

DRAFT May 18, 2017



Monterey County Area Agency on Aging 2017-2018 Area Plan Update



"Assistance, Advocacy and Answers on Aging"

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Notes: This is not a stand-alone document, and, as a result, does not include all of the Sections. This document is intended to provide new information to supplement the Area Agency on Aging 2016-2020 Area Plan.

This version approved by _____ on _____, 2017.

Area Plan Update Checklist

PSA 32 ☒ FY 18/19[illegible]

Transmittal Letter

Annual Plan Update ☒ FY 17-18

AAA Name: Monterey County Area Agency on Aging

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This Area Plan Update 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 undersigned¹ 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. Mary Adams

Signature: Governing Board Chair ¹

Date

2. Kelly Vasquez

Signature: Advisory Council Chair

Date

3. Margaret Huffman

Signature: Area Agency Director

Date

¹ Original signatures or official signature stamps are required.

Section 1 – *Mission Statement*

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

“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 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 others 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 care 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 2 – *Estimates of the Older Population*

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The senior population 60 and over continues to grow in Monterey County at higher rates than the general population. The AAA has been reporting this trend for a number of years, but it is crucial to recognize that the growth rate for seniors is significantly higher than other age groups combined.

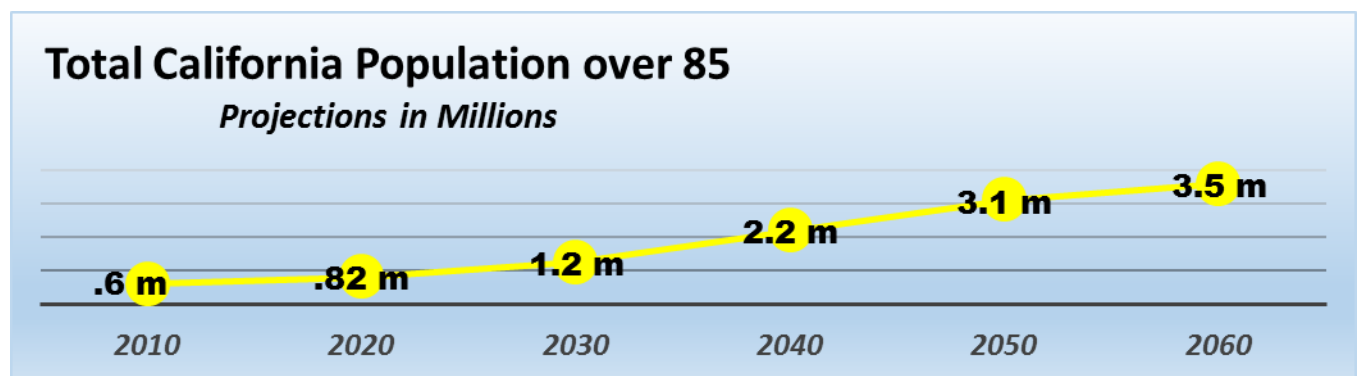


More than one in six residents in Monterey County today are seniors and the growth trend is expected to continue. The increasing change in the number and percentage of the older population has been credited to the aging of the Baby Boomer Generation², however that may not be the only reason.

Initial research³ into the relocation of seniors has revealed two possible factors adding to the growing numbers:

- 1) Seniors moving into Monterey County to retire;
- 2) Less migration of agricultural workers that remain in Monterey County to retire.

Another important component is that people are living healthier and longer. One sign are the increasing numbers of older seniors living past 85 years old⁴ with many living beyond 100. A true centenarian used to be very rare, but advancements in nutrition, preventative health, and medical care have supported greater life spans.



² Baby boomers are those born between the years 1946 and 1964.

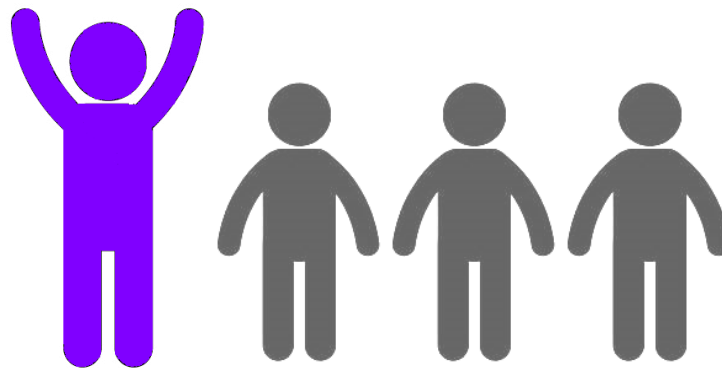
³ Monterey County Area Agency on Aging Area Plan 2016-2020.

⁴ Chart projections by the California Department of Finance.

The chart below includes the most recent information available using the same resource⁵ included in the AAA Area Plan 2016-2020 and prior updates.

2015 Older Population in Monterey County by Age Group						
AGE	Total Population by Age Group	% of Total Population All ages	Male	% of Total Population All ages	Female	% of Total Population All ages
60-64	22,004	5.14%	11,100	2.59%	10,904	2.55%
65-69	16,159	3.77%	7,757	1.81%	8,402	1.96%
70-79	18,916	4.42%	8,880	2.07%	10,036	2.34%
80 & up	14,604	3.41%	5,568	1.30%	9,036	2.11%
Total 60+	71,683	16.73%	33,305	7.77%	38,378	8.96%
Total 65+	49,679	11.60%	22,205	5.18%	27,474	6.41%

The current 71,683 senior population is estimated to expand to 117,707⁶ by 2030, although the last of the Baby Boomers reaches retirement age in just a few years. This 64% increase in the senior population has already started in our communities, and service providers have been pressured to increase their efforts each year to keep up. This population shift over time will translate to one senior out of four Monterey County residents.



