Title III D/Health Promotion and Medication Management requires a narrative goal and objective.** The objective should clearly explain the service activity being provided to fulfill the service unit requirement.

Title III B, Other Supportive Services

For all Title IIIB “Other” Supportive Services, use the appropriate Service Category name and Unit of Service (Unit Measure) listed in the CDA Service Categories and Data Dictionary. All “Other” services must be listed separately. Duplicate the table below as needed.

Service Category: Senior Center Activities

Unit of Service = 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	25,000	2	
2013-2014			
2014-2015			
2015-2016			

Service Category: Cash/Material Aid

Unit of Service = 1 Assistance

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	60,000	2	
2013-2014			
2014-2015			
2015-2016			

Service Category: Interpretation/Translation

Unit of Service = 1 Contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	10,000	2	
2013-2014			
2014-2015			
2015-2016			

16. Title III D Health Promotion

Unit of Service = 1 contact

Service Activities: _____

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

Title III D Medication Management

Units of Service = 1 Contact

Service Activities: Medication Screening and Education _____

- **Title III D/Medication Management:** Enter program goal and objective numbers in the Title III D Service Plan Objective Table below.

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2012-2013	1,000	2	2.5
2013-2014			
2014-2015			
2015-2016			

TITLE III B and Title VII A:
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

2012–2016 Four-Year Planning Cycle

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

Baseline numbers are obtained from the local LTC Ombudsman Program's FY 2010-2011 National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

Targets are to be established jointly by the AAA and the local LTC Ombudsman Program Coordinator. Use the baseline year data as the benchmark for determining FY 2012-2013 targets. For each subsequent FY target, use the most recent FY AoA data as the benchmark to determine realistic targets. Refer to your local LTC Ombudsman Program's last three years of AoA data for historical trends. Targets should be reasonable and attainable based on current program resources.

Complete all Measures and Targets for Outcomes 1-3.

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

Measures and Targets:

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

The average California complaint resolution rate for FY 2009-2010 was 73%.

1. FY 2010-2011 Baseline Resolution Rate: ____ Number of complaints resolved_960_ + Number of partially resolved complaints_214_ divided by the Total Number of Complaints Received_1174_ = Baseline Resolution Rate _82_%
2. FY 2012-2013 Target: Resolution Rate _80_%
3. FY 2011-2012 AoA Resolution Rate _80_% FY 2013-2014 Target: Resolution Rate _80_%
4. FY 2012-2013 AoA Resolution Rate _80_% FY 2014-2015 Target: Resolution Rate _80_%
5. FY 2013-2014 AoA Resolution Rate _80_% FY 2015-2016 Target: Resolution Rate _80_%
Program Goals and Objective Numbers: 2

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

FY 2010-2011 Baseline: number of meetings attended __677__
2. FY 2012-2013 Target: _675__
3. FY 2011-2012 AoA Data: 675_FY 2013-2014 Target: _680__
4. FY 2012-2013 AoA Data: _675__ FY 2014-2015 Target: _680__
5. FY 2013-2014 AoA Data: _680__ FY 2015-2016 Target: _685__
Program Goals and Objective Numbers: 2

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

1. FY 2010-2011 Baseline: number of meetings attended_27__
2. FY 2012-2013 Target: number_25__
3. FY 2011-2012 AoA Data: _25__ FY 2013-2014 Target: _26__
4. FY 2012-2013 AoA Data: _25__ FY 2014-2015 Target: _26__
5. FY 2013-2014 AoA Data: _26__ FY 2015-2016 Target: _28__
Program Goals and Objective Numbers: 2

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

1. FY 2010-2011 Baseline: number of consultations_47__
2. FY 2012-2013 Target: _46__
3. FY 2011-2012 AoA Data: _46__ FY 2013-2014 Target: _47__
4. FY 2012-2013 AoA Data: _46__ FY 2014-2015 Target: _48__
5. FY 2013-2014 AoA Data: _46__ FY 2015-2016 Target: _48__
Program Goals and Objective Numbers: 2

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

1. FY 2010-2011 Baseline: number of consultations_3,464__
2. FY 2012-2013 Target: _3,480__
3. FY 2011-2012 AoA Data: _3,475__ FY 2013-2014 Target: _3,480__
4. FY 2012-2013 AoA Data: _3,480__ FY 2014-2015 Target: _3,485__
5. FY 2013-2014 AoA Data: _3,480__ FY 2015-2016 Target: _3,485__
Program Goals and Objective Numbers: 2

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

1. FY 2010-2011 Baseline: number of sessions_24__
2. FY 2012-2013 Target: _24__
3. FY 2011-2012 AoA Data: _24__ FY 2013-2014 Target: _25__
4. FY 2012-2013 AoA Data: _24__ FY 2014-2015 Target: _25__
5. FY 2013-2014 AoA Data: _25__ FY 2015-2016 Target: _26__
Program Goals and Objective Numbers: 2

G. Systems Advocacy

- FY 2012-2013 Activity: In the box below, in narrative format, please provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year.

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, State-wide, or even national in scope. (Examples: Work with LTC facilities to improve pain relief or increase access to oral health care, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in

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

Enter information in the box below.

