



*Monterey County*

**Area Agency on Aging**

**2015 - 2016**

**Area Plan Update**

**DRAFT**



*"Assistance, Advocacy and Answers on Aging."*





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**Note:** This is the amended version \_\_\_\_\_, 2015 that includes all edits by the California Department of Aging.



## 2015-2016 Area Plan Update Checklist

PSA 32

AP Guidance Section	APU Components (To be attached to the APU)	Mark if Included
	<b>Update/Submit A) through F) ANNUALLY:</b>	
n/a	A) Transmittal Letter – <i>(requires hard copy with original ink signatures or official signature stamp – <b>no photocopies</b>)</i>	<input checked="" type="checkbox"/>
n/a	B) APU-- <i>(submit entire APU electronically only)</i>	<input checked="" type="checkbox"/>
2, 3, or 4	C) Estimate the number of lower income minority older individuals in the PSA for the coming year.	<input checked="" type="checkbox"/>
7	D) Public Hearings that will be conducted	<input checked="" type="checkbox"/>
n/a	E) Annual Budget	<input type="checkbox"/>
10	F) Service Unit Plan (SUP) Objectives and Long Term Care Ombudsman Program Measures and Targets	<input checked="" type="checkbox"/>

	Update/Submit the following only if there has been a CHANGE or the section was not included in the 2012/16 Area Plan:	CHANGE	NO CHANGE
5	Minimum Percentage/Adequate Proportion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Needs Assessment <sup>1</sup>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	AP Narrative Objectives:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• System-Building and Administration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III B-Funded Programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III B-Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III B-Funded Program Development/Coordination (PD or C)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III B/VIIA- Long-Term Care Ombudsman/Elder Abuse Prevention Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III C-1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III C-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title III D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20	• Title III E-Family Caregiver Support Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title V-SCSEP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Governing Board	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Legal Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21	Organizational Chart(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<sup>1</sup> Prior to the development of the 2016/2020 Area Plan at least one Needs Assessment must be conducted.

# Transmittal Letter

## 2015-2016 Area Plan Update

AAA Name: Monterey County Area Agency on Aging

PSA 32

This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director actively support the planning and development of community-based systems of care and will ensure compliance with the assurances set forth in this Area Plan. The undersigned recognize the responsibility within each community to establish systems in order to address the care needs of older individuals and their family caregivers in this planning and service area.

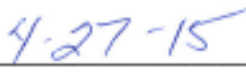
1. Simon Salinas

\_\_\_\_\_  
Signature: Governing Board Chair <sup>1</sup>

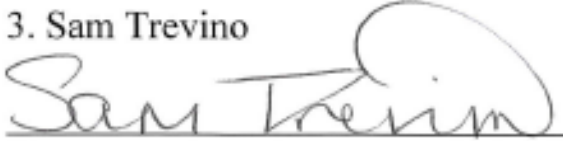
\_\_\_\_\_  
Date


2. Wendy Franscioni

  
\_\_\_\_\_  
Signature: Advisory Council Chair

  
\_\_\_\_\_  
Date

3. Sam Trevino

  
\_\_\_\_\_  
Signature: Area Agency on Aging Director

  
\_\_\_\_\_  
Date

<sup>1</sup> Original signatures or official signature stamps are required on original copy submitted to the California Department of Aging.

# *Executive Summary*

## PSA 32

Every four years, the California Department of Aging requires all 33 Area Agencies on Aging statewide to develop and submit an individual plan (covers all 58 counties). This assures that California is in compliance with the Federal Older Americans Act that also provides funding for the majority of services. These plans summarize research from various sources and unique information about each area. Primarily, the resulting document acts as a planning tool to assist in the provision of needed aging and disability services. As a result, this flexible approach allows each Public Service Area (PSA) to address priority needs as determined at the local level.

The Monterey County Area Agency on Aging (AAA) crafted the 2012-2016 Area Plan with the help of partner agencies and AAA Advisory Council. In addition, important feedback from a cross-section of seniors, caretakers, and others was incorporated through the needs assessment survey effort in early 2012. Each year an Annual Plan Update Report outlines progress, challenges and reports on emerging trends. This report is the third and final Area Plan Update for the 2012-2016 Area Plan. Next year a new four-year cycle for 2016-2017 through 2019-2020 will begin.

Progress has been made towards many of the goals and objectives identified for this four-year cycle with two exceptions. It has been difficult to initiate the discussion of developing specialized mental health services for seniors due to many competing issues. This has been compounded by little hope for funding of new or expanded services in the near future. The second issue of advocating for the expansion and modernization of senior centers has gained little traction due to lack of funding opportunities for facility construction or remodeling. As a result, efforts have been focused on issues that will maintain, protect and preserve the services and resources already in place.

The AAA continues to support a variety of services through agreements with various community based non-profit senior service providers for this year. Not many changes are expected in the level of service provision during the next year however local agencies have reached their capacity in all service areas. It is expected that as requests for services increase, pressure will be felt by providers to consider establishing waiting lists.

## *Mission*

### PSA 32

The AAA has adopted the guiding mission as established by the California Code of Regulations (CCR Article 3, Section 7302). The mission statement reads as follows:

“To provide leadership in addressing issues that relate to older Monterey County residents; to develop community-based systems of care that provide services which support independence, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.”

In addition, the Monterey County Area Agency on Aging strives to:

- Lead community planning efforts to meet future service needs of older adults
- Inspire the development of partnerships to work collaboratively on behalf of older adults
- Promote professional knowledge and development
- Serve as advocate for the development of community based services for older adults
- Promote a respect of social and cultural diversity
- Engage older adults and family caregivers in identifying service needs and priorities

The Monterey County AAA further believes in the rights of older adults to live in dignity with an adequate income in retirement; to have access to the best possible physical and mental health without regard to economic status; to be given opportunities for employment.

The AAA adopts the following values important to older adults:

- **Quality of Life**  
“I want to be treated with dignity and respect”
- **Quality of Care**  
“I want service providers to be knowledgeable, experienced and well trained”
- **Access and Affordability**  
“I want to be able to easily find services and be able to afford them”
- **Choice and Person-Centered Services**  
“I want to be in charge and have options presented to me”
- **Lowest Level of Care**  
“I want to stay in my own home”

All together, this information provides the framework within which the AAA carries out its duties and responsibilities.



**Section 4 (Required)**  
***Estimate of Lower Income Minority Older Individuals***  
**PSA 32**

The current population of seniors in Monterey County continues to climb each year in all age categories listed below<sup>2</sup>:

<b>2013 Older Population in Monterey County by Age Group</b>						
<b>AGE</b>	<b>Total Population by Age Group</b>	<b>% of Total Population All ages</b>	<b>Male</b>	<b>% of Total Population All ages</b>	<b>Female</b>	<b>% of Total Population All ages</b>
<b>60-64</b>	21,336	5.07%	10,909	2.59%	10,427	2.48%
<b>65-69</b>	14,151	3.36%	6,986	1.66%	7,165	1.70%
<b>70-79</b>	18,432	4.38%	8,109	1.93%	10,323	2.45%
<b>80 &amp; up</b>	13,687	3.25%	5,309	1.26%	8,378	1.99%
<b>Total 60+</b>	67,687	16.09%	31,394	7.46%	36,293	8.63%
<b>Total 65+</b>	46,270	11.00%	20,404	4.85%	25,866	6.15%

In recent years, the senior population growth has been a steady annual increase of approximately 3.5% but the rate grew to 3.65% from 2012 to 2013. This small change in percentage translates to thousands of new seniors residing in Monterey County, and many of them in need of services. Not only are the numbers of seniors increasing overall, the impact has created a shift of the County's population composition. In 2005<sup>3</sup>, there were 52,890 seniors 60 and over equaling 13.5% of the total population. That grew to 67,687 or 16.1% of Monterey County residents in 2013.

