

Area Agency on Aging of Lake & Mendocino Counties



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

LONG-TERM CARE OMBUDSMAN PROGRAM

2016-2020 Area Plan for Aging Services

APPROVED

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Section 1

Mission Statement

The Area Agency on Aging of Lake & Mendocino Counties (PSA26AAA) and its Advisory Council follow the core mission statement from the California Code of Regulations, which sets forth the following tenets:

- ◆ Provide leadership and advocacy in addressing issues that relate to older residents of Lake & Mendocino Counties;
- ◆ Develop community-based systems of care that provide services which support independence and dignity;
- ◆ Protect the quality of life and prevent abuse of older persons and persons with functional impairments; and
- ◆ Promote citizen involvement and participation.

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

LONG-TERM CARE OMBUDSMAN PROGRAM

“Helping Seniors to Live Safely and Independently”

Section 2

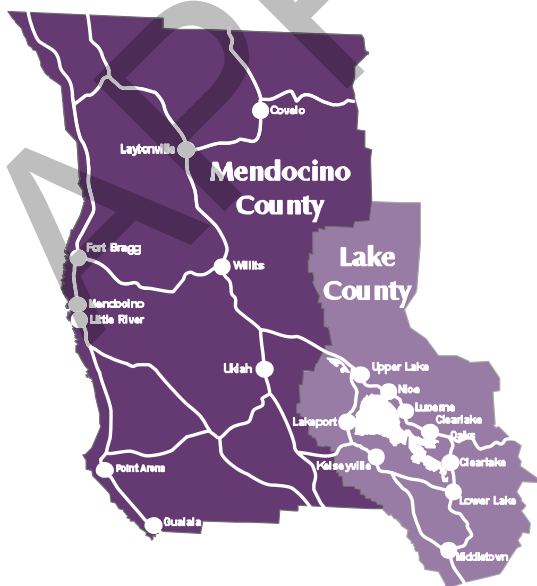
Description of the Planning and Service Area

Physical and Demographic Characteristics

Physical Characteristics

Planning and Service Area (PSA26AAA) encompasses Lake and Mendocino Counties, which are situated in the northwest section of the state. These two counties include 43 communities (cities, towns, and rancherias) scattered across 4,767 square miles. The geographic expansiveness of the service area makes assessing needs, planning effective services, and ensuring access to services a challenging endeavor. A concerted effort to reach the most isolated communities is required to conduct an inclusive planning process.

Mendocino County (pop. 87,841) is a rural area in the north coast region of California, just over 100 miles north of the San Francisco Bay Area. The county's vast open



space lends to a population density of only 25.1 persons per square mile, as compared to 239.1 for the state of California. US Highway 101 runs north/south along the County's inland corridor (approximately 100 miles) linking Ukiah (pop. 16,075), the county seat of government, with Sonoma County to the south, Humboldt and Trinity Counties to the north, and Tehama, Glenn, and Lake Counties to the East.. Hwy 20 links Fort Bragg, on the coast, with Lake County and points east. Roughly two-thirds of residents live in the interior region. The population center for the northern interior region of the county is Willits (pop. 4,888). Most of the remaining third of the population live on the western side of the Coastal Mountain Range (a 1.5 hour drive from Ukiah) in communities scattered along 90 miles of scenic and

NOTE: Please refer to Section 5: Needs Assessment for demographic data.



isolated coastline. The largest population cluster on the west side of the county is in Fort Bragg (pop. 7,273), the business and service center for the coast.

Lake County (pop. 64,665) is just east of Mendocino County, north of Napa and Sonoma Counties, and west of Yolo, Colusa, and Glenn Counties. Its dominant geographic feature is Clear Lake, the largest freshwater lake entirely within California. The county's nine communities are situated along approximately 100 miles of shoreline. With nearly twice the population density of Mendocino County, Lake County has 51.5 people per square mile. The map on page five clearly illustrates the centralized development of its communities around the lake and the large amount of undeveloped area in the northern region. Highway 20 is the main east/west travel route, connecting Lake County with Mendocino County to the

west, with Highway 29 branching southward from the west side of the Lake down to Napa County. Lakeport (pop. 4,753), on the northwest shore of Clear Lake, is the county seat of Lake County. Clearlake (pop. 15,250) is the county's only other incorporated city.

Demographic Characteristics

In the two-county PSA, the total population is projected to increase from 153,146 in 2010 to 181,842 by 2040 . That is a 18.7% increase in the total population of the PSA over a 30 year time span.

The numbers for the senior population tell another story. Between 2010 and 2040, the older adult population will increase over 90%. The 85+ age group will experience a dramatic 183.8% spike in growth. This will present a challenge to services typically needed by the frail, older adult population.

By 2040, the older adult population will represent 26% of the total population here in Lake and Mendocino Counties (as compared to 16% in 2010). The oldest old - those 85 years and older will be seeing a dramatic increase in numbers in the coming years, doubling from 13.5% of all seniors in 2010 to 20% of all seniors in 2040

The post World War II increase in population, commonly referred to as "the Baby Boom" represents those born between the years of 1946 and 1964 according to the US Census Bureau.

This segment of the population has affected the demographic characteristics of the community and nation for over 70 years. Some issues being posed as the boomers enter retirement age:

NOTE: Please refer to Section 5: Needs Assessment for demographic data.

- ◆ How will the aging network adjust their services to address the needs of the aging boomer population?
- ◆ Will senior centers be able to survive economic challenges and changing demographics to continue to be community focal points?
- ◆ How will existing programs serve the significantly larger numbers of seniors with decreasing funding?
- ◆ What can our communities do to engage this talented, dynamic group of "younger seniors?"
- ◆ When the Boomers reaches 85+, a time in life when the largest amount of assistance is needed, how will we meet that need?

Ethnic Diversity. In addition to the number of older adults, the increasing ethnic diversity will also play an important role in the development of services. In both counties, Hispanic and Native Americans comprise the largest ethnic group among the older adult community.

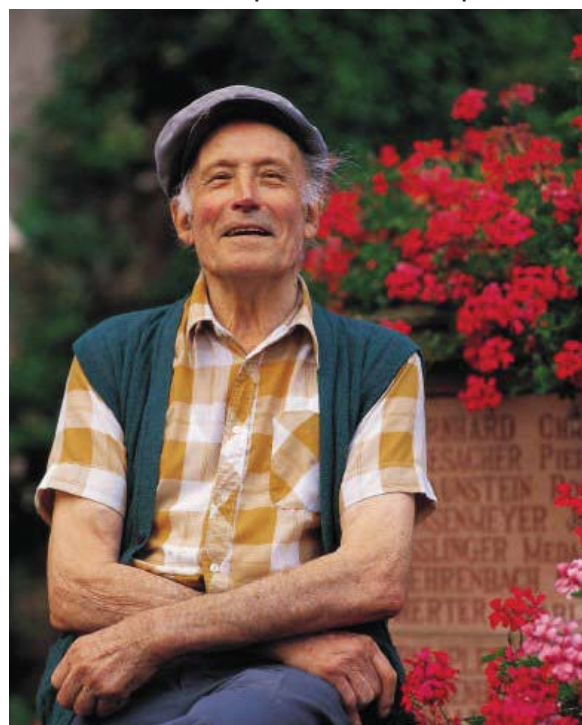
The 2010 census numbers show that 21% of PSA26's population is of Hispanic or Latino ethnicity, while 4.2% of the population were American Indian/Alaska native.

By 2040, the number of Hispanics over the age of 60 will grow 342% to 10,169 and older Native American adults will increase 113% to 1,764. Although these population numbers are small in comparison to some areas, it will be necessary to respond to this growing component of the older adult population by increasing the availability of bilingual and culturally appropriate services.

Income Status. Median household income for 2009-2013 was \$36,548 in Lake County and \$43,469 in Mendocino County as compared to \$61,094 statewide. The percentage of population below Federal Poverty Level (FPL) is 24% in Lake County and 20% in Mendocino County as compared to 15.6% for the nation.

2016 Federal Poverty Level is \$11,880 for a one person household. According to the 2010-2014 American Community Survey 5 Year Estimates (U.S. Census), those 65 years and older in Lake and Mendocino counties, 9.3% have income less than the Federal Poverty Level.

The Elder Economic Security Standard (Elder Index) measures how much income is needed for a retired adult age 65 and older to adequately meet his or her basic needs including housing, food, out-of-pocket medical expenses, transportation



NOTE: Please refer to Section 5: Needs Assessment for demographic data.

and other necessary spending. According to 2013 Elder Index, the cost of living for a renting single elder is approximately \$22,000/year in the Lake and Mendocino County area. This is approximately 185% of the Federal Poverty Level.

According to a study by the UCLA Center for Health Policy Research and press release dated August 15, 2015, more than 1 in 5 adults over 65 in California live in an economic no-man's land, unable to afford basic needs but often ineligible for government assistance. The "Hidden Poor" are those age 65 and over with incomes below the 2011 Elder Index but above the Federal Poverty Level. The county groups with the highest proportion (40 percent or more) of hidden poor among households headed by single elders are rural including Mendocino and Lake Counties.

Disabilities. There are 56.4 million Americans with disabilities (20% of the U.S. population) and 38% of all seniors over 65 years old reported by the FEMA Planning for the Whole Community, April 2011. According to a press release from the US Census Bureau on July 25, 2012, of those 80 years old and older, nearly three out of four are likely to have a disability.

For the senior population 65+ in Lake and Mendocino Counties, over 40% have a disability. The incidence of multiple disabilities doubles from age 65-74 to age 75+, indicating an increased need for in-home systems of care and caregiver support services as our population ages.

Resources and Constraints Impacting the PSA 26 Service System

Residents of Lake and Mendocino Counties are fortunate to enjoy rural, small-town living, while being situated barely 100 miles from the San Francisco Bay Area. However, living in a rural/frontier area requires service providers to maximize available resources. Both financial and human capital are often spread thin. Overcoming the challenges presented by a smaller revenue base and the geographic isolation of small outlying communities requires creativity and collaboration within the service network to effectively address the area's needs. Following is a list of the most valuable resources and our most pressing constraints to providing services.

Resources

Centralized Information and Assistance (I&A) Program helps older adults and their family members access needed services. This is key to ensuring their ability to maintain independence and quality of life. The I&A contractor has a full-time staff person that is dedicated to development and dissemination of an ever-growing clearinghouse of information on services available to older adults in both counties. This is a resource used by individuals and agencies throughout Lake and Mendocino Counties.

Local senior centers continue to provide essential information in their local areas using the directory and website created and maintained by the I&A contractor. The website containing links to online service information is available at: www.SeniorResourceDirectory.org.

The Information and Assistance Specialist for the Area Agency on Aging of Lake & Mendocino Counties (PSA26AAA) is an

NOTE: Please refer to Section 5: Needs Assessment for demographic data.



integral member of our local aging network, available for presentations and with quick answers to often the most obscure questions about older adult needs.

Outreach Services. As information and assistance services were expanded and centralized, a combination of PSA26AAA and local funding was provided to develop an enhanced senior outreach program. This program is designed to fill the gap between where information and assistance stops and case management programs begin.

Outreach workers at local senior centers conduct home visits and provide older adults with a broad array of supports, including money management, filling out insurance claims or other complicated paperwork, friendly visits, transportation, general information sharing, and screening for depression, as well as many other services.

The outreach worker takes information and assistance out of the senior center and into the community to help the frail isolated senior, who might not otherwise have

someone to assist with complex matters. Often clients served by the outreach worker do not qualify for services requiring low-income status and have limited assistance available to them.

Senior Centers. There are 12 senior centers serving Lake and Mendocino Counties. Seven of the centers contract with PSA26AAA. Those that do not contract with

PSA26AAA are considered a vital resource for older adults. Collectively, the senior centers in Lake and Mendocino Counties serve as community focal points for older adults. Services provided include not only outreach to isolated seniors as described above, but also meals (both congregate and home delivered), a delivery point for commodity food stuffs, social activities, opportunities to volunteer, exercise classes, a social connection, and a myriad of opportunities for community involvement. The senior center directors are very attuned to the needs of the older adults in their community and make every effort to link individuals with needed services, as well as provide a strong voice for advocacy, both locally and statewide.

Transportation. Both Lake and Mendocino Counties are fortunate to have strong transit authorities who support accessible and affordable transportation options for the area's older adults. PSA26AAA staff and Advisory Council members serve on the local transportation planning councils. Mendocino Transit Authority (MTA) provides regular bus routes within Ukiah

and Fort Bragg, and limited inter-city bus service between its major communities (Ukiah, Willits, and Fort Bragg) and the south coast communities (Point Arena and Gualala). Most significantly for older adults, MTA also funds specialized transportation for seniors and persons with disabilities through contracts with senior centers in Boonville, Point Arena, Fort Bragg, Willits, and Ukiah, as well as with Long Valley Health Center in Laytonville (north of Willits), for limited transportation to the general public for medical trips. MTA Dial-A-Ride is available in Ukiah, Fort Bragg, and Willits.

Lake Transit Authority (LTA) provides regular routes to all of Lake County's major cities and towns, including Clearlake, Lakeport, Lucerne, Upper Lake, Kelseyville, Cobb, and Middletown. This is possible for Lake County because its cities and towns are primarily situated around Clear Lake, making routing easier than in Mendocino County. LTA Dial-A-Ride in Lake County is available in Clearlake,

Lakeport, and Lower Lake. Public transportation between Lakeport and Ukiah is available daily. Also, the Area Planning Council continues to seek funding opportunities for non-emergency medical transportation, a much-needed addition to the Lake County array of transportation services.

Constraints

Geography. The broad expanse of territory in Lake and Mendocino Counties (covering nearly 5,000 square miles, as described in Section 2) provides many challenges to clients needing services, as well as the organizations serving them. The distance to services for residents in the furthest outlying regions poses a challenge, both in terms of available transportation and cost. The larger communities have become as self sufficient as possible, due to their geographic isolation. Some areas within Lake and Mendocino counties are prone to extreme weather, requiring the need for emergency preparation during power outages, flooding, and fires.

Because there are so few people living in the two-county region, it becomes an economic challenge, both to meet the cost of doing business and to maintain a client base large enough to justify providing any given service. Communities on the Mendocino Coast, the northern region of Mendocino County, and isolated communities in Lake County, including Cobb Mountain and Spring Valley, pose a special challenge when designing a





service system to meet the needs of all of the residents.

Central Mendocino County Nutrition Services/PSA26AAA Regulations.

Meeting the nutritional needs of the area's seniors is a top priority. Two of the area's largest senior centers, both located in central Mendocino County, provide meals, but do not contract with PSA26AAA. Plowshares, the Ukiah non-profit serving free meals to homeless and low-income residents in central Mendocino County, also declines this funding. While these central Mendocino County community-based organizations provide meals on a regular basis, other than Plowshares, there is no assurance that the lowest income clients will be served a nutritionally-balanced meal free of charge, either in the congregate setting or through home-delivered meals. The two primary barriers to any of these agencies contracting with PSA26AAA are funding and regulatory requirements.

Although PSA26AAA contractors serve nearly 200,000 congregate and home-delivered meals annually, PSA26AAA funds provide less than half the cost for a meal. This places a burden on a contracted

provider to fundraise for the balance. If all of the non-contracted providers contracted with the PSA26AAA, it would strengthen the network of services, but greatly reduce the portion of meal cost covered by PSA26AAA funds. In addition to the minimal funding available, the reporting requirements and regulatory compliance issues are cited by each of these contractors as prohibitive to doing business with PSA26AAA. Lastly, there is so

little funding available for this service, it is cost-prohibitive for the PSA26AAA to step in with a direct-service option.

Funding. As our global economic crisis deepens, adequate funding to support programs for older adults is becoming more scarce every day. Federal and state funds, provided through the California Department of Aging for administrative and program services, provide a small fraction of funding towards the cost of those services. If a solution for the central Mendocino County area is identified, it will be accomplished by stretching the existing funds even more.

Both Mendocino and Lake Counties have provided essential financial support for seniors services. However, with declining local revenues, those county funds are diminishing, along with the state and federal monies. Grant funds are getting harder to obtain and local donors are giving less. Without identifying sustainable, stable funding, the quality and effectiveness of programs serving our older adults are at stake.

Cultural Barriers. The two largest ethnic minorities in Lake and Mendocino Counties are Hispanic and Native American.

Although their numbers are clearly growing (as evidenced by the demographic data cited earlier), together, they comprise less than 10% of the region's older adult population. The cultural differences in communication style, language barriers, and belief systems present barriers to helping these communities access needed services. Translating written materials and recruiting adequate staff for interpretation services is imperative. A great deal of relationship and trust building with both groups is required. Community agencies such as Nuestra Casa and Consolidated Tribal Health are all active partners in the larger social services community. As we continue outreach efforts and relationship building with these communities, PSA26AAA strives to find additional ways to partner with them in the provision of services for older adults.