Systemic Advocacy Effort(s)

The Ombudsman program service provider intends, if funding is available, to work with their education department and develop curriculum to train caregivers on caring for residents with dementia.

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

Measures and Targets:

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

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

<p>1. FY 2010-2011 Baseline: <u> 100 </u>%</p> <p>Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u> 79 </u> divided by the number of Nursing Facilities <u> 79 </u>.</p>
<p>2. FY 2012-2013 Target: <u> 100 </u>%</p>
<p>3. FY 2011-2012 AoA Data: <u> 100 </u>% FY 2013-2014 Target: <u> 100 </u>%</p>
<p>4. FY 2012-2013 AoA Data: <u> 100 </u>% FY 2014-2015 Target: <u> 100 </u>%</p>
<p>5. FY 2013-2014 AoA Data: <u> 100 </u>% FY 2015-2016 Target: <u> 100 </u>%</p>
<p>Program Goals and Objective Numbers: 2</p>

B. Facility Coverage (other than in response to a complaint) (AoA Report, Part III-D, #6)
 Percentage of RCFEs within the PSA that were visited by an ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not the total number of visits per year. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2010-2011 Baseline: <u>92</u> % Number of RCFEs visited at least once a quarter not in response to a complaint <u>850</u> divided by the number of RCFEs <u>922</u>
2. FY 2012-2013 Target: <u>92</u> %
3. FY 2011-2012 AoA Data: <u>92</u> % FY 2013-2014 Target: <u>93</u> %
4. FY 2012-2013 AoA Data: <u>92</u> % FY 2014-2015 Target: <u>94</u> %
5. FY 2013-2014 AoA Data: <u>93</u> % FY 2015-2016 Target: <u>95</u> %
Program Goals and Objective Numbers: 2

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) This number may only include staff time legitimately charged to the LTC Ombudsman Program. For example, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5. Time spent working for or in other programs may not be included in this number. Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: FTEs <u>8.8</u>
2. FY 2012-2013 Target: <u>8.8</u> FTEs
3. FY 2011-2012 AoA Data: <u>8.7</u> FTEs FY 2013-2014 Target: <u>9</u> FTEs
4. FY 2012-2013 AoA Data: <u>8.8</u> FTEs FY 2014-2015 Target: <u>9.5</u> FTEs
5. FY 2013-2014 AoA Data: <u>9</u> FTEs FY 2015-2016 Target: <u>10</u> FTEs
Program Goals and Objective Numbers: 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 2010-2011 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2010 <u> 80 </u>
2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2013 <u> 80 </u>
3. FY 2011-2012 AoA Data: <u> 76 </u> certified volunteers FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2014 <u> 84 </u>
4. FY 2012-2013 AoA Data: <u> 80 </u> certified volunteers FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2015 <u> 90 </u>
5. FY 2013-2014 AoA Data: <u> 90 </u> certified volunteers FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2016 <u> 100 </u>
Program Goals and Objective Numbers: 2

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

Measures and Targets:

A. At least once each fiscal year, the Office of the State Long-Term Care Ombudsman sponsors free training on each of four modules covering the reporting process for the National Ombudsman Reporting System (NORS). These trainings are provided by telephone conference and are available to all certified staff and volunteers. Local LTC Ombudsman Programs retain documentation of attendance in order to meet annual training requirements.

1. FY 2010-2011 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV <u> 22 </u> Please obtain this information from the local LTC Ombudsman Program Coordinator.
2. FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV <u> 25 </u>
3. FY 2011-2012 number of Ombudsman Program staff and volunteers who attended NORS

Training Parts I, II, III, and IV __24__

FY 2013-2014 Target __26__

4. FY 2012-2013 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV __25__

FY 2014-2015 Target __28__

5. FY 2013-2014 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV __26__

FY 2015-2016 Target: __30__

Program Goals and Objective Numbers: 2

TITLE VII B ELDER ABUSE PREVENTION
SERVICE UNIT PLAN OBJECTIVES

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

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

When developing targets for each fiscal year, refer to data reported on the Elder Abuse Prevention Quarterly Activity Reports. Set realistic goals based upon the prior year's numbers and the resources available.

AAAs must provide one or more of the service categories below. NOTE: The number of sessions refers to the number of presentations and not the number of attendees

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

TITLE VIIB ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

Fiscal Year	Total # of Public Education Sessions
2012-13	36
2013-14	36
2014-15	36
2015-16	36

Fiscal Year	Total # of Training Sessions for Professionals
2012-13	16
2013-14	16
2014-15	16
2015-16	16

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2012-13	N/A
2013-14	
2014-15	
2015-16	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2012-13	64
2013-14	64
2014-15	64
2015-16	64

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2012-2013	4,800	Combination of the PowerPoint Presentation and
		the Council on Aging OC Guide specific section on
		Elder Financial Abuse
2013-2014	4,800	
2014-2015	4,800	
2015-2016	4,800	

Fiscal Year	Total Number of Individuals Served
2012-2013	2,400
2013-2014	2,400
2014-2015	2,400
2015-2016	2,400

TITLE III E SERVICE UNIT PLAN OBJECTIVES
CCR Article 3, Section 7300(d)