⁵ U.S. Census, American Community Survey 2011-2015, Table B01001, total population all ages, Monterey County Report.

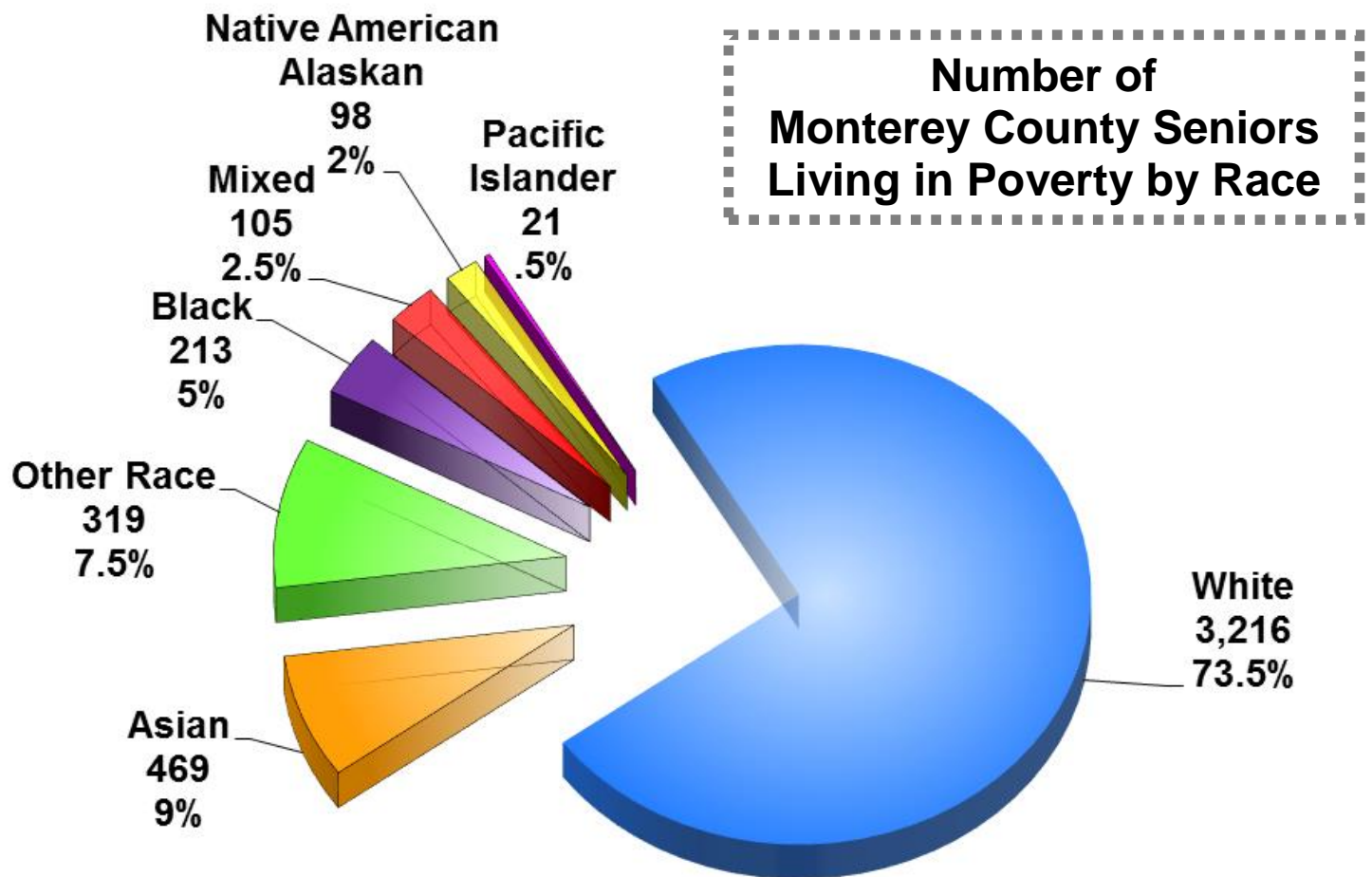
⁶ Monterey County Area Agency on Aging Area Plan 2016-2020.

Section 3 – *Estimates of Low Income Minorities*

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Monterey County AAA has included information on low income and minority seniors in prior reports. Instead of using the Federal Poverty Level (FPL)⁷ to measure poverty for seniors, the AAA has introduced and maintained that the Elder Economic Security Standard Index (Elder Index)⁸ is a better tool for measuring true poverty in Monterey County. Due to the high cost of living in California's coastal counties, the Elder Index considers local expenses and establishes that it takes three times the FPL allowance to manage alone in Monterey County.

It becomes more complex to consider the number of minorities that live in poverty⁹ :