Human Capital. With an average of 35 people per square mile, the challenge of accessing and creating a qualified workforce

in area is often a barrier to providing services. From In-Home Supportive Services Caregivers to Mental Health Clinicians, recruiting workers for employment in Lake and Mendocino Counties is a tremendous challenge. Competitive wages strain employer budgets during the current economic downturn. The cost of real estate, while having dropped significantly in value since 2006, remains beyond the reach of many residents. Rental property is scarce. The supply of affordable, accessible housing does not meet the demand. Lake and Mendocino Counties must find a way to attract and retain a skilled workforce to meet the service needs of the community.

Existing Service System and Community Collaboration

Since administration of PSA26AAA came under the Joint Powers Authority in October 2005, there has been a tremendous amount of effort placed on relationship building, coordination of services, collaboration and creating a strong network serving the aging community.

Placement within a county Health and Human Services Agency not only provides a broad array of support from expert fiscal, legal, and programmatic staff, but also affords the benefit of easy access and increased collaboration with other programs serving the same target population in both counties.

Both Lake and Mendocino Counties administer:

- ◆ Adult Protective Services - responds to reports of elder and dependent adult abuse and neglect.
- ◆ In-Home Supportive Services - provides services to low-income elderly and disabled individuals who need assistance in order to remain safely in their own homes
- ◆ Public Authorities - serves as the employer of record for in-home service providers.
- ◆ Public Guardian/Conservatorship Programs - manages the estates and/or persons of individuals conserved under the Welfare and Institutions Code and the Probate Code.

Additionally, both Counties have Mental



Health Divisions actively involved in Mental Health Services Act funded services, including prevention and early intervention, and workforce education and training services.

PSA26AAA staff serve as a bridge between programs in both counties for planning and coordinating services. Parallel goals are incorporated into the PSA26AAA Area Plan and leaders in each program are included in the planning process. Public Authority and PSA26AAA staff from both counties collaborate on caregiver training. Representatives from senior peer counseling are members of the PSA26AAA Advisory Council. Members of the Advisory Council also sit on boards and committees representing a wide variety of services across both counties.

With a combination of federal, state and local funding, PSA26AAA contracts with a number of community organizations for the provision of:

- ◆ Nutrition Services - meal services providing nutritionally-balanced meals,

as well as nutrition education, offered through senior centers and home delivery in several communities across the service area.

- ◆ Legal Services - providing older adults with legal assistance on rights, entitlements, and benefits.
- ◆ Alzheimer's Day Care - a licensed Adult Day Care that provides Alzheimer's or dementia services.
- ◆ Information and Assistance - provides older adults with information on and assistance with linking to needed services.

- ◆ Outreach Services - designated staff at each senior center provide assistance to new clients and help with accessing services.
- ◆ Family Caregiver Support - supportive services for caregivers to help them learn self care and maintain their ability to care for their loved one at home, including respite.



- ◆ Health Promotion and Disease Prevention-evidence based health promotion, physical fitness program

In addition to the contracted services, the PSA26AAA directly provides:

- ◆ The Ombudsman Program - advocacy for the quality of care and rights of individuals residing in long term care facilities.
- ◆ Elder Abuse Prevention - coordination between agencies and the provision of community-based training to raise awareness of elder abuse issues.
- ◆ Coordination with Community Partners - PSA26AAA coordinates with a broad array of community partners on issues affecting seniors including: disaster preparedness, elder abuse prevention, caregiver training, caregiver support, transportation, nutrition services, and others.
- ◆ Community Education - on a wide variety of topics, is also provided as a direct service via guest speaking engagements, media, and training events.

Collaboration with transportation service providers also ensures older adult needs are included in planning for transportation in both counties. PSA26AAA staff meet with representatives from both counties to collaborate on continued funding and development of transportation for older adults.

In compliance with the requirement by the California Department of Aging, a collaborative Disaster Preparedness Plan



for PSA26AAA was developed. The plan delineates the resources needed for preparedness, response, and recovery.

The Area Agency on Aging of Lake & Mendocino Counties takes a leadership role in program development and interagency collaboration. PSA26AAA participation ensures services provided in Lake and Mendocino Counties meet the needs of older adults and that services are provided in a high-quality manner in accordance with program guidelines and regulations. Ongoing monitoring of contracted programs, participation in a broad array of community workgroups, and continued support through technical assistance, community education, and collaboration have helped strengthen the service system in Lake and Mendocino Counties.

Section 3

Description of the Area Agency on Aging

The Area Agency on Aging of Lake & Mendocino Counties, Planning and Service Area 26 (PSA26AAA) is a Joint Powers Authority, established through the Joint Powers Agreement between Lake and Mendocino Counties, set forth in October, 2005. The administrative staff for PSA26AAA is housed within the Lake County Department of Social Services. PSA26AAA is part of a National Aging Services Network. Across the state, there are a total of 33 AAA's, all of which are responsible to the California Department of Aging, California's State Unit on Aging. At the federal level, the Administration on Aging, headed by the Assistant Secretary for Aging, reports to the Secretary of the Federal Health and Human Services Agency.

Together, the various components of the National Aging Network create a safety net of services for older adults. Extensive use of the Internet provides ready access to laws, regulations, and guidelines, as well as initiatives, technical assistance, and news updates. Annual conferences provide networking opportunities and venues for sharing best practices for services provided to older adults. Statewide associations, including the California Association of Area Agencies on Aging (C4A), the Triple A Council of California (TACC), the California Commission on Aging (CCOA), the California Long Term Care Ombudsman Association (CLTCOA), and many others provide a foundation for sharing information and resources on administering programs for older adults. The California Department of Aging conducts monitoring visits to

ensure proper administration of programs and are readily available with technical assistance when problems or challenges arise.

Locally, the PSA26AAA Governing Board has five members. Membership consists of one Board of Supervisor member from each county, one representative appointed by the Board of Supervisors in each county, and a member-at-large.

The Advisory Council for PSA26AAA consists of 10 members, with five from each county. PSA26AAA Advisory Council has both standing subcommittees consisting of:

- ◆ Elder Abuse
- ◆ Legislative Advocacy
- ◆ Health Promotion
- ◆ Nominating

The PSA26AAA has become known as a supportive, involved member of the aging network in Lake and Mendocino Counties and a strong advocate on senior issues. Staff have worked to become closely acquainted with each contractor and their services through participating at events held at area senior centers, attending board meetings, and working collaboratively with stakeholders to solve problems facing individual contractors and neighborhoods. PSA26AAA takes a leadership role in coordination of services and advocating for older adult services. PSA26AAA ensures older adults' issues are included at the table when discussions occur about program development, funding, and the variety of issues facing the community in

Section 4

The Planning Process



The Area Agency on Aging of Lake & Mendocino Counties (PSA26AAA) engages in ongoing planning and needs assessment activities throughout each year of the planning cycle established by the California Department of Aging. Development of the Area Plan incorporates the use of information gathered from surveys, community forums, regular discussions at Advisory Council and Governing Board meetings, and review of research and information gathered at various community meetings. PSA26AAA staff participate in planning processes for transportation, local government, mental health, and other areas as appropriate. Public meetings include participation from a broad array of service providers - both contracted and non-contracted - from throughout the Planning and Service Area (PSA).

Annually, PSA26AAA holds public hearings. These public hearings generally include presentation of the annual update to the Area Plan. Adequate proportions, use of funds for program development and coordination, updates on plan goals and objectives and service unit allocations information are included in the presentation.

Comments gathered during the public

hearings are incorporated into the plan and submitted to the California Department of Aging.

Planning activities leading up to the presentation of the final draft of the area plan include a written community survey, based on the criteria set forth by the CDA, at least once every planning cycle. Topic-specific surveys are conducted as appropriate. Community forums are held in every Area Plan cycle, to maintain close contact with each community. Ongoing research and comparison of best practices also assists staff in remaining abreast of the most current information available, for ongoing support and development of new programs.

Section 5

Needs Assessment

Highlights

The most significant findings related to older adults are identified through the needs assessment process.

- ◆ The 65+ senior population is projected to increase 90% over the next 25 years, from 25,231 in 2010 to 48,037 in 2040.
- ◆ The Hispanic/Latino 60+ population is projected to increase by 342% over the next 25 years from 2,299 in 2010 to 10,169 in 2040.
- ◆ More than 40% of the population 65+ in PSA26AAA have a disability.
- ◆ Over the age of 65, there is one suicide for every 4 attempts.

The top problems in our community, as perceived by seniors:

- ◆ Accidents in/out of home
- ◆ Health care
- ◆ Crime
- ◆ Money to live on
- ◆ Energy/Utilities
- ◆ Receiving services/benefits
- ◆ Obtaining information about services/benefits
- ◆ Household chores
- ◆ Depressed mood
- ◆ Loneliness

Introduction

The Older Americans Act (OAA) and California Code of Regulations Title 22 requires Area Agencies on Aging (AAA) to determine the extent of need for supportive services, nutrition services and multi-purpose senior centers when developing area plans, and to evaluate the effectiveness of resources in meeting these local needs. Each AAA must assess the need for services and develop and implement an area plan for delivery of services based on those needs. Area Plan goals and objectives are based on public input and data resources specific to Lake and Mendocino Counties.

To achieve this requirement, PSA26AAA

conducts a mandated needs assessment; a systematic process for collecting, analyzing, and interpreting timely information on local service needs of the client population. This population includes targeted senior groups with the greatest economic and social needs, as well as those with severe disabilities.

Title 22 outlines the purpose for conducting a needs assessment, which is to identify:

- ◆ Target populations
- ◆ The types and extent of existing and potential needs of older individuals in the PSA

addressing those needs, as well as any existing constraints.

Title 22 also lists the minimum contents of the needs assessment, which includes:

- ◆ An analysis of the Department of Finance Census Tables or data from the U.S. Census Bureau
- ◆ A review of data obtained from other social service agencies that provide services to older individuals
- ◆ Completion and analysis of a sample survey of older individuals

The identification of needs addressed in this 2016 needs assessment profile was obtained through public hearings, a review

of related external reports and surveys, and demographic data obtained through the U.S. Census Bureau and California Department of Finance. The development of the mandated 2016-2020 Area Plan will reflect the information gleaned from this process. Additionally, ongoing review of data and subsequent surveys will be used in annual updates to keep the information current and future planning efforts relevant.

The needs assessment process employed by PSA26AAA was systematic and comprehensive. The process was open and inclusive of input from all appropriate entities. It involved persons representative of the community's full demographic profile.

Demographics

Planning & Service Area 26 (PSA26AAA)

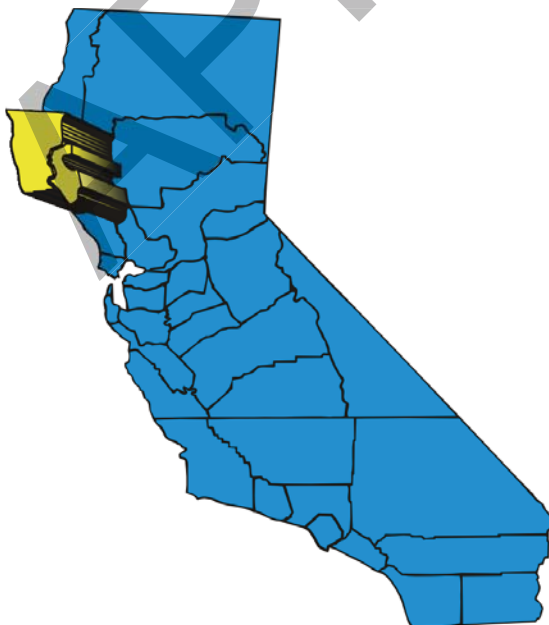
Area Agency on Aging of Lake & Mendocino Counties

Population: 151,821*

Land Area: 4,767 square miles

Density: 32 residents per square mile

* 2010-14 American Community Survey 5 year est.



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

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



Population Totals

	United States	California	Lake County	Mendocino County	PSA26
Total Population	314,107,084	38,066,920	64,209	87,612	151,821
Population 60+	61,151,720 19.4%	6,601,123 17.3%	17,753	22,332	40,085 26.4%
Population 85+	5,819,164 1.8%	647,332 1.7%	1,516	1,893	3,409 2.2%

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

Age

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

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

Population Projections for Lake & Mendocino Counties

	2010	2020	2030	2040	Increase 2010-2040
Total Population	153,146	161,101	173,154	181,842	18.7%
Population 65+	25,231	38,153	46,882	48,037	90%
Population 85+	3,397	3,834	5,711	9,643	183.8%

Source: CA Department of Finance, *State and County Population by Major Age Groups 2010-2060*

Race and Ethnicity			
	Lake County	Mendocino County	PSA26
Total population	64,209	87,612	151,821
Race			
White	80.3%	82.3%	81.5%
Black/African American	2.3%	.8%	1.4%
American Indian/ Alaska Native	3.5%	4.8%	4.2%
Asian/Pacific Islander	1.5%	2%	1.1%
Other/Multiple	12.3	10.1%	11%
Ethnicity			
Hispanic or Latino	18.1%	23.2%	21%
Not Hispanic or Latino	81.9%	76.8%	79%
Source: 2010-2014 American Community Survey 5-Year Estimates, U.S. Census			

Race and Ethnicity

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



60+ Population Projections By Ethnicity for Lake & Mendocino Counties						
	2010		2020	2030	2040	Increase 2010-2040
White	33,013	88%	42,288	45,180	43,218	30.9%
Hispanic	2,299	6%	4,216	6,862	10,169	342%
Native American	828	2.2%	1,354	1,696	1,764	113%
Black	490	1.3%	712	819	827	68.7%
Asian/Pacific Islander	482	1.3%	864	1,295	1,614	235%
Other	592	1.5%	1,140	1,535	1,592	169%
Source: CA Department of Finance, <i>Population Projections by Race/Ethnicity, Gender and Age for California and Its Counties 2000–2050</i> .						

Poverty

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

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

The California Elder Economic Security Standard Index



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

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

Elder Index

(Elder Index) is produced by the Insight Center for Community Economic Development.

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

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

In contrast, according to the Federal

Poverty Level (FPL), only 9.3% (2,480) of elders in Lake and Mendocino Counties are considered "poor," with annual individual incomes below \$11,880.00.

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

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

The Elder Index indicates:

Elder Index for Lake County

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

Elder Index for Mendocino County

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

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

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

Disabled Senior Population

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

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

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

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

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

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

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

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

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

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

Elder Abuse

Abuse of elders and dependents is defined as the physical abuse, neglect, intimidation, cruel punishment, financial mistreatment, abandonment or other treatment resulting in physical harm or mental suffering.

Abuse may be self-inflicted or perpetrated by others. It can be intentional or due to a caregiver's lack of knowledge or capacity to care for the person. Abuse is found in the home setting, in residential or convalescent facilities and in other areas of the community.



Abuse and Neglect of Dependent and Older Adults

	Lake County			Mendocino County		
	2012-13	2013-14	2014-15	2012-13	2013-14	2014-15
APS Cases Opened	425	725	813	676	756	813
APS Cases Closed	386	681	779	642	756	824
Investigations	303	661	733	715	833	989
APS Clients over 65 +	183	239	272	392	423	506

APS Investigations by Type of Abuse 2012-2015*

	Lake County**	Mendocino County
Perpetrated by Others	33.8%	47.7%
Financial	9.4%	12.99%
Psychological/Mental	10.8%	10.85%
Neglect	5.59%	9.51%
Physical	5.2%	6.76%
Isolation	1.01%	1.39%
Abandonment	.88%	.58%
Sexual	.88%	.77%
Abduction	0%	0%
Self-Neglect	66.2%	52.3%
Health & Safety Hazards	29.98%	24.37%
Medical Care	16.51%	11.14%
Physical Care	12.07%	7.76%
Financial	2.66%	4.08%
Malnutrition/Dehydration	4.95%	3.5%

* Investigations may contain multiple types of abuse per client

More than 45% of the Adult Protective Services (APS) cases opened for abuse and neglect of dependent and older adults were for seniors 65 and older.

Of all APS investigations during the 2012-2015 period, approximately 40% were abuse perpetrated by others while approximately 60% were self-neglect. Abuse perpetrated by others was divided between reports of financial abuse, psychological/mental abuse, neglect and physical abuse. Self neglect cases often encompassed multiple categories per case.

Demographic data from other sources support the incidences of elder abuse in Planning and Service Area 26 (PSA26). The Ombudsman Program of Lake and Mendocino Counties, which receives and

investigates complaints of abuse of long-term care residents in 33 skilled nursing and residential care facilities reported 245 complaint-related visits during the period 2012-2015.

Ombudsman Resident Visits - Complaint Related*

	PSA26		
	2012-13	2013-14	2014-15
Resident Visits - Complaint Related	46	114	85
* Ombudsman Program of Lake and Mendocino Counties			

Mental Disability

According to the National Council on Aging fact sheet on Healthy Aging (2014), One in four older adults experiences some mental disorder such as depression, anxiety disorders, and dementia. This number is expected to double to 15 million by 2030. In Lake and Mendocino Counties, 14% of seniors over 65 suffer from some form of cognitive impairment. This is nearly double the incidences in those 18-64 years of age. The types of mental health diagnoses seen in area seniors include depression, anxiety, dementia, delusional disorders and adjustment disorders related to aging and

loss of independence.

Mental health services are essential to seniors, and may delay placement in long-term care or even prevent it. Assessment and outreach are key to identifying clients in need of in-home mental health case management and counseling. Case management and peer counseling services are an integral part of helping older adults maintain their independence and avoid placement in long-term care.