2012–2016 Four-Year Planning Period

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

Direct and/or Contracted III E Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
Information Services	# of activities and Total est. audience for above		
2012-2013	# of activities: 200 Total est. audience for above: 40,000	1,2	
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2012-2013	4,200	1,2	
2013-2014			
2014-2015			
2015-2016			
Support Services	Total hours		
2012-2013	2,000	1,2	
2013-2014			
2014-2015			
2015-2016			

Respite Care	Total hours		
2012-2013	9,000	1,2	
2013-2014			
2014-2015			
2015-2016			
Supplemental Services	Total occurrences		
2012-2013	100	1,2	
2013-2014			
2014-2015			
2015-2016			

Direct and/or Contracted III E Services

Grandparent Services Caring for Children	<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		
2012-2013	# of activities: Total est. audience for above:		
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
Support Services	Total hours		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
Respite Care	Total hours		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
Supplemental Services	Total occurrences		
2012-2013			
2013-2014			
2014-2015			
2015-2016			

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

List all SCSEP monitor sites (contract or direct) where the AAA provides services within the PSA (Please add boxes as needed)

Location/Name (AAA office, One Stop, Agency, etc): Orange County One-Stop Center – Irvine
Street Address: 125 Technology Drive, Suite 200, Irvine, CA 92618
Name and title of all SCSEP staff members (paid and participant): Vinh Tran, Workforce Specialist – paid staff Caryl Dimas – participant staff
Number of paid staff <u> 1 </u> Number of participant staff <u> 1 </u>
How many participants are served at this site? 23

Location/Name (AAA office, One Stop, Agency, etc): Orange County One-Stop Center – Westminster
Street Address: 5405 Garden Grove Blvd, Suite 100, Westminster, CA 92683
Name and title of all SCSEP staff members (paid and participant): Tom Tran, Workforce Specialist
Number of paid staff <u> 1 </u> Number of participant staff <u> 0 </u>
How many participants are served at this site? 37

Location/Name (AAA office, One Stop, Agency, etc):
Street Address:
Name and title of all SCSEP staff members (paid and participant):
Number of paid staff <u> </u> Number of participant staff <u> </u>
How many participants are served at this site?

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

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

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

STATE & FEDERAL PERFORMANCE TARGETS: The Centers for Medicare and Medicaid Services (CMS) requires all State Health Insurance Assistance Programs (SHIP) to meet certain targeted performance measures. To help AAAs complete the Service Unit Plan, CDA will annually provide AAAs with individual PSA state and federal performance measure targets.

Section 1. Primary HICAP Units of Service

Fiscal Year (FY)	1.1 Estimated Number of Unduplicated Clients Counseled	Goal Numbers
2012-2013	5,727	2
2013-2014		
2014-2015		
2015-2016		

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
2012-2013	362	2
2013-2014		
2014-2015		
2015-2016		

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
2012-2013	20,600	2
2013-2014		
2014-2015		
2015-2016		

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
2012-2013	199,165	2
2013-2014		
2014-2015		
2015-2016		

Note: This includes the estimated number of attendees (e.g., people actually attending the event, not just receiving a flyer) reached through presentations either in person or via webinars, TV shows or radio shows, 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 contacts with Medicare Status Due to a Disability Contacts	Goal Numbers
2012-2013	3,900	2
2013-2014		
2014-2015		
2015-2016		

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 contacts with Low Income Beneficiaries	Goal Numbers
2012-2013	6,860	2
2013-2014		
2014-2015		
2015-2016		

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 Assistance Contacts	Goal Numbers
2012-2013	12,000	2
2013-2014		
2014-2015		
2015-2016		

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 and Enrollment Assistance Contacts	Goal Numbers
2012-2013	8,575	2
2013-2014		
2014-2015		
2015-2016		

Note: This is a subset of all enrollment assistance in 2.5. It includes the number of 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
2012-2013	186.82	2
2013-2014		
2014-2015		
2015-2016		

Note: This is the total number of counseling hours divided by 2000 (considered annual fulltime hours), then multiplied by the total number of Medicare beneficiaries per 10K in PSA.

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

State Fiscal Year (SFY)	3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2012-2013	60	2
2013-2014		
2014-2015		
2015-2016		
State Fiscal Year (SFY)	3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)	Goal Numbers
2012-2013	80	2
2013-2014		
2014-2015		
2015-2016		
State Fiscal Year (SFY)	3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)	Goal Numbers
2012-2013	140	2
2013-2014		
2014-2015		
2015-2016		

SECTION 11 - FOCAL POINTS**PSA 22****COMMUNITY FOCAL POINTS LIST**

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

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

Designated Community Focal Point	Address
Anaheim Independencia Senior Center	10841 Garza Anaheim, CA 92804
Anaheim Senior Center	250 E. Center Anaheim, CA 92805
Brookhurst Community Center	2271 W. Crescent Ave Anaheim, CA 92801
Brea Senior Center	500 S. Sievers Avenue Brea, CA 92821
Buena Park Community Senior Center	8150 Knott Avenue Buena Park, CA 90620
Costa Mesa Senior Center	695 West 19th Street Costa Mesa, CA 92627
Cypress Senior Center	9031 Grindlay Cypress, CA 90930
Dana Point Senior Center	34052 Del Obispo Dana Point, CA 92629
Fountain Valley Senior Center	17967 Bushard Street Fountain Valley, CA 92708
Southern California Indian Center, Inc.	10175 Slater Ave. #150 Fountain Valley, CA 92708
Fullerton Senior Multi-Purpose Center	340 W. Commonwealth Fullerton, CA 92832
H. Louis Lake Senior Center	11300 Stanford Avenue Garden Grove, CA 92840
Korean American Seniors Assn. of OC	9884 Garden Grove Blvd Garden Grove, CA 92844