The senior population growth is projected to continue and planning for the impact to needed services is vital. Estimating the number of low income seniors expected to access services is challenging because government resource data is only available for seniors 65 and over. That creates an information gap to estimate those 60 through 64 that are eligible for AAA services. Another intricacy is to consider and project those in true poverty in the very high-cost area of Monterey County, California. The Federal Poverty Level (FPL) is a standard measure in common use but does not adequately account for the income level needed to sustain a household in the area. As a result, another tool that is gaining recognition is the Elder Economic Security Standard Index<sup>4</sup> and is customized for each County in California. The Elder Index outlines that the actual number of seniors living in true poverty is approximately three times the number of FPL reported seniors.

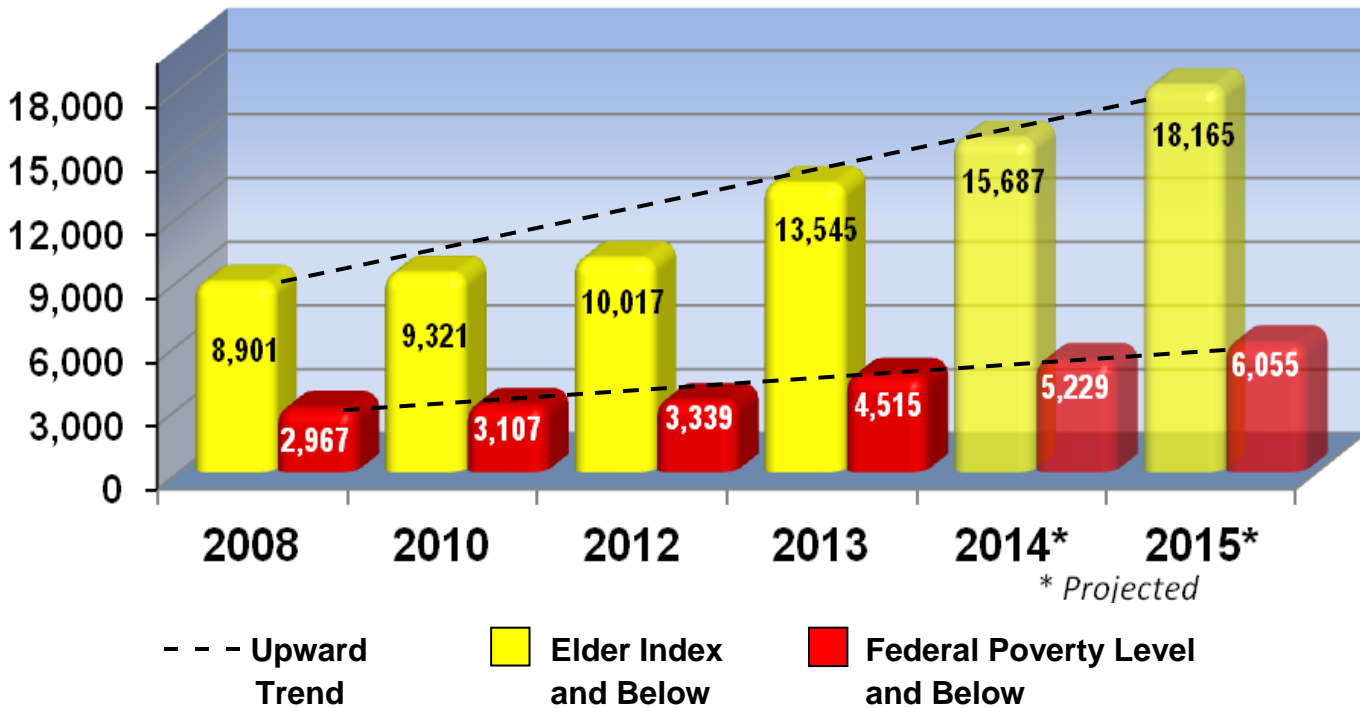
<sup>2</sup> U.S. Census, American Community Survey 2009-2013, Table B01001, total population all ages 420,569.

<sup>3</sup> U.S. Census, American Community Survey 2005, Table B01001, total population all ages 389,004.

<sup>4</sup> The 2007-2011 Elder Economic Security Standard Index (Elder Index) is a measure of economic security for older adults developed by Wider Opportunities for Women in collaboration with the Gerontology Institute at the University of Massachusetts Boston.

Using the two measures side by side reveals similar population growth trends from each data source. Although there are some modest differences in the rate change each year, both data sets show rising populations for seniors living in poverty in Monterey County. The FPL is the standard adhered to by most public programs<sup>5</sup> and is used in a variety of ways to qualify applicants for assistance programs. However the Elder Index includes all seniors that are financially struggling with most experiencing an “eligibility gap” because they are not poor enough to qualify for many public service programs.

**Number of Monterey County Seniors in Poverty**

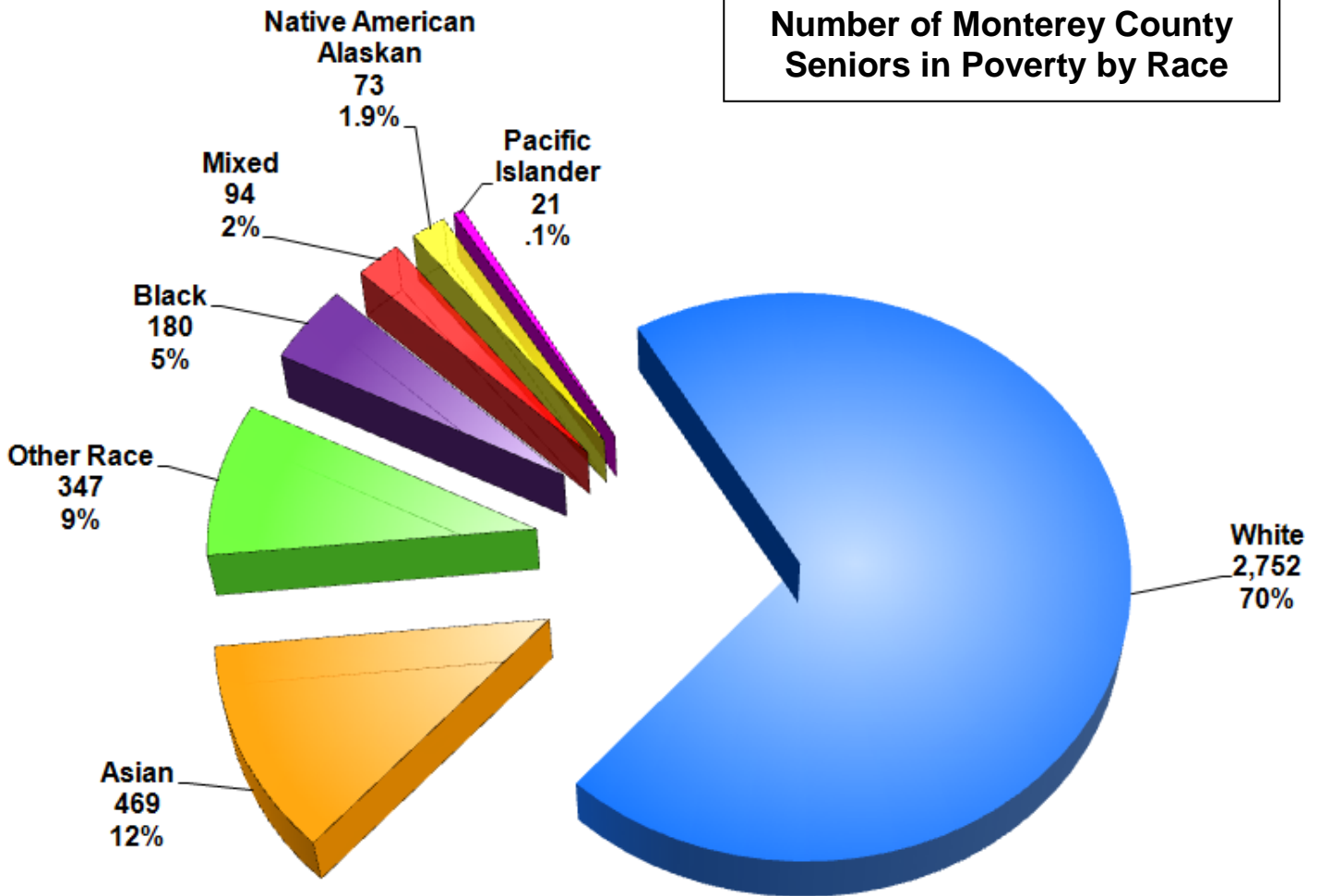


Another perspective of poverty in the senior population is to analyze race and ethnicity to discover specific needs of pocket minority populations. It can be confusing to remember that these two common descriptors are separate and distinct categories. Differences in resource materials also create some misunderstandings and census/survey participants may not always follow the specific guidelines. The U.S. Census and American Community Survey use only the following race categories:

- White
- Asian
- Other Race
- Black
- Mixed (combining 2 or more races)
- Native American / Alaskan
- Pacific Islander

<sup>5</sup> U.S. Census, American Community Survey 2008-2013, Tables S1701, 3 Year Estimates.

## Number of Monterey County Seniors in Poverty by Race



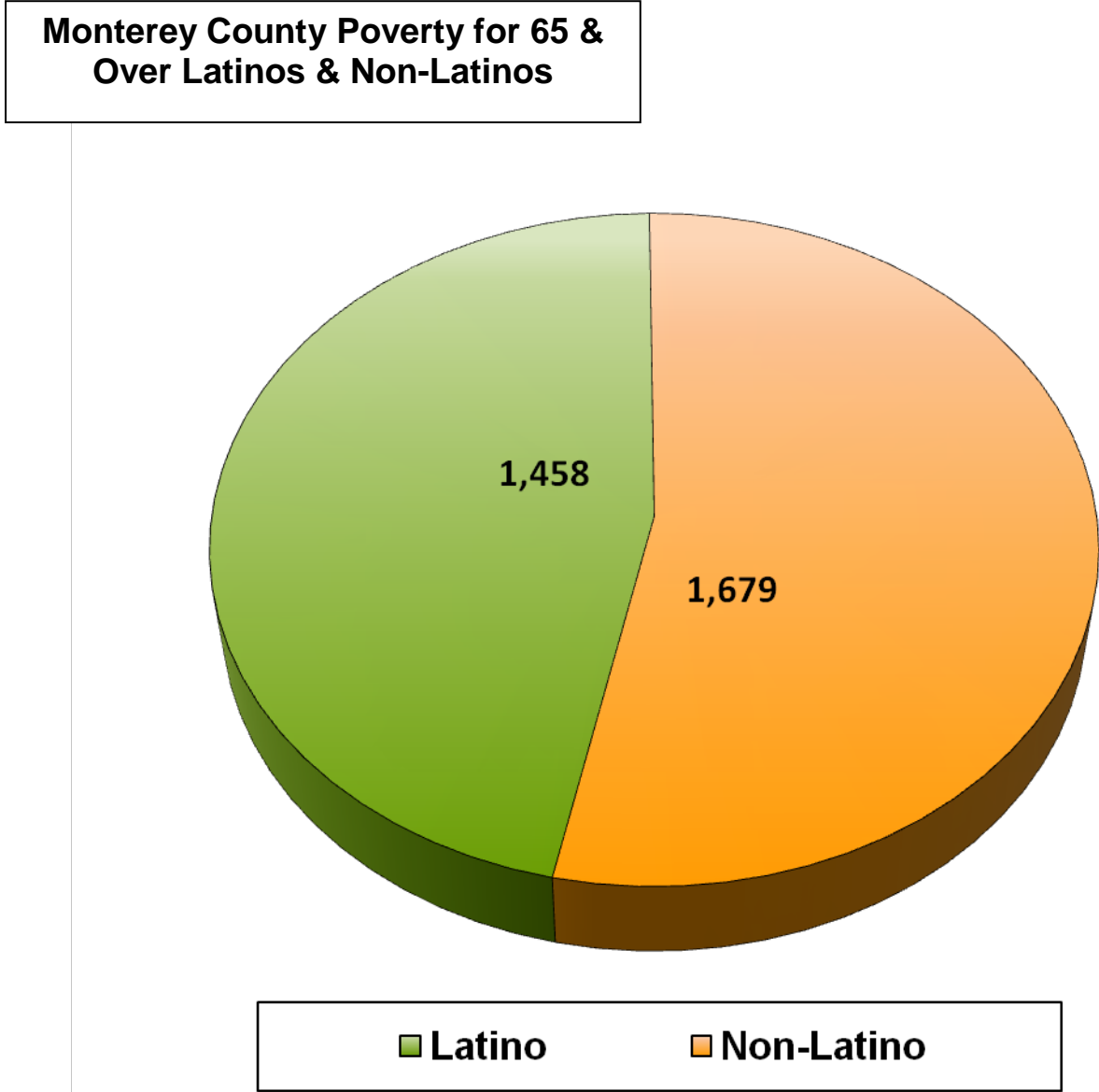
A review of seniors in poverty by race reveals the highest numbers in Monterey County are White<sup>6</sup>. It is interesting to note that White seniors make up the vast majority of overall seniors (approximately 82%) and, as a result, it is reasonable to expect high numbers in poverty as well. However, White seniors are less likely to be in poverty compared to their counterparts in minority race categories. That translates to seniors of color with higher percentages living in poverty:

- Other Race, 20.4% in poverty or 1 in 5
- Native American / Alaskan, 20.3% in poverty or 1 in 5
- Pacific Islander, 18.3% in poverty or 1 in 5
- Black, 16.2% in poverty or 1 in 6
- Mixed (combining 2 or more races), 12.2% in poverty or 1 in 8
- Asian, 11.4% in poverty or 1 in 8
- White, 7.5% in poverty or 1 in 13

<sup>6</sup> U.S. Census, American Community Survey 2009-2013, Tables B17001 through B17001L.