Senior Population With Cognitive Impairment

		California	Lake County	Mendocino County	PSA26
Population	18-64 years	3.4%	9.5%	6.4%	7.7%
	65+	10.2%	17.1%	11.6%	14.13%

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

Suicide

According to the American Association of Suicidology Elder Suicide Fact Sheet (2014), although older adults attempt suicide less often than those in other age groups, they have a higher death rate. For all ages combined, there is an estimated one suicide for every 100-200 attempts. Over the age of 65, there is 1 estimated for every four attempted suicides.

One of the leading causes of suicide among the elderly is depression; often undiagnosed and/or untreated.

Risk Factors

The act of completing suicide is rarely preceded by only one cause or one reason.

Common risk factors include:

- The recent death of a loved one
- Physical illness
- Uncontrollable pain or the fear of a prolonged illness
- Perceived poor health
- Social isolation and loneliness
- Major changes in social roles (e.g. retirement)



Suicides 2008						
	Lake County		Mendocino County		PSA26	
	Age 65+	Age 85+	Age 65+	Age 85+	Age 65+	Age 85+
Deaths	2	0	7	0	9	0
Death Rate*	16.6	0	60.8	0	38.2	0
*per 100,000 population Source: California Department of Mental Health Office of Suicide Prevention, Data Summary Sheet 2008						

LGBT Issues

Senior lesbian, gay, bisexual and transgender issues related to social support networks, retirement, long-term care and end-of-life needs have been identified by PSA26AAA as areas of concern. They reflect certain unique family structures and gender role differences.

Information about sexual orientation or sexual preference is not usually included in large-scale government surveys such as the U.S. Census. These surveys have not typically included questions about sexual preference or sexual identity.

One question in the PSA26AAA 2015 Senior Needs Assessment Survey asked the respondent to rate how Lesbian/Gay/Bisexual/Transgender services “may be a concern to you” or affected their quality of life. 94.13% of the respondents answered “Not Concerned”, 2.05% responded “Somewhat Concerned” and 3.81% answered “Very Concerned”.

A study was completed by National Senior Citizens Law Center in collaboration with Lambda Legal, National Center for Lesbian Rights, National Center for Transgender Equality, National Gay and Lesbian Task Force and Services & Advocacy for GLBT Elders (SAGE) and called LGBT Older Adults in Long-Term Care Facilities; Stories from the Field (April 2011). The study highlights the mistreatment that some LGBT elders may encounter including harassment by residents and staff, refusal to provide care, and wrongful transfer or discharge. Nearly 9 in 10 respondents said that they thought long-term care staff would discriminate against someone who came out in a facility; eight in 10 responded that

they would expect mistreatment or bullying from nursing home residents. Transgender elders in particular reported that they experienced isolation and staff refusal to recognize their gender identities.

According to Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE), the population of LGBT citizens of the United States are expected to double by the year 2030.

Research also shows that less income and higher levels of poverty affect LGBT elders because of vulnerability to employment discrimination, lack of access to marriage, higher rates of being uninsured, gender and racial inequalities, less family support and family conflict over coming out. LGBT



elders are twice as likely to be single and three to four times more likely to be without children than their heterosexual peers. These statistics are relevant when considering that 80% of long-term care in the U.S. is provided by family members.

Methodology


The Area Agency on Aging of Lake & Mendocino Counties' (PSA26AAA) community survey was a random sample collected from a broad selection of seniors with the goal of representing the population at large and attempting to capture accurately the characteristics of the population involved and objective information concerning unmet needs. It included persons who participate in services provided by PSA26AAA as well as those that do not. Respondents were drawn from throughout Lake and Mendocino Counties.

The set of questions was developed based on California Department of Aging Program Memos PM 00-12 and PM08-07.

The questions contain the minimum data set of six factors (age, race, ethnicity, educational background, income level, perceived needs) required by the California Code of Regulations, Title 22, Article 3, §7300.

Additional focus was placed on vulnerable population sub-groups (low income, rural and lesbian, gay, bisexual and transgender older adults.)





Lake and Mendocino Counties Older Adults Needs Assessment

If you are age 60 or over, we want to hear from you. This survey asks about the needs of older adults who live in Lake and Mendocino Counties. Your answers are confidential and will help plan and develop services to meet the needs of our community's older adults and their caregivers.

Please complete this survey if you are a resident of Lake or Mendocino County who is 60 years or older, or for someone else who meets this criteria and is unable to complete the survey.

Return by April 30, 2015 to your local senior center or mail/fax to:

Area Agency on Aging of Lake & Mendocino Counties
P.O. Box 9000
Lower Lake CA 95457
FAX (707) 995-4662

This survey is also available to complete online at:
<https://www.surveymonkey.com/s/2LRTNTZ>

Section I: Demographics

Personal Data (Please Print):

(1) The zip code where I live: _____

(2) I have lived in this community for: _____ years _____ months

(3) Age: ☐ 60-70 ☐ 71-84 ☐ 85 +

(4) Gender: ☐ Male ☐ Female ☐ Transgender ☐ Decline to State

(5) Marital Status: ☐ Single (never married) ☐ Married ☐ Domestic Partner ☐ Separated
☐ Divorced ☐ Widowed ☐ Decline to State

(6) Sexual Orientation: ☐ Heterosexual ☐ Bisexual ☐ Gay ☐ Lesbian ☐ Decline to State

(7) Education (highest grade level completed): ☐ 0-8th Grade ☐ 9-12th Grade ☐ Some College
☐ College Degree ☐ Post Graduate Degree ☐ Decline to State

(8) Impairments: ☐ None ☐ Physical (e.g. hearing, vision, mobility)
☐ Cognitive (e.g. Dementia, Alzheimer's) ☐ Decline to State

2015 Needs Assessment
Area Agency on Aging of Lake & Mendocino Counties

Questions were fixed choice with a specified number of responses to select from.

Process

From January through April, 2015, PSA26AAA conducted the written needs assessment. Distribution was accomplished through focal points including senior centers, senior service providers, and key contacts. The survey was available on the PSA26AAA website for printing and submission by mail or Internet completion (via link on the web site).

655 qualified surveys responses were collected. 649 in English and six (6) in Spanish.

Top 10 Problems

Goals and objectives included in the 2016-2020 PSA26AAA Area Plan focus on addressing the issues listed below and those identified in the public hearings. All of the problems identified are complex in nature and most will be included as goals and objectives in future planning efforts.

Top 10 problems will be addressed both directly and in collaboration with community partners in our efforts to determine the best way to meet the needs of our areas seniors.

- ◆ Accidents in/out of home
- ◆ Health care
- ◆ Crime
- ◆ Money to live on
- ◆ Energy/Utilities
- ◆ Receiving services/benefits
- ◆ Obtaining information about services/benefits
- ◆ Household chores
- ◆ Depressed mood
- ◆ Loneliness

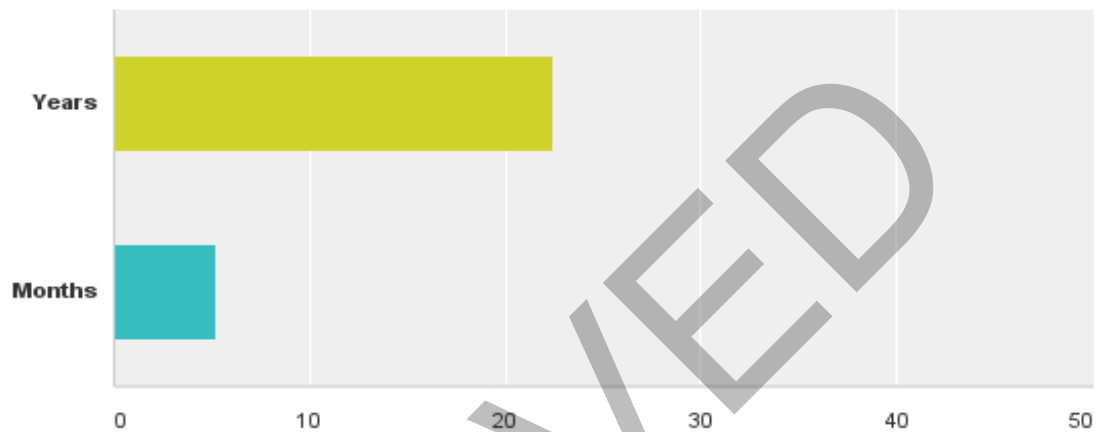
Survey Findings

1. In what zip code is your home located?		
Zip/City	Respondents	
	Number	Percentage
Lake County		
95422 Clearlake	145	22.9%
95423 Clearlake Oaks	48	7.6%
95424 Clearlake Park	7	1.1%
95426 Cobb	8	1.3%
95435 Finley	1	.16%
95443 Glenhaven	2	3.2%
95451 Kelseyville	57	9%
95453 Lakeport	94	14.8%
95457 Lower Lake	17	2.7%
95458 Lucerne	21	3.3%
95461 Middletown	23	3.6%
95464 Nice	21	3.3%
95467 Hidden Valley Lake	16	2.5%
95485 Upper Lake	10	1.6%
95493 Witter Springs	1	.16%
Lake County	471	74.4%

Mendocino County		
95415 Boonville	15	2.4%
95418 Capella	1	.16%
95432 Elk	1	.16%
95437 Ft. Bragg	3	.47%
95445 Gualala	16	2.5%
95454 Laytonville	1	.16%
95456 Little River	1	.16%
95459 Manchester	16	2.5%
95460 Mendocino	1	.16%
95463 Navarro	1	.16%
95466 Philo	18	2.8%
95468 Point Arena	7	1.1%
95469 Potter Valley	1	.16%
95470 Redwood Valley	4	.63%
95482 Ukiah	30	4.7%
95488 Westport	1	.16%
95490 Willits	40	6.3%
95494 Yorkville	2	.32%
95497 Sea Ranch	3	.47%
Mendocino County	162	25.6%

2: I have lived in this community for:

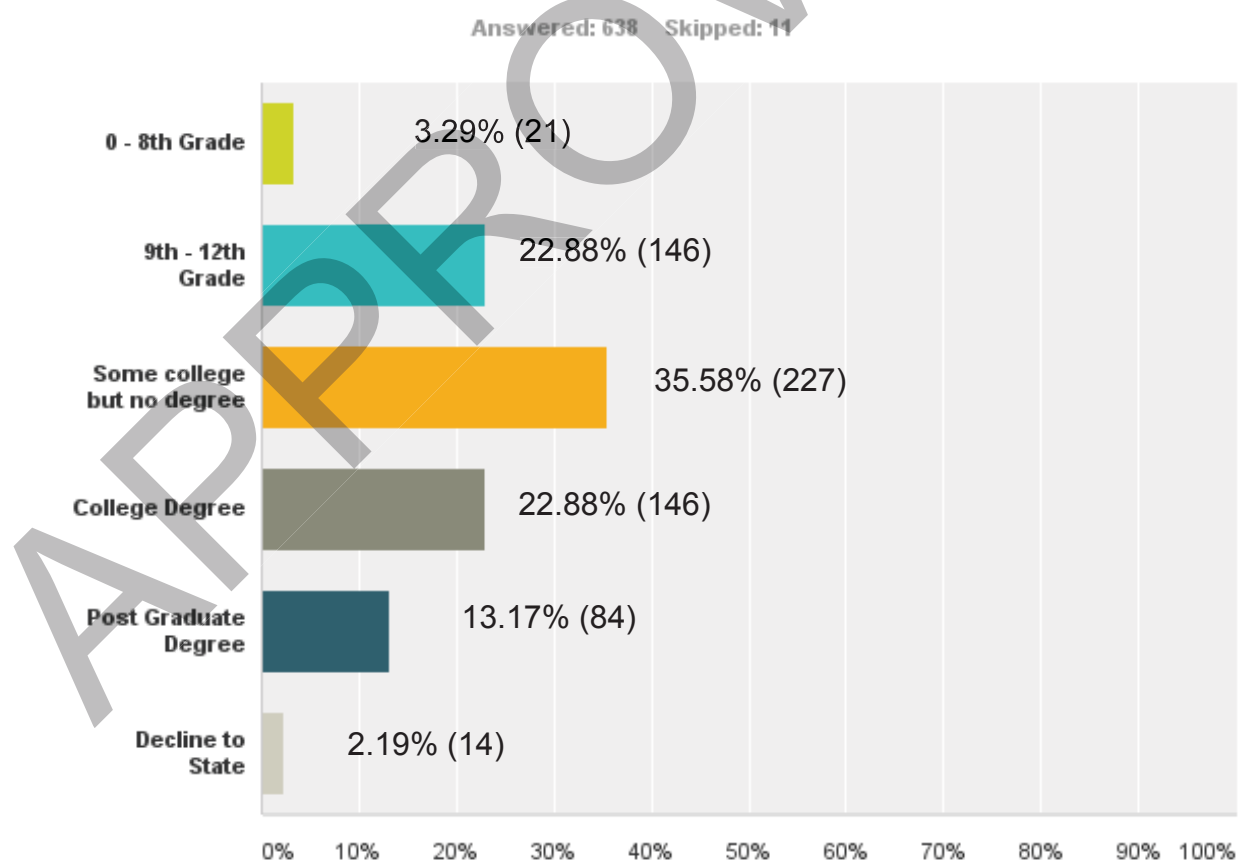
Answered: 642 Skipped: 7



	Respondents		Skipped Question
	Number	Percentage	
3. What is your age?			
60-70	296	46.11%	7
71-84	260	40.50%	
85+	86	13.40%	
4. Gender			
Male	200	31.5%	7
Female	435	67.76%	
Transgender	4	.65%	
Decline to state	3	.47%	
5. Marital Status			
Married	197	30.73%	8
Widowed	201	31.36%	
Divorced	159	24.80%	
Separated	14	2.18%	
Domestic Partner	14	2.18%	
Single, never married	52	8.11%	
Decline to State	4	.62%	

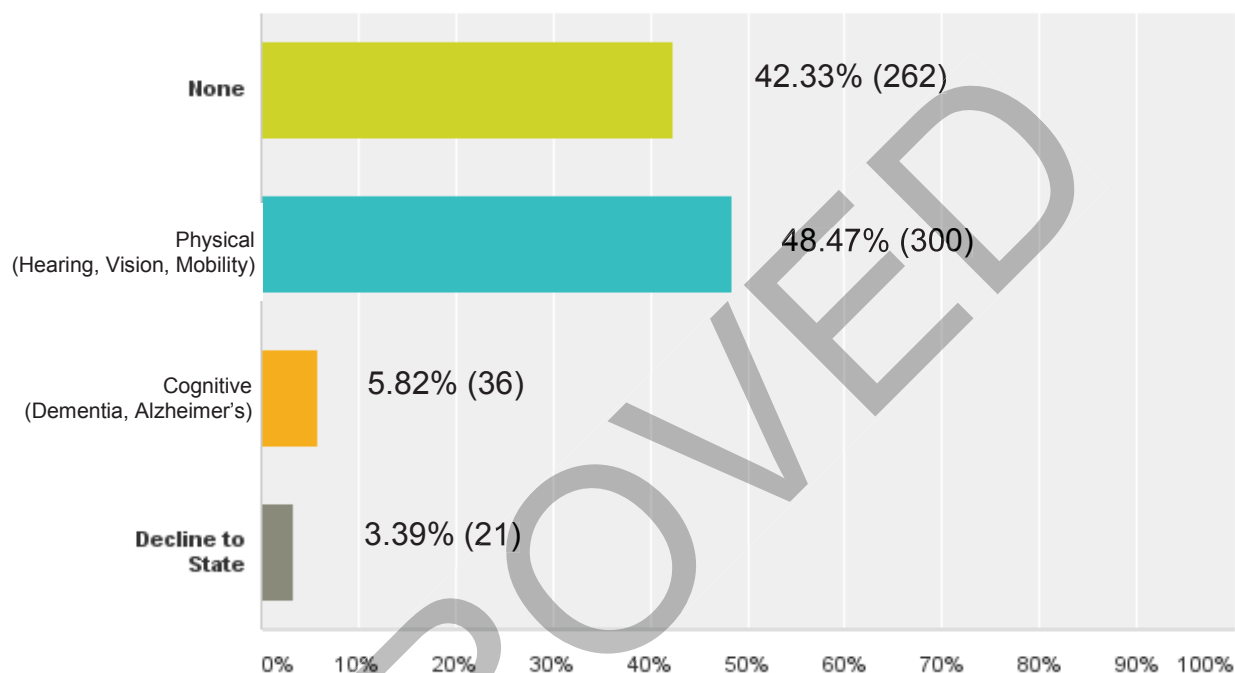
	Respondents		Skipped Question
	Number	Percentage	
6. Sexual Orientation			
Heterosexual	513	87.24%	61
Bisexual	16	2.72%	
Gay	4	.68%	
Lesbian	3	.51%	
Decline to State	52	8.84%	

