



**San Bernardino County Area Agency on Aging
Planning and Service Area 20
2016—2020 Area Plan**



Aging and Adult Services

CALIFORNIA DEPARTMENT OF AGING

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January 25, 2017

Ron Buttram, Director
San Bernardino County
Department of Aging and Adult Services
686 East Mill Street
San Bernardino, California 92415

Dear Mr. Buttram:

The California Department of Aging has reviewed and approved your Fiscal Year (FY) 2016/2020 Area Plan (AP). California Code of Regulations, Title 22, Section 7304, requires the Area Agency on Aging to submit an annual update to its four-year AP. Please find attached your approved FY 2016/2020 AP.

Please provide a copy of this letter to the Governing Board and Advisory Council chair persons. If you have any questions, please contact your assigned Lead Analyst, Linda Wonderly at (916) 928-3324 or via email at linda.wonderly@aging.ca.gov.

We thank you and the members of your staff, Governing Board, and Advisory Council for your efforts in building and enhancing your local community-based system of services for older adults, adults with disabilities, and their caregivers.

Sincerely,

A handwritten signature in black ink, appearing to read "June Ditgen", is written over the typed name.

June Ditgen, Policy Manager
Long-Term Care and Aging Services Division

cc: James Ramos, Governing Board Chair
Elaine S. Rosen, Advisory Council Chair

2016-2020 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

To ensure all required components are included, "X" mark the far-right column boxes.

Check one: ☒ FY 16-20 ☐ FY 17-18 ☐ FY 18-19 ☐ FY 19-20

Section	Four-Year Area Plan Components	4-Year Plan
	Transmittal Letter – <i>must have original, ink signatures or official signature stamps- no photocopies</i>	<input checked="" type="checkbox"/>
1	Mission Statement	<input checked="" type="checkbox"/>
2	Description of the Planning and Service Area (PSA)	<input checked="" type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)	<input checked="" type="checkbox"/>
4	Planning Process / Establishing Priorities	<input checked="" type="checkbox"/>
5	Needs Assessment	<input checked="" type="checkbox"/>
6	Targeting	<input checked="" type="checkbox"/>
7	Public Hearings	<input checked="" type="checkbox"/>
8	Identification of Priorities	<input checked="" type="checkbox"/>
9	Area Plan Narrative Goals and Objectives:	
9	• Title IIIB Funded Program Development (PD) Objectives	<input type="checkbox"/>
9	• Title IIIB Funded Coordination (C) Objectives	<input type="checkbox"/>
9	• System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
9	• Title IIIB/VII A Long-Term Care Ombudsman Objectives	<input checked="" type="checkbox"/>
9	• Title VII Elder Abuse Prevention Objectives	<input checked="" type="checkbox"/>
10	Service Unit Plan (SUP) Objectives and Long-Term Care Ombudsman Outcomes	<input checked="" type="checkbox"/>
11	Focal Points	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Priority Services	<input checked="" type="checkbox"/>
14	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
15	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>
18	Legal Assistance	<input checked="" type="checkbox"/>
19	Multipurpose Senior Center Acquisition or Construction Compliance Review	<input checked="" type="checkbox"/>
20	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
21	Organization Chart	<input checked="" type="checkbox"/>
22	Assurances	<input checked="" type="checkbox"/>

TRANSMITTAL LETTER

2016-2020 Four Year Area Plan/ Annual Update

Check one: ☒ FY 16-20 ☐ FY 17-18 ☐ FY 18-19 ☐ FY 19-20

AAA Name: County of San Bernardino

PSA Number 20

Department of Aging and Adult Services

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

1. **James Ramos, Chairman**

Governing Board Chairman¹

SIGNED AND CERTIFIED THAT A COPY OF
THIS DOCUMENT HAS BEEN DELIVERED
TO THE CHAIRMAN OF THE BOARD
LAURA H. WELCH
Clerk of the Board of Supervisors
of the County of San Bernardino
By [Signature]
Deputy

APR 19 2016

Date

2. **Elaine S. Rosen, Esq., Chair**

Advisory Council Chair

March 16, 2016

Date

3. **Ron Buttram, Director**

Area Agency Director

March 16, 2016

Date

¹ Original signatures or official signature stamps are required.

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Section 1. Mission Statement

State of California Required Core Mission Statement

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

Countywide Vision

San Bernardino County has adopted the following Vision Statement.

- We envision a complete County that capitalizes on the diversity of its people, its geography, and its economy to create a broad range of choices for its residents in how they live, work, and play.
- We envision a vibrant economy with a skilled workforce that attracts employers who seize the opportunities presented by the County's unique advantages and provide the jobs that create countywide prosperity.
- We envision a sustainable system of high-quality education, community health, public safety, housing, retail, recreation, arts and culture, and infrastructure, in which development complements our natural resources and environment.
- We envision a model community which is governed in an open and ethical manner, where great ideas are replicated and brought to scale, and all sectors work collaboratively to reach shared goals.
- From our valleys, across our mountains, and into our deserts, we envision a County that is a destination for visitors and a home for anyone seeking a sense of community and the best life has to offer.

Department of Aging and Adult Services Mission Statement

Providing service to seniors and at risk individuals to improve or maintain choice, independence, and quality of life. The Department works to ensure seniors and adults with disabilities have the right to age in place, in the least restrictive environment.

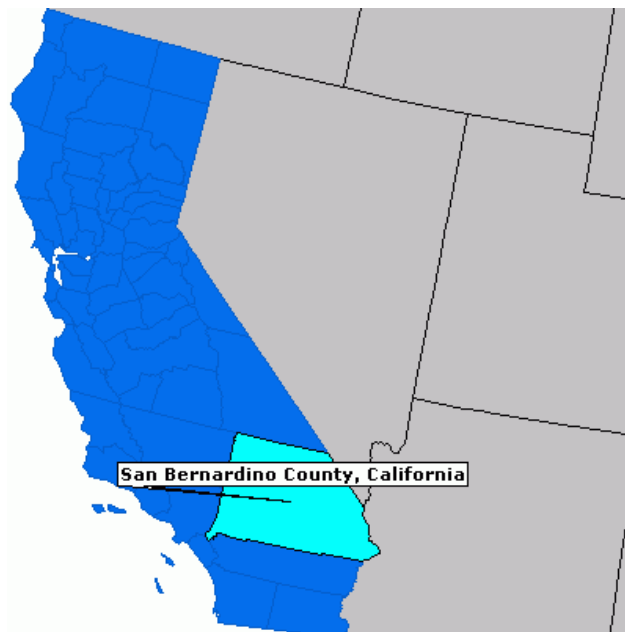
Treating customers as we would hope to be treated when faced with similar life-stage needs or issues is an integral DAAS value for the delivery of services. It forms the foundation for the Department's mission of providing quality services to the County's able and at risk elder/dependent adult populations. This value establishes the standard that all recipients of DAAS services are to be treated with dignity, empathy and respect for their self-worth. DAAS is governed by the following standard: "Would we refer our parents or disabled family members to our own programs?"

Section 2. Description of the Planning and Service Area

Physical Characteristics

The geographic area comprising Planning and Service Area (PSA) 20 is the County of San Bernardino in California. San Bernardino County (also referred to as "County", SBC, or Area Agency on Aging [AAA]) covers 20,105 square miles, and is the largest County in the contiguous United States. The County comprises 12% of California's land area. To illustrate, the states of Massachusetts, Delaware, Rhode Island and New Jersey *combined* fit within the boundaries of San Bernardino County.

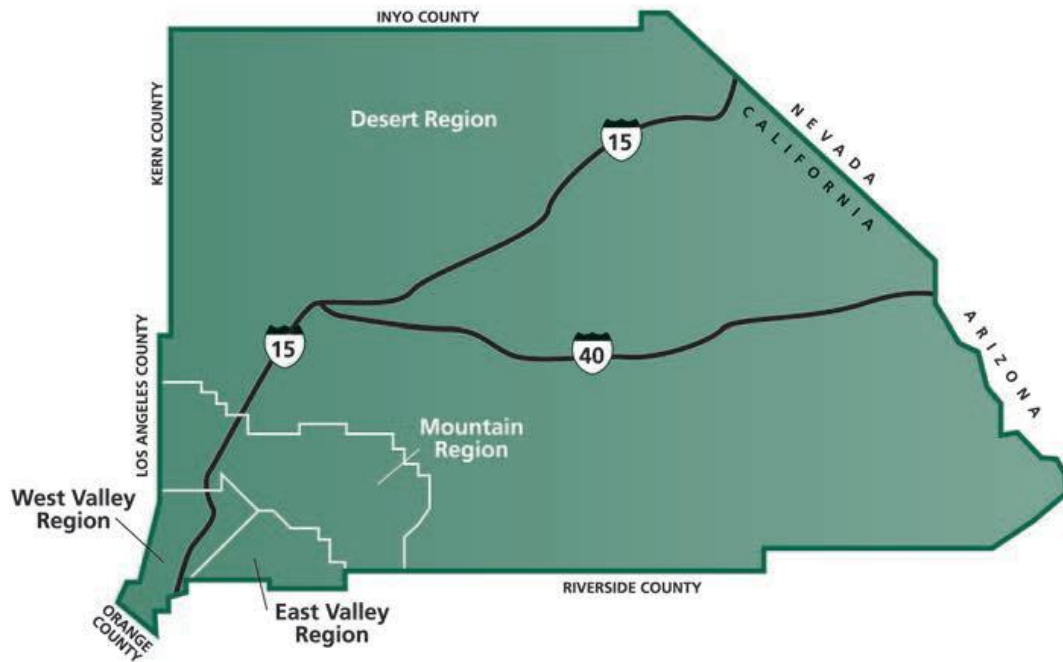
Map of San Bernardino County
Comparative to California, Nevada, and Arizona:



The County of San Bernardino is located in Southern California approximately sixty miles inland from the Pacific Ocean and its southern border is 100 miles north of Mexico. The AAA is a microcosm of the entire state with urban, suburban and rural areas. The County stretches on the west border from Pomona in Los Angeles County eastward to the Colorado River and the states of Arizona and Nevada. It extends from Anaheim in Orange County in the southwest to Death Valley and nearly to Las Vegas, Nevada in the northeast. Five counties and two states abut San Bernardino County: Inyo County on the north; Kern and Los Angeles counties on the west; Orange and Riverside counties on the south; and the states of Arizona and Nevada on the east. Over 90% of the County is desert; primarily the Mohave Desert with a small portion of the Colorado Desert represented at the southeastern end of the County. Almost three-quarters of the County is open and undeveloped; 80% of the land is owned by federal

agencies and is outside the governing control of the County or the local jurisdictions. The remainder of the County consists of the San Bernardino Valley, and a series of Transverse Mountain Ranges that bisect the County in an east-west divide. The ranges include the San Gabriel Mountains, San Bernardino Mountains, and the Little San Bernardino Mountains.

Map Showing Proximity to Surrounding Counties and States



Sources: San Bernardino County Land Use Services Department, 2007 General Plan (<http://cms.sbCounty.gov/lus/Planning/GeneralPlan.aspx>); California State Association of Counties (www.counties.org)

San Bernardino County is the twelfth most populous County in the United States and the fifth most populous in California. There are twenty-four incorporated cities and towns in the County. The majority of the County population resides in cities; with 299,110 persons or approximately 14% of residents in unincorporated areas.

The largest cities in the County are listed below.

City	Population	Rank	Rank in California
San Bernardino	213,933	1	17
Fontana	204,312	2	21
Rancho Cucamonga	174,064	3	26
Ontario	168,777	4	29
Victorville	121,168	5	48

Source: California Department of Finance, Demographic Research Unit, Population Estimates for Cities, Counties, and the State January 1, 2014 and 2015, May 1, 2015

The top four cities are located in the valley area of the County which is generally the southwest portion of the County; 75% of the County's population is concentrated in the valley area. Fontana, Rancho Cucamonga and Ontario are contiguous to each other and their combined population would make the area the fifth most populous city in California (behind San Francisco and ahead of Fresno). Victorville is the largest city outside of the valley and is located in the High Desert.

Demographic Characteristics

The demographic information detailed below comes from a variety of sources including the US Census and the State of California. Detailed information on the Elder Economic Security Index is provided by UCLA Center for Health Policy Research.

2016 California Department of Aging Population Demographic Projections for San Bernardino County

The latest available data from California Department of Aging was prepared October 2015 as part of the Intrastate Funding Formula (IFF).

	Population 60+	Non- Minority 60+	Minority 60+	Low Income 60+	Medi-Cal Eligible 60+
Number of Persons	346,805	180,947	165,858	44,975	72,893
Percent of California 60+ Population	4.56%				
Percent of SB County Population 60+	N/A	52.18%	47.82%	12.97%	21.02%

Total California population 60 + = 7,605,654

	Geo. Isolation 60+	SSI/SSP 65+	Population 75+	Lives Alone 60+	Non- English 60+
Number Of Persons	21,182	23,543	92,011	52,710	15,950
Percent of SB County Population 60+	6.11%	6.79%	26.53%	15.20%	4.60%

Source: California Aging Population Demographic Projections for Interstate Funding Formula http://www.aging.ca.gov/Data_and_Statistics/

From 2010 to 2016, the 60+ population for the IFF for the County has increased by 21.57%. Based on the State of California Department of Finance projections for San Bernardino County the 65 and over age group will increase from 182,737 in 2010 to 286,261 in 2020. This 103,524 increase in population represents a 56.66% increase and does not include the growth in the 60 to 64 age group.

Funding increases continue to lag behind the increase in population. The total Area Plan funding from the California Department of Aging for FY 2010/11 to FY 2015/16 increased by \$680,269 dollars during the five years representing a 10.95% increase. The following demographic information is from the **2014** American Community Survey (US Census) for San Bernardino County, age 60 years and over.

Population

San Bernardino County has the fifth largest population in California behind Los Angeles, San Diego, Orange and Riverside counties. San Bernardino County is the twelfth most populous county in the nation, with more residents than 15 of the country's states, including Idaho, West Virginia, and New Mexico.

- San Bernardino County population 2,212,619
- San Bernardino County 60 and over population: 316,597 (14.3%)

The median age of older adults is 68.5 years and is it estimated that females are 55.2% of the population and the remaining 44.8% are male. (In contrast the median age of the County population is 32.7 years old and there are 0.6% more females than males.)

Race and Ethnicity

	Countywide Percent	Age 60 and over Percent
One race	96.0	97.8
White	60.8	71.3
Black or African American	8.3	7.5
American Indian or Alaska Native	0.9	0.8
Asian	6.8	8.5
Native Hawaiian or other Pacific Islander	0.3	0.1
Some other race	18.8	9.5
Two or more races	4.0	2.2
Hispanic or Latino origin (of any race)	51.7	30.2
White alone not Hispanic or Latino	30.4	51.7

San Bernardino County is racially and ethnically diverse. Slightly over half of the residents of any age are Hispanic or Latino (of any race). This is much different than the 60 and over age group which is 51.7% white alone and 30.2% Hispanic or Latino. Since the County overall is more than half Hispanic or Latino, as people age the 60 and over population will increasingly trend towards a minority majority.

Households Age 60 and over

62.7 % are Family households		37.3% are Nonfamily households	
• Married couple family	62.7%	• Householder living alone	33.4%
• Female, no husband, with family	11.1%		

- One third of people age 60 and over lives alone.
- 75.6% of the 60 and over age group live in an owner-occupied housing unit; 24.4% are in a renter-occupied housing unit.
- Owner occupancy is 18.1% higher than the countywide population.
- Based on the table below, renters spend a greater proportion of their income on housing than owners.

Percent of Income for Housing Costs

Percent of Income	Owner Occupied	Renter Occupied
Less than 30 percent	66.2%	39.7%
30 percent or more	33.8%	60.3%

Educational Attainment

Status	Percent
Less than high school graduate	23.8%
High school graduate, GED, or alternative	25.2%
Some college or associate's degree	31.4%
Bachelor's degree or higher	19.6%

The 60 and over population education status is almost evenly split between those individuals who have graduated from high school or have less education (49%) and those who have some college education or college degrees (51.0%).

Responsibility for Grandchildren Under 18 Years

12.2% of the 60 and over population are living with grandchildren under 18 years of age and 2.2% are responsible for their grandchildren under 18 years old.

Veteran Status

16.3% of the 60 and over population are veterans.

Disability Status

34.1% of persons 60 and over report having a disability. Personal care disability rates rise rapidly with age. Californians age 85 and over are three times more likely to have a disability as those ages 65-75. (Steven Wallace, 2007)

Language Spoken at Home and Ability to Speak English

English only	64.5%
Language other than English	35.5%
Speak English less than very well	21.6%

Poverty

Federal Poverty Level

The 2015 Federal Poverty Level (FPL) for one person is \$11,770. For two persons in a household it is \$15,930. The \$11,770 is the threshold used in the needs assessment. Thirty percent of the needs assessment respondents are below the 2015 federal poverty level.

On January 25, 2016 the FPL increased by \$110 to \$11,880 for one person and \$16,020 for two persons. The percentage of age 60 and over seniors who are below the 2014 FPL is 12.7%; this number is consistent with the 12.9% low income number from the IFF.

2014 Poverty Status

(Note: The census information is 2014 American Community Survey data specific to San Bernardino County.)

