



*Monterey County Area Agency on Aging*  
*2019-2020 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 includes all edits through April 4, 2019.*

## Area Plan Update Checklist

PSA 32 ☒ FY 19/20[illegible]

# Transmittal Letter

Annual Plan Update    ☒ FY 19-20

**AAA Name: Monterey County Area Agency on Aging**

**PSA 32**

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 undersigned<sup>1</sup> 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. John M. Phillips

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

\_\_\_\_\_  
Date

2. Richard Kuehn

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

\_\_\_\_\_  
Date

3. Margaret Huffman

\_\_\_\_\_  
Signature: Area Agency Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
<sup>1</sup> Original signatures or official signature stamps are required.

## Section 2 – *Estimates of the Older Population*

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### 2017 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	22,512	5.20%	11,567	2.67%	10,945	2.53%
65-69	18,735	8.48%	9,011	2.08%	9,724	2.24%
70-79	20,249	4.67%	9,527	2.20%	10,722	2.48%
80 & up	14,761	3.41%	5,709	1.32%	9,052	2.09%
Total 60+	76,257	17.60%	35,814	8.27%	40,443	9.34%
Total 65+	53,745	12.41%	24,247	5.60%	29,498	6.81%

This 2019-2020 Annual Plan Update refreshes the chart above<sup>2</sup> again and reflects a 3.3% increase in the senior population 60+ in Monterey County between 2016 and 2017. This continues a ten-year trend<sup>3</sup> with modest growth in the overall population as opposed to the significant growth of the senior population (7.4% compared to 33.8%). This same expansion is happening across California as well as the U.S. and estimates show that the senior age group will be larger than all those under 18 by the year 2030.<sup>4</sup> This is attributed to two factors: a low birth rate (less than the replacement rate of 2.1 births per woman) and longer life spans. This translates to an aging demographic.

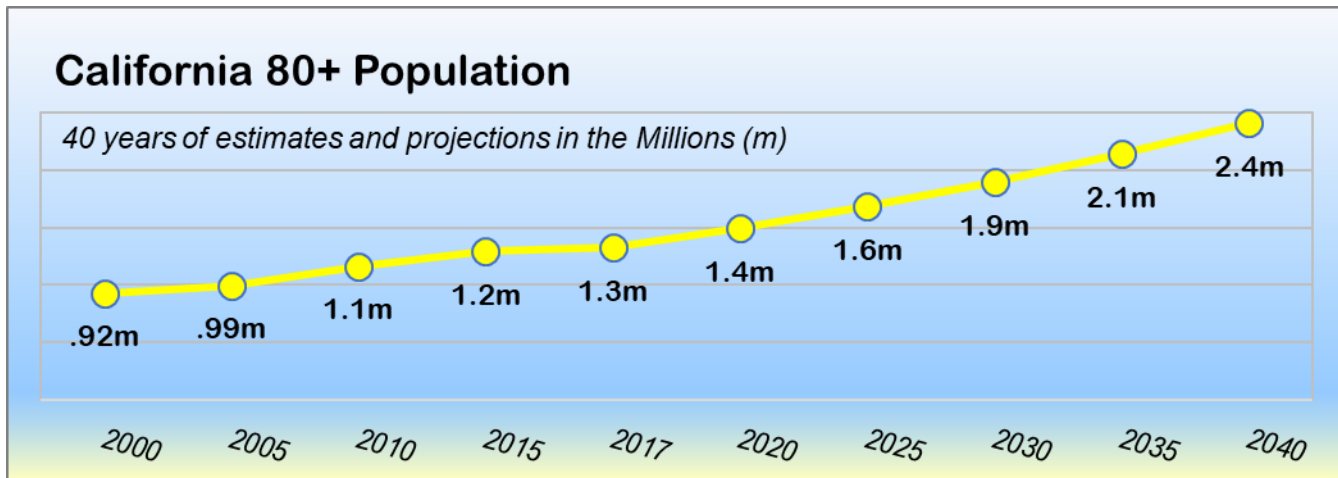


<sup>2</sup> U.S. Census, American Community Survey 2013-2017, Table B01001, total population all ages, Monterey County Report.

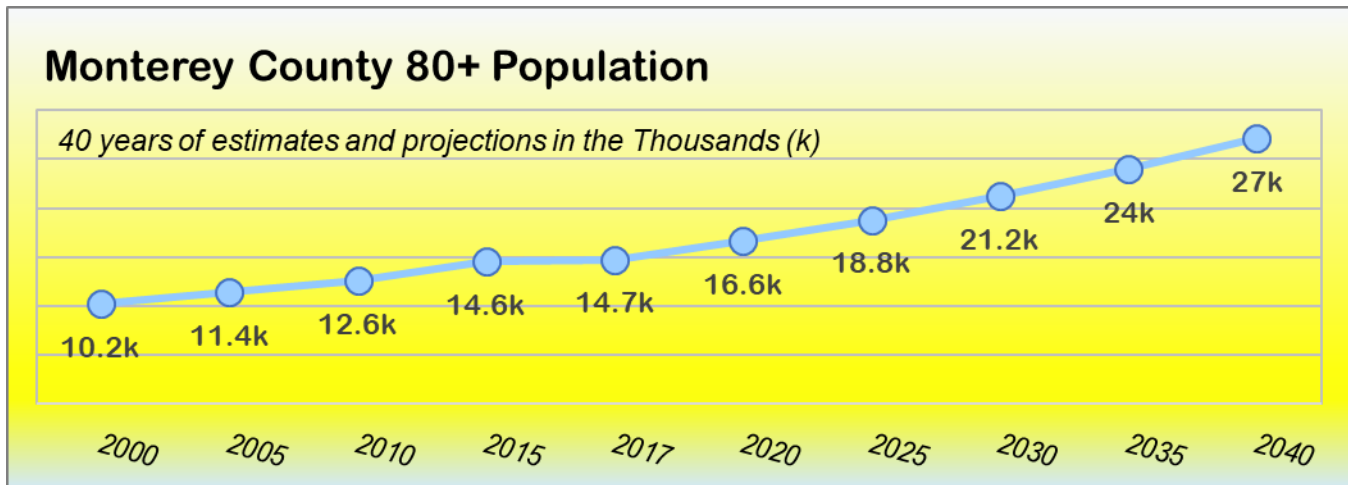
<sup>3</sup> U.S. Census, American Community Survey, 2007-2017, 1 Year and 5 Year Tables B01001, total population all ages, Monterey County Report.