7. Education (highest grade level completed):



8. Impairments:

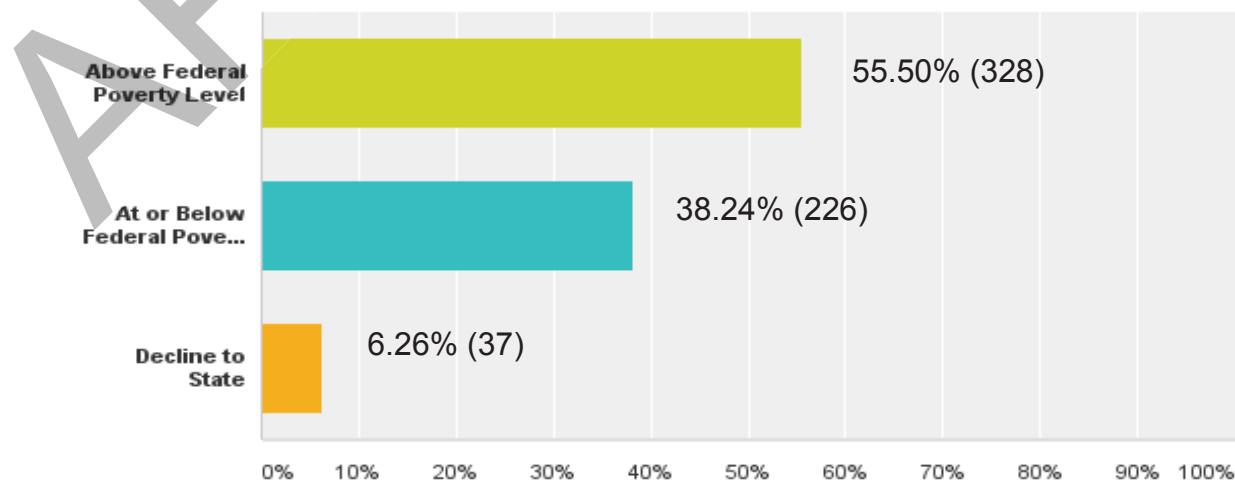
Answered: 619 Skipped: 30

**9. Are you above, at, or below the Federal Poverty Level (FPL)?**

2014 FPL for 1 person—\$972.40 per month

2 people—\$1,310.83 per month

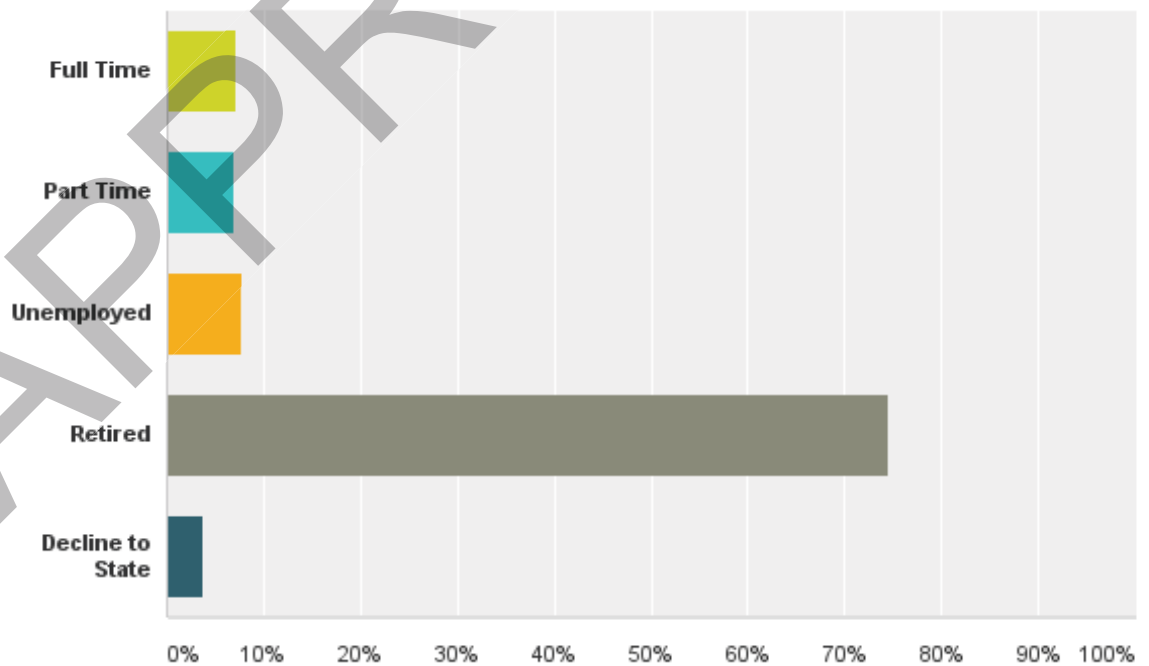
Answered: 591 Skipped: 58



	Respondents		Skipped Question
	Number	Percentage	
10. SSI/SSP:			
Yes	255	46.70%	103
No	258	47.25%	
Decline to State	33	6.04%	

11. Employment

Answered: 577 Skipped: 72



	Respondents		Skipped Question
	Number	Percentage	
12. Ethnicity			
Not Hispanic/Latino	460	88.97%	132
Hispanic/Latino	23	4.45%	
Decline to State	34	6.58%	

	Respondents		Skipped Question
	Number	Percentage	
13. If Hispanic/Latino, which best describes your ethnicity?			
Mexican, Mexican American	11	64.71%	632
Puerto Rican	3	17.65%	
Cuban	0	0.00%	
Decline to State	3	17.65%	

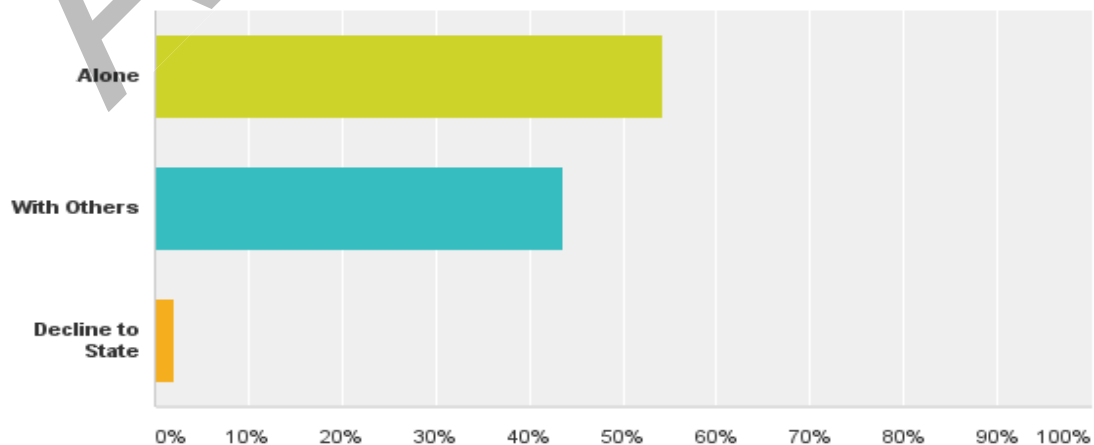
	Respondents		Skipped Question
	Number	Percentage	
14. Race			
White	541	89.27%	43
Black, African American	20	3.30%	
American Indian/Alaska Native	33	5.45%	
Asian, Asian American	7	1.16%	
Hawaiian/Other Pacific Islander	3	.50%	
Other Race	6	.99%	
Multiple Race	15	2.48%	
Decline to State	12	1.98%	

	Respondents		Skipped Question
	Number	Percentage	
15. If Asian, Asian American, which best describes your ethnicity?			
Asian Indian	3	42.86%	642
Korean	0	0.00%	
Cambodian	0	0.00%	
Laotian	0	0.00%	
Chinese	1	14.29%	
Vietnamese	0	0.00%	
Filipino	1	14.29%	
Japanese	1	14.29%	
Other Asian	1	14.29%	
Decline to State	0	0.00%	

	Respondents		Skipped Question
	Number	Percentage	
16. If Hawaiian/Other Pacific Islander, which best describes your ethnicity?			
Guamanian	0	0.00%	646
Hawaiian	1	33.33%	
Samoaan	0	0.00%	
Other Pacific Islander	0	0.00%	
Decline to State	2	66.67%	

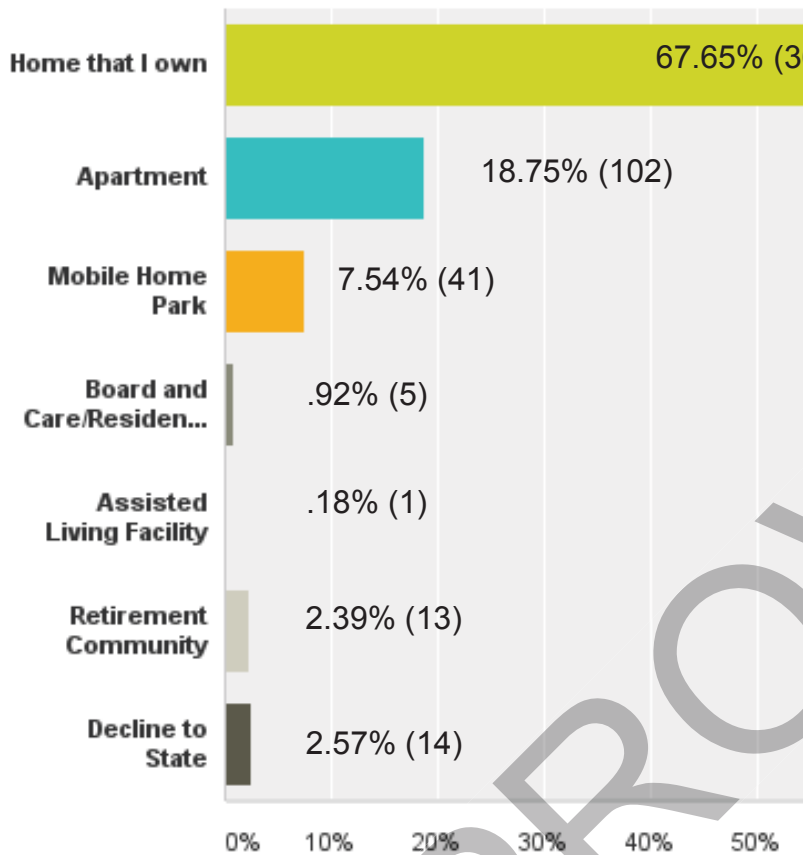
17. Living Arrangement:

Answered: 616 Skipped: 33



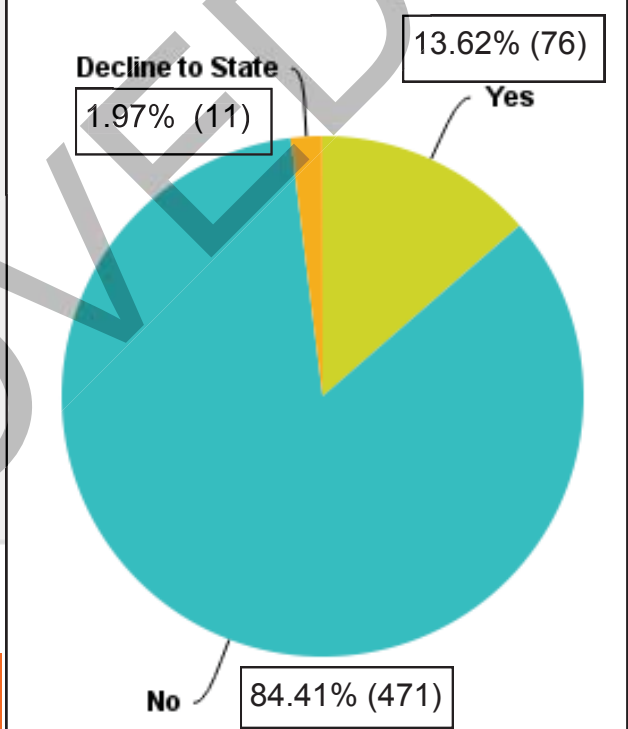
18. Living Quarters:

Answered: 544 Skipped: 105



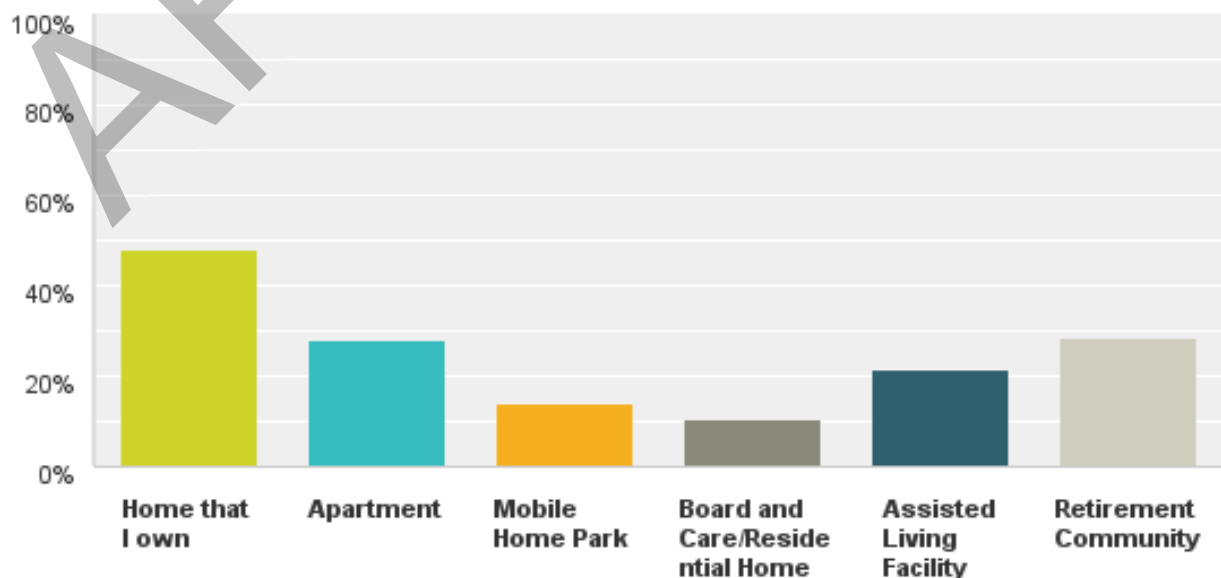
19. Subsidized Housing:

Answered: 558 Skipped: 91



20. If unable to remain in my current residence, my choices would be:

176



21. Below is a list of activities that are difficult for some people. Check the box which best describes how difficult each activity is for you.

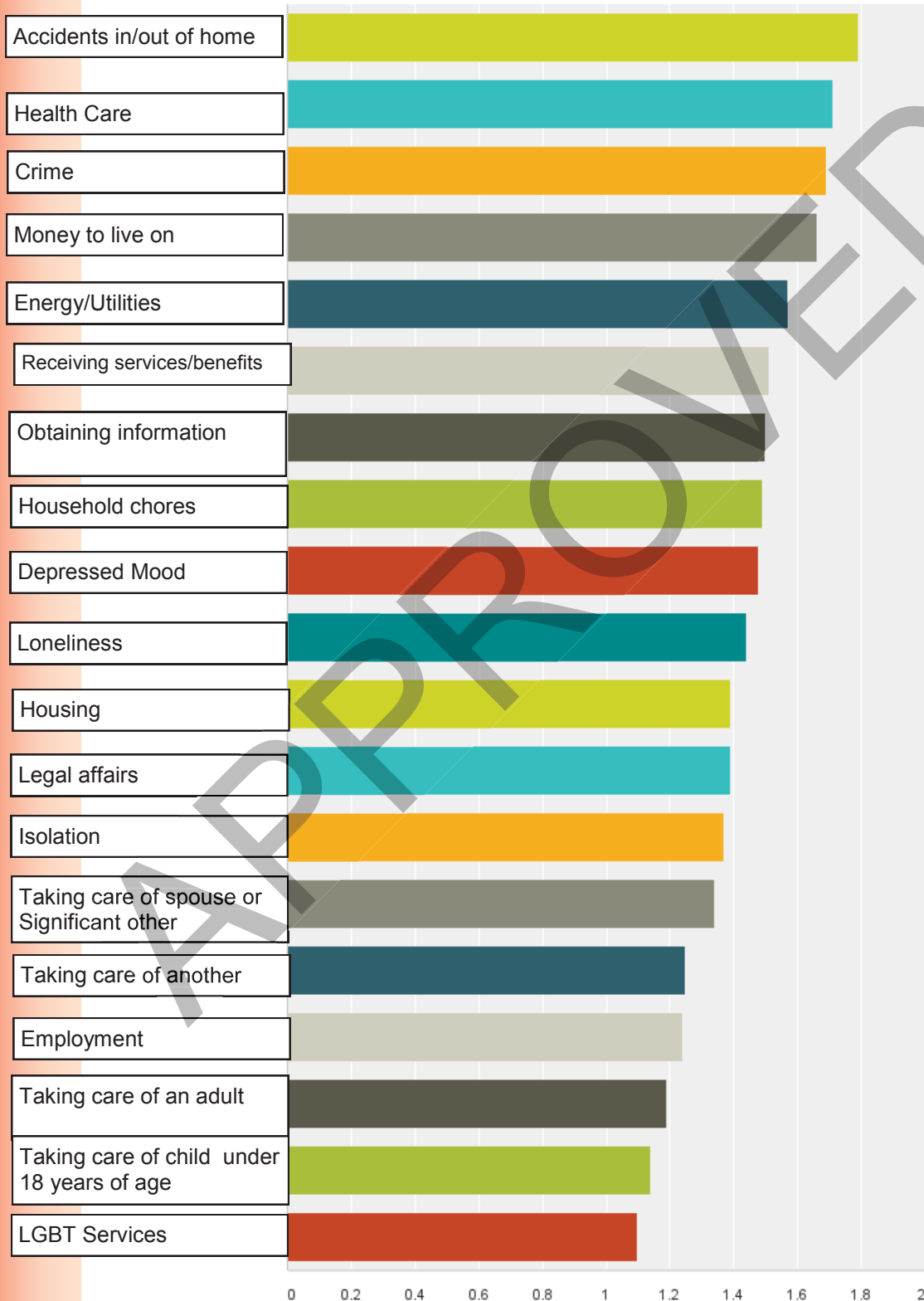
	Independent	Verbal Assistance	Some Physical Assistance	Lots of Physical Assistance	Dependent	Decline to state
Heavy Housework (535)	55.89%	3.74%	16.82%	11.96%	11.40%	1.87%
Light Housework (525)	72.19%	2.48%	8.95%	5.71%	8.95%	2.10%
Transportation (526)	72.62%	.95%	5.89%	5.32%	14.07%	2.09%
Shopping (526)	73.76%	2.85%	9.70%	4.75%	7.98%	1.90%
Preparing Meals (530)	76.79%	2.64%	7.55%	4.72%	7.36%	1.70%
Walking (526)	77.95%	2.09%	13.69%	2.66%	2.66%	1.71%
Managing Medication (521)	81.96%	4.80%	4.41%	2.50%	5.37%	1.73%
Managing Money (522)	84.76%	3.07%	2.30%	1.34%	6.70%	2.11%
Bathing (525)	84.76%	1.14%	8.38%	2.10%	2.48%	1.52%
Dressing/Undressing (523)	87.00%	1.34%	5.54%	2.10%	3.06%	1.53%
Using Telephone (522)	38.36%	1.53%	3.07%	2.11%	4.60%	1.92%
Getting in/out of bed (522)	89.08%	2.11%	4.79%	1.34%	2.30%	1.53%
Using the Bathroom (523)	89.87%	.96%	5.16%	.57%	2.29%	1.53%
Eating (524)	91.22%	1.91%	3.05%	1.15%	2.10%	1.53%
Skipped Question	91					