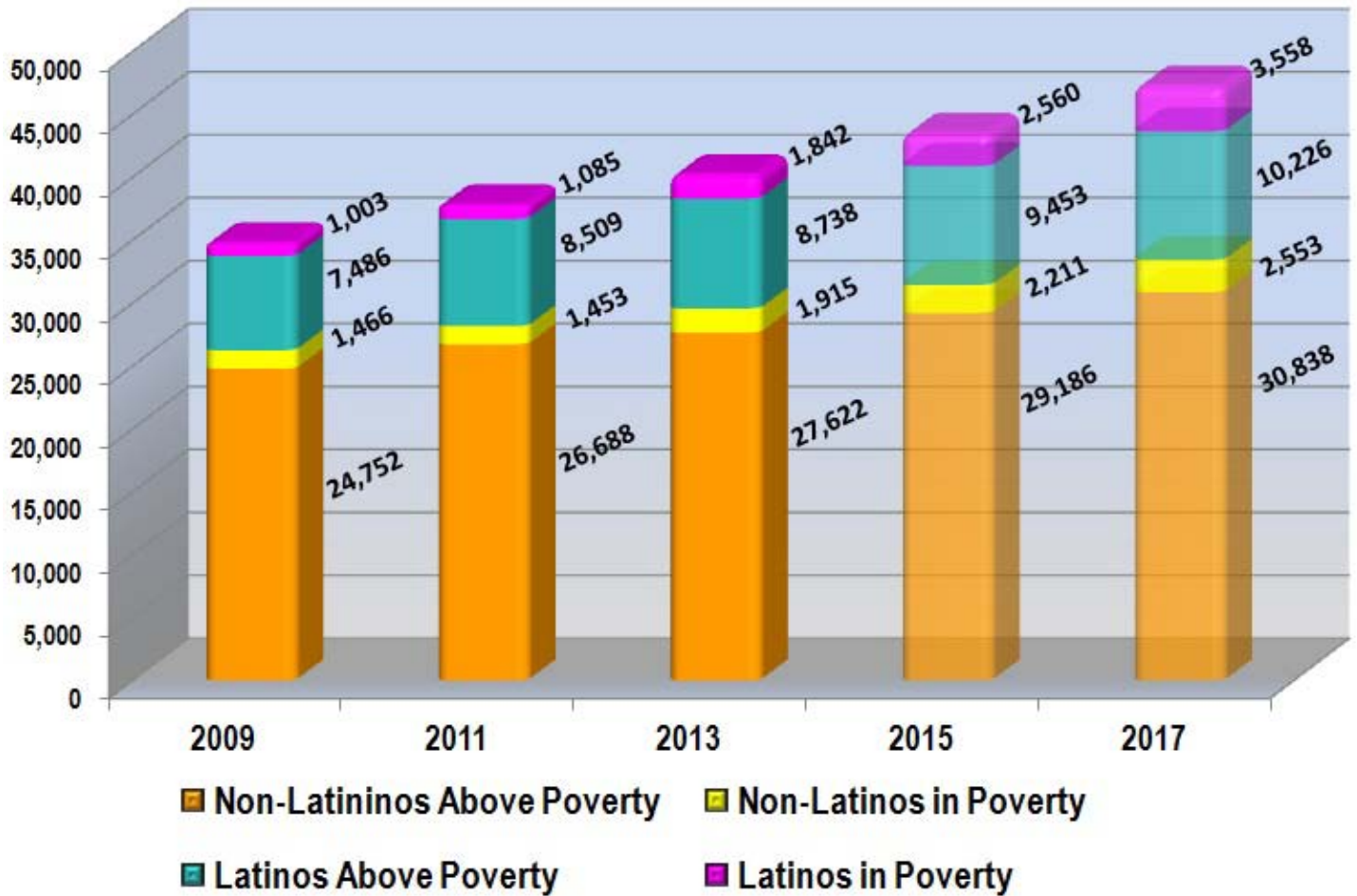
Ethnicity refers to several cultural factors, including ancestry, regional history, language, religion, practices and perspective. This is especially meaningful for Latinos in Monterey County where the overall population is more than 65% Latino (usually classified as white by race). That is in contrast to older Latinos that are 65 and over where they account for only 26% of the senior population.

Although the overall numbers of seniors has been growing, the number of seniors living in poverty has grown at a faster rate. 65 and over Latinos in poverty has risen at the fastest rate since 2011 with an increase of more than 41% in three years. Then compare that to 14.2% for non-Latinos over the same time period<sup>7</sup>.



<sup>7</sup> U. S. Census, American Community Survey 2008-2013, Tables B17001H and B17001I.

Another population shift is expected as Latinos age and continue to reside in Monterey County after retirement. It is projected that the percentage of senior Latinos will increase each year until the rate equals the overall population (from 26% to 65%). Unfortunately, this will also impact poverty rates resulting in a larger number and percentage of seniors needing services.



Analyzing the current and future senior populations provides a baseline to the AAA's planning process. Prior steady increases have now escalated to rapid growth changes and include higher percentages of seniors in poverty each year. Partnerships with local non-profits are being stretched to serve increasing numbers of needy seniors with limited and, in recent years, reduced funding support. Clearly the need for services is beyond capacity and will only worsen without additional financial support and resources.

**Section 7 (Required)**  
**Public Hearings**  
 PSA 32

**Conducted for the 2014-2015 Planning Period**

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? <sup>8</sup> Yes or No	Was hearing held at a Long-Term Care Facility? <sup>9</sup> Yes or No
2014-15	April 16, 2015	Monterey County AAA Advisory Council Meeting, Salinas	14	Spanish available	No

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

1. **Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.**
  - a. Public Hearing Notice in English and Spanish, flyers developed, distributed, and posted (see Appendixes 1 and 2).
  - b. Emails to existing list-serves including service providers.
  - c. Press releases to local newspapers: Salinas Californian, Monterey Herald, Pine Cone, Watsonville Pajaronian, and South County papers (4 editions).
  - d. Flyers and communications widely distributed through the Aging & Disability Services Network (email, meetings, front lobbies).

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

- Yes. Go to question #3
- Not applicable, PD and C funds are not used. Go to question #4

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

Not applicable.

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

- Yes. Go to question #5
- No, Explain:

<sup>8</sup> A translator is not required unless the AAA determines a significant number of attendees require translation services.

<sup>9</sup> AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

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

No questions were asked after the presentation about the minimum percentages of Title III B funds or how the related services are delivered in Monterey County, PSA 32.

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

There were some questions and discussion around the Long Term Care Ombudsman Program. The projected service units/actual service units for the years outlined show a lot of variance and no type of obvious pattern. It was explained that there is no local control of the projections because they are set by the California Department of Aging. The fluctuations in actual outcomes could be due to budget cuts in recent years, but it was agreed that AAA Staff would do some follow up.

The follow up with the sub-contractor, Alliance on Aging, explained that there are many factors that impact the actual service units. Certainly budget changes impact the ability to access resources to support the program and is a common cause of varying results. In some instances priorities may change in particular categories, creating a focus on some aspect and shifting resources away from other categories. Another variable is the amount of volunteer hours available to provide services and managing the recruitment and retention of valuable volunteers.

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

No changes needed to the Area Plan as a result of the public hearing.

**Section 9 (Required if recent changes)**  
***Area Plan Narrative Goals and Objectives***  
**PSA 32**

There is only one objective changed from the 2012-2016 Area Plan that is updated below. This change actually occurred in 2013-14 and was reported in the 2014-2015 Area Plan Update. All other goals and objectives remain the same.

**Goal 3: California Department of Aging Required Program Goals<sup>10</sup>**

<b>Goal</b>			
The AAA will support services that promote healthy aging.			
<b>Rationale</b>			
Quality of life is an indicator for attaining a healthy aging outlook. The needs assessment finds seniors identify staying physically fit as important.			
<b>Objective 3.1</b>	<b>Projected Start and End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Update Status</b>
The AAA will contract with a local provider who will provide the following evidence-based health promotion programs; Arthritis Exercise and Tai Chi for Arthritis. Outcomes will improve participants health, well-being, and strengthen disease self-management skills. The programs will provide 2,500 contacts of Health Promotion annually.	07/01/13 – 06/30/16	Title III D Disease Prevention/ Health Promotion	

<sup>10</sup> Program goals and objectives as specified and required by the California Department of Aging.



**Section 10 (Required)**  
***Service Unit Plan (SUP) Objectives***

PSA 32  
 2015-2016 Annual Plan Update

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

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

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

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

**1. Personal Care (In-Home)**

**Unit of Service = 1 hour**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	300	3	
2013-2014	0	N/A	
2014-2015	0	N/A	
2015-2016	0	N/A	

**Note:** Funding for personal care services was discontinued in FY 13-14.

**2. Homemaker**

**Unit of Service = 1 hour**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	300	3	
2013-2014	0	N/A	
2014-2015	0	N/A	
2015-2016	0	N/A	

**Note:** Funding for personal care services was discontinued in FY 13-14.

**3. Chore**

**Unit of Service = 1 hour**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	0	N/A	
2013-2014	0	N/A	
2014-2015	0	N/A	
2015-2016	0	N/A	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	253,725	3	
2013-2014	202,000	3	
2014-2015	211,952	3	
2015-2016	171,000	3	

**Note:** Projected numbers are adjusted each year based on recent service levels as well as any other factors.

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,700	3	
2013-2014	0	N/A	
2014-2015	0	N/A	
2015-2016	0	N/A	

**Note:** The sole day care provider in the PSA did not submit a bid to contract for services with the AAA. The provider will continue to provide services without fiscal support from the AAA using alternative funding.