2014 Poverty Status	Percent	\$ Amount (1 person)	\$ Amount (2 persons)
Below 100 percent of the poverty level	12.7%	11,670	15,730
100 to 149% of the poverty level	11.3%	to 17,504	to 23,594
At or above 150 percent of the poverty level	76.0%	17,505+	23,595+

2014 Income for age 60 and over

Type of Household Income	Percent	Average (mean) Amount
Earnings	48.9%	\$65,294
Social Security	71.6	\$18,111
Supplemental Security Income	10.7%	\$9,247
Cash Public Assistance	3.0%	\$3,721
Retirement Income	39.7%	\$26,513
Food Stamps/SNAP Benefits	9.3%	N/A

Elder Economic Security Index

The FPL is a nationwide statistic that does not consider regional differences. In response, the Elder Economic Security Index (Elder Index) was added to the Welfare and Institutions Code in 2011 (Sections 9009, 9100, and 9400). The Elder Index provides County level specific information on the minimum private market costs for meeting the basic needs of essential household items such as food, health care, shelter, transportation and utilities. The latest available data is from 2013.

	Elder Person			Elder Couple		
Elder Index Income to Meet Basic Needs(2015)	\$15,336 Owner w/o mortgage	\$28,176 Owner w/ mortgage	\$22,116 Renter, one bedroom	\$22,368 Owner w/o mortgage	\$35,208 Owner w/ mortgage	\$29,148 Renter, one bedroom
Federal Poverty Level (2013)	\$11,490	\$11,490	\$11,490	\$15,510	\$15,510	\$15,510
% above FPL	133.5%	245.2%	192.5%	144.2%	227.0%	187.9%
Maximum SSI/SSP Payment	\$10,397	\$10,397	\$10,397	\$17,546	\$17,546	\$17,546
SSI/SSP Income Gap with Elder Index	-\$4,939	-\$17,779	-\$11,719	-\$4,822	-\$17,662	-\$11,602
Median Social Security Payment 2013	\$9,600	\$9,600	\$9,600	\$18,900	\$18,900	\$18,900
Soc Sec Income Gap	-\$5,736	-\$18,576	-\$12,516	-\$3,468	-\$16,308	-\$10,248
Monthly Total Costs	\$1,278	\$2,348	\$1,843	\$1,864	\$2,934	\$2,429

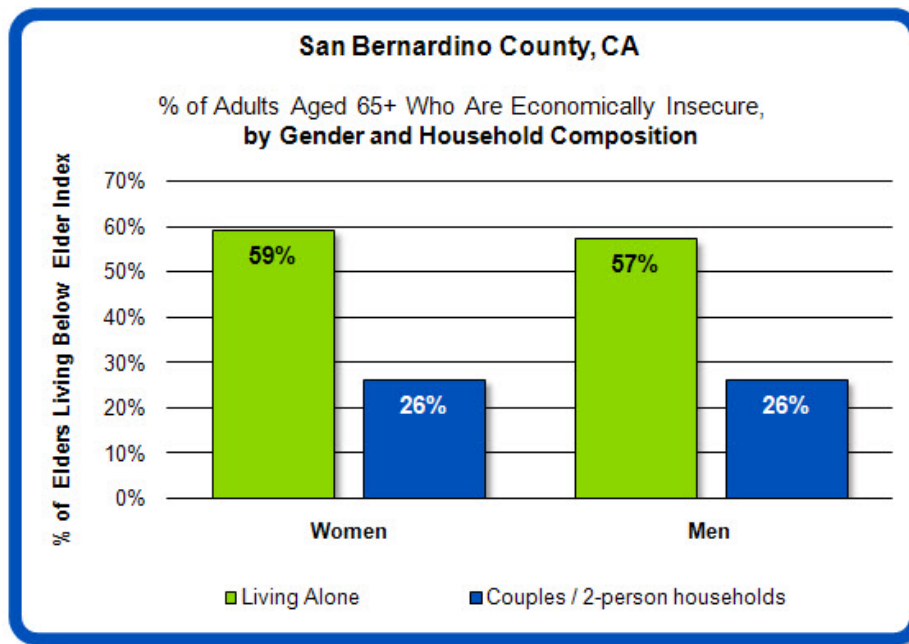
Source: UCLA Center for Health Policy Research

For a grandparent raising a grandchild the additional annual cost of one grandchild for a single elder person is \$5,449 and the cost for an elder couple is reduced to \$5,312, unless the elder couple is renting then the cost increases to \$7,369. (UCLA Center for Health Policy Research)

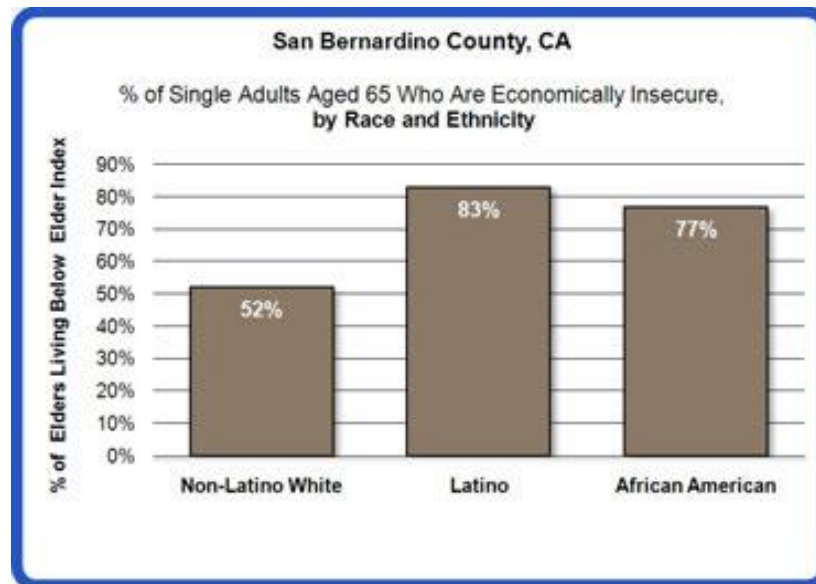
The above data exemplifies the gap between actual costs, income sources and the FPL. Economic security is lacking for more elders than is reported by the federal poverty level. Neither the Social Security payment nor the maximum Supplemental Security Income payment is enough to cover basic needs. As a result, many elders are caught in a gap of having too much income to qualify for assistance from public programs but not having enough income to make ends meet. These older adults are called the “hidden poor.” (Wallace, August 2015)

The highest rates of hidden poor are found among renters, women, minorities, and those raising grandchildren. The table below shows the percent below the FPL and the hidden poor % (above the FPL and below the Elder Index) for San Bernardino County. (Wallace, August 2015)

San Bernardino County	Elder Person	Elder Couple
% Below FPL	20.9	7.3
% Hidden Poor	33.4	21.6
Total	54.3	28.9



Note: Although there is a slight discrepancy between the above chart and the table data the difference occurs because of gender data results, and the age 65 and over cohort used.



Source: U.S. Census Bureau's 2006 ACS data, compiled by the UCLA Center for Health Policy Research.

Resources and Constraints

The AAA, as the Department of Aging and Adult Services, is a Department within the Human Services group of the County of San Bernardino. Being a part of the larger organization is a resource in and of itself. Information gathering, coordination of services, and consolidation of resources is facilitated. One example is the development of a comprehensive and coordinated Disaster Plan that addresses the interaction of all County departments. Another example is the use of geographic information systems based software maintained by Human Services Administration to contact DAAS clients during an emergency situation.

The Department has also developed and maintained a working collaboration with the Department of Social Work from California State University San Bernardino (CSUSB). The partnership has facilitated research analysis and data collection on a variety of projects since 2004. DAAS also receives several social work interns each academic year from CSUSB.

As indicated in the San Bernardino County 2015 Community Indicators Report, the economy is improving and parallels nationwide trends.

- Since 2000, the unemployment rate in San Bernardino County ranged from a low of 4.8% in 2006 to a high of 13.5% in 2010.
- From its high in 2010, the unemployment rate has been steadily decreasing and was 5.8% as of December 2015. This matched the State of California rate.
- California's unemployment rate is ranked 42 out of the 51 states. San Bernardino County's unemployment rate was ranked 22 out of the 58 counties in California.

On August 1, 2012, the City of San Bernardino filed for bankruptcy protection under Chapter 9 of the United States Bankruptcy Code. It is one of two cities in California to declare bankruptcy. According to “The 2016 Distressed Communities Index” prepared by the Economic Innovation Group, San Bernardino is the fifth most distressed large city in the United States (behind Cleveland, Ohio; Detroit, Michigan; Newark, New Jersey; and Toledo, Ohio). What does this mean?

- A distressed city tends to be stricken by long-term, structural economic problems.
- The recession is lingering longer in places like San Bernardino that have other fundamental concerns. For example, nearly one third of the population lacks a high school degree making bouncing back from the recession more difficult.
- 53% of the adults in San Bernardino are not working.

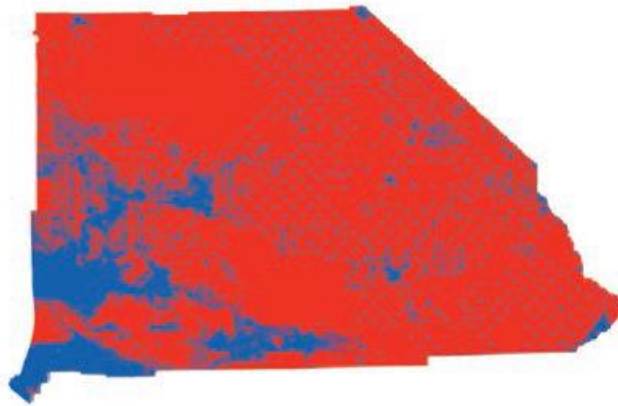
This level of economic distress in the largest city in the County is a constraint.

With the number of low income seniors an improving economy is useful for employment purposes. However, the 2014 census data indicates that 74.9% of those aged 60+ are not in the labor force. Given the hidden poverty levels in San Bernardino County, lack of participation in the labor force would be a constraint.

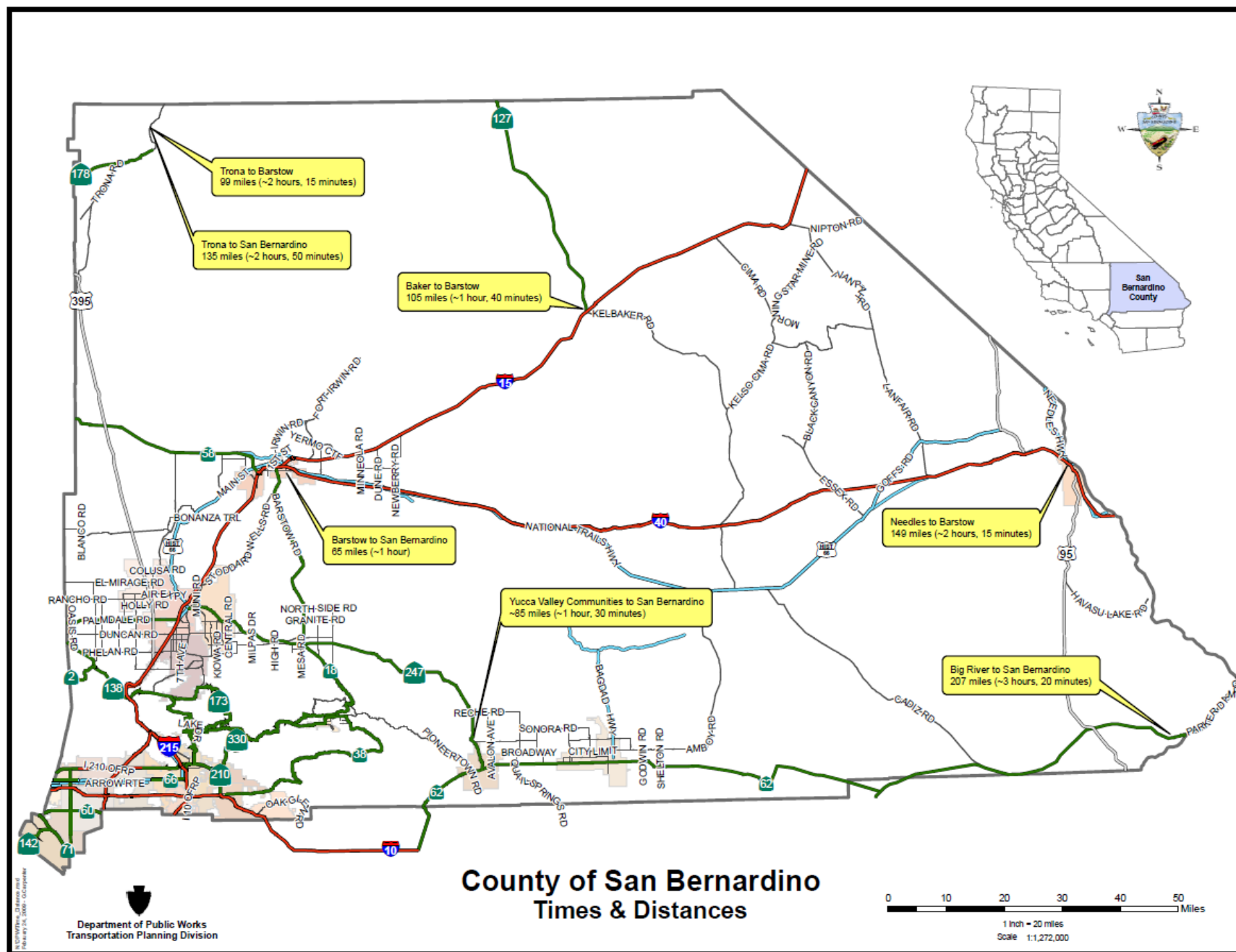
Funding for programs from the Older Americans Act (OAA) and state funding are not keeping pace with senior population growth and demand for services. Inadequate funding inhibits our endeavors to advocate, plan, coordinate, and deliver a comprehensive range of senior and caregiver services.

San Bernardino County, because of its enormous size, diversity of population, and geography, faces some special problems when planning for services. Over three-quarters of the population live in the southwestern valley portion of the County. This part of the County is urban and/or suburban with services available from an array of sources. The remainder of the population lives in the vast stretches of deserts and mountains that are studded with small and sometimes isolated communities. Approximately 81% of this land is government owned and managed by federal agencies. Subzero temperatures during the winter months in the mountain areas and temperatures in excess of 120 degrees in the vast desert areas, present some critical problems for planning services particularly for the elderly on fixed incomes.

Government Owned Land in San Bernardino County
(in red)



The geography of the County presents unique challenges for service delivery. Access to services from outlying areas can be difficult. On the next page is an exhibit entitled: County of San Bernardino Times & Distances. This exhibit illustrates the challenges faced in serving remote and rural areas. Further, there are two specific areas where proximity to shopping, health care, and business services is in an adjacent county or state. Trona, in the northwest corner of the County, is 20 miles east of the city of Ridgecrest in Kern County. Other communities best served by Ridgecrest are Red Mountain and Johannesburg. The communities along the Colorado River—Needles, Havasu Lake and Big River—find services in the adjacent states of Arizona and Nevada. These states are in some cases 7 miles from the communities and the closest area in San Bernardino County (Needles to Barstow) is 149 miles.



Service System

The AAA provides direct delivery of Senior Information and Assistance (SIA), Long-Term Care Ombudsman, including Prevention of Elder Abuse, Neglect and Exploitation, and the Title V, Senior Community Service Employment Program (SCSEP). All three programs operate throughout the County to best serve the older population.

DAAS coordinates with San Bernardino County Human Services Contracts division for procurements and contracts. County policy limits contracts to a maximum of three years. To accommodate the workload a rotating schedule has been developed. The following services are procured for the four year duration of the Area Plan

Fiscal Year	Program
2016/17	IIIC, Elderly Nutrition Program MSSP, Multipurpose Senior Services Program
2017/18	IIIB, Legal Services only IIIE, Family Caregiver Support Program
2018/19	IIIB, Supportive Services Program HICAP, Health Insurance Counseling Advocacy Program
2019/20	IIIC, Elderly Nutrition Program MSSP, Multipurpose Senior Services Program

Title IIID, Disease Prevention and Health Promotion, is provided countywide by the County's Department of Public Health via a Memorandum of Understanding.

Contracted service providers and locations by year follow. Since the IIIC procurement is not expected to be finalized until the end of May, there is no fiscal year 2016/17 information to include. Following is how the County is divided by service areas.

Regional Service Area (RSA)	Communities
East Desert	Essex, Kelso, Nipton, Needles, Havasu, Big River, and surrounding areas
North-Western Desert	Barstow, Newberry Springs, Trona, Red Mountain, Baker, and surrounding areas
Morongo Basin	Amboy, Johnson Valley, Joshua Tree, Landers, Morongo Valley, Wonder Valley, Yucca Valley, Twenty-Nine Palms, and surrounding areas
Victor Valley	Adelanto, Apple Valley, Hesperia, Lucerne Valley, Phelan, Victorville, Wrightwood, and surrounding areas

San Bernardino Mountains	Crestline, Running Springs, Lake Arrowhead, Big Bear, Twin Peaks, and surrounding areas
East Valley	Rialto, Bloomington, Fontana, Colton, Redlands, Yucaipa, San Bernardino City, Loma Linda, Lytle Creek, Highland, and surrounding areas
West Valley	Chino, Chino Hills, Montclair, Ontario, Rancho Cucamonga, Upland, and surrounding areas

Specific programs by funding are listed below.