**22. For each activity with which you have difficulty, check who helps you with that activity.
(For example: Your daughter is paid to assist you with "eating" check the
"paid worker" box)**

	Spouse/Partner	Other Relative	Non Relative	Agency Volunteer	Paid Worker	No One	Decline to state
Heavy Housework (315)	16.51%	12.70%	5.08%	1.90%	36.19%	27.62%	5.40%
Transportation (252)	14.29%	14.29%	5.16%	3.97%	25.40%	35.32%	7.14%
Light Housework (246)	13.82%	7.72%	.81%	1.22%	33.33%	39.84%	6.10%
Preparing Meals (229)	17.47%	9.17%	.87%	3.93%	22.71%	43.67%	6.55%
Shopping (242)	15.70%	11.57%	2.48%	1.24%	24.79%	41.74%	6.20%
Bathing (204)	12.75%	6.37%	0.00%	.98%	18.63%	56.86%	6.86%
Managing Money (212)	14.15%	10.38%	1.42%	.94%	12.26%	54.72%	6.60%
Walking (220)	13.18%	10.91%	2.73%	1.36%	15.45%	53.18%	7.27%
Dressing/Undressing (194)	11.34%	4.12%	1.03%	1.03%	14.43%	63.40%	7.22%
Managing Medication (218)	15.60%	5.965	0.00%	1.38%	16.51%	56.42%	6.42%
Using Telephone (203)	13.795	4.43%	.495	0.005	10.84%	64.04%	6.90%
Getting in/out of Bed (188)	8.51%	4.36%	1.06%	1.06%	10.64%	69.68%	7.985
Eating (194)	9.79%	5.67%	1.03%	1.55%	10.82%	68.04%	7.22%
Using the Bathroom (188)	8.51%	4.26%	1.06%	0.00%	11.17%	70.21%	7.45%
Skipped Question	303						

23. Below is a list of issues/conditions/concerns, which could affect an individual's quality of life. Check the box which best describes how much each may be a concern for you.

Answered: 530 Skipped: 119



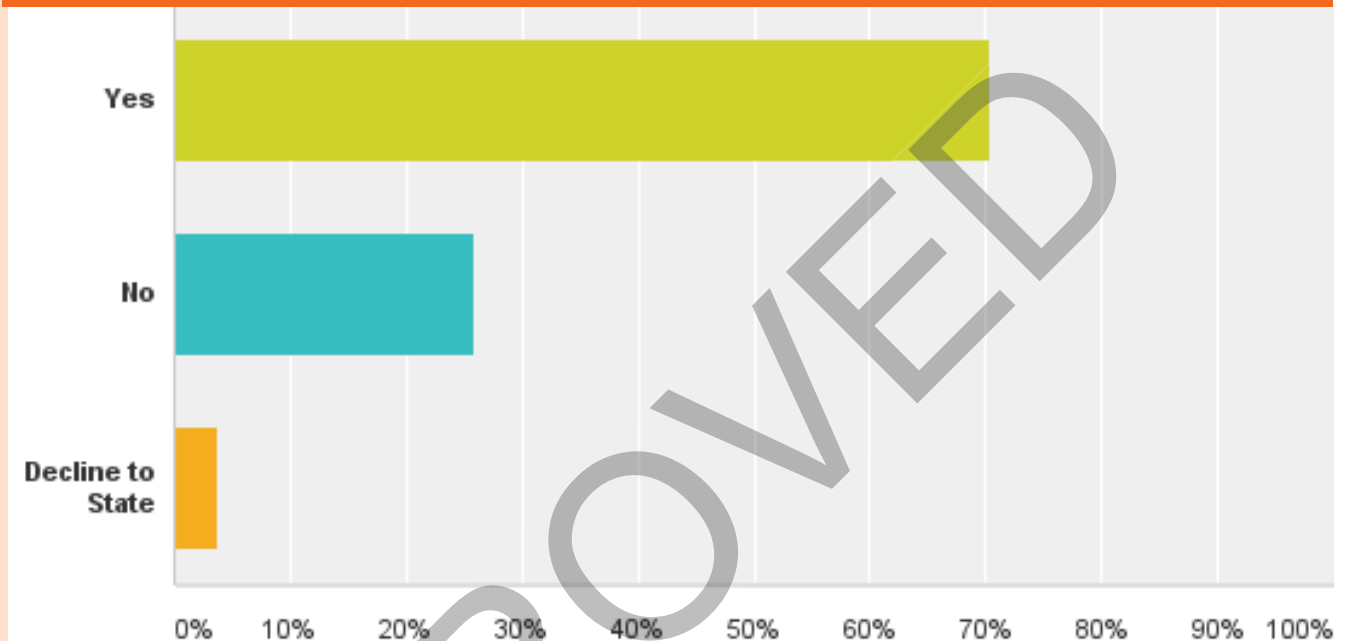
24. Write in two issues from question 23 that affect me the most:

A text analysis of the 331 responses to the first issue looks like this. Font sizes emphasize the number of same responses.

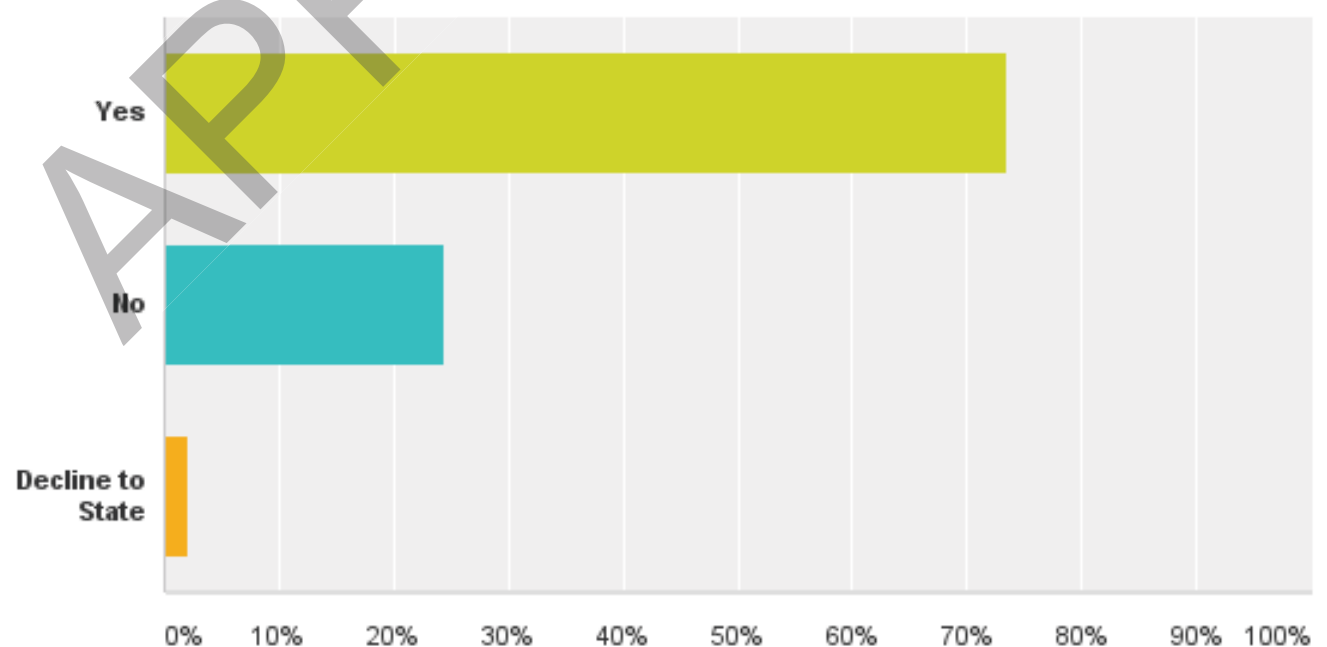
Loneliness Far Family Difficult Income Bills
Taking Care Clearlake Housing Medical
Crime Transportation Accidents
Getting Older Live Energy
Health Care Household Chores Falling
Loss Cost Isolation Depression Fallen Services
Not Enough Money



25. At the end of each month, do you have enough money to purchase food for balanced meals? Answered: 585 Skipped: 64

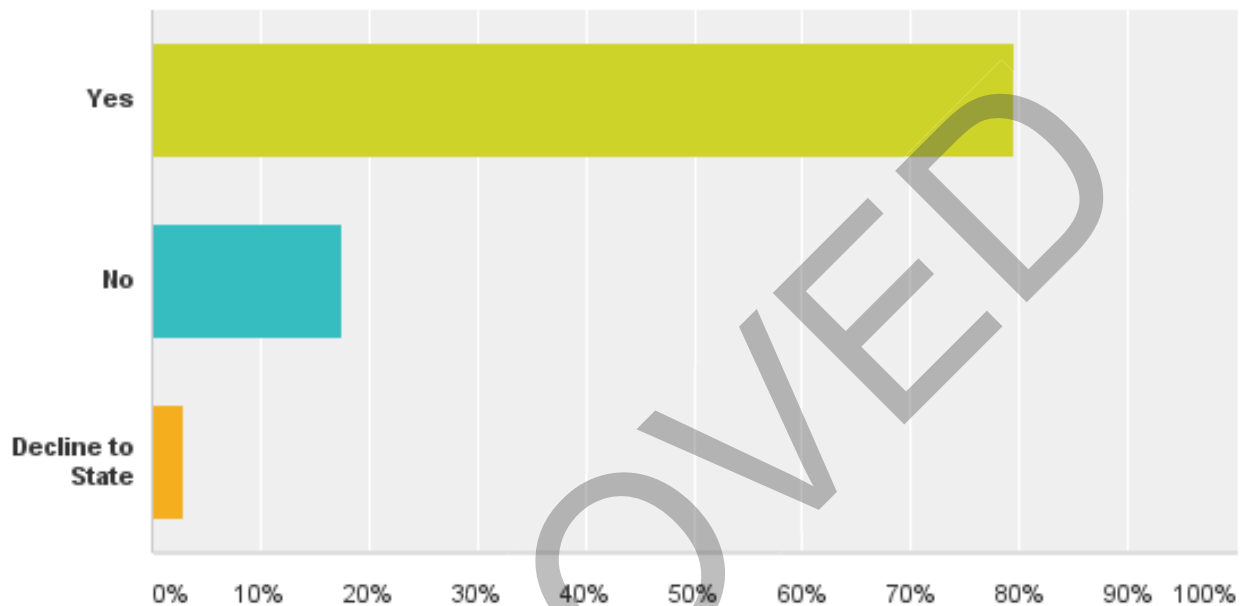


26. Are you able to drive to the grocery store, shop for food and carry the bags of groceries home? Answered: 588 Skipped: 61



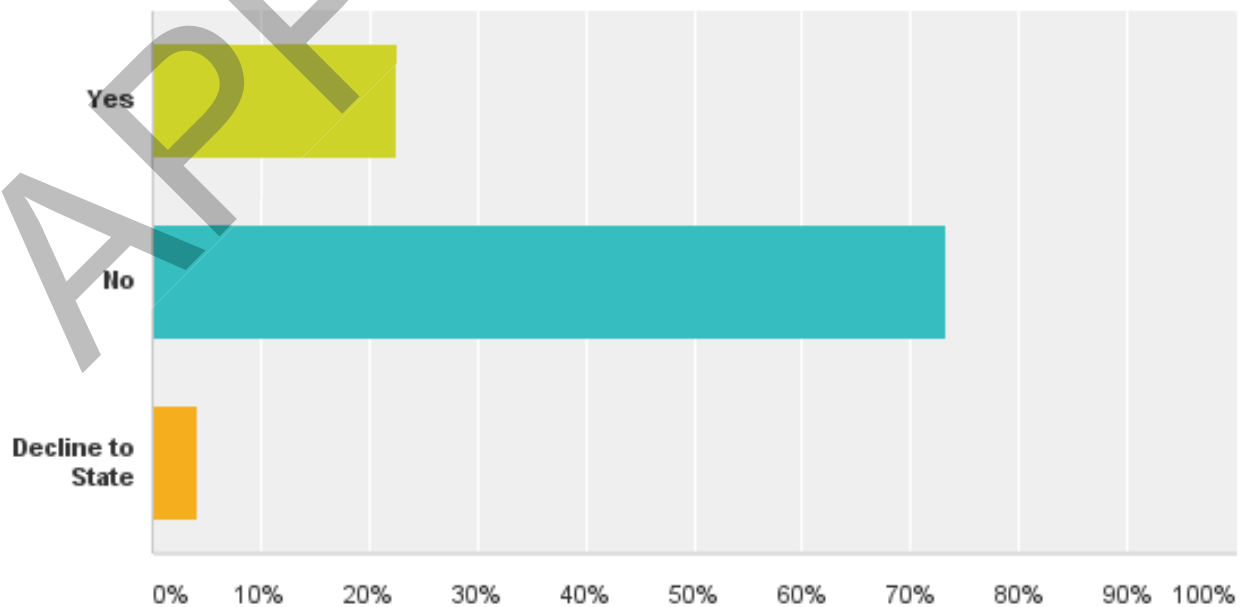
27. Are you able to prepare balanced meals?