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	0	N/A	
2013-2014	0	N/A	
2014-2015	0	N/A	
2015-2016	0	N/A	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	0	N/A	
2013-2014	0	N/A	
2014-2015	0	N/A	
2015-2016	0	N/A	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	61,250	3	
2013-2014	46,000	3	
2014-2015	56,238	3	
2015-2016	50,000	3	

**Note:** Projected numbers are adjusted each year based on recent service levels as well as any other factors.

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	0	N/A	
2013-2014	0	N/A	
2014-2015	0	N/A	
2015-2016	0	N/A	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	300	3	
2013-2014	0	N/A	
2014-2015	0	N/A	
2015-2016	0	N/A	

**Note:** The contract for services was discontinued for 2013-14 due to limited fund availability.

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	14,000	3	
2013-2014	10,000	3	
2014-2015	6,870	3	
2015-2016	6,870	3	

**Note:** Projected numbers are adjusted each year based on recent service levels as well as any other factors.

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

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	10,000	3	
2013-2014	4,390	3	
2014-2015	3,788	3	
2015-2016	3,150	3	

**Note:** More accurate projections are calculated after trend analysis of recent services as well as considerations of continued/expanded/reduced contracts with service providers.

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

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	5,000	3	
2013-2014	9,000	3	
2014-2015	12,678	3	
2015-2016	16,294	3	

**Note:** Partnering with County Social Services has resulted in increased service delivery capacity due to an increase in staffing and better tracking of client contacts.

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

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	5,900	3	
2013-2014	15,000	3	
2014-2015	12,446	3	
2015-2016	12,446		

**Note:** Service unit outputs can vary depending on opportunities available through community engagements and public attendance. Increased staff capacity and community linkages in 2013-14 created a broader resource base for general and targeted outreach activities.

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

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

**Title III B, Other Supportive Services <sup>11</sup>**

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

**Service Category 15-Community Education**

**Unit of Service 1 Activity**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	4,480	3	
2013-2014	0	0	
2014-2015	0	0	
2015-2016	0	N/A	

**Note:** Funding for Community Education services was discontinued in 2013-14. Federal sequester and limited funds resulted in shifting funds to legal assistance which is a designated service priority.

**Instructions for Title III D /Health Promotion and Medication Management:** List number of contacts for unit of service being performed to fulfill the service unit requirement. If Title III D Health Promotion funds are designated to support Title III C Nutrition Education and/or Nutrition Counseling services, report the service units under Title III C NAPIS 9. Nutrition Counseling and/or NAPIS 12. Nutrition Education. Add an objective under Title III D Nutrition Education to identify if Title III D funds are used to pay for Title III C Nutrition Education service units.

- **Service Activity:** List all the specific allowable service activities provided in the definition of Title III D/Health Promotion in the CDA Service Categories and Data Dictionary, i.e., health risk assessments; routine health screening; nutrition counseling/education services; evidence-based health promotion; physical fitness, group exercise, music, art therapy, dance movement and programs for multigenerational participation; home injury control services; screening for the prevention of depression and coordination of other mental health services; gerontological and social service counseling; and education on preventive health services. Primary activities are normally on a one-to-one basis; if done as a group activity, each participant shall be counted as one contact unit.

<sup>11</sup> Other Supportive Services: Visiting (In-Home) now includes telephoning (See Area Plan budget).

**16. Title III D Health Promotion**

**Unit of Service = 1 contact**

**Service Activities: Evidence based health promotion, health screening, and physical fitness**

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

**Evidence-base health promotion for classes and one-on-one support in Arthritis Exercise.**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	250	3	3.1
2013-2014	1,250	3	3.1
2014-2015	1,250	3	3.1
2015-2016	1,250	3	3.1

**Evidence-base health promotion for classes and one-on-one support in Tai Chi for Arthritis.**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	250	3	3.1
2013-2014	1,250	3	3.1
2014-2015	1,250	3	3.1
2015-2016	1,250	3	3.1

**Note:** Service unit increases reflect program developments and increased resource capacity bridging additional resources via service partnership with the Arthritis Foundation

**Title III D Medication Management <sup>12</sup>**

**Units of Service = 1 Contact**

**Service Activities:** \_\_\_\_\_

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

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2012-2013	0		
2013-2014	0		
2014-2015	0		
2015-2016	0		

<sup>12</sup> Refer to Program Memo 01-03

**TITLE III B and Title VII A:**

**LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES**

**2015-2016 Annual Plan Update**

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

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

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

Complete all Measures and Targets for Outcomes 1-3.

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

**Measures and Targets:**

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

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

1. FY 2010-2011 Baseline Resolution Rate: 54% Number of complaints resolved 152 + Number of partially resolved complaints 0 divided by the Total Number of Complaints Received 280 = Baseline Resolution Rate 54%	
2. FY 2012-2013 Target: Resolution Rate 84%	
3. FY 2011-2012 AoA Resolution Rate 83%	FY 2013-2014 Target: Resolution Rate 70%
4. FY 2012-2013 AoA Resolution Rate 77%	FY 2014-2015 Target: Resolution Rate 77%
5. FY 2013-2014 AoA Resolution Rate 67%	FY 2015-2016 Target: Resolution Rate 75%
Program Goals and Objective Numbers: Goal #3, Objective 3.2	

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

FY 2010-2011 Baseline: number of meetings attended 22
2. FY 2012-2013 Target: 24
3. FY 2011-2012 AoA Data: 24      FY 2013-2014 Target: 24
4. FY 2012-2013 AoA Data: 33      FY 2014-2015 Target: 20
5. FY 2013-2014 AoA Data: 20      FY 2015-2016 Target: 10
Program Goals and Objective Numbers: Goal #3, Objective 3.2

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

1. FY 2010-2011 Baseline: number of meetings attended 0
2. FY 2012-2013 Target: number: 0
3. FY 2011-2012 AoA Data: 1      FY 2013-2014 Target: 0
4. FY 2012-2013 AoA Data: 0      FY 2014-2015 Target: 0
5. FY 2013-2014 AoA Data: 0      FY 2015-2016 Target: 0
Program Goals and Objective Numbers: N/A

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

1. FY 2010-2011 Baseline: number of consultations 32
2. FY 2012-2013 Target: 40
3. FY 2011-2012 AoA Data: 0      FY 2013-2014 Target: 40
4. FY 2012-2013 AoA Data: 5      FY 2014-2015 Target: 40
5. FY 2013-2014 AoA Data: 50      FY 2015-2016 Target: 65
Program Goals and Objective Numbers: Goal #3, Objective 3.2



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

1. FY 2010-2011 Baseline: number of consultations 178
2. FY 2012-2013 Target: 228
3. FY 2011-2012 AoA Data: 387    FY 2013-2014 Target: 228
4. FY 2012-2013 AoA Data: 318    FY 2014-2015 Target: 375
5. FY 2013-2014 AoA Data: 528    FY 2015-2016 Target: 450
Program Goals and Objective Numbers: Goal #3, Objective 3.2

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

1. FY 2010-2011 Baseline: number of sessions 8
2. FY 2012-2013 Target: 9
3. FY 2011-2012 AoA Data: 3    FY 2013-2014 Target:: 9
4. FY 2012-2013 AoA Data: 2    FY 2014-2015 Target: 20
5. FY 2013-2014 AoA Data: 14    FY 2015-2016 Target: 15
Program Goals and Objective Numbers: Goal #3, Objective 3.2

## G. Systems Advocacy

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

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

Enter information in the box below.

### **Systemic Advocacy Efforts:**

#### **FY 2013-14 Plan:**

A new advocacy effort continues for collaboration between Monterey County LTC Ombudsman, CANHR, and Santa Clara, Santa Cruz & San Benito Ombudsman Programs to produce a symposium in early 2014 on use of antipsychotics in nursing homes. Target audience is 200 including staff of facilities, attorneys, and social workers.