St. Anselm's Cross-Cultural Community Center	13091 Galway St Garden Grove, CA 92844
Michael E. Rodgers Seniors' Center	1706 Orange Avenue Huntington Beach, CA 92648
Jewish Community Center	1 Federation Way Irvine, CA 92603
Lakeview Senior Center	20 Lake Road Irvine, CA 92604
Rancho Senior Center	3 Ethel Coplen Way Irvine, CA 92612
La Habra Community Center	101 West La Habra Blvd La Habra, CA 92631
La Palma Seniors Club	7822 Walker St La Palma, CA 90623
Laguna Beach Senior Center	384 Legion St Laguna Beach, C 92651
Florence Sylvester Senior Center	23721 Moulton Parkway Laguna Hills, CA 92653
Sea Country Senior & Community Center	24602 Aliso Creek Road Laguna Niguel, CA 92677
Lake Forest Community Center	25550 Commercentre Dr. Lake Forest, CA 92630
Los Alamitos Recreation & Community Services	10911 Oak St. Los Alamitos, CA 90720
Midway City Community Center	14900 Park Lane Midway City, CA 92655
Norman P. Murray Senior Center	24932 Veterans Way Mission Viejo, CA 92692
Oasis Senior Center	800 Marguerite Newport Beach, CA 92652
North Orange Senior Center	1001 East Lincoln Orange, CA 92865
Orange Senior Center	170 South Olive St. Orange, CA 92866

Placentia Senior Center	900 S. Melrose St. Placentia, CA 92870
Rancho Santa Margarita Community Center	22232 El Paseo Rancho Santa Margarita, CA 92688
San Clemente Senior Center	242 Avenida del Mar San Clemente, CA 92672
San Juan Capistrano Community Services	25925 Camino del Avio San Juan Capistrano, CA 92675
Asian American Senior Citizens Service Center	850 N. Birch St. Santa Ana, CA 92701
Hope Community Services	1538 N. Century Blvd. Santa Ana, CA 92703
Southwest Senior Center	2201 W. McFadden Ave. Santa Ana, CA 92704
Santa Ana Senior Center	424 W. Third St. Santa Ana, CA 92704
Vietnamese Community of OC	1618 W. 1 st . St. Santa Ana, CA 92703
North Seal Beach Senior Center	3333 St. Cloud Drive Seal Beach, CA 90740
Seal Beach Senior Center	707 Electric Ave. Seal Beach, CA 90740
Stanton Senior Center	7800 Katella Ave. Stanton, CA 90680
Tustin Area Senior Center	200 S. "C" St. Tustin, CA 92780
Abrazar	7101 Wyoming Westminster, CA 92683
Westminster Senior Center	8200 Westminster Blvd. Westminster, CA 92683
Yorba Linda Senior Center	4501 Casa Loma Yorba Linda, CA 92886

SECTION 12 - DISASTER PREPAREDNESS

PSA 22

Disaster Preparation Planning Conducted for the 2012-2016 Planning Cycle OAA Title III, Sec. 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

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

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

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

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

Name	Title	Telephone	email
Sheriff Sandra Hutchens 550 N Flower St Santa Ana, CA 92703 714/647-7000 714/953-3092- Fax	Orange County Sheriff	Office: 714-647-7000 Cell: 714-628-7008	OAdmin@ocsd.org
Orange County Office of Emergency Services			

2644 Santiago Canyon Road Silverado, CA 92676 (714) 628-7054 (714) 628-7154 fax After-Hours Emergency Only Contact Number: (714) 628-7008			
--	--	--	--

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Ericka Danczak	I&A Manager	Office: 714-836-3331 Cell: 714-319-2481	ericka.danczak@occr.ocgov.com

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

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

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

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

6. Describe how the AAA will:

- Identify vulnerable populations.

Older adults, caregivers, and persons with disabilities are all considered to be vulnerable populations particularly in the event of a disaster. However, individuals who are most at risk

are those living in a care facility, living alone, isolated or homebound, or require assistance due to a physical or mental disability. Coordination with service providers whose clients are in these vulnerable categories will help to identify and reach out to them during a disaster. Such service providers include; Adult Day Care centers, IHSS, Home Delivered Meals, Senior Non-Emergency Medical Transportation, Regional Centers, Independent Living Centers, and the Ombudsman program. Also, the I&A call center database contains a data element for tracking clients who live alone.

- Follow-up with these vulnerable populations after a disaster event. Client files for each of the programs serving vulnerable populations include contact information as well as emergency contact information. I&A, Friendly Visiting, and Friendly Telephoning programs can assist with follow-up calls or visits to ensure the safety of individuals registered with those programs. I&A client reports indicating individuals who live alone can be contacted via telephone by I&A staff or volunteers. In the event that contact is not made with a particular client, staff and volunteers can notify local first responders such as police, fire, or disaster workers.