Answered: 584 Skipped: 65

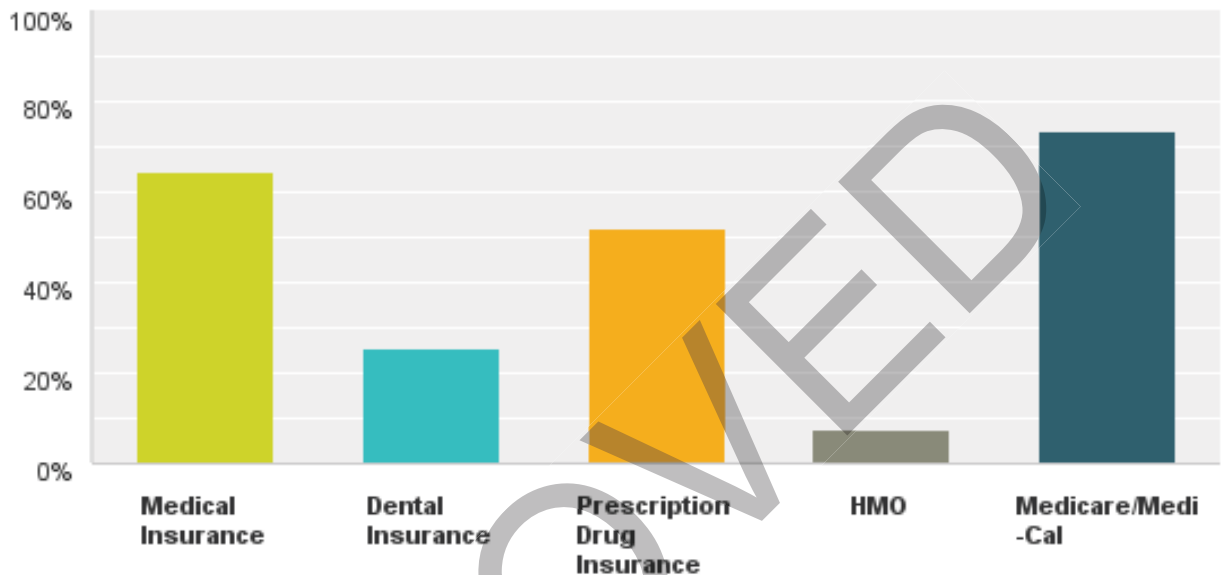


28. Have you unintentionally lost or gained 10 pounds in the last 6 months?

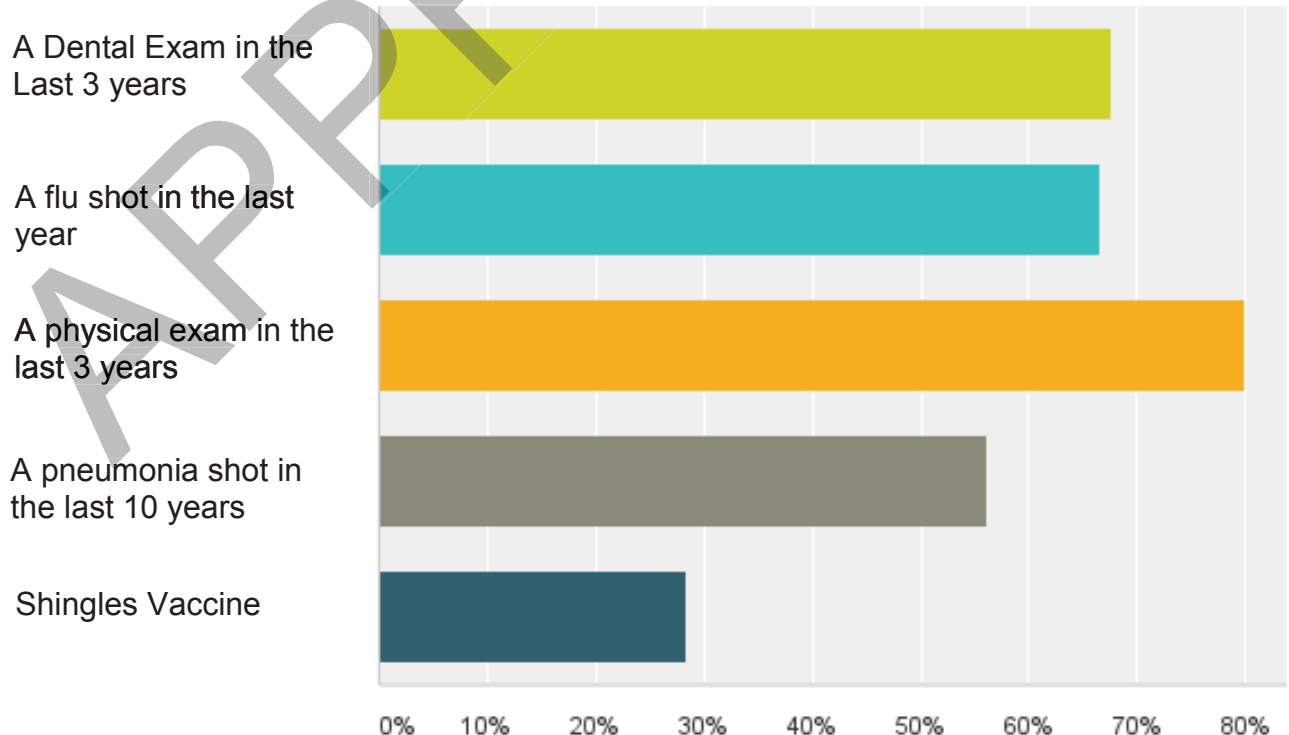
Answered: 589 Skipped: 60



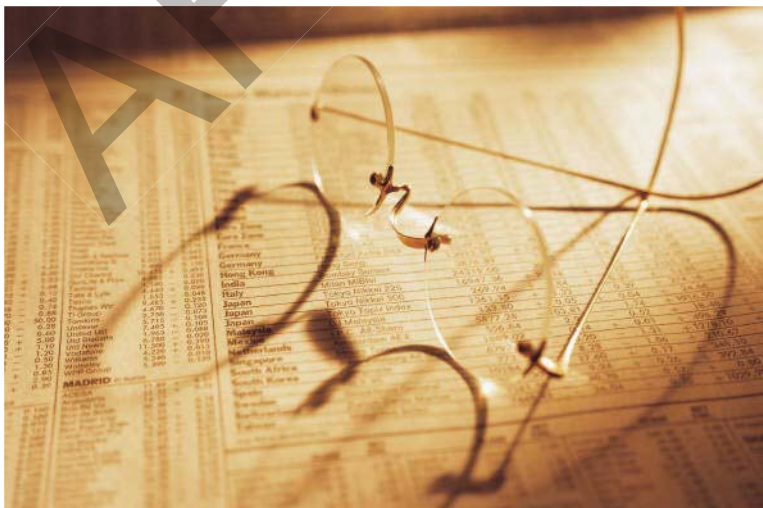
29. I have: (Check ALL that apply) Answered: 560 Skipped: 89



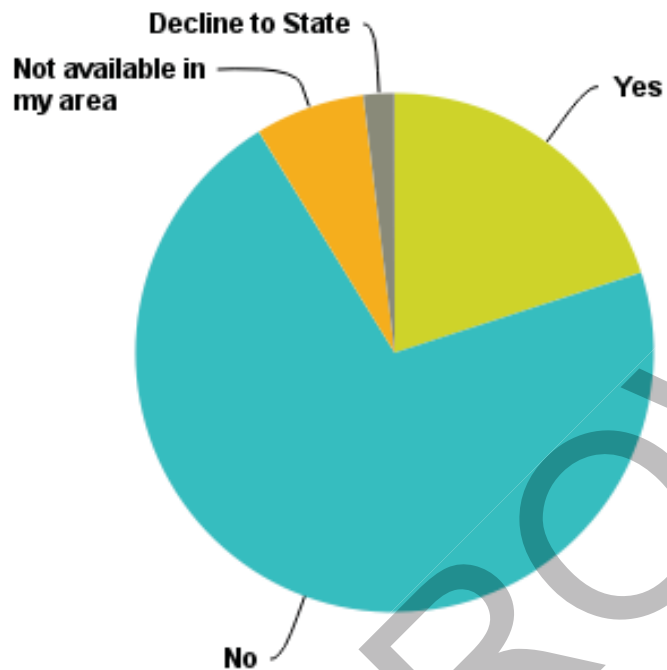
30. I have had: (Check ALL that apply) Answered: 533 Skipped: 116



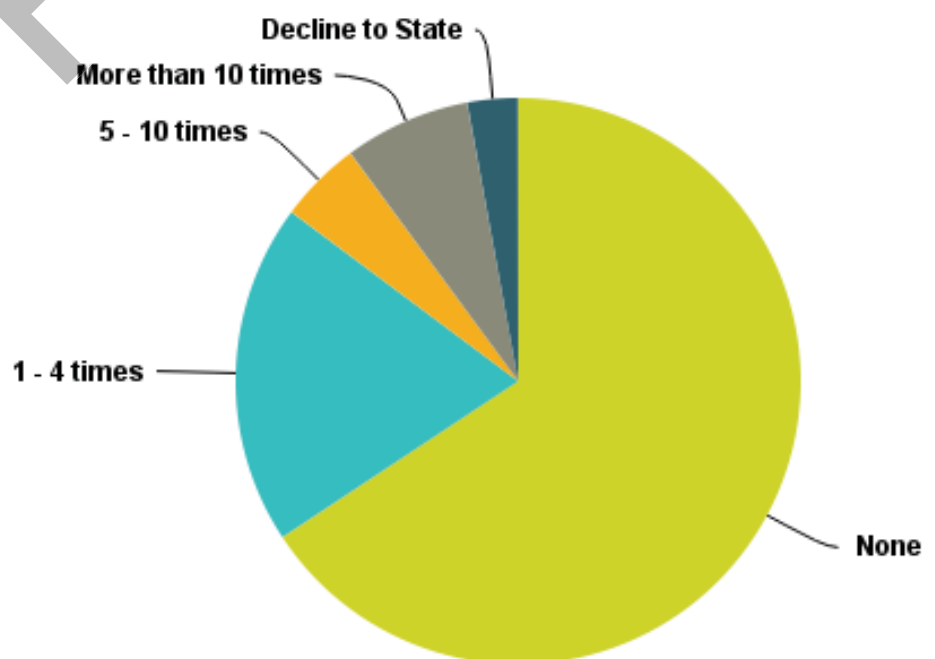
	Respondents		Skipped Question
	Number	Percentage	
31. I would participate in an exercise program if available:			
Yes	285	56.21%	142
No	222	43.79%	
32. In my present circumstances, although needed, I am unable to afford: (Check all that apply)			
Medical Care	47	12.02%	258
Prescription Drugs	50	12.79%	
Hearing care (aids/implants)	52	13.30%	
Vision Care	91	23.27%	
Vision Care (glasses, cataract surgery)	104	26.60%	
None of the above (can't afford any of the above)	227	58.06%	
33. I have the following problems regarding prescription medications: (Check all that apply)			
Paying for them	69	14.14%	161
Understanding doctor's orders	15	3.07%	
Prescription refills	29	5.94%	
Taking pills on time	38	7.79%	
None of the above	369	75.61%	



34. Do you use public transportation? Answered: 570 Skipped: 79

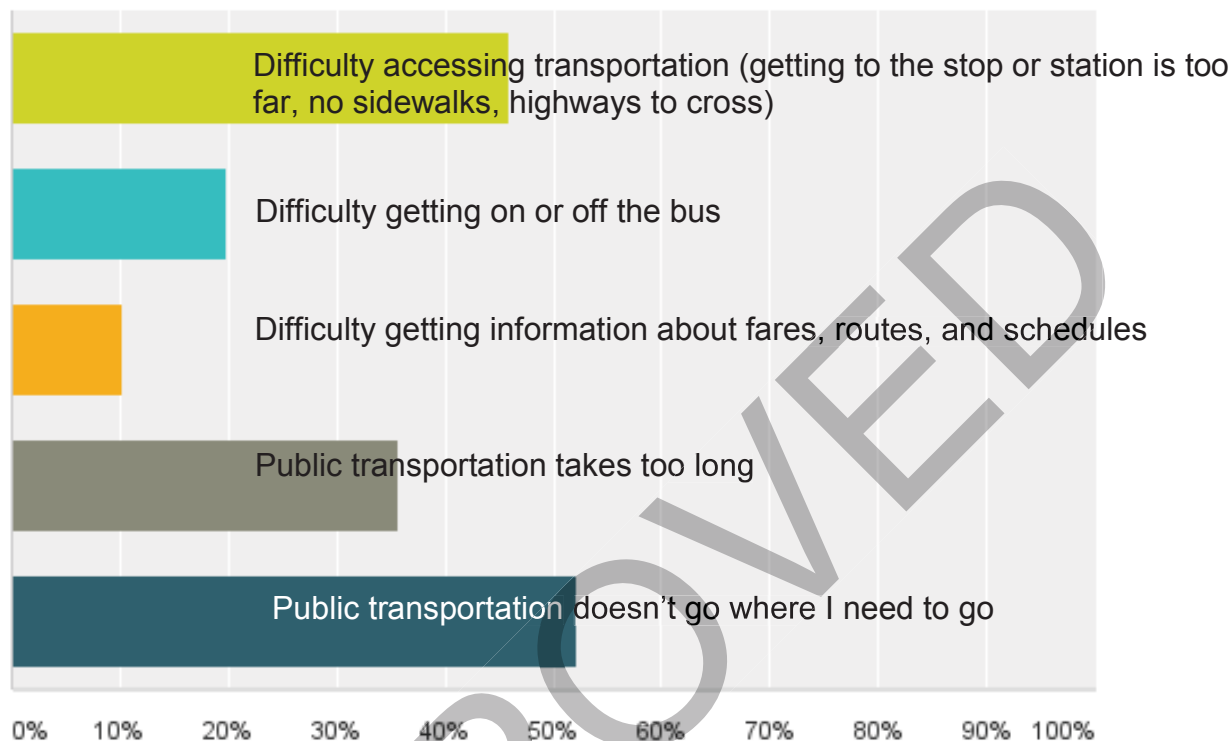


35. If yes, how often have you used public transportation in the last



36. If no, why haven't you used public transportation in the last month?

Answered: 176 Skipped: 473



	Respondents		Skipped Question
	Number	Percentage	

37. In general, when you need to get somewhere how do you usually get there?

My own vehicle	410	75.37%	105
Relatives	49	9.01%	
Public Transportation	22	4.04%	
Friends	36	6.62%	
Senior Bus	2	.37%	
Taxi	2	.37%	
Dial-a-Ride/Paratransit	15	2.76%	

38. Please check what applies for you to be mobile:

Walk with no assistance	352	69.16%	140
Walk with Assistance (cane, walker)	93	18.27%	
Mobility Scooter	21	4.13%	
Wheelchair	24	4.72%	
Decline to State	19	3.73%	

2015-2016 Community Forums



Methodology

Information collected through community surveys and secondary sources does not stand alone in the assessment of need. Community forums were utilized by PSA26AAA to contribute to an understanding of the perceptions of selected groups. These forums consisted of public hearings, in which individuals from targeted areas discussed specific issues.

Forum attendees included clients, contractors, Advisory Council members, PSA26AAA staff, and the general public.

Forum Results

Forum results were analyzed, and specific issues were categorized as follows:

- ◆ Nutrition
- ◆ Advocacy
- ◆ More articles in newspaper
- ◆ Senior complacency
- ◆ Congressional treatment of the Area Agencies on Aging
- ◆ Quality of Life
- ◆ Transportation
- ◆ Estate planning and investments
- ◆ Volunteers
- ◆ “Rep Payee” programs
- ◆ Outreach for services
- ◆ Using technology to make meetings more accessible
- ◆ Communication among agencies
- ◆ Disaster preparation
- ◆ AAA representation on Disaster Council in Lake County
- ◆ Rent increases
- ◆ Rebuilding parts of Lake County destroyed or damaged in recent fires

2015-2016 Community Forums

Date	Location	
March 13, 2015	Lake County Courthouse	Lakeport, Lake County
March 24, 2015	Highlands Senior Center	Clearlake, Lake County
April 7, 2015	Mendocino County Farm Advisors	Ukiah, Mendocino County
April 23, 2015	Redwood Coast Senior Center	Fort Bragg, Mendocino County
Feb. 11, 2016	Sunshine Manor Apartments	Lakeport, Lake County
Feb. 25, 2016	Walnut Village Apartments	Ukiah, Mendocino County

Section 6

Targeting

Title 22 of the California Code of Regulations § 7310 states that Area Agencies on Aging must target services to older individuals with the following characteristics:

- ◆ Older individuals with the greatest economic need, with particular attention to low-income minority individuals;
- ◆ Older individuals with the greatest social need, with particular attention to low-income minority individuals;
- ◆ Older Native Americans.

Additionally, Title 22 states, "outreach efforts to identify individuals eligible for assistance, with special emphasis given to the following groups. Older individuals:

- ◆ Who reside in rural areas;
- ◆ Who have greatest economic need, with particular attention to low-income minority individuals;
- ◆ Who have greatest social need, with particular attention to low-income minority individuals;
- ◆ With severe disabilities;
- ◆ With limited English-speaking ability; and
- ◆ With Alzheimer's disease or related disorders with neurological and organic brain dysfunction and the caretakers of these individuals."

In compliance with Title 22, PSA26AAA focuses outreach efforts on the above mentioned populations. Resource

Directories for each county are translated into Spanish, to reach the area's largest population of non-English speaking older adults. A special outreach effort for expanding the number of caregivers served is under way including community education events and public information announcements.

Both Latino and Native Americans, the PSA's largest minorities represented, are solicited for representation on the PSA26AAA Advisory Council when openings are available.

PSA26AAA staff participate in collaborative networking with representatives of several local tribes, to engage in relationship building and help identify needs of local Native American elders.

Adult Day Care centers are funded in each county. These centers serve as a focal point for services for caregivers and family members who have a loved one with Alzheimer's disease or dementia. Contracted centers are participating in the special outreach effort to increase the number of caregivers served. Community education and training events focusing on this topic are offered each year. Additionally, PSA26AAA staff are engaged in coordinating training events with other community partners.

The large geographic area encompassed by Lake and Mendocino Counties, presents a challenge for reaching the most geographically-

isolated, frail, low-income older adults. This is a challenge taken very seriously by PSA26AAA staff and other service providers in the local network of aging services. To assist with identifying clients in need of services in the far corners of our two counties, a special outreach program with staff located at each senior center has been established. The outreach workers reach out to clients who are unable to come into the centers for assistance.