**Report on FY 2013-14:** the symposium, ***Relationships: Moving Away from Drugs to Comfort-focused Dementia Care*** was held in Santa Clara on February 6, 2014, attracting 220 professionals including social workers, state licensing & certification staff, nurses, and long term care residence administrators. Among others, groups represented included local hospice, Alzheimer's Association, and the Long Term Care Ombudsman. The symposium featured three speakers: Dr. Jonathan Evans, President of the Medical Directors Association, Tina Alonzo Co-Director of Palliative Care for Advanced Dementia at The Beatitudes of Phoenix, Arizona; and Tony Chicotel, Staff Attorney with CANHR. The purpose of the symposium was to teach non-pharmacologic interventions for the treatment of people with dementia and why such options are often superior to psychotropic drugs. Continuing education units were offered in several licensing categories.

#### **FY 2014-15 Plan:**

Leveraging on the success of the jointly sponsored 2014 symposium (220 attendees), the Monterey County Ombudsman will work with its affiliate in Santa Cruz County and CANHR to provide a one-day symposium on advancing person-centered dementia care while minimizing the use of psychoactive medication in long-term care. Plans are to feature Tina Alonzo MSW, whose nationally recognized program model *Comfort First* at the Beatitudes Campus in Arizona, has virtually eliminated the use of these drugs for persons with dementia. The target audience will be long-term care facility administrators and line staff, and will be a didactic experience.

**Update on FY 2014-15:** As of this date, no conference has been planned as other activities took precedent. Following last year's conference, the California Long Term Care Ombudsman Association (CLTCOA) -as well as CANHR - turned its attention to a flurry of legislative bills in the CA Legislature that resulted from high profile news coverage of a facility closure in the SF Bay Area where 14 residents were abandoned; multiple deaths in San Diego County at residential care facilities; and the ProPublica production of *Death in Assisted Living*, broadcast on PBS. Ombudsmen from across the state visited the Capitol to advocate and testify on behalf of residents' needs and to restore state general funds cut from the program in 2008-09. Locally, in July 2014, Ombudsman Coordinator Becky Mann joined the board of directors of CLTCOA and has participated on two subcommittees – funding and education; attended hearings, writing material, and advocating with legislators.

**FY 2015-16:**

In addition to continuing legislative and education activities of CLTCOA, locally, the Ombudsman is attempting to gather data on two disturbing trends in the long term care environment which relate to both (1) the impoverished adult - those below 120% of the federal poverty level, and (2) the impoverished adult with a mental health diagnosis or a dual diagnosis, some of whom are well under the age of 60.

Residential care facilities for the elderly (RCFE) were designed and licensed for older adults who need assistance with certain activities of daily living, including but not limited to meal preparation, medication assistance, personal care, and coordination of medical and transportation services. The staff who work in these facilities are not licensed health care professionals; nor are they certified nursing assistants. None are behavioral health professionals. In fact, even though new laws became effective in 2015 increasing the number of training hours required for staff, CA state regulations require a minimal amount of training to do this work.

**The impoverished adult:** There is no Medicare reimbursement for RCFE care; therefore, cost for housing and other services is completely out-of-pocket. This means that a resident on Supplemental Security Income pays nearly all of his/her income for rent. For example, in one Salinas RCFE: SSI monthly income = \$1,145. Rent = \$1,008 to 1,028, Rep Payee fee = \$40 (if applicable). The resident retains a balance of \$77 - \$137 for personal expenses. If the resident qualifies for Medicare and/or Medi-Cal, most medical services are covered though individuals may be responsible for co-pays.

The RCFE housing resources provided to the residents of these facilities are often minimal and may be of poor quality, including the nutrition. Many of these residents spend their personal funds on food to supplement a poor diet. Even though impoverished adults who need this type of supportive housing are among the most vulnerable citizens, they have few options because providers cannot make a profit housing them. Note that rates for RCFEs in Monterey County can range from \$2,500 – as much as \$10,000 per month, depending on the services provided to the resident.

**The impoverished adult with a mental health diagnosis in RCFE:** The combination of minimally trained RCFE staff and residents with behavioral disorders results in increased 911 calls to deal with outbursts the staff are unable to manage and may result in emergency room visits and 72-hour holds. The cost of these services is extremely high and could likely be reduced significantly if these residents were housed in an appropriate supportive housing environment.

The Ombudsman is attempting to gather data on this issue and will convey the results in a later report.

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

**Measures and Targets:**

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

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

1. FY 2010-2011 Baseline: 100%	
Number of Nursing Facilities visited at least once a quarter not in response to a complaint (16) divided by the number of Nursing Facilities (16).	
2. FY 2012-2013 Target: 100%	
3. FY 2011-2012 AoA Data: 94%	FY 2013-2014 Target: 100%
4. FY 2012-2013 AoA Data: 88%	FY 2014-2015 Target: 100%
5. FY 2013-2014 AoA Data: 82%	FY 2015-2016 Target: 100%
Program Goals and Objective Numbers: Goal #3, Objective 3.2	

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

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

1. FY 2010-2011 Baseline: 74%	
Number of RCFEs visited at least once a quarter not in response to a complaint (45) divided by the number of RCFEs (61).	
2. FY 2012-2013 Target: 75%	
3. FY 2011-2012 AoA Data: 31%	FY 2013-2014 Target: 75%
4. FY 2012-2013 AoA Data: 60%	FY 2014-2015 Target: 95%
5. FY 2013-2014 AoA Data: 77 %	FY 2015-2016 Target: 80%
Program Goals and Objective Numbers: Goal #3, Objective 3.2	

**C. Number of Full-Time Equivalent (FTE) Staff** (AoA Report Part III. B.2. - Staff and Volunteers)  
 (One FTE generally equates to 40 hours per week or 1,760 hours per year) This number may only include staff time legitimately charged to the LTC Ombudsman Program. For example, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5. Time spent working for or in other programs may not be included in this number.

Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: 1.76 FTEs
2. FY 2012-2013 Target: 1.76 FTEs
3. FY 2011-2012 AoA Data: 2.00 FTEs      FY 2013-2014 Target: 1.76 FTEs
4. FY 2012-2013 AoA Data: 2.72 FTEs      FY 2014-2015 Target: 2.72 FTEs
5. FY 2013-2014 AoA Data: 1.95 FTEs      FY 2015-2016 Target: 1.85 FTEs
Program Goals and Objective Numbers: Goal #3, Objective 3.2

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

Verify numbers of volunteers with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2010: 25
2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2013: 28
3. FY 2011-2012 AoA Data: 49 certified volunteers  FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2014: 31
4. FY 2012-2013 AoA Data: 25 certified volunteers  FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2015: 28
5. FY 2013-2014 AoA Data: 21 certified volunteers  FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2016: 25
Program Goals and Objective Numbers: Goal #3, Objective 3.2

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

**Measures and Targets:**

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

1. FY 2010-2011 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV: 2

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

2. FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV: 2

3. FY 2011-2012 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV: 2

FY 2013-2014 Target: 2

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

FY 2014-2015 Target: 5

5. FY 2013-2014 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV: 3

FY 2015-2016 Target: 1

Program Goals and Objective Numbers: Goal #3, Objective 3.2

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

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

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

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

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

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

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

<b>Fiscal Year</b>	<b>Total # of Public Education Sessions</b>
2012-13	24
2013-14	100
2014-15	26
2015-16	16

<b>Fiscal Year</b>	<b>Total # of Training Sessions for Professionals</b>
2012-13	2
2013-14	30
2014-15	44
2015-16	20

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

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



<b>Fiscal Year</b>	<b>Total # of Copies of Educational Materials to be Distributed</b>	<b>Description of Educational Materials</b>
2012-2013		
2013-2014		
2014-2015		
2015-2016		

<b>Fiscal Year</b>	<b>Total Number of Individuals Served</b>
2012-2013	200
2013-2014	200
2014-2015	200
2015-2016	200