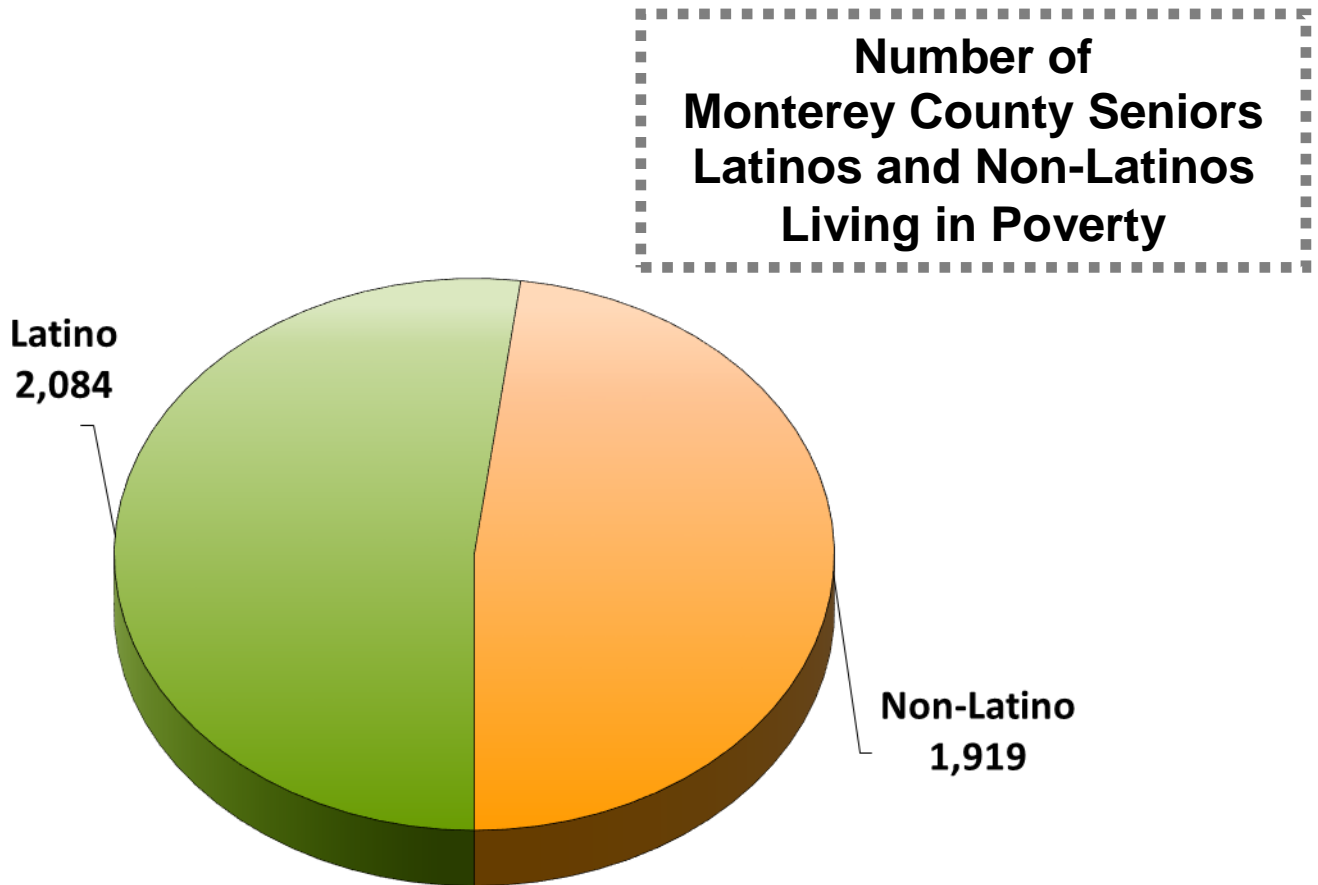


⁷ A measure of income issued every year by the Department of Health and Human Services (HHS).

⁸ Developed by Wider Opportunities for Women in collaboration with the Gerontology Institute at the University of Massachusetts in Boston and adapted for California by the UCLA Center for Health Policy Research.

⁹ U.S. Census, American Community Survey 2011-2015, Tables B17001 through B17001L.

According to the U.S. Census, American Community Survey basic approach, Latino is considered an ethnicity and, as a result, this is an important layer to consider for planning purposes for Monterey County. Poverty rates¹⁰ for Latino seniors has grown at a faster rate than Non-Latinos and now account for more than half (54%) of all reporting seniors living in poverty.



Regardless of race or ethnicity, almost 1 in 10 seniors live in poverty in Monterey County. Considering that the overall population of seniors is rising at historic rates and assuming a larger percentage of the population, the challenge to our communities will be to provide basic services. Some commercial companies have stepped up and recognized that seniors are the largest segment of the population. As a result, it makes business sense to customize and cater to the needs of older customers. Some examples include: home delivered groceries, door through door transportation services, and home health care. Certainly these trends are promising and will support many older adults to age in place in their own homes. However, many of these support services come at a high price and less fortunate seniors cannot afford the cost. The choice for many is to go without and/or turn to non-profit agencies and local government for help.

¹⁰ U.S. Census, American Community Survey 2011-2015, Tables B17001H and B17001I.

Section 7 – Public Hearings

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

Conducted for the 2016-2020 Planning Period

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ¹¹ Yes or No	Was hearing held at a Long-Term Care Facility? ¹² Yes or No
2017-2018	April 27, 2017	Monterey County AAA Advisory Council Meeting, Salinas	13	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, flyers developed, distributed, and posted.
 - b. Emails to existing list-serves including service providers.
 - c. Press releases to local newspapers: Salinas Californian including El Sol, Monterey Herald, Pine Cone, South County papers (4 editions).
 - d. KSBW (local television channel) Community Calendar.
 - e. 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, issued was not discussed. 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:

¹¹ A translator is not required unless the AAA determines a significant number of attendees require translation services.

¹² 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.

After a brief presentation, there were only questions and discussion to clarify that Monterey County AAA has continued with 0% for In-Home services although considered a priority service. This is due to another Program in the county providing these vital services to the same target audience: Department of Social Services' In-Home Support Services (IHSS). Anything done by the AAA with Title III B funds would be considered a duplication of effort.

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

AAA Staff went over the complete Area Plan Update as a part of the presentation. All changes were reviewed and discussed.

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

No changes were made to the Area Plan Update as a result of the Public Hearing.