2012-2016 Four-Year Planning Cycle

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

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

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2012-13 through FY 2015-16

Access:

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

12-13 42% 13-14 42% 14-15 42% 15-16 42%

In-Home Services:

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

12-13 11% 13-14 11% 14-15 11% 15-16 11%

Legal Assistance Required Activities:

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

12-13 10% 13-14 10% 14-15 10% 15-16 10%

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. These adequate proportion percentages are reflective of available resources. Actual expenditure of funds in these categories consistently exceeds the minimum percentages.

SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

PSA 22

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

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

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

Check applicable direct services

Check each applicable Fiscal Year

	12-13	13-14	14-15	15-16
Title III B				
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title III D	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Health Promotion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Medication Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title III E	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Information Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII A	12-13	13-14	14-15	15-16
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VIIB	12-13	13-14	14-15	15-16
<input type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the methods to be used to ensure target populations will be served throughout the PSA. The Office on Aging operates a state-of-the-art call center with the capacity to directly connect callers with referral agencies. The Office on Aging toll-free number has been widely marketed in Orange County, and Office on Aging is increasingly recognized by service agencies and the general public as the single point of entry for information on programs and services for older adults, their families and

caregivers. The Office on Aging will continue to target services to those having the greatest social and economic need, including ethnic minorities, caregivers, frail elderly and/or disabled, and low-income older adults; through cooperative efforts with others in the aging network.

The Office on Aging health educator has developed a well-established network of contacts with a broad spectrum of direct service providers in Orange County, including those addressing the needs of individuals having the greatest social and economic need, caregivers, ethnic minorities, frail elderly and/or disabled. The health educator promotes physical activity by maintaining and communicating with a list of senior exercise venues and instructors; provides health information at health fairs, speaking presentations, and through the media; works with the contracted nutritionist to educate seniors at nutrition sites; and collaborates with other stakeholders to promote senior home safety through the Down With Falls coalition.

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

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

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

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

Identify Service Category: _____

Check applicable funding source:

- III B
- III C-1
- III C-2
- III E
- VII A
- HICAP

Request for Approval Justification:

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

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

- 2012-13 2013-14 2014-15 2015-16

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

SECTION 16 - GOVERNING BOARD

PSA 22

**GOVERNING BOARD MEMBERSHIP
2012-2016 Four-Year Area Plan Cycle**

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

Total Number of Board Members: 5

Name and Title of Officers:

Office Term Expires:

The governing board for the Orange County Office on Aging is the	
Orange County Board of Supervisors.	
Janet Nguyen, 1 st District	January 2013
John M. W. Moorlach, 2 nd District, Chair	January 2015
Bill Campbell, 3 rd District	January 2013
Shawn Nelson, 4 th District, Vice-Chair	January 2015
Patricia Bates, 5 th District	January 2015

Names and Titles of All Members:

Board Term Expires:

SECTION 17 - ADVISORY COUNCIL

PSA 22

**ADVISORY COUNCIL MEMBERSHIP
2012-2016 Four-Year Planning Cycle**

45 CFR, Section 1321.57

CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies) 40 (10 vacancies)
Number of Council Members over age 60 30

Race/Ethnic Composition	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
White	<u>66%</u>	<u>68%</u>
Hispanic	<u>14%</u>	<u>10%</u>
Black	<u>1%</u>	<u>6%</u>
Asian/Pacific Islander	<u>17%</u>	<u>16%</u>
Native American/Alaskan Native	<u>0.2%</u>	<u>0</u>
Other	<u>1.2%</u>	<u>0</u>

Name and Title of Officers:

Office Term Expires:

Don MacAllister, Chair	12/31/12
Dave Sullivan, Vice Chair	12/31/12
Sherry Geyer, Secretary	12/31/12
Anna T. Boyce, Treasurer	12/31/12

Name and Title of other members:

Office Term Expires:

Patricia McGuigan	12/31/12
Jerry Margolin	12/31/13
Patricia Davis	12/31/13
Yvonne Mitchell	12/31/13
Nancy Cheng	12/31/12
Irene Lange	12/31/12
Elizabeth Busick	12/31/12
Frank Fry	12/31/12
Barbara Barker	12/31/13
Lillian Kammerer	12/31/13
Kathryn McCullough	12/31/13
Leonor Barajas	12/21/12

Herbert Schwartz	12/31/13
Vince Agor	12/31/13
Dee Erman	12/31/12
Bobbie Day	12/31/12
Jim Levy	12/31/12
Tony Rodella	12/31/12
Patricia Adelekan	12/31/12
Frank Sun	12/31/13
Judy Huitt	12/31/13
Dieter Kammerer	12/31/13
Najma Quader	12/31/12
Charles McVey	12/31/12
John Pointer	12/31/13
Frank Van Nostrand	Indefinite – SSA

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

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

Explain any "No" answer(s): N/A

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

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

2012-2016 Four-Year Area Planning Cycle

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

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

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

2. Based on your local needs assessment, what percentage of Title III B funding is allocated to Legal Services? A minimum of 10 percent.
3. Specific to legal services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years).