<sup>4</sup> California Department of Finance information used in an article by Matt Rosenberg on ThoughtCo.com Updated January 15, 2019.

Along with the substantial population growth of older adults in general, is the remarkable number of older seniors living past 80 years old<sup>5</sup>. This is a tribute to medical advancements, better nutrition and healthier lifestyles.



The similar graphs above and below illustrates the trend of growing numbers of seniors 80 and over in California is also true for Monterey County.



However, the reality of the rapid increase in the frailest segment of the population (those over 80 years old) creates fiscal and social concerns for many. Including:

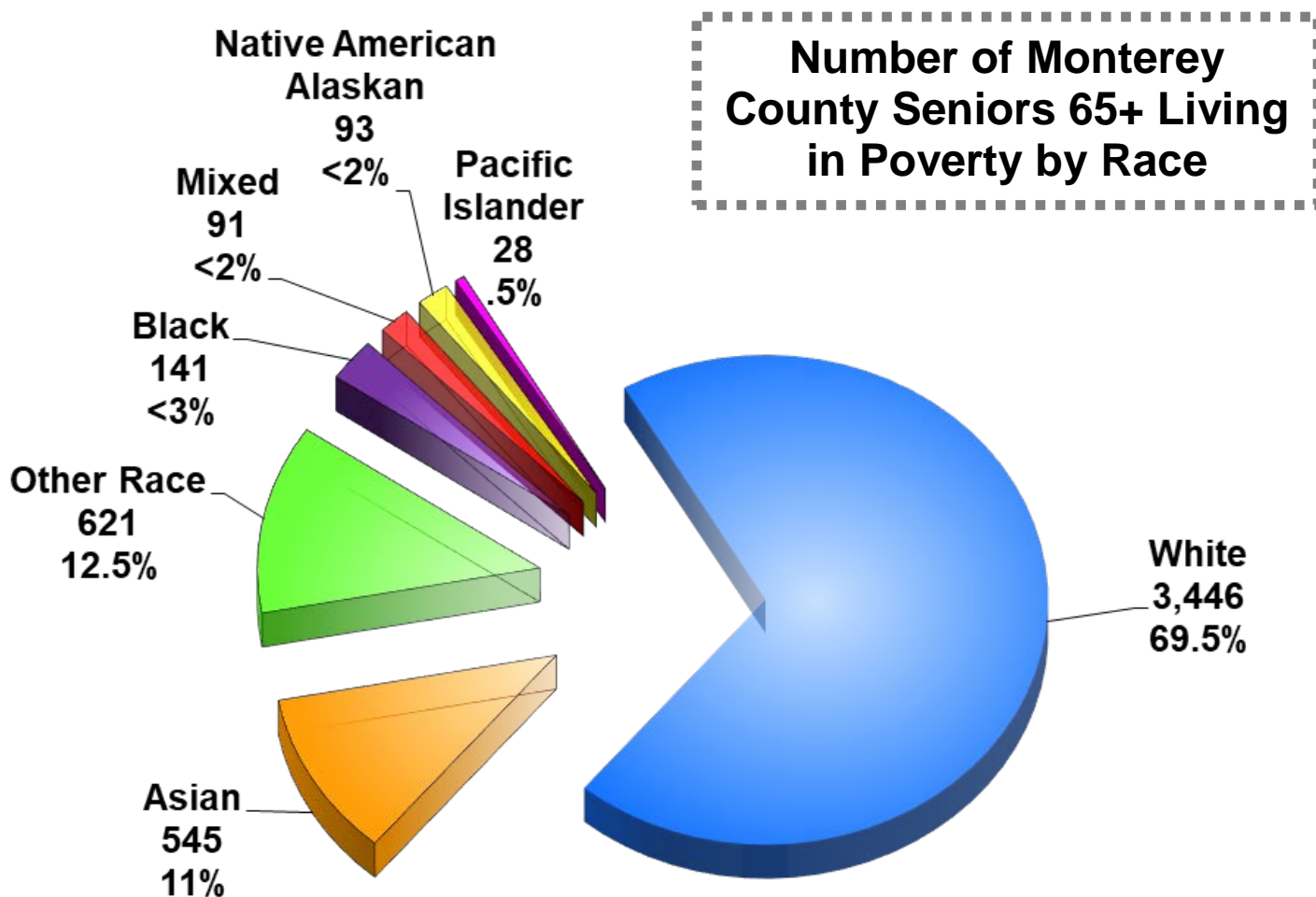
- Economic growth sufficient to fund continued pension fund commitments.
- Fewer working-age people resulting in shortages of qualified workers. Especially in professions serving the aging population.
- Reduction in the tax base that funds Social Security, Medicare, Medi-Cal, and other long term care and supports.
- Pressure on public finances to support increased needs in health care and aging programs.

<sup>5</sup> U.S. Census, American Community Survey Tables P010 and B01001 for California and Monterey County for years 2000 through 2017. Projections through 2040 developed by AAA staff.