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

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

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

**Direct and/or Contracted III EServices**

<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Family Caregiver Services Caring for Elderly</b>	<b><i>Proposed</i> Units of Service</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Optional</i> Objective #(s)</b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2012-2013	85 activities Total est. audience for above: 1300	3	
2013-2014	125 activities Total est. audience for above: 10,000	3	
2014-2015	125 activities Total est. audience for above: 10,000	3	
2015-2016	125 activities Total est. audience for above: 10,000	3	
<b>Access Assistance</b>	<b>Total contacts</b>		
2012-2013	800	3	
2013-2014	1,300	3	
2014-2015	1,248	3	
2015-2016	1,900	3	
<b>Support Services</b>	<b>Total hours</b>		
2012-2013	2,800 hours	3	
2013-2014	2,000 hours	3	
2014-2015	2,000 hours	3	
2015-2016	2,000 hours	3	

<b>Respite Care</b>	<b>Total hours</b>		
2012-2013	1,363	3	
2013-2014	1,500	3	
2014-2015	1,500	3	
2015-2016	1,500	3	
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2012-2013	0		
2013-2014	0		
2014-2015	0		
2015-2016	0		

### Direct and/or Contracted III E Services

<b>Grandparent Services Caring for Children</b>	<b><i>Proposed</i> Units of Service</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Optional</i> Objective #(s)</b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2012-2013	0 activities 0 estimated audience	N/A	
2013-2014	0 activities 0 estimated audience	N/A	
2014-2015	0 activities 0 estimated audience	N/A	
2015-2016	0 activities 0 estimated audience	N/A	
<b>Access Assistance</b>	<b>Total contacts</b>		
2012-2013	0	N/A	
2013-2014	0	N/A	
2014-2015	0	N/A	
2015-2016	0	N/A	
<b>Support Services</b>	<b>Total hours</b>		
2012-2013	520 hours	3	
2013-2014	0	3	
2014-2015	0	N/A	
2015-2016	0	N/A	
<b>Respite Care</b>	<b>Total hours</b>		
2012-2013	1,800 hours	3	
2013-2014	0	3	
2014-2015	0	N/A	
2015-2016	0	N/A	
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2012-2013	46 occurrences	3	
2013-2014	0	3	
2014-2015	0	N/A	
2015-2016	0	N/A	

**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)**

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

PSA 32 does not provide the Senior Community Service Employment Program, and as a result, has not completed the following chart:

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

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

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

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

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

**Section 1. Primary HICAP Units of Service**

<b>Fiscal Year (FY)</b>	<b>1.1 Estimated Number of Unduplicated Clients Counseled</b>	<b>Goal Numbers</b>
2012-2013	1,325	3
2013-2014	1,400	3
2014-2015	1,933	3
2015-2016	1,821	3

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

<b>Fiscal Year (FY)</b>	<b>1.2 Estimated Number of Public and Media Events</b>	<b>Goal Numbers</b>
2012-2013	115	3
2013-2014	116	3
2014-2015	145	3
2015-2016	126	3

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

**Section 2: Federal Performance Benchmark Measures**

<b>Fiscal Year (FY)</b>	<b>2.1 Estimated Number of Contacts for all Clients Counseled</b>	<b>Goal Numbers</b>
2012-2013	4,700	3
2013-2014	5,200	3
2014-2015	11,520	3
2015-2016	2,779	3

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

<b>Fiscal Year (FY)</b>	<b>2.2 Estimated Number of Persons Reached at Public and Media Events</b>	<b>Goal Numbers</b>
2012-2013	5,000	3
2013-2014	5,100	3
2014-2015	7,248	3
2015-2016	2,787	3

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

<b>Fiscal Year (FY)</b>	<b>2.3 Estimated Number of contacts with Medicare Status Due to a Disability Contacts</b>	<b>Goal Numbers</b>
2012-2013	780	3
2013-2014	800	3
2014-2015	597	3
2015-2016	309	3

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

<b>Fiscal Year (FY)</b>	<b>2.4 Estimated Number of contacts with Low Income Beneficiaries</b>	<b>Goal Numbers</b>
2012-2013	1,760	3
2013-2014	1,800	3
2014-2015	3,802	3
2015-2016	1,569	3

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

<b>Fiscal Year (FY)</b>	<b>2.5 Estimated Number of Enrollment Assistance Contacts</b>	<b>Goal Numbers</b>
2012-2013	3,650	3
2013-2014	4,000	3
2014-2015	9,787	3
2015-2016	2,242	3

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

<b>Fiscal Year (FY)</b>	<b>2.6 Estimated Part D and Enrollment Assistance Contacts</b>	<b>Goal Numbers</b>
2012-2013	3,070	3
2013-2014	3,500	3
2014-2015	8,593	3
2015-2016	1,387	3

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



<b>Fiscal Year (FY)</b>	<b>2.7 Estimated Number of Counselor FTEs in PSA</b>	<b>Goal Numbers</b>
2012-2013	26.0 FTE	3
2013-2014	26.0 FTE (1,200 hours*)	3
2014-2015	1,954 hours	3
2015-2016	1,420	3

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

\*Tracking method was changed during FY 2012-2013 and is now only hourly based.

**Section 3: HICAP Legal Services Units of Service (if applicable)<sup>13</sup>**

<b>State Fiscal Year (SFY)</b>	<b>3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2012-2013	0	0
2013-2014	0	0
2014-2015	0	0
2015-2016	0	0
<b>State Fiscal Year (SFY)</b>	<b>3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2012-2013	0	0
2013-2014	0	0
2014-2015	0	0
2015-2016	0	0
<b>State Fiscal Year (SFY)</b>	<b>3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2012-2013	0	0
2013-2014	0	0
2014-2015	0	0
2015-2016	0	0

<sup>13</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services.

## Section 13 (Required if recent changes)

### Priority Services

#### PSA 32

#### 2015-2016 Area Plan Update

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds<sup>14</sup> listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2012-13 through FY 2015-16. This change was submitted and approved as a part of the 2013-2014 Area Plan Update.

##### **Access:**

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

2012-13 **30%**    2013-14 **30%**    2014-15 **30%**    2015-16 **30%**

##### **In-Home Services:**

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

2012-13 **5%**    2013-14 **0%**    2014-15 **0%**    2015-16 **0%**

##### **Legal Assistance Required Activities:**<sup>15</sup>

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

2012-13 **25%**    2013-14 **25%**    2014-15 **25%**    2015-16 **25%**

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA.32

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<sup>14</sup> Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

<sup>15</sup> Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

## **NARRATIVE SUBMITTED AND APPROVED IN THE 2013-2014 AREA PLAN UPDATE**

The percentages remain the same as the previous period for **Access** and **Legal Assistance** and have been confirmed by the AAA through the planning process including the Needs Assessment analysis and input from the public hearings. Mandates of the Older Americans' Act that outline outreach and targeting requirements have been met.

The percentage of Title III B funds for **In-Home Services** remains zero "0" percent effective during fiscal year 2013-2014. The AAA has confirmed this change in adequate proportion through the planning process, input from the Advisory Council, and a public hearing. Alternative community resources exist within the PSA for the continued provision of personal care, homemaker, chore and adult day care. The existing service providers of In-Home Services are serving individuals in greatest economic and social need and are able to continue service delivery in absence of AAA funding. The needs assessment conducted in support of the 2012-2016 Area Plan did not identify In-Home Services as a priority area. This shift in funding supports local planning efforts to eliminate duplication of effort and rebalances reduced funding due to the federal sequester to other core services such as Information and Assistance, Outreach, and Legal Services. These funded services deliver larger service unit outcomes and demonstrate greater community impact.