Title IIIB Fiscal Year	Program	Location	Number of Service Providers
2016 thru 2018	Legal Services	All RSAs	1
2016 thru 2019	Adult Day Care	East and West Valleys, Victor Valley	1
2016 thru 2019	Assisted Transportation	Morongo Basin, East and West Valleys, Victor Valley	4
2016 thru 2019	Chore	Morongo Basin, East and West Valleys, Victor Valley, North-western Desert, SB Mountains	3
2016 thru 2019	Homemaker	Morongo Basin, East and West Valleys, Victor Valley, SB Mountains	4
2016 thru 2019	Personal Care	East and West Valleys, Victor Valley, SB Mountains	2

2016 thru 2019	Residential Repairs / Modifications	East Desert, Morongo Basin, East and West Valleys, Victor Valley, North-western Desert, SB Mountains	3
2016 thru 2019	Senior Center Activities	East Desert, Morongo Basin, Victor Valley, North-Western Desert	7

Title IIIC 2015/16 FY	Provider	Location	Number of Service Sites
	Barstow Senior Citizens Center	North-west Desert, Victor Valley	4 sites and home delivered meals
	Big Bear Valley Recreation and Park District	SB Mountains	1 site
	Bonnie Baker Senior Citizens Club	East Desert	2 sites and home delivered meals
	City of Montclair	West Valley	1 site
	City of San Bernardino	East Valley	6 sites
	Crest Forest Senior Citizens' Club	SB Mountains	1 site
	Family Service Association	East and West Valleys, Morongo Basin	20 sites and home delivered meals
	Lucerne Valley Senior Citizens Club	Victor Valley	1 site

Title III E Fiscal Year	Program	Location	Number of Service Providers
2016 thru 2018	Access Assistance	East and West Valleys, Victor Valley, North-west Desert, SB Mountains	1
2016 thru 2018	Information Services	East and West Valleys, Victor Valley, North-west Desert, SB Mountains	1
2016 thru 2018	Respite Care	East and West Valleys, Victor Valley, North-west Desert, SB Mountains, Morongo Basin	2
2016 thru 2018	Support Services	East and West Valleys, Victor Valley, North-west Desert, SB Mountains, Morongo Basin	2
2016 thru 2018	Supplemental Services	East and West Valleys, Victor Valley, North-west Desert, SB Mountains, Morongo Basin	2

HICAP Fiscal Year	Program	Location	Number of Service Providers
2016 thru 2019	HICAP	All RSAs	1
Current funding through 2017	Financial Alignment and Medicaid, Medicare Improvements for Patients and Providers	All RSAs	1

Other Service Delivery Systems

Mental Health Services Act Prevention and Early Intervention Services

DAAS partners with the Department of Behavioral Health to provide a volunteer driver program, a comprehensive exercise and nutrition program, and health screenings in the Victor Valley and High Desert region of the County.

Volunteer Driver Program

DAAS partners with the Consolidated Transportation Service Agency (CTSA) in the valley portion of the County to provide a volunteer driver program. DAAS SIA staff assists with promoting the program and providing applications for the program. Voucher review, and approval, and funding are the responsibility of the CTSA.

211

The County's 211 information system is robust and provides detailed information via an 'Older Adults' link that can be accessed online by seniors. 211 also has the capacity to directly enroll seniors in Cal Fresh (the federal Supplemental Nutrition Assistance Program).

SIA Partnerships

The SIA staff partner with other government entities, non-profits, and for profit organizations to provide services to seniors throughout the County. For example, SIA is often contacted to provide utility assistance to make sure a senior has electricity or water if they fall behind on their bills. By partnering with the non-profit Senior Disabled Fund they are able to assist in limited bill paying to make sure that the older adult remains in a safe and healthy living environment.

Challenges and Successes In Local System Development

Challenges include limited funding for all services. Although the existing volunteer driver program had been very successful in providing rides countywide (with the exception of the incorporated jurisdictions of Victorville, Hesperia, and Apple Valley) the regional transportation agency (San Bernardino Associated Governments) recently approved a change to the CTSA that may impact the success of the program. DAAS intends to be actively involved with the CTSA to insure that the volunteer driver program remains a priority.

DAAS provides funding to remote and rural senior centers to assist in reaching targeted populations. The senior centers provide a gateway to information for most seniors. By helping to keep the doors open with Senior Center Activities, funding in Trona, Needles, Big River, Lucerne Valley, Morongo Basin, Phelan, and north Victor Valley, access to information and services is facilitated.

Section 3. Description of the Area Agency on Aging (AAA)

San Bernardino County's Department of Aging and Adult Services (DAAS) is a unit of local county government and operates as a Department of San Bernardino County's Human Services. The Director of DAAS also serves as the designated AAA Director and as the Public Guardian of the County. DAAS provides services to seniors ages 60 and over, caregivers, individuals with disabilities, and adults age 18 and over in need of protection. The department works to ensure options are easily accessible to all older individuals and to have a visible resource where seniors can go or call for information. The Office of the Public Guardian arranges for custodial care and administers estates of elderly, gravely disabled or other incompetent persons by appointment of the courts and serves as guardian of conservatees' property and financial assets, and coordinates legal or social services on behalf of conservatees.

DAAS responsibilities include: Adult Protective Services (APS), In-Home Support Services (IHSS), the Multipurpose Senior Services Program, Older Americans Act (OAA) Programs, and the Office of the Public Guardian. The annual budget for the AAA is currently 9.4 million dollars. Federal, state and county dollars are included in the budget. Aging programs are provided by DAAS' staff (direct) and in conjunction with community-based organizations via county contracts.

Programs Provided Directly By DAAS

- Senior Information and Assistance (SIA) (Title IIIB and IIIE)
- Long Term Care Ombudsman, and Prevention of Elder Abuse, Neglect, and Exploitation (Title IIIB, Title VII and VIIA)
- Senior Community Service Employment Program (Title V)

Programs DAAS Contracts With Vendors

- Title IIIB—Supportive Services
Legal Assistance, Personal Care, Homemaker, Chore, Adult Day Care, Assisted Transportation, Residential Repair/Modification, and Senior Center Activities are the services funded by IIIB. Vendors provide these services in varying regions of the County. Although each service was encouraged in each region, not every region had a vendor propose the service.
- Title IIIC—Elderly Nutrition Program
The AAA contracts with eight (8) providers to provide congregate and home delivered meals throughout the County. There are currently thirty-five (35) congregate meal sites in San Bernardino County. In fiscal year 2014/15, 10,078 people were served a balanced meal at the congregate sites and 1,971 persons received a home delivered meal.

- Title IIID— Disease Prevention and Health Promotion Program
DAAS contracts with the Department of Public Health to conduct a six week, evidence-based health promotion class called “Walk with Ease” at various sites throughout the County.
- Title IIIE—Family Caregiver Support Program
The AAA contracts with two providers to provide family caregiver services to all parts of the County except the northwest desert area (Trona and environs).
- Health Insurance Counseling and Advocacy Program (HICAP)
One vendor provides HICAP services throughout the County. HICAP is funded by the state HICAP funds, federal Centers for Medicare and Medicaid, Medicare Improvements for Patients and Providers Act (MIPPA), and Federal Financial Alignment grants.

Other Programs and Funding Sources

- Memorandum of Understanding with Behavioral Health
The Department of Behavioral Health and DAAS entered into a Memorandum of Understanding (MOU) to provide Prevention and Early Intervention services to the older population in the High Desert region of the County. Services include a volunteer driver program, a six-week class called “We Can! Eat Better and Move More” (“We Can!”), and utilizing the Info Van to provide health screenings in remote and isolated areas of the High Desert.
- Volunteer Driver Programs
DAAS partners with the Consolidated Transportation Service Agency in the valley portion of the County to provide a volunteer driver program called Transportation Reimbursement Escort Program (TREP). The TREP partnership exemplifies the AAA leadership role.

Senior Affairs Commission (SAC)

The Senior Affairs Commission (SAC), established by the County's Board of Supervisors on July 2, 1973, consists of people who are residents of the County. The Commission membership consists of 21 members. Membership on the SAC is composed of three categories of members: Appointed, Representative and Professional. Currently there are six standing SAC committees: Access, Healthy Aging, Intergenerational, Executive, Legislative, and Nutrition.

Regional Councils on Aging (RCA)

Regional Councils on Aging (RCA) were established in 1978 as an extension of the AAA for gathering the concerns of seniors in their local communities. There are seven RCA's in PSA 20. The seven RCA's are: East Valley, West Valley, Victor Valley, Morongo Basin, Colorado River, North Desert, and Mountain. The boundaries of each region were established along geographic, economic, and political subdivisions borrowing heavily upon the service boundaries established by the County Department of Public Social Services and the Regional Statistics Areas established by the U.S. Bureau of the Census. Within each area, seniors elect members to their local RCA. One member of each RCA serves on the SAC with the purpose of bringing forward regional concerns.

The DAAS Director and Deputy Director of the OAA programs are actively involved with community resources to strengthen the service delivery system. The AAA Director continues to spearhead efforts to expand community education, discuss and share best practices, and consider evidence based programs. San Bernardino is one of seven California counties to participant in a three-year demonstration project called Cal MediConnect. The state Medi-Cal program and the federal Medicare program partnered to create this project to promote coordinated health care delivery to seniors and people with disabilities who are dually eligible for both of the public health insurance programs, or "dual eligible beneficiaries." The Cal MediConnect program aims to improve care coordination for dual eligible beneficiaries and drive high quality health care that helps people stay healthy and in their homes for as long as possible. Additionally, shifting services out of institutional settings and into the home and community helps create a person-centered health care system that is also sustainable.

Section 4. Planning Process / Establishing Priorities

The Department of Aging and Adult Services, as a County department in the larger Human Services group, is positioned to receive information from a variety of sources to address the needs and unmet needs of the County's seniors.

All meetings of the Senior Affairs Commission and the SAC Committees are open to the public and comply with Brown Act regulations. Community input is welcome and encouraged and provides valuable input to the SAC and the department. The Regional Councils on Aging also provide a forum for public input.

Planning efforts in DAAS take many approaches.

Procurement of Services

The procurement process invokes a series of planning efforts. DAAS procurements for OAA services are on three year cycles to comply with County policies and procedures. Because of the time involved in processing a procurement, the services are rotated so

that only two or three requests for services are solicited in a fiscal year. With each procurement service delivery is analyzed, the needs and unmet needs of the various regions are addressed, and staff develops a document to best address the seniors in the community. Ultimately, the delivery of services is contingent not only upon the availability of funding but also upon the presence of suitable providers willing and able to execute the contracts.

Needs Assessments

DAAS has a long standing relationship with the California State University San Bernardino Department of Social Work, Research Methods class to conduct yearly needs assessments. Examples include: use of congregate meal sites; a survey of gay, lesbian, transgender, bisexual elders; baby boomers and their attitudes towards senior centers and the activities offered; and internet use and barriers to use. The data gathered from these yearly efforts provides information on the senior population in the County. Staff use the data gathered for technical assistance and the department's planning efforts.

For the development of this four year plan, the department conducted a general needs assessment to direct planning efforts. (See Section 5. Needs Assessment)

Public Meetings and Public Hearings

For development of the 2016-2020 Area Plan, a series of seven public meetings and two public hearings were held throughout the County. The meetings were fairly well attended and comments and concerns of the attendees were documented. (See Section 7. Public Hearings) Notices of the meetings were mailed to providers and other interested parties, posted in senior centers and had wide spread distribution. In addition to the advertising above, the public hearing was advertised in The Sun newspaper. Senior Information and Assistance staff were present to answer questions about services and to provide information.

Senior Information and Assistance

The presence of SIA staff in the community provides another conduit for valuable information about concerns and issues to be directed to AAA administration. In the last fiscal year, the twelve SIA staff made 400 presentations and/or outreach visits to senior centers, senior housing, health and resource fairs, workshops and special events. The steady presence of SIA staff in the community cultivates a level of trust that enhances service delivery to the senior population.

Section 5. Needs Assessment

A general needs assessments was conducted for the Area Plan. The CSUSB spring Research Methods class distributed a general needs assessment in 2015 and received 633 responses. DAAS conducted a series of countywide public meetings at which surveys were distributed and collected. The DAAS meetings yielded 148 survey responses. The survey was available in English and Spanish. A copy of the English survey is included in the Attachments.

Sample

Over half (59%) of the respondents were females. The median age of respondents was 68. The majority of the respondents were from 60 to 79 years old. Seventeen percent of the participants are veterans. Forty-one percent of the participants were white, 38% were Hispanic/Latino, 11% were African American, 4% were Asian/Pacific Islander, 1% were Native American/Alaskan Native and 2% were of other ethnicities. Compared to the general population, whites and African Americans are over-represented; Hispanic/Latinos and Asian/Pacific Islanders are under-represented.

In terms of education, 19% received junior high school education or less, 30% completed high school, 33% received some college education or technical school, 10% graduated from college, and 8% completed graduate or professional school.

The majority of the survey respondents reside in the valley area of the County (75%), 9% were from the High Desert, 4% from the Low Desert, 7% from the Mountains and 3% responses were out of county/state from seniors attending a congregate meal.

Yearly Income

The survey used the 2015 Federal Poverty Level (FPL) of \$11,770 or less as a category. 59% of the participants make less than \$25,000 a year. Depending upon the living arrangement of the respondents, this response is less than the Elder Economic Security Index for making ends meet. The annual income responses are summarized below.

Yearly Income	Percent
\$11,770 or less	30%
\$11,771 to \$24,999	29%
\$25,000 to \$49,999	25%
\$50,000 or above	16%

Survey results reflect a very slight trend that the older the respondent, the more they make. In addition, of the surveys received, the higher the respondent's education, the more they make. Of the 57 with a graduate degree, 42 (73.7%) made over \$25,000. Contrasting, of the 135 that had lower than a high school education only 24 (17.8%) made over \$25,000.

Having Enough Money to Meet My Needs

Issue	Sometimes a Problem	Frequently a Problem
Paying for dental	25%	27%
Paying for car expenses	28%	19%
Paying for help in my home if I need it	24%	20%
Paying for health care not covered by Medicare	25%	20%

Living on My Own

Issue	Sometimes a Problem	Frequently a Problem
Maintaining my home (yard work, house repairs)	34%	20%
Finding a reliable person to help me if I need it	31%	16%
Doing housework	30%	14%

Help with the home is very important to the participants; 65% of the participants own their home.

Other Issues/General Information

Issue	Sometimes a Problem	Frequently a Problem
Accessing information via current technology	26%	35%
Knowing where to turn for information on benefits/services for seniors	34%	21%
Feel prepared to deal with an emergency	31%	22%

Food Insecurity

“The State of Senior Hunger in America 2013: An Annual Report” by Professors James P. Ziliak and Craig Gunderson demonstrates that seniors in 2013 faced increasing challenges meeting food need. Specifically, they found that:

- 15.5% of seniors face the threat of hunger. This translates into 9.6 million seniors.
- Those living in states in the South and Southwest, those who are racial or ethnic minorities, those with lower incomes, and those who are younger (ages 60-69) are most likely to be threatened by hunger.
- Out of those seniors who face the threat of hunger, the majority have incomes above the poverty line and are white.

- From 2001 to 2013, the fraction of seniors experiencing the threat of hunger increased by 45%. The number of seniors rose by 107% which also reflects the growing population.
- Since the onset of the recession in 2007 until 2013, the number of seniors experiencing the threat of hunger has increased by 56%.

PSA 20's survey revealed an astonishing 40% of seniors surveyed indicated that having enough money to buy food and other essentials was sometimes or frequently a problem. PSA 20 will continue its efforts in finding new and innovative ways to feed seniors Countywide.

Caregiving Services

Twenty-seven (27) percent of the participants are caregivers. Fourteen (14) percent are providing care for a senior family member. Thirteen (13) percent are grandparents raising grandchildren or children of other family members. When asked what kind of help or services they needed, half (50%) responded with dealing with agencies that provide help/service; 54% need help with getting information about the help/services that are available; and 50% wanted respite to take care of their own needs. These responses will be shared with the Family Caregiver providers to direct their outreach efforts.

Housing / Living Arrangements

30% of participants live alone. 34% live in a two person household and the remaining 36% live in households with 3 or more persons.

The majority (53%) of respondents live in a home that they own. 3% live in senior housing, 12% rent an apartment, 18% rent a home and 6% live in a mobile home park. 2% live with a relative or friend. The other responses, which were 6%, included homeless, rent a room, live with person I provide caregiver services to, and in a shelter.

Open Ended Questions

Are you receiving help from any senior programs right now?

The top three services are: Social Security (30%); Medicare (15%); and Medi-Cal (13%). The top three services provided by DAAS are: food/meals (17%); transportation (8%); and In Home Supportive Services (7%).

What is the most important thing you need to remain independent in your home?

Good health and money were the overwhelming responses. Help around the house including cleaning, yard work, and home repairs, was frequently mentioned. The need for transportation was often mentioned in the open ended responses, as well as the need for family and/or a support system.

Any other issues or problems you would like to tell us about?

There were 550 responses to this question. A variety of issues emerged including the need for dental and vision care, transportation, housing, and financial assistance.

In 2014 the CSUSB survey, Economic Needs of Older Adults, was administered to 564 older adults in San Bernardino County. The survey demographic and income results were similar to the 2015 General Needs Assessment. The main focus of the survey was on identifying areas of potential financial need. The ranked items are listed below.