Section 9 – Area Plan Narrative Goals and Objectives

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Goal 3: California Department of Aging Required Program Goals¹³

The following goals are required to be listed in this report, however there is no change from the 2016-2020 Area Plan.

Goal The AAA will support Ombudsman services that help to protect seniors living in long term care facilities.			
Rationale The 2015 AAA Needs Survey included results about the concerns of seniors and 41% indicated that nursing home placement was a top priority.			
Objective 3.2 The AAA will allocate funding to support operation of the Ombudsman for Long Term Care. The service provider of the Ombudsman will recruit and train volunteers who provide support to nursing home residents in responding to concerns or reports of neglect or maltreatment. The Ombudsman will also perform community education presentations as reflected in contractor's scope of work. Staff will provide oversight of contractor's outreach efforts and the provision of services so that customer feedback can be considered at all levels. Expected outcomes will strengthen capacity of the Ombudsman to respond to issues of suspected abuse.	Projected Start and End Dates	Title III B Funded PD or C	Update Status
	07/01/17 – 06/30/18	No	

¹³ Program goals and objectives as specified and required by the California Department of Aging.

Goal

The AAA will support programs and services to prevent the abuse of seniors in our communities.

Rationale

The incidence of scams on seniors is on the rise as well as reports to the County Department of Social Services Adult Protective Services.

Objective 3. 3

The AAA will allocate funding for the provision of legal services in support of elder abuse prevention. The legal service provider will offer legal assistance and community education as specified in contractor's scope of work outlined in the formal written agreement. Indirect and direct educational approaches will be conducted by contract staff that will also consider requests for specific topic presentations whenever possible. Outcomes will strengthen the awareness of seniors so they can avoid victimization and to increase the capacity of protective service professionals to intervene in the prevention of elder abuse.

**Projected
Start and
End Dates**

07/01/17 –
06/30/18

**Title III B
Funded
PD or C**

No

**Update
Status**

Section 10 – Service Unit Plan (SUP) Objectives

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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 and the National Ombudsman Reporting System \(NORS\) Instructions](#).

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 VIIA.

1. Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0	N/A	
2017-2018	0	N/A	
2018-2019			
2019-2020			

2. Homemaker

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2016-2017	0	N/A	
2017-2018	0	N/A	
2018-2019			
2019-2020			

3. Chore

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0	N/A	
2017-2018	0	N/A	
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	192,000	3	
2017-2018	192,000	3	
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0	N/A	
2017-2018	0	N/A	
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0	N/A	
2017-2018	0	N/A	
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2016-2017	0	N/A	
2017-2018	200 ¹⁴	3	
2018-2019			
2019-2020			

¹⁴ Efforts to implement a small transportation service will be made during Fiscal Year 2017-18.

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	50,000	3	
2017-2018	41,000	3	
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0	N/A	
2017-2018	0	N/A	
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0	N/A	
2017-2018	0	N/A	
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	6,500	3	
2017-2018	6,500	3	
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	4,250	3	
2017-2018	4,250	3	
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2016-2017	17,000	3	
2017-2018	17,000	3	
2018-2019			
2019-2020			

14. Outreach (Access)**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2016-2017	7,500	3	
2017-2018	6,800	3	
2018-2019			
2019-2020			

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 B** services to be funded that were not reported in NAPIS categories 1-14 and 16. (Identify the specific activity under the Other Supportive Service Category on the “Units of Service” line when applicable.)

Title III B, Other Priority and Non-Priority Supportive Services

For all Title IIIB “Other” Supportive Services, use the appropriate Service Category name and Unit of Service (Unit Measure) listed in the CDA Service Categories and Data Dictionary.

- Other **Priority Supportive Services include:** Alzheimer’s Day Care, Comprehensive Assessment, Health, Mental Health, Public Information, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting
- Other **Non-Priority Supportive Services include:** Cash/Material Aid, Community Education, Disaster Preparedness Materials, Emergency Preparedness, Employment, Housing, Interpretation/Translation, Mobility Management, Peer Counseling, Personal Affairs Assistance, Personal/Home Security, Registry, Senior Center Activities, and Senior Center Staffing

All “Other” services must be listed separately. Duplicate the table below as needed.

Service Category **No other services provided under Title III B.**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0	N/A	
2017-2018	0	N/A	
2018-2019			
2019-2020			

16 Title IIID Disease Prevention and Health Promotion

Instructions for Title IIID Disease Prevention and Health Promotion: Enter the proposed units of service and the Program Goal and Objective number(s) that provides a narrative description of the program and explains how the service activity meets the criteria for evidence-based programs described in PM 15-10.

Unit of Service = 1 contact

Service Activities: Tai Chi for Arthritis Program, Tai Chi for Better Balance, Bingocize, Walk with Ease, Matter of Balance (all programs are evidence based with highest level criteria and approved by the AAA.).

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2016-2017	2,500	3	3.1
2017-2018	2,300	3	3.1
2018-2019			
2019-2020			

TITLE III B and Title VII A:

LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

2016–2020 Four-Year Planning Cycle

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

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 will establish targets each year in consultation with the local LTC Ombudsman Program Coordinator. Use the yearly baseline data as the benchmark for determining yearly 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: Please note that data is based on Federal Fiscal Year.