During the last four years, there has been a significant increase in the number of older adults in Orange County seeking help with consumer debt issues, including collection issues and bankruptcy. The need for help with tenant issues has remained strong. A growing number of older adults have requested help with seeking unemployment benefits during the last two years. We have also seen an increase in the number of older adults seeking a limited conservatorship over an adult-child or relative with developmental disabilities.

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

The Legal Aid Society of Orange County (LASOC) provides free legal services to eligible Orange County residents. Services are provided to older adults primarily through the Senior Citizens Legal Advocacy Program (SCLAP), the unit within LASOC designated for serving older adults. Older adults generally request direct assistance by calling LASOC's Legal Hotline or by visiting one of the 14 senior centers that SCLAP visits monthly. In accordance with the terms of the Older Americans Act, SCLAP targets services to low-income and minority seniors and older adults who are frail, disabled and/or at risk of significant loss or harm. One way in which we accomplish this is through our case handling priorities. We provide a greater level of help in cases which primarily affect low-income seniors, such as government benefits, including Supplemental Security Income (SSI) and Medi-Cal; landlord-tenant issues; and subsidized housing issues. We also target areas in which it is unlikely that an older adult can obtain help from a private attorney. This includes many consumer issues, defending collection lawsuits, pension issues and certain government benefits areas such as Social Security and Medicare. One way in which we serve particularly vulnerable older adults is in advising and assisting older adults with elder abuse issues.

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

The Legal Aid Society of Orange County is the single legal assistance service provider in PSA 22.

Fiscal Year	# of Legal Assistance Services Providers
2012-2013	Legal Aid Society of Orange County
2013-2014	Legal Aid Society of Orange County
2014-2015	Legal Aid Society of Orange County
2015-2016	Legal Aid Society of Orange County

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

Yes; the LASOC’s Legal Hotline. Clients can call Monday – Thursday, from 9:00 a.m. – 6:00 p.m. and on Fridays from 9:00 a.m. – 4:30 p.m. While the older adult is on the phone, a paralegal will interview them to ascertain the facts of their situation and the Duty Attorney will review the facts and then give legal advice for the paralegal to relay to the caller. The caller can also be given an office or clinic appointment. LASOC also has an extensive list of referrals for clients when they are unable to provide additional services.

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

LASOC and SCLAP participate in many community outreach events, such as presentations at local senior centers and participation in health and resource fairs which our target population is likely to attend. Information about services for older adults and fact sheets are available on the LASOC website. SCLAP is also involved with a number of different providers of services to older adults in Orange County. Countywide coverage is facilitated through attending interviews with clients at senior centers throughout the County and delivering community education presentations before different groups based in a variety of regions throughout the County.

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

Fiscal Year	Name of Provider	Geographic Region covered
2012-2013	a. Legal Aid Society of Orange County b. c.	a. Countywide b. c.
2013-2014	a. Legal Aid Society of Orange County b. c.	a. Countywide b. c.
2014-2015	a. Legal Aid Society of Orange County b. c.	a. Countywide b. c.
2015-2016	a. Legal Aid Society of Orange County b. c.	a. Countywide b. c.

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

Seniors typically request direct assistance by calling LASOC's Legal Hotline or by visiting one of the senior centers that SCLAP attends monthly. The Office on Aging Information & Assistance program refers older adults to SCLAP. LASOC offers legal clinics conducted by attorneys in areas such as divorce, family law, bankruptcy, education, landlord-tenant and small claims matters. LASOC is in the process of establishing two new clinics, one addressing SSI issues and one to assist with limited conservatorships over persons with developmental disabilities. LASOC has also implemented an I-CAN! project allowing clients to complete various court forms by answering simple questions on a computer.

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

The primary legal issues handled by SCLAP include government benefits, landlord-tenant issues, elder abuse, health, and consumer problems. To address the growing needs of older adults involving consumer debt, LASOC has created fact sheets that are available on their website and LASOC continues to provide a bankruptcy clinic to assist clients in filing chapter 7 bankruptcy cases. During the last four years, LASOC has operated a Loan Modification unit. LASOC continues to provide a weekly Unlawful Detainer Clinic and is establishing new clinics to address SSI issues and to assist with limited conservatorship cases.

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

In the last four years, SCLAP has seen demand for some services increase and have had requests for some new services. LASOC has added additional bankruptcy clinics to accommodate a growing demand for persons seeking bankruptcy protection. SCLAP has represented more clients in hearings for unemployment benefits. LASOC/SCLAP has participated in the monthly clinics held at the court to assist with limited conservatorships and will expand this service to also include a monthly clinic to assist clients attending the court clinic to complete the necessary legal forms. They are also assisting a growing number of clients facing elder abuse issues, and are also creating an SSI Clinic to serve more clients with SSI issues.