## Section 3 – *Estimates of Low-Income Minorities*

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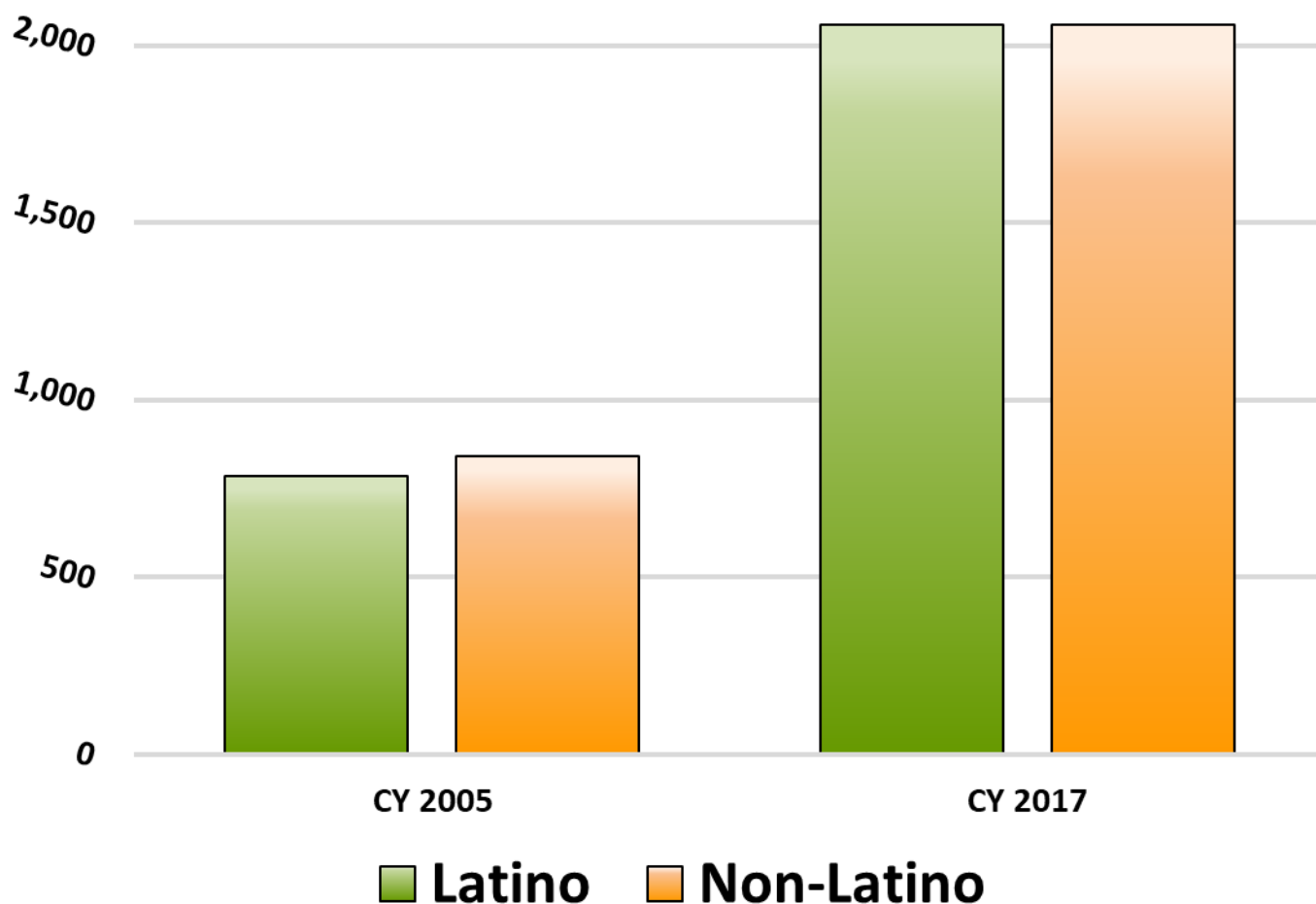
The same chart above has been shown in prior AAA Area Plan Updates for the past five years using revised population estimates each year<sup>6</sup>. Comparing the annual charts reveals only slight fluctuations between the categories. The most obvious section of the chart continues to be the number of white seniors living in poverty. Although the blue slice above far exceeds any other racial demographic, that category is not typically considered a minority. An important factor to consider during review is that Latinos (considered an ethnic minority) typically report under white as a race.

<sup>6</sup> U.S. Census, American Community Survey 2013-2017, Tables B17001 through B17001L.



In Monterey County, it is very important to consider ethnicity further to better understand the growing Latino population and to develop culturally appropriate services for older adults.

**Number of Monterey County  
Seniors 65+  
Latinos and Non-Latinos Living in Poverty**



The number of Latino and non-Latino seniors 65+ living in poverty is close to the same each year with expected continuous growth in the total number<sup>7</sup>. The tremendous escalation in the senior population has unfortunately reflected in a larger percentage of poor seniors each year. In 2005, 5.3% of the senior population was living below the Federal Poverty Level (FPL) and 12 years later 9.6% are considered impoverished with incomes below the FPL.

<sup>7</sup> U.S. Census, American Community Survey 2005, Tables B1700H and B17001I and 2013-2017, Tables B17001H and B17001I.

## Section 5 – Needs Assessment

Naturally, group dining programs provide social connectiveness to others and on-going research shows how important that is to physical, mental and social well-being.<sup>8</sup> Additionally, the original intent of the Older Americans Act of 1965 also included goals to reduce hunger and food insecurity of older individuals. Unfortunately, recent reports reveal that 16.3% of Californians over age 60 are food insecure.<sup>9</sup> Addressing these needs are a priority for AAAs across the country.