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 2014-2015 Baseline Resolution Rate: Number of complaints resolved 203 + Number of partially resolved complaints 16 divided by the Total Number of Complaints Received 345 = Baseline Resolution Rate 63% FY 2016-17 Target Resolution Rate 80%
2. FY 2015-2016 Baseline Resolution Rate: Number of complaints resolved 193 + Number of partially resolved complaints 55 divided by the Total Number of Complaints Received 270 = Baseline Resolution Rate 92% FY 2017-18 Target Resolution Rate 90%
3. FY 2016-2017 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2018-19 Target Resolution Rate _____%
4. FY 2017-2018 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2019-20 Target Resolution Rate _____%
Program Goals and Objective Numbers: Goal #3, Objective 3.2

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

1. FY 2014-2015 Baseline: number of Resident Council meetings attended 24 FY 2016-2017 Target: 20
2. FY 2015-2016 Baseline: number of Resident Council meetings attended 17 FY 2017-2018 Target: 20
3. FY 2016-2017 Baseline: number of Resident Council meetings attended ____ FY 2018-2019 Target: ____
4. FY 2017-2018 Baseline: number of Resident Council meetings attended ____ FY 2019-2020 Target: ____
Program Goals and Objective Numbers: Goal #3, Objective 3.2

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

1. FY 2014-2015 Baseline number of Family Council meetings attended 0 FY 2016-2017 Target: 0
2. FY 2015-2016 Baseline number of Family Council meetings attended 0 FY 2017-2018 Target: 0
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: 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 2014-2015 Baseline: number of consultations 91 FY 2016-2017 Target: 80
2. FY 2015-2016 Baseline: number of consultations 51 FY 2017-2018 Target: 50
3. FY 2016-2017 Baseline: number of consultations ____ FY 2018-2019 Target: ____
4. FY 2017-2018 Baseline: number of consultations ____ FY 2019-2020 Target: ____
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 2014-2015 Baseline: number of consultations 429 FY 2016-2017 Target: 320
2. FY 2015-2016 Baseline: number of consultations 281 FY 2017-2018 Target: 280
3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
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 2014-2015 Baseline: number of sessions 11 FY 2016-2017 Target: 20
2. FY 2015-2016 Baseline: number of sessions 18 FY 2017-2018 Target: 20
3. FY 2016-2017 Baseline: number of sessions _____ FY 2018-2019 Target: _____
1. FY 2017-2018 Baseline: number of sessions _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: Goal #3, Objective 3.2

G. Systems Advocacy

In the box below, in narrative format, provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. If the systemic advocacy effort is a multi-year initiative, provide a systemic advocacy objective that explains progress made in the initiative during the prior fiscal year and identifies specific steps to be taken during the upcoming fiscal year. A new effort or a statement of progress made and goals for the upcoming year must be entered each year of the four-year cycle.

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 promote person-centered care and reduce the use of anti-psychotics, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.

Enter information in the box below.

Systemic Advocacy Effort(s) for the current fiscal year:

FFY 2015-16:

The Ombudsman reported in a prior period the problems of impoverished older adults and the lack of affordable residential care available to them, particularly those with a mental health diagnosis. In Monterey County, there are currently (March 2016) just 44 of 1,050 beds are eligible to individuals with SSI level income. In 2016, SSI for residential care amounts to \$1,145.00 per month. Additionally, for those needing a higher level of care, skilled nursing, it is extremely difficult to find a bed when entering as a Medi-Cal patient. Hospitals, social workers, public guardians and family members are competing for Medi-Cal beds when individuals can no longer live independently and/or their care needs cannot be met in residential care.

The Ombudsman addressed the County of Monterey Mental Health Commission regarding this system problem in November 2015 and to bring further attention to the fact that the Department of Behavioral Health is contracting with residential care providers to accept their clients for a higher fee. This has setup a competition for residential care beds; moreover, the staffs of these facilities are not required by law, to receive training in the management of behavioral health issues. The Ombudsman will continue to work to raise awareness of this problem, a growing one around the state.

The Ombudsman is a member of the planning committee for the first ever Elder Justice Summit to be held in June 2016 in Monterey County. The summit is targeted to law enforcement, attorneys, and other professionals involved in elder abuse detection, resolution and litigation. The Ombudsman will participate in an afternoon panel presentation.

Additional projects for the Ombudsman in FFY 2016-17:

A joint resident/student project with a CSUMB professor and a class of social work students. The project matches one student to one resident for a series of four visits. The project is designed to provide students with an opportunity to learn about the life of the individual through a combination “friendly visitor/oral history” approach. Twenty students and twenty residents will participate.

In April 2016, Ombudsmen from around the state will converge on the state Capitol to advocate for legislation and additional funding to benefit residents of long term care facilities. The Legislative Agenda for the current session includes support of 18 bills: top priorities are likely to include AB1584, AB1655, SB648, and SB939.

The Ombudsman Program Manager continues to be a board member on the California Long Term Care Association, contributes in legislative advocacy, participate in increased program funding efforts, and support Ombudsman training.

Proposed projects for the Ombudsman in FFY 2017-18:

The Ombudsman Program will continue to advocate for systems-wide improvements, including:

- (1) increased program funding at the federal and state level;
- (2) implementing response to the revised nursing home laws impacting residents who

are transferred to hospital or discharged, and
(3) participating on the statewide CA Long Term Care Ombudsman Association (CLTCOA) board of directors to improve Ombudsman education, sponsor legislation to improve resident care in long term care facilities, and
(4) other initiatives that may be sponsored by the CA State Office of the Long Term Care Ombudsman.