Expense	% Having Difficulty Paying for the Item
Recreational Activities	30.7
Home payment / Rent	26.4
Dental Care	25.0
Utilities	24.8
Medications	24.6
Food	23.8
Transportation	23.6
Phone	22.2
Medical Care	20.7

Discrimination

Respondents were asked if they were discriminated against and why. Options were presented as well as an open ended response. 48% of the participants said they were discriminated against. Age (47%), ethnicity (64%) and gender (34%) were the top three responses. All of the responses are indicated below.

Type of Discrimination	#	%
Age	171	47%
Ethnicity	231	64%
Gender	121	34%
Socioeconomic status	94	26%
Disability	66	18%
Religion	65	18%
Political views	49	14%
Sexual orientation	25	7%
Weight	3	1%
Education	2	1%

Discrimination Due to Ethnicity

64% (231 persons) of the respondents to experiencing discrimination indicated that they felt they were discriminated against because of their ethnicity.

			Compared to the Total Survey Population	
Ethnicity	#	%	#	%
White / Caucasian	23	10%	321	7%
Hispanic/Latino	117	51%	295	40%
African American	61	26%	86	71%
Bi/Multi Ethnic	12	5%	19	63%
Asian/Pacific Islander	11	5%	33	33%
Native American/Alaskan Native	3	1%	8	38%
Other	4	2%	13	31%
Total Responses	231	100%	775	30%

- Looking at the ethnicities of those who say they have experienced discrimination because of their ethnicity, the majority (51%) were Hispanic. However, Hispanics made up the largest portion of the respondents overall. Relative to the overall survey response 40% of Hispanics/Latino responded affirmative to discrimination.
- Just over 7 out of 10 (71%) of the African American respondents said they had experienced discrimination because of their ethnicity.
- 63% of those who self identify as Bi/Multi Ethnic experienced discrimination.
- All others are under 50 percent of their total population experiencing discrimination because of their ethnicity.

The majority of the respondents experiencing ethnicity discrimination were in the valley region of the County (86%).

Other forms of discrimination experience by this cohort include:

- 40% of these same respondents also indicated they experienced age discrimination
- 31% experienced gender discrimination
- 26% felt discriminated against because of their socioeconomic status

Discrimination Due to LGBT Status

Of those surveyed, 25 participants identified as Lesbian, Gay, Bisexual, and/or Transgender (LGBT). This comprised 7% of seniors surveyed who felt discriminated against.

Overall, three percent (3%) of all survey respondents identified as LGBT, and only in the context of discrimination. According to 2014 census data, approximately 10% of the population in the United States identifies as LGBT; therefore, this population is underrepresented in our survey. The spring 2016 Cal State needs assessment project will focus on the current and future needs of the senior LGBT community. The comprehensive survey should be completed in time for the 2017/18 Area Plan Update.

The need for a more comprehensive and inclusive survey is illustrated in National Gay and Lesbian Task Force Policy Institute's report "Outing Age 2010: Public Policy Issues Affecting Lesbian, Gay, Bisexual and Transgender Elders," which states in part that LGBT elders continue to face tremendous barriers to aging in safe, affirming environments:

- Workplace discrimination over the life course leaves LGBT people economically vulnerable as they approach their later years.
- The legal disenfranchisement of LGBT chosen families – whether spouses and partners or extended networks of intimate friends – renders LGBT support systems fragile and economically disadvantaged.
- The presumption that all elders are heterosexual created unwelcoming conditions for LGBT people in aging services, healthcare and other institutional settings.
- LGBT-affirming elder housing and culturally competent care is nearly nonexistent.
- LGBT older adults who came of age before the gay liberation movement of the 1970s have lived largely in the context of extremely hostile social, medical and mental health systems, making self-advocacy within aging services agencies or institutional settings overwhelmingly difficult for many of these elders.
- Older adults who came of age after the 1969 Stonewall Rebellion have had to blaze a path toward LGBT equality their entire lives, yet face their elder years with the same daunting task ahead of them – needing to advocate for respect and equal treatment from the institutions and services essential to their well-being. (National Gay and Lesbian Task Force Policy Institute, 2010)

Resources

A number of services and resources are available throughout the AAA to provide assistance to the senior community for the needs identified. The easiest way for a senior citizen to receive assistance is by calling Senior Information and Assistance (1-800-510-2020). Also, San Bernardino County has a robust 2-1-1 resource associated

with United Way. Both SIA and 2-1-1 can provide information about OAA funded and non-OAA funded resources including but not limited to the following topics: cooling and heating centers, clothing, dental care, community clinics, food, senior housing, low-income housing, transitional housing, utility payment assistance, mental health including support groups, and transportation and assisted transportation.

Adequate Proportion

One of many considerations for determining adequate proportion, or the minimum percentage of Title IIIB funds to be expended for Access, In-Home, and Legal services, are the needs identified in the Needs Assessment. Another factor is availability of services, especially by vendors who respond to procurements. Further factors in determining adequate proportion include consideration of the historical use of services, and the requests (and complaints, if any) for various services by the senior clients using the services.

Access Services

Since Senior Information and Assistance is a gateway to providing information about services, supporting the program is a primary consideration. The Access category also provides transportation and assisted transportation services that efficiently leverage the IIIB funds. Based on this, a minimum percentage level of 40% of the IIIB funds are dedicated to Access.

Legal Assistance

The AAA allocates a minimum of 10% of the IIIB funds to Legal Assistance. Legal services can be very expensive for seniors, can be daunting depending upon the topic, and are also often a service of immediate need. The 10% funding level has historically enabled the AAA to provide adequate legal services to the senior community without complaint for a number of years. Based on a review of AAA budgets for the last five years the funding level range is somewhat higher at an average of 14.9%.

In-Home Services

The AAA has found with years of practice that providing In-Home Services is not only financially costly but also requires a high level of staff involvement. Many seniors acknowledge a need for the service but do not want assistance that involves a “stranger” coming to their residence. Our experience has shown that, in spite of our best efforts, funds in these services often are not expended by the end of the fiscal year. Our historical rate of expenditure is close to but not quite at 5%. Therefore a minimum percentage of 1% of IIIB funds is set aside for In-Home Services.

More information about Adequate Proportion is included throughout the Area Plan.

Section 6. Targeting

Targeting Defined

The Older Americans Act requires that funds be targeted to older adults aged 60 and over with special emphasis on the following populations:

- older individuals residing in rural areas;
- older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- older individuals with severe disabilities;
- older individuals with limited English proficiency;
- older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- older individuals at risk for institutional placement.

Targeting as defined by the California Code of Regulations (22 CCR Section 7310) requires that the AAA target services with the following characteristics:

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

In addition, Section 7310 directs the AAA to use outreach efforts to identify individuals eligible for assistance under federal law with special emphasis to the following groups:

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

Targeted Populations

The AAA strives to meet the targeting requirements of the OAA and the California Code of Regulations. Target populations are spread throughout the 20,000 square miles of the County. DAAS acknowledges that many seniors will never contact us about services or want services when they are made aware of them. In general, resources are inadequate to meet the needs.

The older adults with the greatest economic need are distributed throughout the County. Financially, many seniors have need at not only the federal poverty limit but also at the levels identified by the Elder Index. Those that are minority individuals tend to be concentrated in the valley area of the County where the majority of the County population is located. The urbanized valley area also has access to the greatest variety of resources, not only by number but also by variety of providers, including operations of local government, not-for-profit and for-profit service providers.

Those older adults with greatest social need are generally the seniors in the more rural areas of the County. Our rural populations are in pockets in the Mountains and the Deserts. That is one reason that the AAA provides IIIB assistance for Senior Center Activities in the more remote and isolated communities of the County (Trona, Lucerne Valley, Needles, Big River, Phelan, and the Morongo Basin). An active and open senior center provides a gathering point for seniors as well as an opportunity for the dissemination of accurate information. SIA staff visit these centers and provide outreach regularly. The AAA is in no way diminishing the needs of the homebound senior or socially isolated older adult in the urbanized area. As indicated above the opportunities for outreach and resources tend to be more available and varied in the valley areas.

The Native American Indian and Alaska Native population (2014) is less than 1% of the overall San Bernardino County population or approximately 2,500 of the 60 and over population. AAA services are available to all eligible County residents.

The AAA staff continually provides advice and technical assistance to our volunteer, non-profit organizations striving to provide services in rural areas. The AAA staff works closely with providers to enhance our network of senior service providers. A barrier the AAA faces in this endeavor is the limited number of providers of some services. The AAA conducts an open procurement process and strives to get the most desired services to the target populations. Often no organization proposes to provide services, especially to the farthest reaching areas of the County.

The Senior Information and Assistance staff are located at six sites geographically dispersed throughout the County. From these locations they perform outreach to the senior community. The SIA staff report an increase in need throughout the County. For example, more seniors are at food banks and commodity sites; bus pass requests have increased; and requests for help with utility bills is on the rise. Home repair requests are

also frequently requested but resources limit the ability to provide more than very minor repairs.

The AAA continues to work on increasing minority participation. This is particularly important as the Hispanic/Latino population in the County approaches 50%. AAA brochures are available in English and Spanish. Further, several of the AAA's SIA staff is bilingual which enables them to assist those who are non-English speaking not only daily but also at health fairs and other community events.

Finally, the Senior Affairs Commission and the Regional Councils on Aging provide input about senior needs. Often the information is at the individual level of a particular senior as opposed to the global needs level of seniors. However, any trends and concerns are communicated with the AAA.

SECTION 7. PUBLIC HEARINGS

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English?¹ Yes or No	Was hearing held at a Long-Term Care Facility?² Yes or No
<u>2016-17</u>					
<u>Public Meetings</u>					
	October 22, 2015	Yucca Valley Senior Center	16	No	No
	October 28, 2015	Rialto Senior Center	18	Yes	No
	November 5, 2015	Redlands Senior Center	7	No	No
	November 10, 2015	Crest Forest Senior Citizens Club	85	No	No
	November 16, 2015	Montclair Senior Center	61	No	No
	December 8, 2015	DAAS, Victorville Office	20	No	No
	December 10, 2015	Trona Community Senior Center	6	No	No
<u>Public Hearing(s)</u>					
	February 17, 2016	Senior Affairs Commission (SAC) DAAS San Bernardino	32	No	No
	March 16, 2016	Senior Affairs Commission (SAC) DAAS San Bernardino	26	No	No
2017-18					
2018-19					
2019-20					

¹ A translator is not required unless the AAA determines a significant number of attendees require translation services.

² AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

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 older individuals with disabilities.

Public meetings were arranged with the Regional Councils on Aging, senior centers, nutrition providers and other senior service providers. Senior Information and Assistance staff attended the meetings and provided outreach to the community prior to the meetings. All contracted providers received information about the public meetings. Meeting notices were posted in advance of every meeting.

The public hearing was advertised in accordance with the California Code of Regulations. All contracted providers, incorporated cities, and American Indian tribal governments in San Bernardino County received written notice.

Members of the senior community with disabilities were in attendance at many of the meetings. No meetings or hearings were held at long term care facilities.

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

☒ Yes. Go to question #3

☐ Not applicable, PD and/or C funds are not used. Go to question #4

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

The two page agenda at each meeting included a description of Coordination Activities and the topic was open for discussion. The public did not comment on coordination activities.

Subsequent to the public input, an administrative decision was made to not include coordination objectives.

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

☒ Yes. Go to question #5

☐ No, Explain:

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

AAA staff described the priority services, what services were included in each category, and the minimum percentage of funds proposed. A written explanation was distributed with the Agenda at each public meeting. The public did not comment on the subject.

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

The need for transportation and bus passes was raised the most. Other themes discussed included the need for minor home repair and chore, improving the quality of the meals served at the elderly nutrition program, the need for more Farmers Market coupons, and improving the dissemination of information to seniors.

Complete notes from the public meetings and public hearing are included in the attachments.

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

Staff will address getting more farmers markets certified. This will enable seniors to use the Farmers Market coupons at more locations throughout the County.

Also, objectives addressing transportation coordination and involvement with the various transit providers in the County are included.

Section 8. Identification of Priorities

The Department is committed to serving the seniors in our community. Even with limited resources, the AAA is seeking out partnerships and collaborative efforts to leverage our funding and seek new sources of support. DAAS examines processes to strengthen our organizational capacity to meet changing needs and to improve the type and quality of the services being provided.

An ongoing issue is the communication of available services to the seniors in the County. DAAS will pursue a collaborative effort with our providers and community resources, and focus on new outreach efforts.

Other priorities emerged in the process but funding and staffing limitations will delay their implementation. The AAA lists the activities here and intends to prioritize them as resources become available. Also, DAAS will seek partners in the community to work with on these issues.

- Assistance with dental visits
- Assistance with vision
- Nutrition—research ways to get fresh produce to isolated seniors
- Conduct a Lesbian, Gay, Bisexual, Transgender (GLBT) multigenerational survey through an established partnership with CSUSB. This survey will address the needs and concerns of the LGBT population age 40+.
- Disease Prevention – Research and implement a chronic disease self-management highest tier evidence-based program.

Meeting Targeting Populations

The AAA endeavors to comply with all Older American Act mandates. A thorough discussion of Targeting is outlined in Section 6 of the Area Plan.

Adequate Proportion

Adequate Proportion involves the AAA determining a minimum percentage of Title IIIB funds that will be spent on three categories of priority services: Access, In-Home Assistance and Legal Assistance. A variety of factors are involved in establishing Adequate Proportion. These include:

- Analysis and findings of the needs assessment.
- Input received from the public at the advertised public meetings and public hearings held throughout the county.
- The availability of the service. This includes not only consideration of how many non-OAA resources exist to meet the need but also vendor responses to providing the service.
- The cost and benefit of the service. More pointedly, how many people are served and how much is the cost per person.

- Historical trends of need for the service, use of the service, and effectiveness of the service.

Based on these considerations, the minimum percentages are:

- Access Services 40%
- In-Home Services 1%
- Legal Assistance 10%

Section 9. Area Plan Narrative Goals And Objectives

Goals

Two goals are proposed. The first one addresses the actions, advocacy and responsibility of the Department. The second goal recognizes the advocacy role of the Senior Affairs Commission.

Objectives

Objectives for the Long-Term Care Ombudsman Program, Elder Abuse Prevention, and Title IIID, Disease Prevention and Health Promotion are required and included as Objectives 1, 2, and 3.

The following topics have related objectives: expanding IIID to include Chronic Disease Self-Management Education program; Senior Community Service Employment Program administrative activities; transportation coordination; trainings; and coordination of Scam Alerts.

The Senior Affairs Commission has a goal of advocacy. Their objectives are delineated by the prefix "SAC" and are established by the standing committees of the SAC.

Goal No. 1:

To address and strengthen advocacy for the unmet needs of older adults and adults with disabilities by facilitating access to programs, services, and other support systems through the collaboration with public entities, private organizations, families, and caregivers.

Rationale:

The results of the AAA's needs assessment show the need to continue to improve methods of information dissemination regarding the various programs and services provided to seniors and adults with disabilities. Public meeting participants also voiced their need for increased public awareness of programs and services. The AAA also wants to provide services in an efficient and coordinated manner to maximize program resources and effectiveness.

With the anticipated ongoing growth in our senior population and ongoing limited funding and resources, maximizing services to older adult and adults with disabilities is essential. The AAA is committed to providing leadership and to develop and/or enhance collaborative partnerships, which will address the needs of older adults and adults with disabilities. By working with other organizations, the continuum of care will be strengthened and new initiatives may be developed.

List Objective Number(s) and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C³	Update Status⁴
1. The Ombudsman Program will contact the Department of Behavioral Health to explore potential program and funding opportunities available with their programs including but not limited to the Mental Health Services Act.	July 1, 2016 thru June 30, 2018		
2. The Ombudsman Program will work with financial institutions on a presentation that addresses elder abuse awareness and education, and financial exploitation of their clients, including the caregivers of their clients. This presentation will be incorporated into training for Ombudsman volunteers.	July 1, 2016 thru June 30, 2018		
3. The IIID provider will collaborate with public and/or private entities to implement the "Walk With Ease" program at five (5) senior sites. The program is three times a week for six weeks at each site. The purpose of this evidence-based program is to utilize walking to reduce pain, increase balance and strength, and improve overall health.	Annual Objective		

³ Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

⁴ Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

4. AAA staff will identify and collaborate with public and/or private entities to research, develop, and implement an evidence-based Chronic Disease Self-Management Education (CDSME) program.	July 1, 2016 thru June 30, 2018		
5. The Senior Community Service Employment Program (SCSEP) manager will develop a SCSEP Area Representative handbook. The result will be uniform administration of the Title V program, a consistent participant experience, as well as definitive expectations and evaluative measures for the Area Representative position.	July 1, 2016 thru June 30, 2018		
6. The Senior Community Service Employment Program (SCSEP) manager will develop and implement SCSEP host agency training modules to orient and guide host agencies in their respective program responsibilities. The host agency training will ensure that participants are receiving valuable and effective work-based opportunities.	July 1, 2016 thru June 30, 2018		
7. The Deputy Director or designee will attend the Public and Specialized Transportation Advisory and Coordination Council to advocate for improved transportation for the senior and disabled community.	Annual Objective. Four to six meetings per year		
8. The Area Planner will coordinate with the regional transportation agency, SANBAG; the Consolidated Transportation Services Agency's; the County's six transit agency's; not for profits that have a transportation component; and other County of San Bernardino departments to address regional and local transportation issues and mobility management. Concerns include, but are not limited to: Barstow medical transportation; Needles medical transportation to Arizona, Nevada, and Barstow/Victorville; cross-county transportation needs; rural connectivity; expanding and maintaining the existing volunteer driver programs; and development of innovative and sustainable transportation programs. The result of coordinating with the non-OAA funded agencies and organizations will be measured by progress and or solutions to regional and local transportation issues.	July 1, 2016 thru June 30, 2020		
9. The AAA will work with community partners to develop and present a diversity and cultural competency training for the Senior Affairs Commission and the contracted providers of services.	July 1, 2016 thru June 30, 2018		

<p>10. The AAA staff, including Senior Information and Assistance, will distribute Scam Alerts at the County level. The Scam Alert system is a quick and effective way to communicate information about current scams to staff and customers. Distribution and discussion of the Scam Alerts includes dissemination to seniors at a variety of venues. SIA staff are involved in outreach throughout the community making contact with seniors at health fairs, congregate meals, senior centers, and other locations; and circulating the Scam Alerts to the contracted providers is also an essential contact point to reach consumers. The issues to be addressed include but are not limited to who receives the Scam Alerts, review of the online posting to make sure it is distinguishable from general information, and making sure board and care facilities and skilled nursing facilities are included.</p>	<p>July 1, 2016 thru June 30, 2018</p>		
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Goal No. 2:

The Senior Affairs Commission (SAC) will advocate on behalf of seniors who reside in San Bernardino County.