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

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

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

SCLAP is very involved with a number of other organizations. They work with a number of senior centers around the County to schedule appointments and deliver presentations. They participate as a member of the Financial Abuse Specialist Team (F.A.S.T.) and the Elder Abuse Forensics Center Team, which also involves Adult Protective Services and the Long-Term Care

Ombudsman Program. They work with Chapman Law School and UC-Irvine Law School and have law students from both programs working with them. They coordinate services with the Long-Term Care Ombudsman under a Memorandum-of-Understanding. They are members of the Orange County Bar Association and are active in the Elder Law and Social Security sections. LASOC currently has 3 attorneys that volunteer under the Pro Bono Practice Program of the State Bar of California. They also serve on the advisory council for the Model Approaches Grant, a federal grant to the Department of Aging, Legal Services of Northern California and Legal Aid Association of California (LAAC), to evaluate the delivery of legal services to older adults in California. LASOC is active in the Senior Legal Services Providers Committee, to share information and best practices with organizations providing legal services to older adults in California, and recently completed a series of four regional meetings to share ideas and develop coordination between older adult legal service providers. LASOC also works with the Public Law Center to refer clients to private attorneys on a pro bono basis. Finally, LASOC is working with the court to provide the Limited Conservatorship Clinics.

**SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION
OR CONSTRUCTION COMPLIANCE REVIEW**

PSA 22

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

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

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

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

SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM

PSA 22

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

2012–2016 Four-Year Planning Cycle

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

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

Family Caregiver Services

Category	2012-2013	2013-2014	2014-2015	2015-2016
Family Caregiver Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Supplemental Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

Grandparent Services

Category	2012-2013	2013-2014	2014-2015	2015-2016
Grandparent Information Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Access Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Support Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Respite Care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

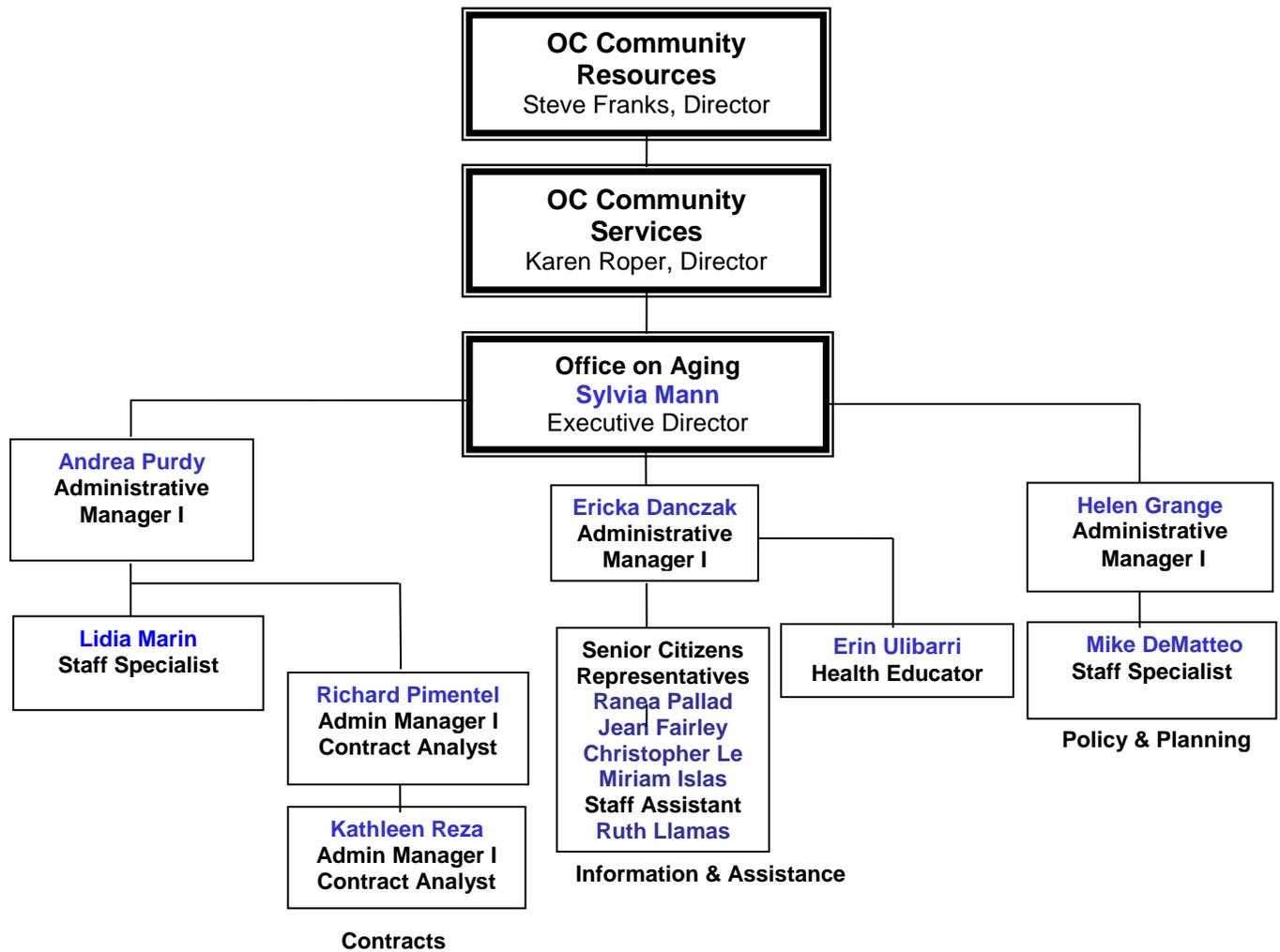
*Refer to PM 11-11 for definitions for the above Title III E categories.