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 a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2014-2015 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 17 divided by the total number of Nursing Facilities 17 = Baseline **100%**
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 17 divided by the total number of Nursing Facilities 17 = Baseline **100%**
FY 2017-2018 Target: 100%

3. FY 2016-2017 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = 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 Nursing Facilities _____ = Baseline _____%
FY 2019-2020 Target: _____%

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 a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2014-2015 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 53 divided by the total number of RCFEs 58 = Baseline 91% FY 2016-2017 Target: 95%
2. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 53 divided by the total number of RCFEs 58 = Baseline 91% FY 2017-2018 Target: 95%
3. FY 2016-2017 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2018-2019 Target: _____%
4. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2019-2020 Target: _____%
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)

This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hour per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

1. FY 2014-2015 Baseline: 2.21 FTEs FY 2016-2017 Target: 2.21 FTEs
2. FY 2015-2016 Baseline: 2.21 FTEs FY 2017-2018 Target: 2.21 FTEs
3. FY 2010-2011 Baseline: _____ FTEs FY 2013-2014 Target: _____ FTEs
4. FY 2010-2011 Baseline: _____ FTEs FY 2014-2015 Target: _____ 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)

1. FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers 23 FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers 25
2. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers 23 FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers 25
3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers _____
4. 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: 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:

In the box below, in narrative format, describe one or more specific efforts your program will undertake in the upcoming year to increase the accuracy, consistency, and timeliness of your National Ombudsman Resource System (NORS) data reporting.

Some examples could include:

- Having Ombudsman Program staff and volunteers regularly attend NORS Consistency Training provided by the OSLTCO
- Hiring additional staff to enter data
- Updating computer equipment to make data entry easier
- Initiating a case review process to ensure case entry is completed in a timely manner

PSA 32 of Monterey County has consistently met reporting deadlines.

- To improve accuracy and timeliness, the staff meets monthly for case and ODIN review.
- Staff attends online NORS training periodically to review coding and cases.
- Monthly in-service volunteer meetings include case review.
- PSA 32 staff hours increased in later FY 2015-16.

TITLE VII A 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. Activities reported for the Title VII Elder Abuse Prevention Program must be distinct from activities reported for the LTC Ombudsman Program. No activity can be reported for both programs.

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 American's 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 VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

The agency receiving Title VIIA Elder Abuse Prevention funding is: Legal Services for Seniors

Fiscal Year	Total # of Public Education Sessions
2016-2017	16
2017-2018	16
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Professionals
2016-2017	20
2017-2018	20
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2016-2017	0
2017-2018	0
2018-2019	
2019-2020	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	0
2017-2018	0
2018-2019	
2019-2020	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2016-2017	0	
2017-2018	0	
2018-2019		
2019-2020		

Fiscal Year	Total Number of Individuals Served
2016-2017	2,500
2017-2018	3,600
2018-2019	
2019-2020	

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

2016-2020 Four-Year Planning Period

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

Direct and/or Contracted III E Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
Information Services	# of activities and Total est. audience for above		
2016-2017	# of activities: 153 Total est. audience for above: 10,000	3	
2017-2018	# of activities: 153 Total est. audience for above: 10,000	3	
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2016-2017	1,110	3	
2017-2018	1,110	3	
2018-2019			
2019-2020			
Support Services	Total hours		
2016-2017	1,770	3	
2017-2018	1,770	3	
2018-2019			
2019-2020			

Respite Care	Total hours		
2016-2017	1,300	3	
2017-2018	1,300	3	
2018-2019			
2019-2020			
Supplemental Services	Total occurrences		
2016-2017	None provided		
2017-2018	50	3	
2018-2019			
2019-2020			

Direct and/or Contracted III E Services

Grandparent Services Caring for Children	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	# of activities and Total est. audience for above		
2016-2017	# of activities: 0 Total est. audience for above: 0		
2017-2018	# of activities: 0 Total est. audience for above: 0		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2016-2017	0		
2017-2018	0		
2018-2019			
2019-2020			
Support Services	Total hours		
2016-2017	0		
2017-2018	0		
2018-2019			
2019-2020			
Respite Care	Total hours		
2016-2017	0		
2017-2018	0		
2018-2019			
2019-2020			
Supplemental Services	Total occurrences		
2016-2017	0		
2017-2018	0		
2018-2019			
2019-2020			

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:

Enrollment Location/Name (AAA office, One Stop, Agency, etc): N/A
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?

¹⁵ If not providing a Title V program, then enter PSA number followed by "Not providing."

**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: In FY 2014, the State Health Insurance Assistance Program (SHIP) was transferred from the Centers for Medicare & Medicaid Services (CMS) to the Administration for Community Living (ACL). ACL has continued CMS’ policy requiring all SHIPs to meet established performance measures. Based on ACL guidelines and to assist AAAs in completing the Service Unit Plan, CDA provides State (1.1 and 1.2), and federal (2.1 through 2.7) performance measures (PM) annually. To download these measures and view definitions, visit <https://www.aging.ca.gov/ProgramsProviders/AAA/Planning/>

Section 1. State Performance Measures¹⁶

Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2016-2017	1,950	3
2017-2018	1,950	3
2018-2019		
2019-2020		

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

Fiscal Year (FY)	PM 1.2 Public and Media Events (PMA) (Estimated)	Goal Numbers
2016-2017	155	3
2017-2018	155	3
2018-2019		
2019-2020		

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.

¹⁶ 2017-2018 numbers represent 2016-2017 Performance Targets until the State establishes new targets.

Section 2: Federal Performance Measures

Fiscal Year (FY)	PM 2.1 Total Client Contacts (Estimated)	Goal Numbers
2016-2017	2,589	3
2017-2018	2,589	3
2018-2019		
2019-2020		

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

Fiscal Year (FY)	PM 2.2 Persons Reached at PAM Events (Estimated)	Goal Numbers
2016-2017	2,850	3
2017-2018	2,850	3
2018-2019		
2019-2020		

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

Fiscal Year (FY)	PM 2.3 Contacts with Medicare Beneficiaries Due to Disability (Estimated)	Goal Numbers
2016-2017	336	3
2017-2018	336	3
2018-2019		
2019-2020		

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

Fiscal Year (FY)	PM 2.4 Low Income Medicare Beneficiary Contacts (Estimated)	Goal Numbers
2016-2017	1,652	3
2017-2018	1,652	3
2018-2019		
2019-2020		

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

Fiscal Year (FY)	PM 2.5 Contacts with One or More Qualifying Enrollment Topics (Estimated)	Goal Numbers
2016-2017	2,425	3
2017-2018	2,425	3
2018-2019		
2019-2020		

Note: This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed.