Additionally, both county and Mental Health Services Act funds are dedicated to outreach services at Nuestra Casa for Latino outreach, and Consolidated Tribal Health for outreach services to Native American older adults.

Protecting older adults, promoting healthy aging and supporting healthy nutrition for the areas low-income, ethnic minorities and geographically-isolated residents presents

the greatest challenge to the service system to date. To meet this need, the PSA26AAA and its Advisory Council will be focusing all activities on these specific areas.

Section 7

Public Hearings

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

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

Public Hearings Conducted for the 2016-2020 Planning Period					
Fiscal Year	Date	Location	Number of Attendees	Presented in Languages Other Than English?*	Was Hearing Held at a Long-Term Care Facility**
2016-2017	2/11/2016	Sunshine Manor Apt 2031 Giselman St. Lakeport	17	No	No
	2/25/2016	Walnut Village Apt 1240 N. Pine St. Ukiah	4	No	No
2017-2018					
2018-2019					
2019-2020					

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

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

Items Below Must Be Discussed at Each Planning Cycle Public Hearing		
		2016-2017
1	Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.	
2	Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?	Not Applicable, PD and/or C funds are not used
3	Summarize the comments received concerning proposed expenditures for PD and C, if applicable.	Not Applicable
4	Attendees were provided the opportunity to testify regarding setting minimum percentages of Title IIIB program funds to meet the adequate proportion of funding for Priority Services.	
5	Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.	
6	List any other issues discussed or raised at the public hearing.	
7	Note any changes to the Area Plan which were a result of input by attendees.	
Items Below Must Be Discussed at Each Planning Cycle Public Hearing		
		2017-2018
1	Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.	
2	Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?	Not Applicable, PD and/or C funds are not used
3	Summarize the comments received concerning proposed expenditures for PD and C, if applicable.	Not Applicable
4	Attendees were provided the opportunity to testify regarding setting minimum percentages of Title IIIB program funds to meet the adequate proportion of funding for Priority Services.	
5	Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.	
6	List any other issues discussed or raised at the public hearing.	
7	Note any changes to the Area Plan which were a result of input by attendees.	

Items Below Must Be Discussed at Each Planning Cycle Public Hearing		
		2018-2019
1	Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.	
2	Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?	Not Applicable, PD and/or C funds are not used
3	Summarize the comments received concerning proposed expenditures for PD and C, if applicable.	Not Applicable
4	Attendees were provided the opportunity to testify regarding setting minimum percentages of Title IIIB program funds to meet the adequate proportion of funding for Priority Services.	
5	Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.	
6	List any other issues discussed or raised at the public hearing.	
7	Note any changes to the Area Plan which were a result of input by attendees.	
Items Below Must Be Discussed at Each Planning Cycle Public Hearing		
		2019-2020
1	Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.	
2	Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?	Not Applicable, PD and/or C funds are not used
3	Summarize the comments received concerning proposed expenditures for PD and C, if applicable.	Not Applicable
4	Attendees were provided the opportunity to testify regarding setting minimum percentages of Title IIIB program funds to meet the adequate proportion of funding for Priority Services.	
5	Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.	
6	List any other issues discussed or raised at the public hearing.	
7	Note any changes to the Area Plan which were a result of input by attendees.	

Section 8

Identification of Priorities

Each Area Agency on Aging (AAA) is required, through the Older Americans Act and Title 22, to establish specific priorities for program development and service delivery to best meet the needs in the local planning and service area. The needs assessment process described in this document and subsequent analysis have contributed to our understanding of local need.

Other factors considered in the identification of priorities include available resources, administrative resources and constraints, and the population distribution.

Additionally, targeting criteria described in Section 6 of this document, as well as adequate proportion requirements have been considered in developing goals and objectives for this planning cycle.

Adequate Proportion

Adequate proportion guidelines are set forth in Title 22 §7312 which states:

Each AAA shall identify the minimum percentages of applicable Title IIIB funds that it intends for annual expenditure throughout the four year plan period for each of the following categories:

- ◆ Access
- ◆ In-home services
- ◆ Legal assistance

PSA26AAA identifies the distribution of funds across these categories, through its needs assessment process, and discussions occurring at the public hearing for the Area Plan. Adequate Proportion assignment cannot be changed without

engaging the public hearing process.

PSA26AAA will be using the same distribution of Title IIIB funds for Adequate Proportion as set forth in the previous planning cycles. The distribution is as follows:

- ◆ Access (Outreach, Information and Assistance) 45%
- ◆ “In-Home” (Alzheimer’s Day Care) 10%
- ◆ Legal Assistance 20%

Specific areas of focus for PSA26AAA include:

Elder Abuse Prevention

Adult Protective Services has been experiencing a steady increase in referrals in recent years. Nearly half of the referrals for adult abuse are for self-neglect. Financial abuse is on the rise. Long term care facilities struggle with staffing shortages which can lead to inadequate supervision and reduced quality of care for residents.

The Long-Term Care Ombudsman Program, PSA26AAA and its Advisory Council play a key role in raising community awareness of elder abuse and the need for having a prevention focus. The Long-Term Care Ombudsman Program, operating as a direct service of PSA26AAA visits long-term care facilities daily, responding to complaints of abuse and neglect and advocating for the rights of long-term care residents.

Coordination with community partners on

abuse issues through multi-disciplinary teams in both counties, facilitation of the Elder Abuse Prevention Collaborative and hosting community education events contribute to a healthy abuse free community for seniors.

Ensuring Adequate Nutrition

The economic crisis has created a more urgent need to focus on the provision of adequate nutrition for seniors.

Helping People Stay Safely in Their Own Homes

Outreach workers, home-delivered meals, case management, caregiver support, adequate transportation and the variety of other services offered through the aging network help people stay in their own homes and prevent institutionalization. PSA26AAA is dedicated to working with community stakeholders to improve access to services and increase effectiveness of the services offered to help seniors stay safely in their homes.

Promoting a Healthy Community

Providing education and training on staying healthy and active are vital to healthy aging. PSA26AAA and its Advisory Council are dedicated to promoting healthy aging in our communities. Healthy aging will not only improve the quality of life for seniors and their caregivers who reside in Lake and Mendocino Counties, but can also reduce the burden on social and medical services later in life.

Family Caregiver Support Program

When serving caregivers, priority shall be given to caregivers who are older

individuals (60 years of age or older) with the greatest social need and greatest economic need (with particular attention to low-income). If serving caregivers of individuals with Alzheimer's disease or related disorders, priority shall be given to those caring for older individuals (60 years of age or older).

The above-mentioned focus areas are addressed in the following goals and objectives. Additionally, the goals and objectives reflect activities intended to mitigate constraints to services identified previously in this document, while focusing on target populations, as required by law, and emphasizing program development and support for areas identified in the needs assessment process. The area's resources and current funding limitations have also been taken into consideration.

Section 9

Area Plan Narrative Goals and Objectives

CCR Article 3, Section 7300(c)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 10

Title III/VII Service Unit Plan (SUP) Objectives

CCR Article 3, Section 7300(d)

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

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

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

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

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

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

Each year during the four-year cycle, analysts from the Office of the State Long-Term Care Ombudsman (OSLTCO) will forward baseline numbers to the AAA from the prior fiscal year National Ombudsman Reporting System (NORS) data as entered into the Statewide Ombudsman Program database by the local LTC Ombudsman Program and reported by the OSTLCO in the State Annual Report to the Administration on Aging (AOA).

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

Outcome 1

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

Measures and Targets:

A. Complaint Resolution Rate	
(AoA Report, Part I-E, Actions on Complaints)	
The average California complaint resolution rate for FY 2013-2014 was 73%	
1. FY 2014-15 Baseline Resolution Rate (Number of complaints resolved <u>46</u> + number of partially resolved complaints <u>1</u> divided by the total number of complaints received <u>85</u> = Baseline Resolution Rate	54%
FY 2016-2017 Target Resolution Rate	90%
2. FY 2015-16 Baseline Resolution Rate (Number of complaints resolved __+ number of partially resolved complaints _ divided by the total number of complaints received __ = Baseline Resolution Rate	
FY 2017-2018 Target Resolution Rate	
3. FY 2016-17 Baseline Resolution Rate (Number of complaints resolved __+ number of partially resolved complaints _ divided by the total number of complaints received __ = Baseline Resolution Rate	
FY 2018-2019 Target Resolution Rate	
4. FY 2017-18 Baseline Resolution Rate (Number of complaints resolved __+ number of partially resolved complaints _ divided by the total number of complaints received __ = Baseline Resolution Rate	
FY 2019-2020 Target Resolution Rate	
Program Goals and Objective Numbers:	1b, 2b, 2e, 3e

B. Work with Resident Councils

(AoA Report, Part III.D.8)

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

C. Work with Family Councils

(AoA Report, Part III.D.9)

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

D. Consultation to Facilities

(AoA Report, Part III-D, #4)

Count of instances of ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

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

E. Information and Consultation to Individuals

(AoA Report, Part III-D,5)

Count of instances of ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

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

F. Community Education

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

LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants.

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

G. Systems Advocacy

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

1.FY 2016-2017 Activity: In narrative form, please provide at least one new priority systemic advocacy effort that the local LTC Ombudsman Program will engage in during the fiscal year.

The LTC Ombudsman program will be working with LTC facilities to reduce the use of anti-psychotics and increase the comfort and care of residents with cognitive impairments by providing consultation and supplies to implement the Music and Memory program. This systemic advocacy effort is a multi-year initiative and it is intended that agreements will be made with LTC facilities based on their percentage of use of anti-psychotics.

Outcome 2

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

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

A. Residential Care Facility for the Elderly (RCFE) Coverage (other than in response to a complaint)

(A0A Report, Part III.D.6)

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

1. FY 2014-15 Baseline: Number of RCFE visited at least once a quarter not in response to a complaint <u>19</u> divided by the total number of RCFE <u>21</u> = Baseline <u>91%</u>	91%
FY 2016-2017 Target	100%
2. FY 2015-2016 Baseline: Number of RCFE visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFE _____ = Baseline _____%	
FY 2017-2018 Target	
3. FY 2016-2017 Baseline: Number of RCFE visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFE _____ = Baseline _____%	
FY 2018-2019 Target	
4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFE _____ = Baseline _____%	
FY 2019-2020 Target	
Program Goals and Objective Numbers:	1b, 2b, 2e, 3e

C. Number of Full-Time Equivalent (FTE) Staff

(AoA Report Part III. B.2. - Staff and Volunteers)

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

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

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

Outcome 3

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

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

Title VIIB Elder Abuse Prevention

Title VIIB Elder Abuse Prevention						
Fiscal Year	Public Education Sessions	Training Sessions for Professionals	Training Sessions for Caregivers served by Title III E	Hours Spent Developing a Coordinated System	Copies of Educational Materials to Be Distributed*	Total Number of Individuals Served
2016-2017		1		200	1000	1,150
2017-2018						
2018-2019						
2019-2020						
* Description of Educational Materials: Trifold pamphlets on elder abuse prevention						

Title IIIE Family Caregiver Support Program

CCR Article 3, Section 7300(d)

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

Note: AAA received no applicants for Grandparents Raising Grandchildren services during previous RFP process.

Senior Community Service Employment Program (SCSEP)

List all SCSEP monitor sites (contract or direct) where the AAA provides SCSEP enrollment services within the PSA (Do not list host agencies)

Senior Community Service Employment Program (SCSEP)	
Enrollment Location/Name (AAA office, One Stop, Agency, etc.):	
Street Address:	
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names):	
Number of Paid Staff:	
Number of participant staff	
How many participants are served at this site?	

Health Insurance Counseling and Advocacy Program (HICAP)

CCR Article 3, Section 7300(d)

Section 1. Primary HICAP Units of Service					
	Fiscal Year				Goal Numbers
	2016-17	2017-18	2018-19	2019-20	
1.1 Estimated Number of Unduplicated Clients Counseled	356				1h
1.2 Estimated Number of Public and Media Events	22				
Section 2. Federal Performance Benchmark Measures					
2.1 Estimated Number of Contacts for All Clients Counseled	2,438				1h
2.2 Estimated Number of Persons Reached at Public and Media Events	1,967				
2.3 Estimated Number of Beneficiaries with Medicare Status Due to a Disability Contacts	418				
2.4 Estimated Number of Low Income Beneficiaries Unduplicated	1,286				
2.5 Estimated Number of Enrollment and Enrollment Assistance Contacts	3,809				
2.6 Estimated Part D Enrollment and Enrollment Assistance Contacts	1,618				
2.7 Estimated Counseling Hours	1,410				
Section 3. HICAP Legal Services Units of Service (If Applicable)					
3.1 Estimated Number of Clients Represented Per SFY	N/A				
3.2 Estimated Number of Legal Representation Hours per SFY	N/A				
3.3 Estimated Number of Program Consultation Hours per SFY	N/A				

Section 11

Focal Points

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

Designated Community Focal Points	
Community Care Management Corp. 301 S. State Street Ukiah, CA 95482	Middletown Senior Citizens, Inc. PO Box 1037, 21256 Washington St. Middletown, CA 95461
Legal Services of Northern California 421 Oak Street Ukiah, CA 95482	Anderson Valley Senior Citizens, Inc. PO Box 591; 14470 Highway 128 Boonville, CA 95415
Indian Senior Center 425 N. State Street Ukiah, CA 95482	North Coast Opportunities, Inc. 413 N. State Street Ukiah, CA 95482
Redwood Coast Seniors, Inc. 490 N. Harold Street Fort Bragg, CA 95437	Live Oak Seniors, Inc. PO Box 1389; 12502 Foothill Blvd. Clearlake Oaks, CA 95423
Highlands Senior Service Center, Inc. PO Box 180; 3245 Bowers Road Clearlake, CA 95422	Ukiah Senior Center 499 Leslie Street Ukiah, CA 95482
Coastal Seniors PO Box 437, 24000 S. Hwy1 Point Arena, CA 95468	Lakeport Senior Activity Center, Inc. 527 Konocti Avenue Lakeport, CA 95453
Willits Seniors, Inc. 1501 Baechtel Road Willits, CA 95490	Lucerne Alpine Seniors, Inc. PO Box 937; 3985 Country Club Drive Lucerne, CA 95458
Round Valley Indian Senior Center PO Box 448, 77826 Covelo Road Covelo, CA 95428	Kelseyville Seniors, Inc. 5245 Third Street Kelseyville, CA 95451
Senior Support Services PO Box 925, 9470 Mendenhall Upper Lake, CA 95485	

Section 12

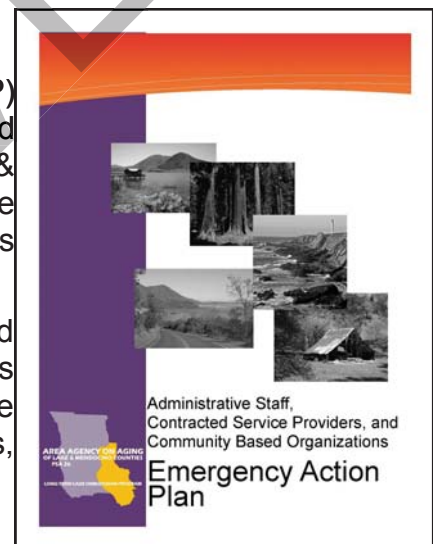
Disaster Preparedness

Disaster Preparedness 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:

PSA26AAA has produced an Emergency Action Plan (EAP) that applies to all staff, volunteers, contractors, vendors and others associated with the Area Agency on Aging of Lake & Mendocino Counties who have responsibilities to serve older adults, people with disabilities, and their caregivers during and after a disaster.

The plan is considered an annex to both the Lake and Mendocino Counties' Emergency Operations Plans. This plan follows guidelines established by federal and state agencies responsible for serving the needs of older adults, people with disabilities, and their caregivers.



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):

Tami Bartolomei Mendocino County Office of Emergency Services 951 Low Gap Road, Ukiah, CA 95482 (707) 463-5667	Undersheriff Chris Macedo Lake County Office of Emergency Services 1220 Martin Street, Lakeport CA 95453 707-262-4200
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3. Identify the Disaster Response Coordinator within the AAA:

PSA26AAA Program Coordinator, 707-995-4680

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

Critical Services	How will they be delivered?
1. Information & Assistance	Collect and disperse information regarding the needs of the clients and the availability of services and supplies through PSA26AAA staff and volunteers, I&A service contractor and other service providers
2. Senior Nutrition	Maintain a continuity of services by coordinating the services of proximate contractors to meet the service need.
3. Family Caregiver Support	Service provider has a written plan to contact caregivers and offer necessary assistance.

An overriding principal of the PSA26AAA Emergency Action Plan is to maintain a continuity of services at a minimum level for older adult and family caregivers in Lake and Mendocino Counties. Special consideration will be placed on Senior Nutrition and Information & Assistance which are a vital part of response and recovery. In addition, efforts will be made to identify and map vulnerable populations. PSA26AAA's first priority after a disaster is to ensure that services to its clients and contract agencies continue or are restored as soon as possible. In order to help contract agencies receive assistance needed to continue operations, PSA26AAA staff will conduct an assessment of the status of provider staff, clients, and facilities' needs as soon as possible after a disaster. PSA26AAA staff will provide links to community resources to provide needed assistance.