**Section 17 (Required if recent changes)**

*Advisory Council*

**ADVISORY COUNCIL MEMBERSHIP  
2014-2015 Annual Plan Update**

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

**Total Council Membership (include vacancies)** 14 (1 vacancy)

**Number of Council Members over age 60** 9

50 % of PSA (current)

<b>Race/Ethnic Composition</b>	<u>60+Population</u>	<u>% on Advisory Council</u>
White	7	50%
Hispanic	3	21%
Black	2	14%
Asian/Pacific Islander	2	14%
Native American/Alaskan Native	0	0%
Other	0	0%

**Name and Title of Officers:**

**Office Term Expires:**

Wendy Franscioni, Chair, At Large	01-01-16
Kelley Vasquez , Vice-Chair, At Large	01-01-16

**Name and Title of other members:**

**Office Term Expires:**

Maria Dominguez Munoz, 1 <sup>st</sup> District, Armenta	01-01-16
Helene Brodrick, 2 <sup>nd</sup> District, Calcagno	01-01-16
José Vasquez, 3 <sup>rd</sup> District	01-01-16
Janet Shing, 4 <sup>th</sup> District	01-01-17
Marilyn Bloom, 5 <sup>th</sup> District	01-01-16
Bobbie Blakeney, At Large	01-01-18
Robert Petty, At Large	01-01-18
Carl Braginsky, At Large	01-01-17
Doris Jones, At Large	01-01-17
Tom Shields, At Large	01-01-17
Kaytie Tong, At Large	01-01-16
Kathleen Adamson, At Large	01-01-18
Vacant, At Large	01-01-18

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

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

Explain any "No" answer(s): \_\_\_\_\_

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

The Monterey County AAA Advisory Council is comprised of a maximum of fifteen members. Five members are directly selected by the Monterey County Board of Supervisors (one from each district). Another ten individuals considered "Community-at-Large members" complete a full application and review process before recommendation to the Monterey County Board of Supervisors for formal appointment. All appointments are for a three-year term with no term limits for reappointment.

**Section 20 (Required if recent changes)**  
***Title III E Family Caregiver Support Program***  
**PSA 32 2014-2015 Annual Plan Update**

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

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

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

Check YES or NO for each of the services<sup>16</sup> identified below and indicate if the service will be provided directly or contracted. Check only the current year and leave the previous year information intact. If the AAA will **not** provide a service, a justification for each service is required in the space below.

**Family Caregiver Services**

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

**Grandparent Services**

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

<sup>16</sup> Refer to PM 11-11 for definitions for the above Title III E categories.

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

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

## **For Monterey County, PSA 32:**

**Family Caregiver Services for the Elderly:** Supplemental Services is not being funded with III E funds because of the availability of alternative resources. Supplemental services are provided through a community based nonprofit organization in our aging services network. This provider is not a contractor of the AAA. The organization is named Episcopal Community Services; their address is 1071 Pajaro Street, Salinas, CA 93901. In particular, this organization operates a lending closet of equipment and assistive devices that is available to seniors and family caregivers free of charge. Access to this service allows the AAA to allocate limited III E funding to other critically important family caregiver mandated services. Episcopal Community Services provides services and supports throughout the entire PSA 32 area. The AAA ensures the service continues to be provided in the PSA via service reports provided by our Information, Assistance & Referral Program which is a direct service of the AAA.

**Grandparent Services Caring for Children:** Grandparent services will not be funded through the AAA. These services will continue to be provided by Seneca Residential and Day Treatment Center for Children, 124 River Road, Salinas California. Seneca is a statewide nonprofit organization, grandparent services will continue in absence of AAA funding through alternative resources. Seneca will provide services throughout the PSA. Staff from the grandparent program will remain in contact with the AAA through participation in the Aging & Disability Services Network quarterly meetings. Program information and resource sharing occurs during network meetings. The decision to not fund grandparent services is supported by the area planning process, low priority service, and a decision to discontinue the practice of funding small contracts that yield small service unit outcomes.



## **Public Hearing**

### *Monterey County Area Agency on Aging*

#### **We Value Your Comments**

Monterey County Area Agency on Aging is conducting a **Public Hearing** to provide the latest information on supportive services for seniors and persons with disabilities.

The Area Agency on Aging is the local agency responsible for the planning and development of services for seniors under the Federal Older Americans Act. The purpose of the Public Hearing is to receive input from the general public on the 2015-2016 Area Plan Update.

*Please join us:*

**Thursday, April 16th, 2015 at 1:45 pm**  
**AAA Advisory Council Meeting**  
**1000 S. Main St., Ste. 110**  
**Salinas, CA 93901**

Spanish translation will be available.

RSVP is requested for attendees who require disability or access accommodations. RSVP is requested no later than one week prior to the public hearing by calling Teresa Pureco at (831) 796-1553 or via email at [purecotm@co.monterey.ca.us](mailto:purecotm@co.monterey.ca.us)







## **Audiencia Publica**

### *Agencia del Área para Personas de la Tercera Edad del Condado de Monterey*

#### **Nosotros Valoramos sus Comentarios**

La Agencia del Área para Personas de la Tercera Edad del Condado de Monterey esta llevando a cabo una **Audiencia Pública** para proveer la información mas reciente en servicios de apoyo para personas de la tercera edad y personas con discapacidades.

La Agencia del Área para Personas de la Tercera Edad es la agencia local responsable en planear y desarrollar los servicios para personas de la tercera edad bajo El Acto Federal para los Americanos de la Tercera Edad.

El propósito de las Audiencia Pública es de obtener información del publico en general sobre la Actualización del Plan del Área 2015-2016.

Acompañenos el:

**Jueves 16 de Abril del 2015 a la 1:45pm**

**AAA Junta del Consejo Asesor**

**1000 S. Main St., Ste. 110**

**Salinas, CA 93901**

Traducción en Español disponible.

Se requiere reservar con anticipación a los asistentes con discapacidades o arreglos de acceso. Reserve con una semana antes de la Audiencia Pública llamando a Teresa Pureco al (831) 796-1553 o [purecotm@co.monterey.ca.us](mailto:purecotm@co.monterey.ca.us)





## **Public Hearing**

The Area Agency on Aging is the local agency responsible for the planning and development of services for seniors under the Federal Older Americans Act. The purpose of the Public Hearing is to receive input from the general public on the 2015-2016 Area Plan Update.

**Why are we here today?** To let you know about our on-going work and provide the latest information:

- What is an Area Plan?
- Review of 2015-2016 Area Plan Update (*written report*).
- Review the Minimum Percentages of funding for Supportive Services, Title III B:
  - Access to Services – 30%
  - In-Home Services – 0%
  - Legal Assistance – 25%
- Review progress on Area Plan Goals.

*For questions or more information about the AAA or this presentation please call Kathleen Murray-Phillips at (831) 796-3530 or via email at [murrayphillipsk@co.monterey.ca.us](mailto:murrayphillipsk@co.monterey.ca.us)*

If you or someone you know needs services please call our toll-free number at **1-800-510-2020**.





## Audiencia Pública

La Agencia del Área para Personas de la Tercera Edad es la agencia local responsable en planear y desarrollar los servicios para personas de la tercera edad bajo El Acto Federal para los Americanos de la Tercera Edad. El propósito de las Audiencia Pública es de obtener información del publico en general sobre la Actualización del Plan del Área 2015-2016.

¿Porque estamos hoy aqui? Para hacerle saber acerca de nuestro trabajo en curso y proveer la información mas reciente:

- ¿Que es el Plan del Área?
- Revisar el Plan del Área Actual 2015-2016 (reporte escrito).
- Revisar los Porcentajes Mínimos de Financiamiento para Servicios de Apoyo, Titulo III B:
  - Acceso a Servicios – 30%
  - Servicios en Casa – 0%
  - Asistencia Legal – 25%
- Revisar el progreso de las Metas del Plan del Área

*Para preguntas o mas información acerca de la AAA o esta presentación llame a Kathleen Murray-Phillips al (831) 796-3530 o por correo electrónico a [murrayphillipsk@co.monterey.ca.us](mailto:murrayphillipsk@co.monterey.ca.us)*

Si usted o alguien que usted conoce necesita servicios por favor llame al numero gratuito **1-800-510-2020**