Rationale:

In accordance with the Older Americans Act, the Older Californians Act, and San Bernardino County Ordinance 3897, one of SAC's responsibilities is to act as an independent advocate for older persons in the County. By developing this goal, the SAC members recognize and formalize their responsibility and provide guidance to the various SAC committee meetings.

List Objective Number(s) and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C ⁵	Update Status ⁶
SAC.1. In order to promote access to services for a full and complete life, the Access Committee will work with government, the housing sector and transportation providers to insure the best possible access to a broad spectrum of services for the senior community. Targeted activities include, but are not limited to, review of senior housing for universal design; review of bus stops for accessibility and location; attendance at monthly meetings of the six transit agencies in the County; and acting as a forum for senior access concerns. The minutes of the Access Committee meetings will document the Committee's advocacy efforts	Annual Objective		
SAC.2. The Healthy Aging Committee will implement the "Health Fair/Resource Fair Planning Guide" by engaging a community in the County that wishes to participate in a pilot project of putting on a Health Fair. Activities include introducing the Planning Guide to the pilot community, acting in an advisory role to their team, and evaluating the effectiveness of the Planning Guide which may then warrant modifications after the event.	July 1, 2016 thru June 30, 2018		

⁵ Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

⁶ Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

<p>SAC.3. The Intergenerational Committee (IG) will focus efforts on education, awareness, and support of those adult caregivers caring for an older adult. Emphasis will be placed on those caregivers caring for aging adults, while supporting children, also referred to as the “sandwich generation.” The IG Committee will participate in one educational outreach activity annually.</p>	Annual Objective		
<p>SAC.4. The Legislative Committee will regularly meet with a representative(s) from the: 1. Legislative Research Unit of the County and 2. PSA 20 California Senior Legislature, to address legislative priorities and proposals that will benefit older individuals.</p>	Annual Objective		
<p>SAC.5. The Nutrition Committee will conduct twenty (20) site visits annually to observe and participate in a congregate meal. The members will make note of the quality of the meal, the on-site signage, and the donation process. Observations will be forwarded to the Nutrition Analyst to address discrepancies with the Nutrition providers’ contract. Ideas for best practices will be gathered and shared at the quarterly nutrition meetings.</p>	Annual Objective		

Section 10 - Service Unit Plan (SUP) Objectives

TITLE III/VIIA 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 (SPR)

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 IIIB, IIIC-1, IIIC-2, IIID, 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	50	1	
2017-2018			
2018-2019			
2019-2020			

2. Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	500	1	
2017-2018			
2018-2019			
2019-2020			

3. Chore (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	400	1	
2017-2018			
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	370,000	1	
2017-2018			
2018-2019			
2019-2020			

5. Adult Day/ Health Care (In-Home)**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	100	1	
2017-2018			
2018-2019			
2019-2020			

6. Case Management (Access)**Unit of Service = 1 hour**

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	9,000	1	
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	315,000	1	
2017-2018			
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			
2017-2018			
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	50,000	1	
2017-2018			
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	5,000	1	
2017-2018			
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	11,000	1	
2017-2018			
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	30,000	1	
2017-2018			
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	11,000	1	
2017-2018			
2018-2019			
2019-2020			

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

- Each **Title IIIB** “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 IIIB** 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 IIIB, 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.

Other Supportive Service Category

Unit of Service

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017			
2017-2018			
2018-2019			
2019-2020			

Title IIIB, Other Supportive Services Category

Residential Repairs /Modifications

Unit of Service 1 Modification

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	80	1	
2017-2018			
2018-2019			
2019-2020			

Senior Center Activities

Unit of Service 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	6,500	1	
2017-2018			
2018-2019			
2019-2020			

Cash/Material Aid**Unit of Service 1 Assistance**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	125	1	
2017-2018			
2018-2019			
2019-2020			

Community Education**Unit of Service 1 Activity**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	400	1	
2017-2018			
2018-2019			
2019-2020			

Housing**Unit of Service 1 Hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	250	1	
2017-2018			
2018-2019			
2019-2020			

Interpretation/Translation**Unit of Service 1 Contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	1,000	1	
2017-2018			
2018-2019			
2019-2020			

Mobility Management Activities**Unit of Service 1 Hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	600	1	
2017-2018			
2018-2019			
2019-2020			

Personal Affairs Assistance**Unit of Service 1 Contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	1,500	1	
2017-2018			
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: The “Walk with Ease” evidence based program will be at five sites throughout the County. Each class is six weeks and 3 times per week.

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	1,080	1	3
2017-2018			
2018-2019			
2019-2020			

TITLE IIIB and Title VIIA:
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 LTC Ombudsman Program. [OAA Section 712(a)(3),(5)]

Measures and Targets:

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

The average California complaint resolution rate for FY 2013-2014 was 73%.

<p>1. FY 2014-2015 Baseline Resolution Rate: Number of complaints resolved <u>1,107</u> + Number of partially resolved complaints <u>261</u> divided by the Total Number of Complaints Received <u>1,635</u> = Baseline Resolution Rate <u>84%</u> FY 2016-17 Target Resolution Rate <u>85%</u></p>
<p>2. FY 2015-2016 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2017-18 Target Resolution Rate _____%</p>
<p>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 _____%</p>

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 1. Objectives 1 and 2**

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

1. FY 2014-2015 Baseline: number of Resident Council meetings attended **69**
 FY 2016-2017 Target: **45**
2. FY 2015-2016 Baseline: number of Resident Council meetings attended _____
 FY 2017-2018 Target: _____
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 1. Objectives 1 and 2**

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

1. FY 2014-2015 Baseline number of Family Council meetings attended **2**
 FY 2016-2017 Target: **1**
2. FY 2015-2016 Baseline number of Family Council meetings attended _____
 FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline number of Family Council meetings attended _____
 FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline number of Family Council meetings attended _____
 FY 2019-2020 Target: _____

Program Goals and Objective Numbers: **Goal 1. Objectives 1 and 2**

D. Consultation to Facilities (AoA Report, Part III.D.4) Count of instances of LTC 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 **348**
 FY 2016-2017 Target: **325**
2. FY 2015-2016 Baseline: number of consultations _____
 FY 2017-2018 Target: _____
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 1. Objectives 1 and 2**

E. Information and Consultation to Individuals (AoA Report, Part III.D.5) Count the number of LTC 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 <u>1,397</u> FY 2016-2017 Target: <u>1,350</u>
2. FY 2015-2016 Baseline: number of consultations _____ FY 2017-2018 Target: _____
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: <u>Goal 1. Objectives 1 and 2</u>

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 <u>54</u> FY 2016-2017 Target: <u>50</u>
2. FY 2015-2016 Baseline: number of sessions _____ FY 2017-2018 Target: _____
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: <u>Goal 1. Objectives 1 and 2</u>

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 16-17

The LTC Ombudsman Program will work with Country Villa Healthcare facility to improve LTC residents' quality of care and quality of life. Responsibility will include identifying most common complaints and/or care issues affecting the residents and work to improve those issues for the benefit of the residents.

Outcome 2. Residents have regular access to a LTC 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 LTC 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 29 divided by the total number of Nursing Facilities 54 = Baseline 54%

FY 2016-2017 Target: 50%

2. FY 2015-2016 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 2017-2018 Target: _____%

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 1. Objectives 1 and 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 a LTC 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 <u>108</u> divided by the total number of RCFEs <u>251</u> = Baseline <u>43%</u> FY 2016-2017 Target: <u>45%</u>
2. FY 2015-2016 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 2017-2018 Target: _____%
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: <u>Goal 1. Objectives 1 and 2</u>

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 LTC 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: <u>2.90</u> FTEs FY 2016-2017 Target: <u>3.90</u> FTEs
2. FY 2015-2016 Baseline: _____ FTEs FY 2017-2018 Target: _____ 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: <u>Goal 1. Objectives 1 and 2</u>

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 <u>29</u> FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers <u>27</u>
2. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers _____
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: <u>Goal 1. Objectives 1 and 2</u>

Outcome 3. LTC 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 LTC 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

Reporting data improvements will be accomplished by the hiring of additional staff to enter data. Also, a training component will be implemented for current and new staff.

TITLE VIIA 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** –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** –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** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. **OAA 302(3) ‘Family caregiver’ means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.**
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –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** –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** –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:

Long Term Care Ombudsman Program
Department of Aging and Adult Services
San Bernardino County

Fiscal Year	Total # of Public Education Sessions
2016-2017	10
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Professionals
2016-2017	10
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title IIIIE
2016-2017	1
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	40
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2016-2017	1,500	Various
2017-2018		
2018-2019		
2019-2020		

Fiscal Year	Total Number of Individuals Served
2016-2017	1,000
2017-2018	
2018-2019	
2019-2020	

TITLE IIIIE SERVICE UNIT PLAN OBJECTIVES**CCR Article 3, Section 7300(d)****2012–2016 Four-Year Planning Period**

This Service Unit Plan (SUP) uses 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 IIIIE Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<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: 150 Total est. audience for above: 1,500	1	
2017-2018	# of activities: Total est. audience for above:		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2016-2017	11,000	1	
2017-2018			
2018-2019			
2019-2020			

Support Services	Total hours		
2016-2017	3,000	1	
2017-2018			
2018-2019			
2019-2020			
Respite Care	Total hours		
2016-2017	2,000	1	
2017-2018			
2018-2019			
2019-2020			
Supplemental Services	Total occurrences		
2016-2017	40	1	
2017-2018			
2018-2019			
2019-2020			

Direct and/or Contracted IIIIE 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: 15 Total est. audience for above: 150	1	
2017-2018	# of activities: Total est. audience for above:		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		

Grandparent Services Caring for Children	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Access Assistance	Total contacts		
2016-2017	1,000	1	
2017-2018			
2018-2019			
2019-2020			
Support Services	Total hours		
2016-2017			
2017-2018			
2018-2019			
2019-2020			
Respite Care	Total hours		
2016-2017			
2017-2018			
2018-2019			
2019-2020			
Supplemental Services	Total occurrences		
2016-2017			
2017-2018			
2018-2019			
2019-2020			

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

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

Enrollment Location/Name (AAA office, One Stop, Agency, etc.): America's Job Center of California – West Valley
Street Address: 9650 9 th Street, Rancho Cucamonga, CA 91730-4549
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names): N/A
Number of paid staff 0 Number of participant staff 1
How many participants are served at this site? 5

Enrollment Location/Name (AAA office, One Stop, Agency, etc.): America's Job Center of California – East Valley
Street Address: 658 Brier Street, San Bernardino, CA 92415-0083
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names): N/A
Number of paid staff 0 Number of participant staff 1
How many participants are served at this site? 3

Enrollment Location/Name (AAA office, One Stop, Agency, etc.): America's Job Center of California – High Desert
Street Address: 17310 Bear Valley Road, Suite 109, Victorville, CA 92395
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names): N/A
Number of paid staff 0 Number of participant staff 1
How many participants are served at this site? 6

Enrollment Location/Name (AAA office, One Stop, Agency, etc.): San Bernardino City Employment & Training Agency
Street Address: 600 North Arrowhead Avenue, Suite 300, San Bernardino, CA 92401-1148
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names): N/A
Number of paid staff 0 Number of participant staff 1
How many participants are served at this site? 6

Enrollment Location/Name (AAA office, One Stop, Agency, etc.): San Bernardino County Department of Aging and Adult Services
Street Address: 686 East Mill Street, San Bernardino, CA 92415-0640
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names): L.T. – Administrative Aide; M.R. – Administrative Aide
Number of paid staff 2 Number of participant staff 0
How many participants are served at this site? This is the administrative office where all official files are kept but no clients are served directly at this location.

**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 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 Measures

Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2016-2017	2,524	1
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2016-2017	195	1
2017-2018		
2018-2019		
2019-2020		

Section 2: Federal Performance Measures

Fiscal Year (FY)	PM 2.1 Total Client Contacts (Estimated)	Goal Numbers
2016-2017	11,127	1
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.2 Persons Reached at PAM Events (Estimated)	Goal Numbers
2016-2017	25,000	1
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.3 Contacts with Medicare Beneficiaries Due to Disability (Estimated)	Goal Numbers
2016-2017	1,747	1
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.4 Low-income Medicare Beneficiary Contacts (Estimated)	Goal Numbers
2016-2017	8,673	1
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.5 Contacts with One or More Qualifying Enrollment Topics (Estimated)	Goal Numbers
2016-2017	9,486	1
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.6 Total Part D Enrollment/Assistance Contacts (Estimated)	Goal Numbers
2016-2017	5,109	1
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.7 Total Counseling Hours (Estimated)	Goal Numbers
2016-2017	5,627	1
2017-2018		
2018-2019		
2019-2020		

Section 3: HICAP Legal Services Units of Service (if applicable) ⁷**Not Applicable**

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2016-2017		
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2016-2017		
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2016-2017		
2017-2018		
2018-2019		
2019-2020		

⁷ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

Section 11. Focal Points

COMMUNITY FOCAL POINTS LIST

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

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

Name	Address	City/Community	Phone
Adelanto Senior Club	11565 Cortez Avenue	Adelanto, CA 92301	(760) 605-0549
Apple Valley Senior Club	13188 Central Road	Apple Valley, CA 92308	(760) 247-3155
Barstow Senior Citizens Club	555 Melissa Avenue	Barstow, CA 92311-3031	(760) 256-5023
Big Bear Valley Senior Center	42651 Big Bear Blvd.	Big Bear Lake, CA 92315	(909) 584-0323
Bloomington Senior Center	18317 Valley Blvd.	Bloomington, CA 92316	(909) 546-1399
Bonnie Baker Senior Citizens Club	149350 Ukiah Trail	Big River, CA 92242	(760) 665-2667
Casa de la Vista Senior Apartments	686 E. Redlands Blvd.	Redlands, CA 92373	(909) 335-8888
Chemehuevi Indian Tribal Center	1990 Palo Verde	Havasupai Lake, CA 92363	(760) 858-4219
Chino Senior Center	13170 Central Avenue	Chino, CA 91710	(909) 334-3453
Crest Forest Senior Citizens Club	24658 San Moritz Drive	Crestline, CA 92325	(909) 338-5036
Delmann Heights Senior Center	2969 N. Flores St.	San Bernardino, CA 92407	(909) 887-2115
Dino Papavero Senior Center	16707 Marygold Avenue	Fontana, CA 92335	(909) 350-0575
El Mirage Senior Club	1488 Milton	El Mirage, CA 92301	(760) 559-7683
Fontana Community Senior Center	16710 Ceres Avenue	Fontana, CA 92335	(909) 854-5151
Ft. Mohave Tribal Senior Nutrition Program	700 Harrison Street	Needles, CA 92363	(760) 629-2371
George M. Gibson Senior Center	250 N. Third Avenue	Upland, CA 91786	(909) 981-4501
George White Senior Center	8565 Nuevo Avenue/8572 Sierra Ave.(Main Ofc)	Fontana, CA 92335	(909) 822-4493
Grand Terrace Senior Center	22627 Grand Terrace Road	Grand Terrace, CA 92313	(909) 824-1491
Helendale Senior Center	15350 Riverview Rd, Bldg 2	Helendale, CA 92342	(760) 243-5690
Hesperia Leisure League	9122 Third Avenue	Hesperia, CA 92345	(760) 244-3223
Percy Bakker Community Center	9333 "E" Avenue/PO Box 104055	Hesperia, CA 92340	(760) 244-5488
Highland Senior Center	3102 E. Highland Avenue	Patton, CA 92369	(909) 862-8104

Hutton Senior Center	660 Colton Avenue	Colton, CA 92324	(909) 370-6168
James L. Brulte Senior Center	11200 Baseline Road	Rancho Cucamonga, CA 91701	(909) 477-2780
Joshua Tree Community Center	6171 Sunburst	Joshua Tree, CA 92252	(760) 366-2471
Joslyn Senior Center	21 Grant Street	Redlands, CA 92373	(909) 798-7550
Loma Linda Senior Center	25571 Barton Road	Loma Linda, CA 92354	(909) 799-2820
Lucerne Valley Senior Club	10431 Allen Way	Lucerne Valley, CA 92356	(760) 248-2248
Luque Senior Center	292 East "O" Street	Colton, CA 92324	(909) 370-5087
Lytle Creek Senior Center	P.O. Box 182 14082 Center Road	Lytle Creek, CA 92358	(909) 880-8659
Mentone Senior Center	1331 Opal Avenue	Mentone, CA 92359	(909) 794-5280
Montclair Senior Center	5111 Benito Street	Montclair, CA 91763	(909) 625-9483
Morongo Basin Senior Support Center	57121 Sunnyslope Drive	Yucca Valley, CA 92284	(760) 365-9661
Mountain Communities Senior Center	675 Grandview Road	Twin Peaks, CA 92391	(909) 337-1824
Needles Senior Center	1699 Bailey Avenue	Needles, CA 92363	(760) 326-4789
Newberry Springs Family Center	33383 Newberry Road	Newberry Springs, CA 92365	(760) 257-3284
Ontario Senior Center	225 East "B" Street	Ontario, CA 91764	(909) 395-2021
Perris Hill Senior Center	780 E. 21st Street	San Bernardino, CA 92404	(909) 384-5436
Phelan Senior Club	4128 Warbler Rd. #A	Phelan, CA 92371	(760) 868-8067
Pinon Hills Senior Club	10433 Mountain Road	Pinon Hills, CA 92372	(760) 868-8637
Redlands Community Senior Center	111 W. Lugonia	Redlands, CA 92374	(909) 798-7579
Rialto Senior Center	1411 S. Riverside Avenue	Rialto, CA 92376	(909) 877-9706
San Bernardino 5th St Senior Center	600 W 5th Street	San Bernardino, CA 92410	(909)-384-5430
San Moritz Lodge	24658 San Moritz Dr	Crestline, CA 92325	(909)-338-5036
Trona Community Senior Center	13187 Market Street	Trona, CA 93562	(760) 372-5889
Twenty Nine Palms Senior Center	6539 Adobe Road	Twenty Nine Palms, CA 92277	(760) 367-3891
Victorville Senior Center	14874 Mojave Road	Victorville, CA 92392	(760) 245-5018
Wrightwood Community Center	1543 Barbara Street	Wrightwood, CA 92397	(760) 249-3205
Yucaipa Senior Center	12202 First Street	Yucaipa, CA 92399	(909) 797-1177
Yucca Valley Senior Center	57088 29 Palms Highway	Yucca Valley, CA 92284	(760) 228-5453

Following are the addresses of the Department of Aging and Adult Services offices.