After addressing the needs of the PSA26AAA's clients and programs, PSA26AAA staff may assist local emergency operations with specific emphasis on older adults and family caregivers.

Information & Assistance (I&A) contractor shall utilize the Resource Directory for Older Adults for emergency response agencies, providers, local community based organizations, media, senior and disabled service centers and PSA26AAA staff and volunteers to both collect and disperse information regarding the needs of the PSA26AAA clients and the availability of services and supplies to help meet those needs. Should the disaster damage the physical location of the contracted I&A Service (currently Community Care, 301 S. State St, Ukiah), an alternate I&A facility will be established.

Information & Assistance Contact Numbers: Ukiah (707) 468-5132, Toll Free (800) 510-2020, Email: IASpecialist@hotmail.com.

It is the responsibility of each service provider funded by the PSA26AAA with federal funds to have developed and implemented an Emergency Operations Plan. A provision of each plan is a section focusing on procedures to accommodate seniors, people with disabilities, and other community members in need in the event that other community facilities are inoperable.

The Emergency Coordinator for the PSA26AAA shall coordinate the activities of the providers so as to maximize the total resources of the PSA26AAA staff and its contracted service providers to maintain the continuity of services to the aged, disabled and their caregivers in the most effective manner. The Emergency Coordinator shall make contact with the directors of each provider within twenty-four hours of the disaster. At this time the PSA26AAA Emergency Coordinator will ascertain the operating status of each service provider and the extent to which each can contribute to the continuation of services to their clients, and to the population of the elderly, disabled and their caregivers residing in their service area.

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

A requirement for emergency preparation and response procedures is included in the contracts for the following PSA26AAA providers:

Anderson Valley Senior Center, PO Box 591, 14470 Highway 128, Boonville CA 95415, 707-895-3609
Coastal Seniors, PO Box 437, 24000 S. Hwy 1, Point Arena, Point Arena CA 95468, 707-882-2137
Highlands Senior Center, PO Box 180, 3245 Bowers Road, Clearlake CA 95422, 707-994-3051
Lakeport Senior Center, 527 Konocti Avenue, Lakeport CA 95453, 707-263-4218
Live Oak Seniors, PO Box 1389, 12502 Foothill Blvd., Clearlake Oaks CA 95423 707-998-1950
Lucerne Alpine Seniors, PO Box 937, 3985 County Club Drive, Lucerne CA 95458, 707-274-8779
Middletown Senior Center, PO Box 1037, 21256 Washington Street, Middletown CA 95461, 707-987-3113
Redwood Coast Seniors, 490 N. Harold Street, Fort Bragg CA 95437, 707-961-4317
Community Care Management, 301 S. State Street, Ukiah CA 95482, 707-468-9347
North Coast Opportunities, 413 N. State Street, Ukiah CA 95482, 707-462-1954
Legal Services of Northern California, 421 Oak Street, Ukiah CA 95482, 707-462-1471
Elder Day Services of Lake County, PO Box 333, Lower Lake CA 95457, 707-350-3030 or 707-263-9481

6. Describe how the AAA will identify vulnerable populations/follow-up with these vulnerable populations after a disaster event.

The PSA26AAA staff will work with local emergency agencies in developing a realistic plan to identify vulnerable populations within the PSA 26. Currently this information is compiled through services provided and only used in the event of a disaster. The I&A staff shall assist PSA26AAA by keeping track of the services being offered to disaster victims and to make sure that this information is widely spread among these persons living in the disaster areas. This information will be shared in a timely and easily understood manner.

PSA26AAA staff and volunteers will assist local organizations in an effort to provide information and assistance to individuals to apply for federal, state, county or private recovery services in a timely and correct manner. In addition, contracted service provider staff shall provide specialized services not only to aid their clients to obtain needed services, but also to alert them to possible unlawful and fraudulent activity that individuals and firms may be using to cheat persons trying to recover from the disaster. Special attention will be given to assist the frail, elderly, disabled, and isolated individuals who may have a difficult time in accessing, understanding, and successfully obtaining available assistance to help them recover from the disaster.

The PSA26AAA may seek additional funding to help provide needed service and supplies during the recovery period. Such funding and its use shall follow all appropriate federal, state, and local guidelines and regulations. No PSA26AAA funds will be expended for such purposes without explicit written directives from authorized state or federal agencies. These directives must include assurances that any agency funds spent in support of such directives will be reimbursed in a timely and complete manner.

The Director of the PSA26AAA must obtain appropriate approvals from the PSA26AAA Governing Board prior to the expenditure of any agency funds not already approved in the regular budget as part of PSA26AAA's annual contract with California Department of Aging.

Staff will contact selected agencies to help determine the extent of damage due to the disaster and to establish the kind and extent of emergency response services needed. This contact shall be made within the first 24 hours following the onset of the disaster.

Section 13

Priority Services

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

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

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

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

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

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

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

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

Section 14

Notice of Intent to Provide Direct Services

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

If an Area Agency on Aging (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.

Title IIIB					
Check Applicable Direct Services		2016-2017	2017-2018	2018-2019	2019-2020
	Information and Assistance	X	X	X	X
	Case Management				
	Outreach				
	Program Development				
X	Coordination	X	X	X	X
X	Long-Term Care Ombudsman	X	X	X	X
Title IIID					
	Disease Prevention and Health Promotion				
Title IIIE					
X	Information Services	X	X	X	X
	Access Assistance				
	Support Services				
Title VIIA					
X	Long-Term Care Ombudsman	X	X	X	X
Title VIIB					
X	Prevention of Elder Abuse, Neglect and Exploitation	X	X	X	X

Describe the methods that will be used to assure that target populations will be served throughout the PSA.

PSA26AAA staff, Advisory Council and its contracted providers are committed to serving the target populations in Lake and Mendocino Counties. The target populations identified in this region include all frail, over 75, geographically-isolated, home-bound, low-income, ethnic minorities - primarily Latino and Native American elders and their caregivers.

Supporting our community focal points, through funding and technical assistance, is

a primary focus. To this end, PSA26AAA strives to remain well informed of all regulations and programmatic requirements to offer the necessary technical assistance to contracted providers, so they can provide the best possible service to their communities.

Direct services provided by PSA26AAA will serve to support community-based providers, where the staffing will be funded for their coordination activities. PSA26AAA staff participate in a broad array of

community groups - whether directly facilitating or as participants. Combining health promotion/disease prevention activities with fall prevention activities and coordination outreach activities PSA-wide ensures uniformity of program and maximizes the small amount of funding dedicated to this service.

Information and Assistance

As well as contracting for I&A services, PSA26AAA publishes a printed version of the Resource Directory for Older Adults as a direct service.

Coordination

PSA26AAA plays a key role in facilitating communication amongst community service providers and representatives. The time spent performing this activity contributes to more efficient collaboration on program development, planning and elimination of redundant activities.

III E Caregiver Support

PSA26AAA provides a combination of coordination and direct outreach for all adults over 60 years of age. Including eligible family caregivers in these activities

is a natural expansion of services provided directly by PSA26AAA. In this way, maximum effectiveness in coordination between our centralized Information and Assistance, contracted outreach and additional community outreach efforts is ensured.

Long Term Care Ombudsman

Placement of the Ombudsman Program within the Area Agency on Aging of Lake & Mendocino Counties creates a direct link with all other programs administered by the Lake County Department of Social Services and maximizes efforts dedicated to the prevention of elder abuse. This efficiency of organization along with support of the broader county infrastructure enables the program to continue in Lake and Mendocino Counties as the funding is inadequate for administration through a private non-profit.

Section 15

Request for Approval to Provide Direct Services

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 be for multiple funding sources for a specific service.

Service Category

Funding		Fiscal Year		Justification
	IIIB		2016-2017	Necessary to assure an adequate supply of service.
	IIIC1		2017-2018	
	IIIC2		2018-2019	More cost effective if provided by the AAA than if purchased from a comparable service provider.
	IIIE		2019-2020	
	VIIA			
	HICAP			

Justification: AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service

Section 16

Governing Board Membership

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

Total Governing Board Council Membership: 5	
Names/Titles of Officers	Term in Office Expires
Bekkie Emery , Chair, Mendocino County HHSA Representative	*
Carol Huchingson , Vice-Chair, Lake County Social Services Representative	*
Names/Titles of Other Members	Term in Office Expires
Carre Brown , Member, Mendocino County Board of Supervisors	*
Anthony Farrington , Member, Lake County Board of Supervisors	*
Jim Steele , Alternate Member, Lake County Board of Supervisors	*
Jerry Chaney , Member at Large - Mendocino County	12/31/2017
* County appointed members hold office until Board of Supervisors of appointing County designates otherwise.	

Section 17

Advisory Council Membership

Total Advisory Council Membership (including vacancies) : 10 Number of Council Members Over 60: 8								
Race/Ethnic Composition		% of PSA26 60+ Population			% on Advisory Council			
White		86.3%			100%			
Hispanic/Latino		6.75%			0%*			
Black		1.3%			0%*			
Asian/Pacific Islander		1.48%			0%*			
Native American/ Alaska Native		2.4%			0%*			
Other		1.8%			0%*			
*Advisory Council is searching for race/ethnic diversity in filling vacant member positions.								
Advisory Council Membership								
Member	Term Expires	Low Income Representative	Disabled Representative	Supportive Services Provider Representative	Health Care Provider Representative	Family Caregiver Representative	Local Elected Official	Leadership Experience in private and voluntary sectors
Eileen Bostwick President-Mendocino	12/17			X				X
John Quillan Vice President-Lake	12/16			X				X
Nancy Nanna Secretary-Mendocino	12/16				X			X
Charles Bush Member-Mendocino	12/17			X			X**	X
Ruth Valenzuela Member-Mendocino	12/16						X*	X
Paul Branson Member-Lake	12/16			X			X**	X
Lenny Matthews Member-Lake	12/17				X			X
Joan Walter Member-Mendocino	12/17			X				X
Peggy Thompson Member-Lake	12/17			X				X
Vacant Member-Lake								
* Senior Field Representative, Assemblyman Jim Wood **California Senior Legislature								

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

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

Section 18

Legal Assistance

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

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

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

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

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

3. Specific to legal services, has there been a change in your local needs in the past four years. If so, please identify the change (include whether the change has affected the level of funding and the difference in funding levels in the past four years).

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

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

The contract/agreement specifically states that the contractor shall implement the statutory provisions of the Title III Programs (OAA, Section 306) in accordance with State and federal laws and regulations.

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

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

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

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

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

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

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

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

9. Does your PSA have a hotline for legal services? No

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

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

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

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

12. Discuss how older adults access legal services in your PSA:

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

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

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

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

See answer to question 3.

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

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

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

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

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

Section 19

Multipurpose Senior Center (MPSC) Acquisition or Construction Compliance Review

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

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

Section 20

Family Caregiver Support Program

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

Based on the Area Agency on Aging of Lake and Mendocino Counties' (PSA26AAA) review of the current support needs and services for family caregivers and grandparents (or other older relative of a child in the Planning and Service Area (PSA)), the following indicates what services the PSA26AAA intends to provide using Title III-E and/or matching FCSP funds for both family caregivers and grandparents/older relative caregivers.

Family Caregiver Services				
	2016-2017	2017-2018	2018-2019	2019-2020
Family Caregiver Information Services	Yes Direct & Contracted	Yes Direct & Contracted	Yes Direct & Contracted	Yes Direct & Contracted
Family Caregiver Access Assistance	Yes Contracted	Yes Contracted	Yes Contracted	Yes Contracted
Family Caregiver Support Services	Yes Contracted	Yes Contracted	Yes Contracted	Yes Contracted
Family Caregiver Respite Care	Yes Contracted	Yes Contracted	Yes Contracted	Yes Contracted
Family Caregiver Supplemental Services	No	No	No	No

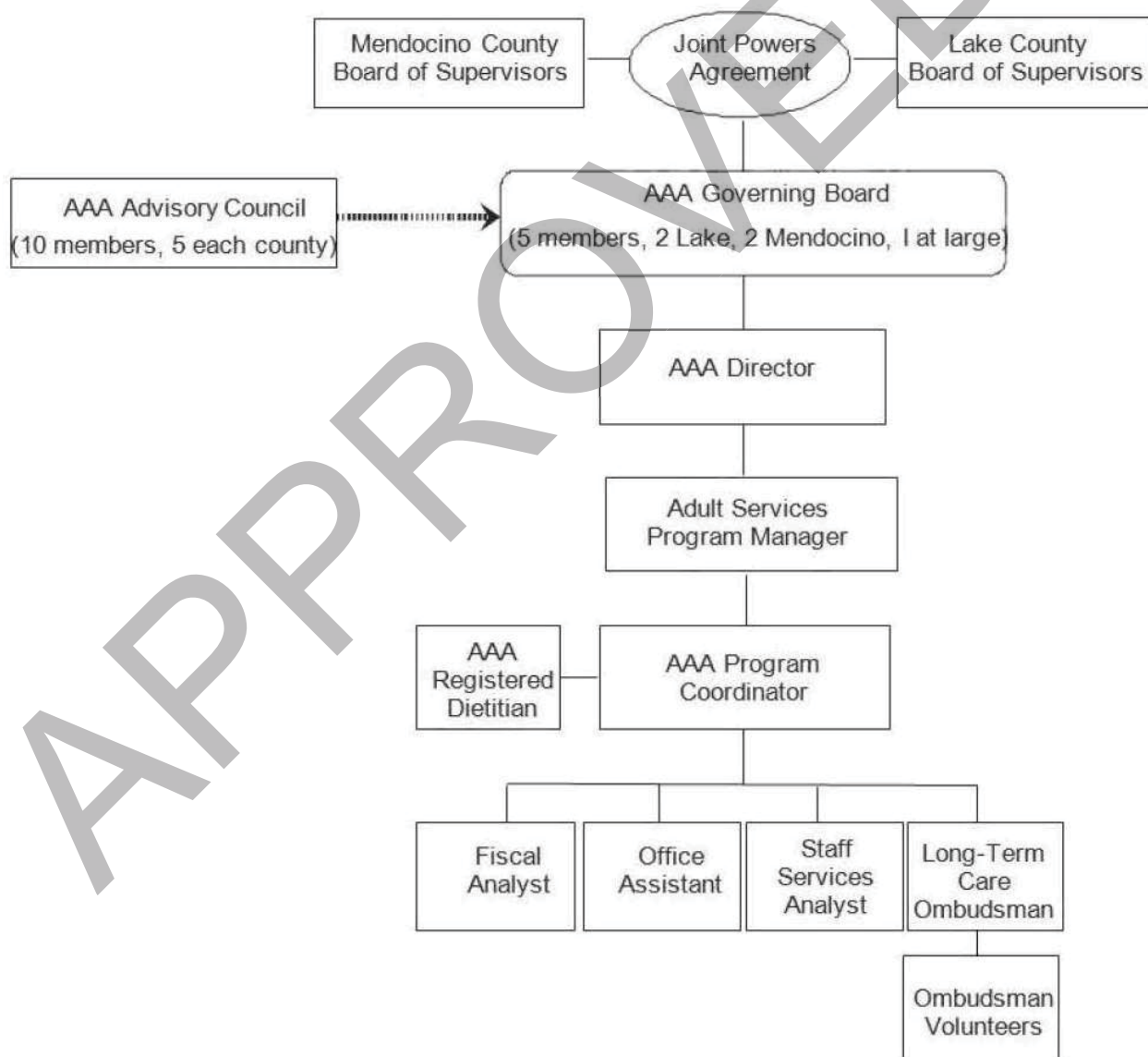
Justification: Family Caregiver Supplemental Services is not being provided strictly due to funding priorities. PSA26AAA chose to apply the III-E funding we received towards the service categories that give us the most "bang for the buck" (Information Services, Access Assistance, Support Services and Respite Care). We are unsure if there are any other agencies providing Caregiver Supplemental Services in our PSA.

Grandparent Services				
	2016-2017	2017-2018	2018-2019	2019-2020
Grandparent Information Services	No	No	No	No
Grandparent Access Assistance	No	No	No	No
Grandparent Support Services	No	No	No	No
Grandparent Respite Care	No	No	No	No
Grandparent Supplemental Services	No	No	No	No

Justification: We had no applicants for Grandparent Services during our previous RFP process. These services are NOT being provided by anyone else in the PSA, and we will include it in our 2017 RFP process, but are not confident we will receive any response.

Section 21

Organization Chart



Section 22

Older Americans Act Assurances

Pursuant to the Older Americans Act Amendments of 2006 (OAA), the Area Agency on Aging of Lake and Mendocino Counties (PSA26AAA) 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 Title III 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 such as transportation, health services (including mental health services), outreach, information and assistance, and case management services);

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

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

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

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

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited

English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in (aa) and (bb) above.

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

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

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

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

(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 2010 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.

Requirement: OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency shall provide assurance, determined adequate by the State agency, that the Area Agency on Aging will have the ability to develop an

B. Additional Assurances

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.

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

Conduct efforts to facilitate the coordination

(a) The Older Americans Act intends that the Area Agency on Aging shall be the

(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.

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

LONG-TERM CARE OMBUDSMAN PROGRAM

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