Each year, the AAA is required to conduct a customer satisfaction survey at all senior lunch program locations (congregate dining). Although it is important to hear feedback on these long-standing services and improve customer service, the survey can also be an opportunity to measure other needs. As a result, the annual survey tool was redesigned in 2017 to better understand the social aspects and food insecurities of participants. Some informative results from the August 2018 Report on the Survey of Senior Lunch Participants:

- 51% depend on the Senior Lunch Program.
- 66% said they knew others that could be helped by the service.
- 22% can't afford the food they need.
- 4% don't have a place to prepare a homemade meal.
- 3% go hungry at least one day a month.
- 3% consider themselves homeless.
- 86% enjoy the other people they meet.

Interesting comments from seniors:



The Senior Lunch Program helps me save money on groceries.



Lunch staff should offer samples when more than one entrée.



I need other people in my life – fellowship.



Socializing is food for thought.

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<sup>8</sup> HealthyPeople 2020, Health-Related Quality of Life and Well-Being at: [www.healthypeople.gov](http://www.healthypeople.gov)

<sup>9</sup> America's Health Rankings; United Health Foundation 2016 Senior Report provided by California Association of Area Agencies on Aging.

## Section 7 – Public Hearings

### PSA 32

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? <sup>10</sup> Yes or No	Was hearing held at a Long Term Care Facility? <sup>11</sup> Yes or No
2019-2020	April 4, 2019	Monterey County AAA Advisory Council Meeting, Salinas	24	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 on Facebook.
  - 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. Paid advertising in the Salinas Californian (English) and El Sol (Spanish) local newspapers.
  - e. KSBW (local television channel) Community Calendar.
  - f. 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, issue 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:

<sup>10</sup> A translator is not required unless the AAA determines a significant number of attendees require translation services.

<sup>11</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.**

After a brief presentation explaining the required minimum percentages and the commitments made in the 2016-2020 Area Plan, there were no questions or comments concerning the minimum percentages.

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

AAA Staff gave everyone the opportunity to ask questions and make comments regarding the drafted 2019-2020 Area Plan Update. One public member gave a brief history of the attempts at establishing a senior center in Salinas over the past 35 years and thanked the AAA for including the topic in the Area Plan each year.

**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 with the exception of updating this Section 7.

## Section 9 – Area Plan Narrative Goals and Objectives

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### Goal 1: System Planning

*The following goal was originally added during the 2017-18 Area Plan Update and has been updated for this 2019-2020 Area Plan Update*

Objective Number 1.7	Projected Start and End Dates	Title III B Funded PD or C <sup>12</sup>	Update Status <sup>13</sup>
<p>Seize opportunities to partner with outside agencies to provide outreach, community education and advocacy. However, such opportunities happen quickly and are difficult to plan for. As an unfortunate result, the AAA and contracted service providers miss out on taking a lead role in local community events that improve access to services for seniors. The remedy is to allow for some flexibility for funds and time throughout the year. Depending on the details, the AAA could provide a direct service or assign an existing contractor additional work.</p> <p><b>NEW:</b> The work outlined above has gained momentum in the last two years and the AAA would like to better promote events, public hearings, meetings, and trainings. It is also important to stress that current public notice requirements are not enough to fully inform residents of planned AAA activities. It is anticipated that providing increased public information using modern approaches will result in increased attendance of the general public at AAA events. Planned efforts include paid advertising, boosting notices on Facebook, mailings, and providing written materials to contractors/others for use in lobbies and other public locations.</p>	07/01/17 – 06/30/20	No	Continued

<sup>12</sup> Indicate if Program Development (PD) or Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

<sup>13</sup> Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

*The following goal was added during the 2018-19 Area Plan Update.*

<b>Objective Number 1.8</b> New requirements for the collection of voluntarily, self-identified information about sexual orientation and gender identity must be in place by July 1, 2018. The current database complies and all service providers have been informed to begin collecting the required data as a part of the intake/application process. In addition, the AAA will provide technical assistance to assure that revised intake/application forms are in place by the deadline.	<b>Projected Start and End Dates</b>	<b>Title III B Funded PD or C <sup>14</sup></b>	<b>Update Status <sup>15</sup></b>
	07/01/18 – 06/30/20	No	New

<sup>14</sup> Indicate if Program Development (PD) or Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

<sup>15</sup> Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

### Goal 3: California Department of Aging Required Program Goals<sup>16</sup>

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

<b>Goal</b> The AAA will support Ombudsman services that help to protect seniors living in long term care facilities.			
<b>Rationale</b> The 2015 AAA Needs Survey included results about the concerns of seniors and 41% indicated that nursing home placement was a top priority.			
<b>Objective 3.2</b> 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.	<b>Projected Start and End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Update Status</b>
	07/01/16 – 06/30/20	No	

<sup>16</sup> 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**

07/01/16 –  
06/30/20

**Title III B  
Funded  
PD or C**

No

**Update  
Status**

# Section 10 – Service Unit Plan (SUP) Objectives

PSA 32

## 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	0	N/A	
2019-2020	0	N/A	

### 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	0	N/A	
2019-2020	0	N/A	

### 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	0	N/A	
2019-2020	0	N/A	

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

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	192,000	3	
2017-2018	192,000	3	
2018-2019	192,000	3	
2019-2020	91,000	3	

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

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

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

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

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

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2016-2017	0	N/A	
2017-2018	200 <sup>17</sup>	3	
2018-2019	0	N/A	
2019-2020	0	0	

<sup>17</sup> Efforts to implement a small transportation service were made during Fiscal Year 2017-18, however no providers came forward to submit bids during the contracting process.