Fiscal Year (FY)	PM 2.6 Total Part D Enrollment/Assistance Contacts (Estimated)	Goal Numbers
2016-2017	1,588	3
2017-2018	1,588	3
2018-2019		
2019-2020		

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

Fiscal Year (FY)	PM 2.7 Total Counseling Hours (Estimated)	Goal Numbers
2016-2017	1,527	3
2017-2018	1,527	3
2018-2019		
2019-2020		

Section 3: HICAP Legal Services Units of Service (if applicable)¹⁷

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2016-2017	0	N/A
2017-2018	0	N/A
2018-2019		
2019-2020		
Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2016-2017	0	N/A
2017-2018	0	N/A
2018-2019		
2019-2020		
Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours per FY (Unit of Service)	Goal Numbers
2016-2017	0	N/A
2017-2018	0	N/A
2018-2019		
2019-2020		

¹⁷ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

Section 14 – Notice of Intent to Provide Direct Services

PSA 32

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

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

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

Check applicable direct services

Check each applicable Fiscal Year

Title III B	16-17	17-18	18-19	19-20
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title III D	16-17	17-18	18-19	19-20
<input type="checkbox"/> Disease Prevention and Health Promo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title III E ¹⁸	16-17	17-18	18-19	19-20
<input type="checkbox"/> Information Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII A	16-17	17-18	18-19	19-20
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII B	16-17	17-18	18-19	19-20
<input type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the methods to be used to ensure target populations will be served throughout the PSA. 32
 The Information & Assistance Program provides a toll-free number and promotes the services in a variety of ways (in all publications, web page, emails, promotional giveaways, community partners).

¹⁸ Refer to PM 11-11 for definitions of Title III E categories.

Section 15 – Request of Approval to Provide Direct Services

PSA 32

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

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

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

Identify Service Category: **Outreach**

Check applicable funding source:¹⁹

☒ III B

☐ III C-1

☐ III C-2

☐ Nutrition Education

☐ III E

☐ VII A

☐ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service OR

☒ More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

☐ 2016-2017

☒ 2017-2018

☒ 2018-2019

☒ 2019-2020

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service²⁰ :

PSA 32 is best suited to partner with other organizations as opportunities become available. This type of flexibility is lost when sub-contracting for services that must be detailed in annual written agreements.

¹⁹ Section 15 does not apply to Title V (SCSEP).

²⁰ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

Section 16 – *Governing Board*

PSA 32

GOVERNING BOARD MEMBERSHIP 2017-2018 Area Plan Update

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

Total Number of Board Members: 5

Monterey County Board of Supervisors

Name and Title of Officers:

Office Term Expires:

District 1, Luis Alejo	2021
District 2, John Phillips	2019
District 3, Simon Salinas	2019
District 4, Jane Parker	2021
District 5, Mary Adams -- Chair	2021

Section 17 – *Advisory Council*

PSA 32

ADVISORY COUNCIL MEMBERSHIP 2016-2020 Four-Year Planning Cycle

OAA 2006 306 (a)(6)(D) 45 CFR, Section 1321.57
CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies) 15 (5 Vacancies)

Number of Council Members over age 60 6

	<u>% of PSA 65+Population</u>	<u>% on Advisory Council</u>
Race/Ethnic Composition		
White	<u>82%</u>	<u>40%</u>
Hispanic/Latino	<u>0% (see note below)</u>	<u>40%</u>
Black	<u>3%</u>	<u>10%</u>
Asian/Pacific Islander	<u>9%</u>	<u>10%</u>
Native American/Alaskan Native	<u>1%</u>	<u>0%</u>
Other	<u>5%</u>	<u>0%</u>

NOTE: *Hispanic is not a race category used in the U.S. Census Race Categories. Instead, there is a separate tracking of Hispanic (Latino) and Non-Hispanic (Non-Latino) populations. In Monterey County, estimates for Seniors 65+: 27% Hispanic (Latino) and 73% Non-Hispanic (Non-Latino)*

Name and Title of Officers: **Office Term Expires:**

Kelly Vasquez, Chair. At Large, Executive Committee	01-01-18
Jose Vasquez, Vice Chair, 3 rd District, Executive Committee	01-01-20

Name and Title of other members: **Office Term Expires:**

Vacant, 1 st District, Alejo	
Tom Shields, 2 nd District, Legislation & Advocacy Committee	01-01-20
Vacant, 4 th District, Parker	
Richard Kuehn, 5 th District, Executive Committee	01-01-19
Bobbie Blakeney, At Large, Legislation & Advocacy Committee	01-01-18
Robert Petty, At Large, Legislation & Advocacy Committee	01-01-18
Kaytie Tong, At Large, Planning, Evaluation & Allocation Committee	01-01-19
Wayne Dominguez, At Large, Planning, Evaluation & Allocation and Legislation & Advocacy Committees	01-01-18
Laura Medina, At Large, Planning, Evaluation & Allocation Committee	01-01-19
Aimee Cuda, At Large	01-01-20
Vacant, At Large	

Vacant, At Large	
Vacant, At Large	

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:

Each member of the Board of Supervisors (5) appoints one member to serve for a three-year term. The Council recommends ten (10) Community-at-Large Representatives to the Board of Supervisors for appointment.