City	Address	Zip	Phone
Barstow	536 East Virginia Way	92311	(760) 256-5544
Needles	1300 Bailey Avenue	92363	(760) 326-9328
Rancho Cucamonga	9445 Fairway View Place	91730	(909) 948-6200
San Bernardino	686 E. Mill Street	92415	(909) 891-3900
Victorville	17270 Bear Valley Road, Suite 108	92395	(760) 843-5100
Yucca Valley	56357 Pima Trail	92284	(760) 228-5390

Section 12 - Disaster Preparedness

Disaster Preparation Planning Conducted for the 2016-2020 Planning Cycle OAA Title III, Sec. 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

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

The AAA is a department within San Bernardino County Human Services System, and is included in the County's comprehensive disaster preparation planning. San Bernardino County Fire Office of Emergency Services, as the Operational Area for the County, coordinates the development and implementation of the disaster plan. DAAS Emergency Operations Plan describes the roles, responsibilities and relationships of the Department consistent with the Standardized Emergency Management systems (SEMS) and the National Incident Management System (NIMS), as they relate to disaster response. SEMS incorporates the use of the Incident Command System (ICS), the Master Mutual Aid Agreement, existing mutual aid systems, the operational area concept, and multiagency or inter-agency coordination. Local governments must use SEMS to be eligible for funding of their personnel related costs under state disaster assistance programs. At the field (incident) level, the use of SEMS standardizes the response to emergencies involving multiple jurisdictions or multiple agencies. The Incident Command System (ICS) is the basic emergency management system. ICS provides a common organizational framework within which agencies can work collectively at the scene of an emergency. ICS is also an effective emergency management system for either single or multiple agency use.

DAAS will activate the Department Emergency Operation Center (DOC) in the event of a disaster. The DOC will establish a system to receive and process task assignments, establish an outline of steps to secure the safety of department personnel, establish a system to provide the necessary resources as needed, ensure the continuing performance of the department's essential operations/functions, and establish a plan of action for restoring normal day-to-day operations. Emergency response sections will be established in the DOC as described in the Emergency Operations Plan. In alignment with SEMS and NIMS, DOC staff has been designated to one of the following sections: Management, Operations, Planning, Logistics, and Finance. Critical functions have been identified below. Essential Disaster Response functions include:

- a. Ensure all records, documents, critical supplies, and other items needed to perform critical functions are available offsite and/or can be readily obtained if the facility is lost,
- b. Check on the most vulnerable clients from all programs,
- c. Coordinate assistance to vulnerable clients with OES and first responders,
- d. Provide disaster information in alternative languages, if necessary, and
- e. Investigate APS reports.

A decision making process in disaster settings has been put in place to ensure that there is continuity of operations (COOP). If the disaster is regional, the disaster plan will be implemented at the regional level. Communication may be from the bottom up. For a countywide disaster, the disaster plan will be implemented by the Director or successor, based on the lines of succession established in the plan. The Director will oversee the relief efforts conducted by the department. The Deputy Directors and District Managers will provide information to the Director about each Region and financial concerns. The Deputy Directors will supervise and coordinate relief efforts in their respective regions as well as specific activities based on their assignments. The District Manager will coordinate the establishment of emergency sites for provision of food/nutrition along with the assignment of Senior Information and Assistance staff to Senior Centers and nutrition sites. The other Deputy Directors will coordinate efforts in their regions and maintain contact with regional supervisors. Authority for DAAS operations will be the responsibility of the highest-level employee.

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

Name	Title	Telephone	E-Mail
Cindy Serrano	Assistant Division Manager - OES	Office: (909) 356-3963 Cell: (909) 356-3805	Cindy.Serrano@oes.sbCounty.gov
Daniel Munoz	HS Disaster Response Coordinator	Office: (909) 387-8853 Cell: (909) 763-9336	DMunoz@hss.sbCounty.gov

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	E-Mail
Robert Bennett	District Manager/ DAAS Emergency Coordinator	Office: (909) 948-6207 Cell: (909) 949-0813	RBennett@hss.sbCounty.gov

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

Critical Services	How Delivered
Check on most vulnerable clients	Program staff has disaster contact sheets used to document if the client has a live-in care provider or not, is on oxygen, is bed bound, etc. The most dependent clients are contacted during a disaster.
Coordinate with first responders	Department Disaster Coordinators assigned to each facility will conduct a self-assessment of the staff, visitors, and facility and report back to DOC.
Investigate Adult Protective Services reports	Deputy Directors will supervise and coordinate relief efforts in their respective regions as well as specific activities based on their assignments.

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

San Bernardino County Fire Office of Emergency Services has agreements with DAAS and all County departments, cities, unincorporated areas of the County, and surrounding jurisdictions. Other cooperative agreements through the Operational Area include: 2006 Mutual Aid Handbook, CA Mutual Aid Plan, Closest Resource Concept, Bulletin 1, Disaster & Civil Defense Master Mutual Aid Agreement, Immediate Need ST-TF Procedures, Multi Agency Coordination System 410-1, Multi Agency Coordination System 410-2, Nevada cooperative Agreement for Fire Assistance, OES Operational Area coordinator, Seven Points of Light, and ST-TF Code of Conduct. The AAA will be assisted by OES, local law enforcement, fire, mental health crisis teams, public health officer, welfare department, County hospital, as well as emergency medical agencies, and the CDA AAA Disaster Preparedness Coordinator (AAADPC).

6. Describe how the AAA will:

- Identify vulnerable populations.
Each program identifies vulnerable service populations by keeping disaster contact sheets numbered according to their needs assessment and whether there is a live-in care provider or not. The highest priority clients are those who do not have live-in help and who are dependent on oxygen or other durable medical equipment. Social Workers keep in touch with these high priority clients during any disaster.
- Follow-up with these vulnerable populations after a disaster event.
The DAAS social workers keep in touch with high priority clients after any disaster.

Section 13. Priority Services

2016-2020 Four-Year Planning Cycle

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds⁸ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2016-17 through FY 2019-20

Access:

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

2016-17 <u>40%</u>	17-18 <u>40%</u>	18-19 <u>40%</u>	19-20 <u>40%</u>
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In-Home Services:

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

2016-17 <u>1%</u>	17-18 <u>1%</u>	18-19 <u>1%</u>	19-20 <u>1%</u>
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Legal Assistance Required Activities:⁹

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

2016-17 <u>10%</u>	17-18 <u>10%</u>	18-19 <u>10%</u>	19-20 <u>10%</u>
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Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA.

Allocations reflect historical funding trends and reflect public testimony. The AAA provides some IIIB Access direct services (primarily Information and Assistance, and Outreach). In-home services are provided by contracted vendors and finding providers who can economically provide in-home services remains a challenge. Legal services are also contracted; the current vendor meets or exceeds expectations of providing countywide services.

⁸ Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus LTC Ombudsman. At least one percent of the final Title IIIB calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

⁹ Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the LTC Ombudsman Program and Involvement in the Private Bar.

Section 14. Notice Of Intent To Provide Direct Services

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

If an 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 IIIB	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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Long-Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title IIID	16-17	17-18	18-19	19-20
<input type="checkbox"/> Disease Prevention and Health Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIIE ¹⁰	16-17	17-18	18-19	19-20
<input checked="" type="checkbox"/> Information Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VIIA	16-17	17-18	18-19	19-20
<input checked="" type="checkbox"/> Long-Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title VII	16-17	17-18	18-19	19-20
<input checked="" type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

¹⁰ Refer to PM 11-11 for definitions of Title III E categories.

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

The AAA maintains six Senior Information and Assistance (SIA) offices strategically located to serve the entire PSA. SIA staff provide direct services in both IIIB and IIIE. They identify service gaps and assist seniors in accessing resources. SIA staff performs outreach efforts from the six offices to senior centers, nutrition sites, mobile home parks, senior apartment complexes, food distribution sites, and health and resource fairs to distribute information about resources. SIA staff also attends community meetings and events where they make available information about services throughout the AAA. The various SIA outreach methods are particularly effective reaching remote and/or minority populations.

The AAA will continue and expand outreach efforts to create additional partnerships and collaborations to reach the senior community. The objectives include enhancing transportation services, working with local Farmers' Markets to make sure low income seniors can use the Farmers' Market check booklets throughout the County, and ensuring the success and effectiveness of the Scam Alert program.

Section 15 - Request For Approval To Provide Direct Services

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

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

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

Identify Service Category: Cash / Material Aid

Check applicable funding source:¹¹

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ Nutrition Education

☐ IIIE

☐ VIIA

☐ 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.

☒ 2016-17

☒ 2017-18

☒ 2018-19

☒ 2019-20

¹¹ Section 15 does not apply to Title V (SCSEP).

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service:¹²

The AAA maintains six Senior Information and Assistance (SIA) offices strategically located to serve the entire PSA. We are the only IIIB service provider to serve all geographic areas of our very large County. SIA staff and volunteers conduct outreach efforts from these offices to senior centers, nutrition sites, mobile home parks, senior apartment complexes, food distribution sites, health and resource fairs, and other appropriate locations and events to distribute information about resources. They identify service gaps and assist seniors in accessing resources. SIA staff also attends community meetings and events using Info Vans to carry information about services available throughout the AAA.

SIA staff provides Cash/Material Aid services in the distribution of gas and grocery cards on a limited basis. A gas card cannot be counted as a one-way trip (Transportation unit of measure) but is more quantifiable as one assistance unit of measure. The County has existing staff, policies, procedures, and practices in place to administer this service in the most efficient and cost effective manner (successful similar programs include: Farmer's Market Coupons, Family Care Giver Supportive Services [food/merchandise gift cards], and Adult Protective Services Tangibles). Additionally, SIA staff provide utility assistance for seniors when there is a shut-off notice or where a disconnect has already occurred. This is not on-going and occurs where extraordinary circumstances exist that are not likely to reoccur. In appropriate cases, SIA partners with other agencies to bundle services. SIA staff always encourages the client to pay part of a bill, and partners include but are not limited to Salvation Army, Community Action Partnership Home Energy Assistance Program, the Senior Disabled Fund's SAVE program, and other agencies to assist clients.

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

Section 15 - Request For Approval To Provide Direct Services

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

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

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

Identify Service Category: Housing

Check applicable funding source:¹³

- ☒ IIIB
- ☐ IIIC-1
- ☐ IIIC-2
- ☐ Nutrition Education
- ☐ IIIE
- ☐ VIIA
- ☐ 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.

- ☒ 2016-17
 ☒ 2017-18
 ☒ 2018-19
 ☒ 2019-20

¹³ Section 15 does not apply to Title V (SCSEP).

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service¹⁴ :

The AAA maintains six Senior Information and Assistance (SIA) offices strategically located to serve the entire PSA. We are the only IIIB service provider to serve all geographic areas of our very large County. SIA staff and volunteers conduct outreach efforts from these offices to senior centers, nutrition sites, mobile home parks, senior apartment complexes, food distribution sites, health and resource fairs, and other appropriate locations and events to distribute information about resources. They identify service gaps and assist seniors in accessing resources. SIA staff also attend community meetings and events using Info Vans to carry information about services available throughout the AAA.

SIA staff answers a number of Housing inquiries. They provide information about senior housing, senior mobile home parks, and low income housing located throughout the County.

¹⁴ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

Section 15 - Request For Approval To Provide Direct Services

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

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

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

Identify Service Category: Interpretation / Translation

Check applicable funding source:¹⁵

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ Nutrition Education

☐ IIIE

☐ VIIA

☐ 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.

☒ 2016-17

☒ 2017-18

☒ 2018-19

☒ 2019-20

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

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service:¹⁶

The AAA maintains six Senior Information and Assistance (SIA) offices strategically located to serve the entire PSA. We are the only IIB service provider to serve all geographic areas of our very large County. SIA staff and volunteers conduct outreach efforts from these offices to senior centers, nutrition sites, mobile home parks, senior apartment complexes, food distribution sites, health and resource fairs, and other appropriate locations and events to distribute information about resources. They identify service gaps and assist seniors in accessing resources. SIA staff also attends community meetings and events using Info Vans to carry information about services available throughout the AAA.

SIA staff provides Interpretation and Translation to the senior minority population. This can be from a general phone call to attending a health fair and providing bilingual information. Additionally, SIA staff also translates letters and other documents, and translates and assists with applications for benefits and services.

¹⁶ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

Section 15 - Request For Approval To Provide Direct Services

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

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

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

Identify Service Category: Mobility Management Activities

Check applicable funding source:¹⁷

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ Nutrition Education

☐ IIIE

☐ VIIA

☐ 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.

☒ 2016-17

☒ 2017-18

☒ 2018-19

☒ 2019-20

¹⁷ Section 15 does not apply to Title V (SCSEP).

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service:¹⁸

The AAA maintains six Senior Information and Assistance (SIA) offices strategically located to serve the entire PSA. We are the only IIIB service provider to serve all geographic areas of our very large County. SIA staff and volunteers conduct outreach efforts from these offices to senior centers, nutrition sites, mobile home parks, senior apartment complexes, food distribution sites, health and resource fairs, and other appropriate locations and events to distribute information about resources. They identify service gaps and assist seniors in accessing resources. SIA staff also attends community meetings and events using Info Vans to carry information about services available throughout the AAA.

SIA staff provides presentations on the various transportation options that exist throughout San Bernardino County. When they issue bus passes they often describe the schedule and provide trip planning. SIA staff also presents the various volunteer driver options that exist in San Bernardino County. SIA staff attends and provide testimony at unmet transportation needs hearings throughout the County; they collect information from seniors about their unmet transit needs which may include petitions or anecdotal testimony.

¹⁸ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

Section 15 - Request For Approval To Provide Direct Services

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

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

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

Identify Service Category: Personal Affairs Assistance

Check applicable funding source:¹⁹

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ Nutrition Education

☐ IIIE

☐ VIIA

☐ 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.

☒ 2016-17

☒ 2017-18

☒ 2018-19

☒ 2019-20

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

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

The AAA maintains six Senior Information and Assistance offices (SIA) strategically located to serve the entire PSA. We are the only IIIB service provider to serve all geographic areas of our very large County. SIA staff and volunteers conduct outreach efforts from these offices to senior centers, nutrition sites, mobile home parks, senior apartment complexes, food distribution sites, health and resource fairs, and other appropriate locations and events to distribute information about resources. They identify service gaps and assist seniors in accessing resources. SIA staff also attends community meetings and events using Info Vans to carry information about services available throughout the AAA.

SIA staff provides Personal Affairs Assistance throughout the year. Examples include Medi-Cal/Medicare applications, income tax forms, housing applications, and HEAP (Home Energy Assistance Program) applications.

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

Section 15 - Request For Approval To Provide Direct Services

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

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

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

Identify Service Category: Transportation

Check applicable funding source:²¹

- ☒ IIIB
- ☐ IIIC-1
- ☐ IIIC-2
- ☐ Nutrition Education
- ☐ IIIE
- ☐ VIIA
- ☐ 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.