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

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

The Orange County Office on Aging does not provide or administer Title III E Grandparent Services in any category. The Title III E Family Caregiver Support Program (FCSP) in Orange County will be in year 4 of a 4-year contract period in FY 2012-13. During the procurement process for the current contract period, it was determined that the Kinship Support Program operated by the County of Orange Social Services Agency addressed the needs of grandparent caregivers in Orange County. In addition to the presence of the Kinship Support Program, consideration was also given to the fact that no more than ten percent of available FCSP funds could be used for grandparent services, and that allocating funds to grandparent services would reduce available funds for FCSP services to caregivers of older adults.

SECTION 21. ORGANIZATION CHART



Office on Aging Organization Chart Detail

Name	Title III/VII Admin	Title III Direct	HICAP Admin	TV Admin	Other
Executive Director: S. Mann	65%	5%	5%	5%	20%
I&A Manager, Interim, E. Danczak		III B 30% III E 35% III D 35%			
Administrative Manager I: A. Purdy	84.25%				15.75%
Contract Analyst: R. Pimentel	77.5%		20%		2.5%
Contract Analyst: K. Reza	10%				90%
Administrative Manager I: H. Grange	80%			20%	
Staff Specialist: L. Marin	100%				
Senior Citizen Rep.: R. Pallad		III B 52.5% III E 47.5%			
Senior Citizen Rep.: J. Fairley		III B 45% III E 55%			
Senior Citizen Rep.: C. Le		III B 47.5% III E 41.25% III D 11.25%			
Senior Citizen Rep.: M. Islas		III B 71.25% III D 11.25% III E 17.5%			
Staff Assistant: R. Llamas		III B 40% III D 10% III E 50%			
Health Educator: E. Ulibarri		III B 5% III D 90% III E 3.75%			1.25%
Staff Specialist: Michael De Matteo	75%				25%

SECTION 22 - ASSURANCES

Pursuant to the Older Americans Act Amendments of 2006 (OAA), the Area Agency on Aging assures that it will:

A. Assurances

1. OAA 306(a)(2)

Provide an adequate proportion, as required under OAA 2006 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

2. OAA 306(a)(4)(A)(i)(I-II)

(I) provide assurances that the area agency on aging will -

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and;

(II) include proposed methods to achieve the objectives described in (aa) and (bb) of subclause (I);

3. OAA 306(a)(4)(A)(ii)

Include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area;

4. OAA 306(a)(4)(A)(iii)

With respect to the fiscal year preceding the fiscal year for which such plan is prepared—

- (I) identify the number of low-income minority older individuals in the planning and service area;
 - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.
5. OAA 306(a)(4)(B)
Use outreach efforts that —
- (i) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement; and
 - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;
6. OAA 306(a)(4)(C)
Ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;
7. OAA 306(a)(5)
Coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;
8. OAA 306(a)(9)
Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;
9. OAA 306(a)(11)
Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—
- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - (B) to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

10. OAA 306(a)(13)(A-E)

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

11. 306(a)(14)

Not give preference in receiving services to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

Funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in OAA 2006 306(a)(4)(A)(i); and

(B) in compliance with the assurances specified in OAA 2006 306(a)(13) and the limitations specified in OAA 2006 212;

B. Additional Assurances:

Requirement: OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

Requirement: OAA 307(a)(7)(B)

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

(i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;

- (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

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

To the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

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

Give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Requirement: OAA 307(a)(12)(A)

In carrying out such services conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

- (i) public education to identify and prevent abuse of older individuals;
- (ii) receipt of reports of abuse of older individuals;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (iv) referral of complaints to law enforcement or public protective service agencies where appropriate.

Requirement: OAA 307(a)(15)

If a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area -

(A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.

(B) To designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:

- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking

- ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

Requirement: OAA 307(a)(18)

Conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to Section 306(a)(7), for older individuals who -

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Requirement: OAA 307(a)(26)

That funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency, or an area agency on aging, to carry out a contract or commercial relationship that is not carried out to implement this title.

Requirement: OAA 307(a)(27)

Provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

C. Code of Federal Regulations (CFR), Title 45 Requirements:

CFR [1321.53(a)(b)]

(a) The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

(b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall:

- (1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
- (2) Provide a range of options;
- (3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;
- (4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
- (5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;
- (6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
- (7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;

- (8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
- (9) Have a unique character which is tailored to the specific nature of the community;
- (10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

CFR [1321.53(c)]

The resources made available to the area agency on aging under the Older Americans Act are to be used to finance those activities necessary to achieve elements of a community based system set forth in paragraph (b) of this section.

CFR [1321.53(c)]

Work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate.

CFR [1321.53(c)]

Assure access from designated focal points to services financed under the Older Americans Act.

CFR [1321.53(c)]

Work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with or access to other services and opportunities for the elderly from the designated community focal points.

CFR [1321.61(b)(4)]

Consult with and support the State's long-term care ombudsman program.

CFR [1321.61(d)]

No requirement in this section shall be deemed to supersede a prohibition contained in the Federal appropriation on the use of Federal funds to lobby the Congress; or the lobbying provision applicable to private nonprofit agencies and organizations contained in OMB Circular A-122.

CFR [1321.69(a)]

Persons age 60 and older who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part.