Section 18 – *Legal Assistance*

PSA 32

2017-2018 Area Plan Update

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.²¹

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

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.

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

No less than 25% of Title III B funds.

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

There has been an overall increase of approximately 15% in the number of requests for services compelled by the downturn in the economy. Specifically in the area of housing and mortgages as they impact seniors themselves and the children of seniors that move back to live with their aging parents. Closely related to that need has been the financial abuse of seniors and the increase in seniors seeking legal remedies. There have been no significant changes in funding levels provided by the AAA with the exception of some un-anticipated, one-time funding allocations.

- 4. Specific to Legal Services, does the AAA's contract/agreement with the Legal Service Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services?**

Yes and specifically states that services shall be provided in accordance with California regulations.

- 5. Does the AAA collaborate with the Legal Service Providers(s) to jointly establish specific priorities issues for legal services? If so, what are the top four (4) priority legal issues in your PSA?**

No specific legal priorities set between AAA and LSP.

²¹ For Information related to Legal Services, contact Chisorom Okwuosa at (916) 419-7500 or COkwuosa@aging.ca.gov

6. Specific to Legal Services, does the AAA collaborate with the Legal Services Providers(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA AND what mechanism is used for reaching the target population? Discussion:

The targeted senior population for legal services is not jointly identified but is the same as for all services offered through the AAA in accordance with the Older American's Act. The contract agreement specifically states that priority be given to those in greatest social and economic need, with particular attention to serving low-income minority individuals, older individuals with limited English proficiency and older individuals residing in rural areas. Provisions also include those with:

- Physical and mental disabilities.
- Isolation caused by cultural, racial or ethnic status.
- Social or geographic isolation.
- Older Native Americans.
- Isolated, abused, neglected and or exploited older individuals.
- Frail older individuals.
- Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction and their caregivers.
- Older individuals with disabilities.
- Caregivers as defined in Title III E.
- Lesbian, Gay, Bisexual, and Transgender Seniors.

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

As stated in 6. above, the targeted senior population is the same for all services and the AAA has a separated contract for the provision of Outreach services that promotes services at a wide variety of community events. Also the IR&A Program provides referrals to AAA funded program on a daily basis to qualified senior callers.

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

Fiscal Year	# of Legal Assistance Services Providers²²
2016-2017	1
2017-2018	1
2018-2019	
2019-2020	

²² There is one legal assistance service provider currently under contract and that is expected to continue. There are other free legal assistance providers in Monterey County that are not under contract and include: California Rural Legal Assistance, Monterey County Superior Court Self Help Center, Monterey County Bar Association, and the Conflict Mediation & Resolution Center of Monterey County.

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

Not specifically a hotline, but the Information, Referral & Assistance Program does have a toll-free number and helps to refer calls.

Monterey County also has a 2-1-1 service to help residents by providing referrals to health, community, and social services. This bilingual (English and Spanish) telephone referral service operates 24 hours a day, 365 days a year and also has a second option for internet users with an extensive website.

Both services commonly refer such calls from seniors to the AAA contracted service provider, Legal Services for Seniors.

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

LSP uses a variety of approaches including flyers, press releases, website, and connections to many community groups.

Outreach Sites

Services are provided at outreach sites because of partnerships with local senior centers, libraries, and other community based organizations. Partner agencies provide information to their customers in a variety of ways including in-person, postings, newsletters, bulletin boards. Days and hours of services at these outreach sites are consistent and offered weekly or biweekly. This physical presence provides coverage of services throughout the county including rural locations:

- **South County:**
 - King City
 - Greenfield
 - Soledad
 - Gonzales
- **West County:**
 - Monterey
 - Pacific Grove
 - Carmel
 - Carmel Valley
- **North County:**
 - Castroville
 - Prunedale

Office Locations

Outreach is also done at two office locations in Salinas and Seaside. In addition to outreach, legal services are provided in Legal Services for Seniors two permanent offices in Salinas and Seaside.

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

Fiscal Year	Name of Provider	Geographic Region covered
2016-2017	Legal Services for Seniors	All
2017-2018	Legal Services for Seniors	All
2018-2019		
2019-2020		

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

They may call, visit one of the offices, and/or make an appointment to meet a representative at one of the community meeting places (library, senior center). They are screened and intake forms are completed. Each case is reviewed for possible action and next steps. Few accepted cases are referred out for other follow up.

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

Common cases include: guardianships; landlord and tenant issues; bill payments; denial of benefits under medical, life, and other insurance; representation of clients when dealing with large government agencies (Social Security); private pension problems; simple wills; and consumer debt collections problems.

Although not a new issue, the financial exploitation of seniors has come to light in Monterey County and more assistance is available to prevent and stop that type of abuse.

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

No changes over this reporting period.

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

Reduced funding for this service over the past ten years compounded by rising costs has resulted in fewer attorney hours available. Intensified screening by volunteer college interns has helped to streamline services, but fewer seniors and resulting cases can be managed.

Monterey County has always offered a difficult geographic area to provide services. Much of the county is very rural in nature, and public transportation is

not always adequate to help clients travel to receive services. Although technology has helped to modernize access, affordable transportation is needed by the clients served.

Many of the residents are non-English speaking and there is not always someone available to translate. Spanish language is easier to accommodate, but certain dialects and other languages pose challenges. Access to language lines helped to solve the problem in an office setting, but they can be an expensive service and do not work well at community events.

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

LSP works with all other AAA Service Providers and other agencies when needed. The LSP is a regular member of the Service Provider Network and attends meetings. In addition, LSP representative will participate on Committees from time to time and is currently working with several partner agencies to host an Elder Justice Summit (professional training day).