- ☒ 2016-17
 ☒ 2017-18
 ☒ 2018-19
 ☒ 2019-20

¹¹ Section 15 does not apply to Title V (SCSEP).

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service²² :

The AAA maintains six Information and Assistance offices strategically located to serve the entire PSA. We are the only IIIB service provider to serve all geographic areas of our very large County. Staff and volunteers conduct outreach efforts from these offices to senior centers, nutrition sites, mobile home parks, senior apartment complexes, food distribution sites, health and resource fairs, and other appropriate locations and events to distribute information about resources. They identify service gaps and assist seniors in accessing resources. SIA staff also attend community meetings and events using Info Vans to carry information about services available throughout the AAA.

DAAS directly receives many requests annually for assistance with public transportation services through the 1-800-510-2020 number. In addition, 2-1-1 has also observed that transportation is an unmet need. In order to assist seniors with transportation needs, DAAS works with five of the six transit operators in the County to purchase bus passes. The five agencies are: Mountain Transit, Needles Area Transit (NAT), San Bernardino Valley Omnitrans, Morongo Basin Transit Authority (MBTA) and the Victor Valley Transit Authority (VVTA). Five of the six agencies (Needles does not) provide specialized access transportation services to senior and disabled persons. Foothill Transit Agency serves the most easterly, urbanized region of the County with rides directed to LA County. A not for profit agency has a viable volunteer driver program that serves the senior community in this area.

The County of San Bernardino can be more cost effective and service efficient in providing regular bus passes and access bus passes because of the following:

- We are the only IIIB transportation provider serving all areas of the County.
- Our SIA staff has existing relationships with local transportation agencies.
- Our SIA program holds various countywide outreach efforts all year-long.
- Our County can negotiate government price discounts.
- There is no additional administrative overhead cost to provide this service.
- The County has existing staff, policies, procedures, and practices in place to administer this service in the most efficient and cost effective manner (successful similar programs include: Farmer's Market Coupons and Adult Protective Services Tangibles).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

Section 15 - Request For Approval To Provide Direct Services

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

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may 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:²³

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ Nutrition Education

☐ IIIE

☐ VIIA

☐ 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.

☒ 2016-17

☒ 2017-18

☒ 2018-19

☒ 2019-20

¹¹ Section 15 does not apply to Title V (SCSEP).

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service²⁴ :

The AAA maintains six Information and Assistance offices strategically located to serve the entire PSA. We are the only IIIB service provider to serve all geographic areas of our very large County. Staff and volunteers conduct outreach efforts from these offices to senior centers, nutrition sites, mobile home parks, senior apartment complexes, food distribution sites, health and resource fairs, and other appropriate locations and events to distribute information about resources. They identify service gaps and assist seniors in accessing resources. SIA staff also attend community meetings and events using Info Vans to carry information about services available throughout the AAA.

Senior Information and Assistance staff attend a number of Community Events and are the best positioned provider to inform older adults about the network of programs that are available in the County.

¹² 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**GOVERNING BOARD MEMBERSHIP
2016-2020 Four-Year Area Plan Cycle**

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

Total Number of Board Members: **5**

Name and Title of Officers:	Office Term Expires:
James Ramos, Chairman, Third District Supervisor	2016
Robert A. Lovingood, Vice-Chairman, First District Supervisor	2016

Names and Titles of All Members:	Board Term Expires:
Janice Rutherford, Second District Supervisor	2018
Curt Hagman, Fourth District Supervisor	2018
Josie Gonzales, Fifth District Supervisor	2016

Section 17. Advisory Council**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) 21

Number of Council Members over age 60 13

	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
Race/Ethnic Composition		
White	<u>71.3</u>	<u>70.6</u>
Hispanic/Latino	<u>30.2</u>	<u>11.8</u>
Black	<u>7.5</u>	<u>17.6</u>
Asian/Pacific Islander	<u>8.5</u>	<u>0</u>
Native American/Alaskan Native	<u>0.1</u>	<u>0</u>
Other	<u>9.5</u>	<u>0</u>

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

Elaine Rosen, Esq., Chair	12/02/2019
Craig Swanson, Vice Chair and Mountain Regional Council on Aging	None- RCA
Lisbeth Koenig, Secretary Pro Tem and Nutrition Committee Chair	12/04/17

Name and Title of Other Members:**Office Term Expires:**

Terry Conaway, Colorado River Regional Council on Aging	None- RCA
Maricela S. Ferguson	12/05/2016
Frank Garza	12/05/2016
Lawrence S. Grable	12/03/2018
Jacqueline Guevara, Morongo Basin Regional Council on Aging	None- RCA
Jane Haines, East Valley Regional Council on Aging	None- RCA
Luella G. Hairston, Esq., Legislative Committee Chair, California Senior Assemblymember	12/02/2019
Cathy Johnson, Intergenerational Committee Chair	12/02/2019
Walter Johnson, Jr., West Valley Regional Council on Aging	None- RCA
E.J. Larkins	12/02/2019

Charles Marlett, North Desert Regional Council on Aging	None- RCA
Penny Shubnell, Health Aging Committee Chair	11/14/2015
Margie A. Simpson, Victor Valley Regional Council on Aging	None-RCA
David Wilder, Access Committee Chair	01/06/2015

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): N/A

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

APPOINTED MEMBERS: 12 Members are appointed by the Board of Supervisors: 2 members from each supervisorial district and 2 members appointed at-large. The term of office of the appointed members shall be coterminous with the appointing supervisor; these shall be 4-year terms, expiring the first Monday of December in the appropriate year. The term of office of the at-large members shall be coterminous with the appointing Chairman of the Board; these shall be 2-year terms, expiring at the first Board of Supervisors meeting in January of the appropriate year.

PROFESSIONAL MEMBERS: At the recommendation of the Director of the Department of Aging, the Board of Supervisors may appoint up to 2 commissioners having relevant professional experience in fields including but not limited to: gerontology, social work, education, banking or financial management. The term of office of the Professional Members shall be for four years.

REPRESENTATIVE MEMBERS: The chairs of the Regional Council on Aging (RCA) or a designated member shall serve on the commission. In the event 1 or more of the chairs of the RCA is already a member of the Commission, he/she may continue to serve in the position of his/her choice. The RCA shall designate a representative in the event the chair elects to serve on the Commission in another position. The term of office of the representative members shall be coterminous with the term of office for the chairs of the RCA.

In no circumstances will any member occupy more than one seat on the Commission.

Section 18. Legal Assistance

2016-2020 Four-Year Area Planning Cycle

This section must be completed and submitted with the Four-Year Area Plan. Any changes to this Section must be documented on this form and remitted with Area Plan Updates.²⁵

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

PSA 20's Legal Services mission is: To ensure justice, dignity, health, security, maximum autonomy, and independence to older Californians by protecting and enforcing the legal rights of individuals and by promoting social change through broad elder rights advocacy. The purpose of the Legal Services Program is to deliver quality, cost-effective services designed to address the unmet legal needs of vulnerable San Bernardino County seniors.

Inland Counties Legal Services (ICLS) Mission Statement is:

"Inland Counties Legal Services pursues justice and equality for low income people through counsel, advice, advocacy, and community education, treating all with dignity and respect."

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

10%

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).

Yes, there has been a change in that more seniors are dealing with landlord/tenant issues, foreclosures, estate planning, bankruptcies and family law issues. Funding had decreased after peaking in fiscal year 2010/2011, but is back on the rise.

2011/12	\$210,500
2012/13	\$185,000
2013/14	\$185,000
2014/15	\$171,000
2015/16	\$191,000

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

Yes.

²⁵ For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or chisorom.okwuosa@aging.ca.gov

5. Does the AAA collaborate with the Legal Services Provider(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. The goal is to serve every senior with their legal issue. The top four issues are:

1. Landlord/Tenant issues
2. Estate Planning/Wills/Trusts
3. Bankruptcy/Debt Collection
4. Financial Powers of Attorney

6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(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 Legal Services provider is aware of the targeted population. They respond to all requests for assistance regardless of the individual. Seniors who have low income, live in rural areas, are alone or at risk for victimization are priorities. Regular presence at senior citizen centers and outreach is scheduled; and client intake is done on appointment. Outreach includes urban, rural and desert areas as well as telephone intake for advising on routine legal matters.

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

See 6.

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

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

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

Yes. The legal services provider has phone lines dedicated to seniors.

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

SIA promotes the program and refers legal concerns to the provider. The provider schedules regular client intake at senior citizen centers throughout the County. ICLS participates in senior community fairs and disseminates information to seniors.. ICLS maintains a telephone listing in the yellow pages and also maintains a website: <http://www.inlandlegal.org>

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

Fiscal Year	Name of Provider	Geographic Region Covered
2016-2017	Inland Counties Legal Services	San Bernardino County
2017-2018		
2018-2019	a. b. c.	a. b. c.
2019-2020	a. b. c.	a. b. c.

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

Older adults are interviewed concerning their legal problems at senior citizen centers throughout the County. Additionally, initial contact can be from the seniors reaching ICLS by telephone. ICLS has designated Senior Lines which are answered by a staff person in each of the three branch offices located in the County of San Bernardino.

- San Bernardino, 909.888.3889
- Rancho Cucamonga, 909.476.9252
- Victorville, 760.241.7072

These telephone lines are maintained especially for senior citizens who also have the option of using toll free lines to the office. The toll free lines reach a voice mail system and provide options for reaching advocates as well as branch offices.

Appointments are also scheduled at branch offices. ICLS has bilingual staff who speak Spanish who can interpret when needed in all three offices. In addition, senior advocates also speak Spanish.

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):

Identified in number 5 above.

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:

Identified in number 5 above.

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

Barriers include a lack of public transportation in the more rural and remote parts of the County, geographic size of the County, and limited resources for legal assistance. Strategies: ICLS is accessible toll free by telephone and performs regularly scheduled outreach at senior citizen centers throughout the County.

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

Department of Aging and Adult Services, Ombudsman, Adult Protective Services, California Advocates for Nursing Home Reform, Protection and Advocacy, and Legal Aid Society of San Bernardino.

Section 19. Multipurpose Senior Center Acquisition Or Construction Compliance Review²⁶

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

☒ No. Title IIIB funds not used for Acquisition or Construction.

– ☐ Yes. Title IIIB funds used for Acquisition or Construction.

– **Complete the chart below.**

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

²² Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

Section 20. Family Caregiver Support Program

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

2016–2020 Four-Year Planning Cycle

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

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

Family Caregiver Services

Category	2016-2017	2017-2018	2018-2019	2019-2020
Family Caregiver Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Supplemental Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

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

Grandparent Services

Category	2016-2017	2017-2018	2018-2019	2019-2020
Grandparent Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Support Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Respite Care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

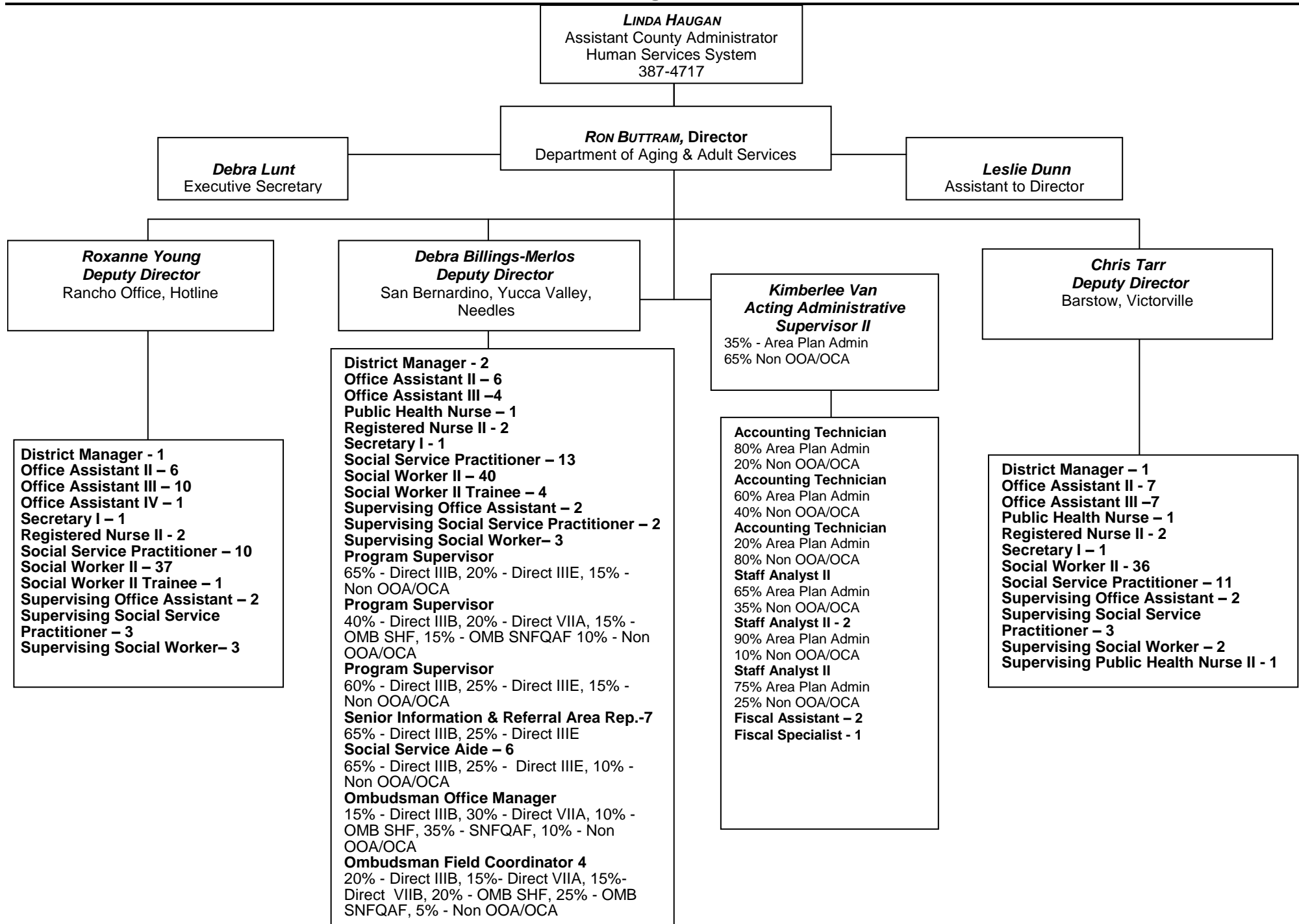
***Refer to PM 11-11 for definitions for the above Title III E categories.**

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

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

Justification:

San Bernardino County's Kinship Support Services Program is a collaborative between the Department of Children and Family Services (CFS) and not-for-profit organizations serving the central, west end and High Desert regions of the County. The Kinship Support Services Program is funded by a combination of State, Federal and foundation grants. The Kinship Support Services Program helps strengthen families of individuals who are raising children of their extended family. The program provides a variety of support services to kinship families, ranging from great-grandmothers raising their great-grandchildren, to older siblings raising their brothers and sisters. Services are designed to combat the isolation, stress, and needs kinship families encounter in their day-to-day lives, and include support groups, parenting classes, informational workshops, caregiver respite, children's activities, and family recreation. Additional services are developed in response to caregiver and kin-child needs. In order to prevent duplication, PSA 20 determined that IIIE GP contracted services would not be provided beginning in fiscal year 14/15. No gap in services has been reported in the two years that IIIE GP contracted services have not been funded.



SECTION 22. ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.

5. OAA 306(a)(4)(B)

Use outreach efforts that —

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

6. OAA 306(a)(4)(C)

Ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

7. OAA 306(a)(5)

Coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional

placement with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(9)

Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

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

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

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

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

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

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

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

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

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

11. 306(a)(14)

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

12. 306(a)(15)

Funds received under this title will be used—

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

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

B. Additional Assurances:

Requirement: OAA 305(c)(5)

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

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

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

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

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

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

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

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic

need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

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

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

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

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

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

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

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

Requirement: OAA 307(a)(15)

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

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

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

- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware

of cultural sensitivities and to take into account effective linguistic and cultural differences.

Requirement: OAA 307(a)(18)

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

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

Requirement: OAA 307(a)(26)

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

Requirement: OAA 307(a)(27)

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

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

CFR [1321.53(a)(b)]

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

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

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

- (7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
- (8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
- (9) Have a unique character which is tailored to the specific nature of the community;
- (10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.61(b)(4)]

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

CFR [1321.61(d)]

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

CFR [1321.69(a)]

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

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Economic Innovation Group. (2016). *The 2016 Distressed Communities Index, An Analysis of Community Well-Being Across the United States*.

Grant, J. M. (2010). *Outing Age 2010. Public Policy Issues Affecting Lesbian, Gay, Bisexual and Transgender Elders*. Washington, DC: National Gay and Lesbian Task Force Policy Institute.

Gundersen, J. Z. (2015). *The State of Senior Hunger in America 2013: An Annual Report*. National Association of States United for Aging and Disabilities.

Janet Chang, Ph.D. and Carolyn A. McAllister, Ph.D. (2014). *Economic Needs of Older Adults*. California State University San Bernardino.

Steven Wallace, L. Criel Molina and Mona Jhawar. (2007). *Falls, Disability and Food Insecurity Present Challenges to Healthy Aging*. Los Angeles: UCLA Center for Health Policy Research.

Wallace, S. and Padilla-Fausto, I. (August 2015). *The Hidden Poor: Over Three-Quarters of a Million Older Californians Overlooked by Official Poverty Line*. Los Angeles, CA: UCLA Center for Health Policy Research.