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

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	50,000	3	
2017-2018	41,000	3	
2018-2019	41,000	3	
2019-2020	34,000	3	

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

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

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

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

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

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	6,500	3	
2017-2018	6,500	3	
2018-2019	6,500	3	
2019-2020	6,000	3	

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

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	4,250	3	
2017-2018	4,250	3	
2018-2019	4,250	3	
2019-2020	4,440	3	

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

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2016-2017	17,000	3	
2017-2018	17,000	3	
2018-2019	15,178	3	
2019-2020	14,640	3	

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

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2016-2017	7,500	3	
2017-2018	6,800	3	
2018-2019	7,632	3	
2019-2020	9,300	3	

### 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 III B “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: Community Education

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0	N/A	
2017-2018	2	100	1.7
2018-2019	3	100	1.7
2019-2020	4	150	1.7

## 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 CDA/ 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	2,300	3	3.1
2019-2020	2,200	3	3.1



## **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 163 + Number of partially resolved complaints 80 divided by the Total Number of Complaints Received 280 = Baseline Resolution Rate 87% FY 2018-19 Target Resolution Rate 90%
4. FY 2017-2018 Baseline Resolution Rate: Number of complaints resolved 165 + Number of partially resolved complaints 114 divided by the Total Number of Complaints Received 308 = Baseline Resolution Rate 91% FY 2019-20 Target Resolution Rate 90%
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 27 FY 2018-2019 Target: 20
4. FY 2017-2018 Baseline: number of Resident Council meetings attended 25 FY 2019-2020 Target: 20
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 0 FY 2018-2019 Target 0
4. FY 2017-2018 Baseline number of Family Council meetings attended 0 FY 2019-2020 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 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 55 FY 2018-2019 Target: 50
4. FY 2017-2018 Baseline: number of consultations 60 FY 2019-2020 Target: 50
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 335 FY 2018-2019 Target: 300
4. FY 2017-2018 Baseline: number of consultations 438 FY 2019-2020 Target: 400
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 6 FY 2018-2019 Target: 10
4. FY 2017-2018 Baseline: number of sessions 9 FY 2019-2020 Target: 10
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.

Leza Coleman Executive Director of CLTCOA reached out and introduced herself to the new Ombudsman Program Manager, Meggie Pina. Leza explained the history of CLTCOA and spoke about the association's legislative goals.

Ombudsman staff attended at Senate Budget Committee hearing on March 8<sup>th</sup>, 2018 at the Capitol in Sacramento. The California LTC Ombudsman Association has requested \$7.3 million from the General Fund ongoing for the local LTC Ombudsman Programs.

The breakdown of the requested funds is as follows:

1. \$3.5 million to enable local programs to conduct quarterly unannounced visits to long term care facilities;
2. \$420,000 to enable the program to focus on volunteer recruitment;
3. \$1.1 million to enable programs to investigate and resolve additional complaints; and
4. \$2.3 million to adjust the local annual program base to \$100,000 (an additional \$65,000 per program).

Chairman Senator Pan spoke highly of the Ombudsman Program, recognizing the value of the work accomplished by the local programs.

Local Ombudsman representatives also sent letters of support to:

Hon. Phil Ting, Chair, Assembly Budget Committee  
Hon. Jay Obernolte, Vice Chair, Assembly Budget Committee  
Hon. Holly Mitchell, Chair, Senate Budget Committee  
Hon. Jim Nielsen, Vice Chair, Senate Budget Committee  
Hon. Anthony Rendon, Speaker, California State Assembly  
Hon. Kevin de Leon, President pro Tempore, CA State Senate  
Michael Cohen, Director, Department of Finance  
Donna Campbell, Deputy Legislative Secretary

Monterey County Program Manager, Meggie Pina, and Nikki Loehr (Santa Cruz/San Benito Ombudsman Program Manager) met with Assembly member Mark Stone on March 9<sup>th</sup>, 2018 to ask for his support of our budget investment request. Assembly member Stone was very supportive. Nikki and Meggie spoke about some of the unique needs of our aging residents in long term care.

Staff has contacted all 17 Skilled Nursing Facilities and their Social Services Coordinators. Meggie has spoken to each coordinator individually about AB940. AB940 requires skilled nursing facilities to give residents a notice of discharge and send the signed notice of discharges to Ombudsman. Facilities Social Services Coordinators continue to need training and education when it comes to safe discharge planning and notice of discharge information.

**Proposed projects for the Ombudsman in FFY 2018-19:**

1. Increase Volunteer Participation in the Ombudsman Program

- a. Host an Alliance on Aging Volunteer Open House so that the community can learn about the Ombudsman Program and how they can become a certified Ombudsman Volunteer.
  - b. Enroll, train and certify new Ombudsman Volunteers
2. Ombudsman Program Manager will reach out to Monterey County Emergency Services and host an Emergency Preparedness Meeting with Skilled Nursing Facilities' Administrators/Social Services coordinator and Monterey County Emergency Services.
  - a. At the meeting, we will work together as a team to talk about how our county will protect and support our Long Term care residents during a natural disaster or emergency.
3. The Monterey County Ombudsman Program Manager will participate in the planning and execution of the Monterey County Department of Social Services 2018 Elder Justice Summit.
  - a. Meggie Pina will serve on the 2018 Elder Justice Planning Committee.
4. The Ombudsman Program will continue to advocate for systems-wide improvements, including:
  - a. Increased program funding at the federal and state level;
  - b. Implementing response to the revised nursing home laws impacting residents who are transferred to hospital or discharged
  - c. Participating in the statewide CA Long Term Care Ombudsman Association (CLTCOA) to improve Ombudsman education, sponsor legislation to improve resident care in long term care facilities and other initiatives that may be sponsored by the CA State Office of the Long Term Care Ombudsman.

**Proposed projects for the Ombudsman in FFY 2019-2020:**

1. Host an Alliance on Aging Volunteer Open House so that the community can learn about the Ombudsman Program and how community members can become certified Ombudsman Volunteers
  - a. Increase Volunteer participation in the Ombudsman Program
  - b. Enroll, train and certify new Ombudsman Volunteers
2. The Monterey County Ombudsman Program Manager will participate in the planning and execution of the Monterey County Department of Social Services 2019 Elder Justice Summit
  - a. Program Manager will serve on the 2019 Elder Justice Planning Committee.
3. The Ombudsman Program will continue to advocate for systems-wide improvements by:
  - a. Participating in the statewide CA Long Term Care Ombudsman Association (CLTCOA) to improve Ombudsman education, sponsor legislation to improve resident care in long term care facilities and other initiatives that may be sponsored by the CA State Office of the Long Term Care Ombudsman.
  - b. Ombudsman Program Manager will serve on the CLTCOA Legislative Committee
  - c. Ombudsman will advocate for increased program funding at the federal and state level.

- d. California Long Term Care Ombudsman Association (CLTCOA) is requesting \$5.2 million increase from General Funds for our statewide programs. Ombudsman will meet with our local senators and assembly members to ask for their support of our funding request.

The following proposed projects are 2-3 years in the making:

4. The Monterey County Ombudsman Program will collaborate with the Monterey County Office of Emergency Services to participate in the development and implementation of a large-scale evacuation strategy.
  - a. Ombudsman Program Manager will also participate in the Monterey County Disabilities, Access and Functional Needs in Disasters Working Group
  - b. Ombudsman will provide information consultation to facilities regarding emergency preparedness and evacuation.
5. The Ombudsman Program will provide educational workshops to community members, residents and facility staff that focus on advanced care planning and Advanced Health Care Directives.
  - a. On May 15<sup>th</sup> 2019, The Alliance on Aging Ombudsman Program and Hospice Giving Foundation will host a *Understanding the End-of-Life Option Act Workshop* designed for Skilled Nursing Facility Administrators, Social Service Coordinators and Directors of Nursing.
  - b. Samantha Trad from Compassion and Choices will be the keynote speaker. The presentation will help facility staff better understand the law, best practices, model policies and procedures and process for supporting residents who wish to receive end-of-life services. A local hospice agency and palliative care doctor will also be present to answer questions.
  - c. After the *Understanding the End-of-Life Option Act Workshop* Ombudsman will advocate for residents to have access to the End-of-life Option Act and hospice services by providing resources and information consultation to residents and facility staff.



**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%
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2. FY 2015-2016 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 16 divided by the total number of Nursing Facilities 17 = Baseline 98% FY 2017-2018 Target: 100%
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3. FY 2016-2017 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 2018-2019 Target: 100%
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4. FY 2017-2018 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 2019-2020 Target: 100%
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Program Goals and Objective Numbers: Goal #3, Objective 3.2
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**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 48 divided by the total number of RCFEs 49 = Baseline 98% 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 46 divided by the total number of RCFEs 50 = Baseline 92% FY 2018-2019 Target: 95%
4. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 48 divided by the total number of RCFEs 52 = Baseline 92% FY 2019-2020 Target: 95 %
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: 3.22 FTEs FY 2017-2018 Target: 2.21 FTEs
3. FY 2016-2017 Baseline: 3.22 FTEs FY 2018-2019 Target: 2.21 FTEs
4. FY 2017-2018 Baseline: 3.28 FTEs FY 2019-2020 Target: 2.21 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 20 FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers 25
3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers 17 FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers 25
4. FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers 17 FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers 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:**

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.

## **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

<b>Fiscal Year</b>	<b>Total # of Public Education Sessions</b>
2016-2017	16
2017-2018	16
2018-2019	16
2019-2020	16

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

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

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

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

<b>Fiscal Year</b>	<b>Total Number of Individuals Served</b>
2016-2017	2,500
2017-2018	3,600
2018-2019	1,600
2019-2020	2,000

**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 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>		
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: 265 Total est. audience for above: 10,000	3	
2019-2020	# of activities: 286 Total est. audience for above: 10,000	3	
<b>Access Assistance</b>	<b>Total contacts</b>		
2016-2017	1,110	3	
2017-2018	1,110	3	
2018-2019	1,500	3	
2019-2020	2,000	3	
<b>Support Services</b>	<b>Total hours</b>		
2016-2017	1,770	3	
2017-2018	1,770	3	
2018-2019	1,900	3	
2019-2020	2,500	3	

<b>Respite Care</b>	<b>Total hours</b>		
2016-2017	1,300	3	
2017-2018	1,300	3	
2018-2019	1,100	3	
2019-2020	1,060	3	
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2016-2017	None provided		
2017-2018	50	3	
2018-2019	25	3	
2019-2020	25	3	



### 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>		
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: 0 Total est. audience for above: 0		
2019-2020	# of activities: 0 Total est. audience for above: 0		
<b>Access Assistance</b>	<b>Total contacts</b>		
2016-2017	0		
2017-2018	0		
2018-2019	0		
2019-2020	0		
<b>Support Services</b>	<b>Total hours</b>		
2016-2017	0		
2017-2018	0		
2018-2019	0		
2019-2020	0		
<b>Respite Care</b>	<b>Total hours</b>		
2016-2017	0		
2017-2018	0		
2018-2019	0		
2019-2020	0		
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2016-2017	0		
2017-2018	0		
2018-2019	0		
2019-2020	0		

**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?

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<sup>18</sup> 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 an agreement with one “Managing AAA,” to deliver HICAP services on their behalf to eligible persons in their AAA, then each AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties. [\(Does not apply to Monterey County.\)](#)

**HICAP PAID LEGAL SERVICES:** Complete this section if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services. [\(Does not apply to Monterey County.\)](#)

**STATE & FEDERAL PERFORMANCE TARGETS:** The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced revisions to the SHIP PMs in late 2016 in conjunction with the original funding announcement (ref HHS-2017-ACL-CIP-SAPG-0184) for implementation with the release of the Notice of Award (Grant No. 90SAPG0052-01-01 issued July 2017).

The new five federal PMs generally reflect the former seven PMs (PM 2.1 through PM 2.7), except for PM 2.7, (Total Counseling Hours), which was removed because it is already being captured under the *SHIP Annual Resource Report*. As a part of these changes, ACL eliminated the performance-based funding scoring methodology and replaced it with a Likert scale comparison model for setting National Performance Measure Targets that define the proportional penetration rates needed for improvements.

Using ACL’s approach, CDA HICAP provides State and Federal Performance Measures with goal-oriented targets for each AAA’s Planning and Service Area (PSA). One change to all PMs is the shift to county-level data. In general, the State and Federal Performance Measures include the following:

- PM 1.1 Clients Counseled ~ Number of finalized Intakes for clients/ beneficiaries that received HICAP services
- PM 1.2 Public and Media Events (PAM) ~ Number of completed PAM forms categorized as “interactive” events
- PM 2.1 Client Contacts ~ Percentage of one-on-one interactions with any Medicare beneficiaries
- PM 2.2 PAM Outreach Contacts ~ Percentage of persons reached through events categorized as “interactive”
- PM 2.3 Medicare Beneficiaries Under 65 ~ Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65
- PM 2.4 Hard-to-Reach Contacts ~ Percentage of one-on-one interactions with “hard-to-reach” Medicare beneficiaries designated as:
  - PM 2.4a Low-income (LIS)
  - PM 2.4b Rural
  - PM 2.4c English Second Language (ESL)
- PM 2.5 Enrollment Contacts ~ Percentage of contacts with one or more qualifying enrollment topics discussed

AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at: <https://www.aging.ca.gov/ProgramsProviders/AAA/Planning/>

For current and future planning, CDA requires each AAA ensure that HICAP service units and related federal *Annual Resource Report* data are documented and verified complete/ finalized in CDA's Statewide HICAP Automated Reporting Program (SHARP) system per the existing contractual reporting requirements. HICAP Service Units do not need to be input in the Area Plan (with the exception of HICAP Paid Legal Services, where applicable).

#### **HICAP Legal Services Units of Service (if applicable)<sup>19</sup>**

<b>Fiscal Year (FY)</b>	<b>3.1 Estimated Number of Clients Represented Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2016-2017	Not Applicable	
2017-2018	Not Applicable	
2018-2019	Not Applicable	
2019-2020	Not Applicable	

<b>Fiscal Year (FY)</b>	<b>3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2016-2017	Not Applicable	
2017-2018	Not Applicable	
2018-2019	Not Applicable	
2019-2020	Not Applicable	

<b>Fiscal Year (FY)</b>	<b>3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2016-2017	Not Applicable	
2017-2018	Not Applicable	
2018-2019	Not Applicable	
2019-2020	Not Applicable	

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<sup>19</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services.

## Section 14 – Notice of Intent to Provide Direct Services<sup>20</sup>

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

	<b>16-17</b>	<b>17-18</b>	<b>18-19</b>	<b>19-20</b>
<b>Title III B</b>				
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input 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"/>
<b>Title III D</b>	<b>16-17</b>	<b>17-18</b>	<b>18-19</b>	<b>19-20</b>
<input type="checkbox"/> Disease Prevention and Health Promo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title III E <sup>21</sup></b>	<b>16-17</b>	<b>17-18</b>	<b>18-19</b>	<b>19-20</b>
<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"/>
<b>Title VII A</b>	<b>16-17</b>	<b>17-18</b>	<b>18-19</b>	<b>19-20</b>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VIIB</b>	<b>16-17</b>	<b>17-18</b>	<b>18-19</b>	<b>19-20</b>
<input type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### **Describe the methods to be used to ensure target populations will be served throughout 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).

Opportunities for Outreach are not always known by the AAA months in advance, and, instead can occur at any time. Typically community events and other agencies/ organizations will look for partners with only a 1 to 3 month recruitment effort before the actual event. Community education of non-seniors is a vital service to broaden support for senior issues. The AAA is uniquely positioned to reach seniors to announce such events.

Although OAA funding for prevention of elder abuse is generally contracted out to a local non-profit, the AAA may have an opportunity to provide a direct service on occasion. It is expected that other sources of support would be used for that in most instances, however, in any case, the AAA has a broad base of support within the County Department of Social Services and can be better suited to respond to many opportunities.

<sup>20</sup> No changes from 2017-2018 Area Plan Update.

<sup>21</sup> Refer to PM 11-11 for definitions of Title III E categories.

## Section 15 – Request of Approval to Provide Direct Services

PSA 32

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

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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: **Community Education**

Check applicable funding source:<sup>22</sup>

☒ 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 service<sup>23</sup> :

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.

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<sup>22</sup> Section 15 does not apply to Title V (SCSEP).

<sup>23</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

## Section 15a – Request of Approval to Provide Direct Services PSA 32

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

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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: **Transportation (Access)**

Check applicable funding source:<sup>24</sup>

☒ 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 service<sup>25</sup> :

PSA 32 plans to purchase bus passes for seniors and then distribute those passes with the help of several community partners. There will be no direct costs associated with the distribution. Partners include Monterey Salinas Transit Travel Training Program. Alliance on Aging's Outreach and Transportation Specialist staff positions, possible other agencies and Department of Social Services Aging & Adult Services.

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<sup>24</sup> Section 15 does not apply to Title V (SCSEP).

<sup>25</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

## Section 15b – Request of Approval to Provide Direct Services

### PSA 32

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

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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: **Public Information**

Check applicable funding source:

☒ 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 service.

PSA 32 partners/conducts a variety of public hearings, meetings, trainings and is currently limited on how the residents are notified. Planned efforts include paid advertising, boosting notices on Facebook, mailings, and providing written materials to contractors/others for use in lobbies and other public locations. The AAA is the best organization to promote specific AAA events.



## Section 15c – Request of Approval to Provide Direct Services

### PSA 32

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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: **Support of C-1, C-2, and Nutrition Education**

Check applicable funding source:

☐ 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 service.

PSA 32 sub-contracts with local agencies to provide the bulk of the work involved in nutrition programs. However, there are minimal support needs that the AAA provides when there is no alternative. These needs include waste management, occasional meeting room service fees, telephone costs, photocopies, Survey monkey for the annual survey, outreach promotional mailings, brochures and handouts.

## Section 16 – *Governing Board*

PSA 32

### GOVERNING BOARD MEMBERSHIP 2019-2020 Area Plan Update

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

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**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 - Chair	2023
District 3, Chris Lopez	2023
District 4, Jane Parker	2021
District 5, Mary Adams	2021

# Section 17 – *Advisory Council*

## PSA 32

### ADVISORY COUNCIL MEMBERSHIP 2019-2020 Area Plan Update

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

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**Total Council Membership (include vacancies)** 15 (4 Vacancies)

**Number of Council Members over age 60** 8

	<u>% of PSA 65+Population</u>	<u>% on Advisory Council</u>
<b>Race/Ethnic Composition</b>		
White	<u>82%</u>	<u>73%</u>
Hispanic/Latino	<u>0% (see note below)</u>	<u>18%</u>
Black	<u>0%</u>	<u>0%</u>
Asian/Pacific Islander	<u>9%</u>	<u>09%</u>
Native American/Alaskan Native	<u>0%</u>	<u>0%</u>
Other	<u>0%</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:**

Richard Kuehn, CHAIR, 5 <sup>th</sup> District Appointment, Executive Committee	01-01-2022
Aimee Cuda, VICE-CHAIR, At Large Appointment, Planning, Evaluation & Allocation Committee Chair; Executive Committee	01-01-2021

#### **Name and Title of other members:**

#### **Office Term Expires:**

Emile Mangompit, 1 <sup>st</sup> District Appointment	01-01-2021
Tom Shields, 2 <sup>nd</sup> District Appointment, Legislation & Advocacy Committee Chair, Executive Committee	01-01-2020
Jose Vasquez, Vice Chair, 3 <sup>rd</sup> District, Executive Committee	01-01-2023
Howard Scherr, 4 <sup>th</sup> District Appointment	01-01-2021
Jessica McKillip, At Large Appointment, Legislation & Advocacy Committee, Executive Committee	01-01-2023
Doris Beckman, At Large Appointment, Legislation & Advocacy Committee	01-01-2022
Linda Cortez, At Large Appointment, Planning, Evaluation & Allocation Committee, Legislation & Advocacy Committee	01-01-2022
Margaret Polanco, At Large Appointment, Evaluation & Allocation Committee	01-01-2022
Luana Conley, At Large Appointment, Legislation & Advocacy Committee	01-01-2022

Vacant, At Large	
Vacant, At Large	
Vacant, At Large	
Vacant, At Large	

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

	<b>Yes</b>	<b>No</b>
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 type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with Leadership Experience in Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Explain any "No" answer(s):**

Currently, there are no members that are also serving in an elected official capacity for a local jurisdiction.

**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

### 2019-2020 Area Plan Update

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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.<sup>26</sup>

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- 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).**

Each year there is an increase of approximately 15% in the number of requests for legal services. The most common request for assistance involves issues around rental housing and mortgages. A high priority concern is the increasing prevalence in the financial abuse of seniors and requests to remedy such cases. There have been no significant increases in available funding in the past few years and rising costs have resulted in service cut-backs.

- 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 the agreement specifically states that services shall be provided in accordance with all required 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.

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<sup>26</sup> 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.

The contractor uses a variety of approaches to reach all eligible participants across the County. They have two offices (Seaside and Salinas) and utilize specific office hours at County Libraries locations each week. In addition:

- Outreach is provided at events in several locations each year.
- Website and Facebook presence.
- Paid advertising in both English and Spanish media.
- Translated brochures and flyers.
- Partnerships with other organizations that provide:
  - LSS printed materials in lobbies, bulletin boards, and more.
  - Direct referrals to needy clients.
- Presentations at civic groups, professional associations, and others.

**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 separate contract for the provision of Outreach services that promotes services at a wide variety of community events. Also, the AAA's

Information, Referral and Assistance Program (IRA) provides referrals to AAA funded programs on a daily basis to qualified callers.

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

<b>Fiscal Year</b>	<b># of Legal Assistance Services Providers<sup>27</sup></b>
2016-2017	1
2017-2018	1
2018-2019	1
2019-2020	1

**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:**

Also mentioned in 6. above.

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

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<sup>27</sup> Only one legal assistance service provider is currently under contract with the AAA 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.

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 and legal services are provided at two permanent office locations 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	Legal Services for Seniors	All
2019-2020	Legal Services for Seniors	All

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. Very few 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.

# Section 21 – *Organizational Chart*

PSA 32

2019-2020 Area Plan Update

## Monterey County AAA (PSA 32) Organizational Chart