Attachments

- Needs Assessment
 - Survey Instrument
 - Table Results
- Public Meetings
 - Agenda
 - Public Comments
 - Written Comments

**Department of Aging and Adult Services
General Needs Assessment Survey 2015**

This survey will help the San Bernardino County Department of Aging and Adult Services (DAAS) plan for services and to advocate for more services for seniors for the next four years. There are no right or wrong answers and your responses are confidential. Place an X in the space that shows if the activities described below are a problem for you.

Having Enough Money to Meet My Needs	Not A Problem	Sometimes A Problem	Frequently A Problem
Paying my mortgage or rent			
Buying food and other essentials			
Paying for help in my home if I need it			
Paying for utilities			
Paying for health care not covered by Medicare			
Paying for medications			
Paying for dental care			
Managing debt, including credit cards			
Paying for car expenses (insurance, gas, repairs)			

Living on My Own	Not A Problem	Sometimes A Problem	Frequently A Problem
Preparing meals			
Doing housework			
Maintaining my home (yard work, home repairs)			
Managing bill payment/paperwork			
Finding a reliable person to help me if I need it			
Being able to drive a car			
Getting transportation to medical appointments			
Getting transportation for shopping/errands/social			
Finding someone to drive for me			
Accessing public transportation			

Other Issues/General Information	Not A Problem	Sometimes A Problem	Frequently A Problem
Finding a doctor who will accept Medicare			
Understanding Medicare/Medi-Cal coverage			
Understanding how to take my medications			
Feeling isolated or depressed			
Feel prepared to deal with an emergency or natural disaster			
Knowing where to turn for information on benefits/services for seniors			
Accessing information via current technology			

Caregiving Services	YES	NO
Do you take care of someone else? If no skip the questions in this section.		
I am currently raising my grandchildren or children of other family members in my home		
I provide care for a senior family member, including spouse/parent		

If you are a caregiver, what kind of help/services do you feel you need with your caregiving role? [Check all that apply]

- _____ 1. Getting information about help/services that are available
- _____ 2. Dealing with agencies that provide that help/service
- _____ 3. Handling money matters
- _____ 4. Having someone to talk to (counseling)
- _____ 5. Getting help with legal matters (e.g., Power of Attorney)
- _____ 6. Taking a break to meet your own needs
- _____ 7. Other (Specify): _____

Housing/Living Arrangements Circle or check your answer

1. The number of people in my household is: 1 2 3 4 or more
2. I currently live in a:

- | | | |
|---|---|--|
| <input type="checkbox"/> home that I own | <input type="checkbox"/> mobile-home park | <input type="checkbox"/> with a relative or friend |
| <input type="checkbox"/> home that I rent | <input type="checkbox"/> senior housing | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> apartment | <input type="checkbox"/> assisted living facility | _____ |
| <input type="checkbox"/> condo/townhouse | <input type="checkbox"/> board-and-care facility | |

Yearly Income

- | | |
|---|---|
| <input type="checkbox"/> \$11,770 or less | <input type="checkbox"/> \$25,000 to \$49,999 |
| <input type="checkbox"/> \$11,771 to \$24,999 | <input type="checkbox"/> \$50,000 or above |

Demographics

1. How old were you on your last birthday? _____
 2. What is your gender? _____ Male _____ Female
 3. Are you a veteran? _____ Yes _____ No
 4. What is the zip code of your current residence? _____
- If you do not know your zip code, what city do you live in? _____

5. What is your ethnicity?

- ☐ African American
- ☐ White / Caucasian
- ☐ Hispanic / Latino
- ☐ Asian / Pacific Islander
- ☐ Native American / Alaskan Native
- ☐ Bi/Multi-Ethnic
- ☐ Other: _____

6. What is your highest level of education completed?

- ☐ K to 8th grade (junior high school)
- ☐ 9th to 12th grade (high school)
- ☐ Some college / AA degree
- ☐ Technical School / Credential
- ☐ College graduate (Bachelor Degree)
- ☐ Graduate / Professional School

7. Have you ever been discriminated against?

- ☐ Yes (continue) ☐ No [go to question 8]

If Yes, do you feel you have been discriminated against because of your _____?
(check that all apply)

- a. ☐ Age
- b. ☐ Gender
- c. ☐ Ethnicity
- d. ☐ Sexual orientation
- e. ☐ Disability
- f. ☐ Religion
- g. ☐ Socioeconomic status (for example, being poor)
- h. ☐ Political views
- i. ☐ Other (specify _____)

8. Are you receiving help from any senior programs right now? _____ Yes _____ No
If yes, which services do you receive?

9. What is the most important thing you need to remain independent in your home?

10. Are there any other issues or problems you would like to tell us about?

THANK YOU FOR COMPLETING THIS SURVEY.

**IF YOU NEED HELP OR ANSWERS ABOUT SENIOR PROGRAMS
CALL 1-800-510-2020**

**If you have questions about this survey
Call Leslie Dunn at (909) 891-9048 or Paula McGrew at (909) 891-3916**

Needs Assessment Tables from the General Needs Assessment

Total completed surveys = 781

Not all respondents answered every question. For this reason, the sample size for each response may vary.

How old were you on your last birthday?		
Age Categories	#	%
Younger than 60	2	0%
60-69	444	58%
70-79	213	28%
80 and Older	103	14%
Total Responses	762	100%

Statistics	Age (years)
Min	59
Max	100
Median	68

What is your ethnicity?		
Ethnicity	#	%
African American	86	11%
Asian / Pacific Islander	33	4%
Bi / Multi-ethnic	19	2%
Hispanic / Latino	295	38%
Native American / Alaskan Native	8	1%
White / Caucasian	321	41%
Other*	13	2%
Total Responses	775	100%
*Other includes South Asian, Mexican American, Italian, Halian/Irish, and Bangladeshi		

What is your gender?		
Gender	#	%
Female	454	59%
Male	319	41%
Total Responses	773	100%

Veteran	#	%
No	612	83%
Yes	129	17%
Total Responses	741	100%

Needs Assessment Tables from the General Needs Assessment

What is your highest level of education completed?		
Edu Highest Level	#	%
9th to 12th grade (high school)	229	30%
College graduate (Bachelor's Degree)	79	10%
Graduate / Professional school	63	8%
K to 8th Grade (junior high school)	147	19%
Some college / AA Degree	203	27%
Technical school / Credential	43	6%
Total Responses	764	100%

Your yearly income		
Yearly Income	#	%
\$11,770 or Less	220	30%
\$11,771 to \$24,999	213	29%
\$25,000 to \$49,999	179	25%
\$50,000 or above	117	16%
Total Responses	729	100%

The number of people in my household is:		
Number of People in Household	#	%
One	222	30%
Two	255	34%
Three	92	12%
Four or More	179	24%
Total Responses	748	100%

Survey Language	#	%
English	634	81%
Spanish	147	19%
Total Responses	781	100%

I currently live:		
Living Arrangement	#	%
In a home that I own	366	65%
In senior housing	20	4%
In an apartment	86	15%
In a home that I rent with a relative of friend	126	22%
In a mobile home park	14	2%
In a condo/townhouse	44	8%
In a board-and-care facility	17	3%
In an assisted living facility	3	1%
Other*	10	2%
Total Responses	696	123%

*Other responses were homeless, hotel, shelter, and car.

Needs Assessment Tables from the General Needs Assessment

Region of Residence	#	%
Inland Valley	425	72%
West Valley	166	28%
North Desert	71	12%
Mountain Communities	53	9%
Morongo Basin	29	5%
Out of County	26	4%
Unknown	11	2%
Total Responses	781	132%

Region of Residence	African American		Asian / Pacific Islander		Bi / Multi-ethnic		Hispanic / Latino		Native American / Alaskan Native		White / Caucasian		Other		Total
Inland Valley	58	14%	12	3%	13	3%	173	41%	6	1%	154	36%	8	2%	424
West Valley	17	10%	4	2%	4	2%	93	56%	0	0%	44	27%	3	2%	165
North Desert	5	7%	12	17%	1	1%	11	15%	0	0%	42	59%	0	0%	71
Mountain Communities	0	0%	1	2%	0	0%	6	12%	2	4%	41	80%	1	2%	51
Morongo Basin	0	0%	1	3%	0	0%	3	10%	0	0%	24	83%	1	3%	29

Needs Assessment Tables from the General Needs Assessment

Having Enough Money to Meet My Needs	Not a Problem		Sometimes a Problem		Frequently a Problem		Total Responses
Paying my mortgage or rent	460	61%	187	25%	113	15%	760
Buying food and other essentials	459	60%	206	27%	99	13%	764
Paying for help in my home if I need it	421	56%	178	24%	148	20%	747
Paying for utilities	451	60%	202	27%	98	13%	751
Paying for health care not covered by Medicare	413	55%	192	25%	151	20%	756
Paying for medications	432	57%	188	25%	136	18%	756
Paying for dental care	360	47%	190	25%	208	27%	758
Managing debt, including credit cards	481	64%	157	21%	110	15%	748
Paying for car expenses (insurance, gas, repairs)	404	54%	208	28%	140	19%	752

Living on My Own	Not a Problem		Sometimes a Problem		Frequently a Problem		Total Responses
Preparing meals	518	68%	169	22%	70	9%	757
Doing housework	422	56%	230	30%	104	14%	756
Maintaining my home (yardwork, home repairs)	347	46%	259	34%	147	20%	753
Managing bill payment/paperwork	473	64%	200	27%	69	9%	742
Finding a reliable person to help me if I need it	310	53%	177	31%	93	16%	580
Being able to drive a car	493	66%	127	17%	124	17%	744
Getting transportation to medical appointments	517	70%	150	20%	75	10%	742
Getting transportation for shopping/errands	521	69%	151	20%	79	11%	751
Finding someone to drive for me	484	65%	173	23%	82	11%	739
Accessing public transportation	504	69%	112	15%	111	15%	727

Needs Assessment Tables from the General Needs Assessment

Other Issues/General Information	Not a Problem		Sometimes a Problem		Frequently a Problem		Total Responses
Finding a doctor who will accept Medicare	564	76%	139	19%	42	6%	745
Understanding Medicare/Medi-Cal coverage	417	56%	214	29%	117	16%	748
Understanding how to take my medications	583	77%	144	19%	32	4%	759
Feeling isolated or depressed	404	53%	249	33%	108	14%	761
Feel prepared to deal with an emergency	364	48%	234	31%	167	22%	765
Knowing where to turn for information on benefits/services for seniors	342	45%	263	34%	158	21%	763
Accessing information via current technology	296	40%	193	26%	258	35%	747

Needs Assessment Tables from the General Needs Assessment...Caregiver

Caregiver Role	#	%
Taking care of someone else	196	25%
Raising grandchildren or children of other family	99	13%
Providing care for senior family member	107	14%

Caregiver characteristics							
Age	Total Respondents	Taking Care of Someone		Raising Grandchildren or Other Children		Caring for Senior Family Member	
Under 60	2	0	0%	0	0%	0	0%
60-69	444	134	30%	74	17%	75	17%
70-79	213	38	18%	15	7%	20	9%
80 and Older	103	18	17%	7	7%	9	9%

Gender	Total Respondents	Taking Care of Someone		Raising Grandchildren or Other Children		Caring for Senior Family Member	
Female	454	120	26%	57	13%	67	15%
Male	319	76	24%	42	13%	40	13%

Ethnicity	Total Respondents	Taking Care of Someone		Raising Grandchildren or Other Children		Caring for Senior Family Member	
African American	86	16	19%	9	10%	8	9%
Asian / Pacific Islander	33	7	21%	3	9%	3	9%
Bi / Multi-ethnic	19	4	21%	3	16%	0	0%
Hispanic / Latino	295	103	35%	56	19%	58	20%
Native American / Alaskan Native	8	1	13%	1	13%	0	0%
White / Caucasian	321	61	19%	24	7%	35	11%

Needs Assessment Tables from the General Needs Assessment...Caregiver

What kind of help/services do you feel you need with your caregiving role?

Note: Percent taken from the 196 respondents who indicated they take care of someone else.

Caregiver Services/Help Needed	#	%
Getting information about help/services that are available	106	54%
Dealing with agencies that provide that help/service	98	50%
Handling money matters	62	32%
Having someone to talk to (counseling)	78	40%
Getting help with legal matters (e.g., Power of Attorney)	74	38%
Taking a break to meet your own needs	98	50%
Other*	25	13%

Other Responses
Be able to talk to a social worker to help deal with family problems
Be able to talk to a social worker to help deal with family problems
Care for my spouse
Dealing with dementia
DNR, Power of Attorney, Will.
Getting responses plus compensation from team health services
Helping with homework for children
Helping with homework for children
Home laundry, cooking, chaperoning person
Home laundry, cooking, chaperoning person
Hospital worker
Management of time and activities for grandchildren
Someone to show them the services available
Someone to show them the services available
Stressed out
Stressed out
Transportation to doctor and dental appointments
Transportation to doctor and dental appointments

Needs Assessment—Income

Following is a detailed breakdown of the yearly income question. There were four options: \$11,770 or less; \$11,771 to \$24,999; \$25,000 to \$49,999; and \$50,000 and above.

Income Level by Gender

	\$11,770 or Less		\$11,771 to \$24,999		\$25,000 to \$49,999		\$50,000 or above		Total
	#	%	#	%	#	%	#	%	#
Male	84	27.5%	83	27.1%	80	26.1%	59	19.3%	306
Female	136	32.3%	129	30.6%	98	23.3%	58	13.8%	421
Total	220	30.3%	212	29.2%	178	24.5%	117	16.1%	727

Income Level by Veteran Status

	\$11,770 or Less		\$11,771 to \$24,999		\$25,000 to \$49,999		\$50,000 or above		Total
	#	%	#	%	#	%	#	%	#
Yes	21	17.2%	31	25.4%	44	36.1%	26	21.3%	122
No	194	33.7%	175	30.4%	124	21.5%	83	14.4%	576
Total	215	30.8%	206	29.5%	168	24.1%	109	15.6%	698

Income Level by Age Group

	\$11,770 or Less		\$11,771 to \$24,999		\$25,000 to \$49,999		\$50,000 or above		Total
	#	%	#	%	#	%	#	%	#
Younger than 60	1	0.0%	0	0.0%	0	0.0%	0	0.0%	1
60-69	125	29.8%	112	26.7%	103	24.6%	79	18.9%	419
70-79	65	32.0%	61	30.0%	47	23.2%	30	14.8%	203
80 and Older	25	27.2%	35	38.0%	25	27.2%	7	7.6%	92
Total	216	30.2%	208	29.1%	175	24.5%	116	16.2%	715

Needs Assessment—Income

Income Level by Education

	\$11,770 or Less		\$11,771 to \$24,999		\$25,000 to \$49,999		\$50,000 or above		Total
	#	%	#	%	#	%	#	%	#
K to 8th Grade (junior high school)	76	56.3%	35	25.9%	16	11.9%	8	5.9%	135
9th to 12th grade (high school)	77	35.2%	78	35.6%	47	21.5%	17	7.8%	219
Some college / AA Degree	34	18.4%	53	28.6%	62	33.5%	36	19.5%	185
Technical school / Credential	10	23.3%	12	27.9%	15	34.9%	6	14.0%	43
College graduate (Bachelor's Degree)	9	11.8%	22	28.9%	27	35.5%	18	23.7%	76
Graduate / Professional school	4	7.0%	11	19.3%	10	17.5%	32	56.1%	57
Total	210	29.4%	211	29.5%	177	24.8%	117	16.4%	715

Income Level by Number in Household

	\$11,770 or Less		\$11,771 to \$24,999		\$25,000 to \$49,999		\$50,000 or above		Total
	#	%	#	%	#	%	#	%	#
1	77	36.3%	68	32.1%	50	23.6%	17	8.0%	212
2	51	21.2%	73	30.3%	62	25.7%	55	22.8%	241
3	18	20.7%	23	26.4%	26	29.9%	20	23.0%	87
4 or More	67	39.9%	40	23.8%	38	22.6%	23	13.7%	168
Total	213	30.1%	204	28.8%	176	24.9%	115	16.2%	708

Needs Assessment—Income

Income Level by Region

	\$11,770 or Less		\$11,771 to \$24,999		\$25,000 to \$49,999		\$50,000 or above		Total
	#	%	#	%	#	%	#	%	#
Inland Valley	118	29.6%	119	29.8%	96	24.1%	66	16.5%	399
West Valley	56	36.6%	38	24.8%	39	25.5%	20	13.1%	153
North Desert	18	26.9%	19	28.4%	13	19.4%	17	25.4%	67
Mountain Communities	12	24.5%	15	30.6%	16	32.7%	6	12.2%	49
Morongo Basin	13	46.4%	13	46.4%	2	7.1%	0	0.0%	28
Outside County	3	11.5%	6	23.1%	11	42.3%	6	23.1%	26
Total	220	30.5%	210	29.1%	177	24.5%	115	15.9%	722

Income Level by Ethnicity

	\$11,770 or Less		\$11,771 to \$24,999		\$25,000 to \$49,999		\$50,000 or above		Total
	#	%	#	%	#	%	#	%	#
African American	13	15.5%	28	33.3%	21	25.0%	22	26.2%	84
Asian/Pacific Islander	15	50.0%	7	23.3%	4	13.3%	4	13.3%	30
Bi/Multi-Ethnic	1	5.6%	8	44.4%	4	22.2%	5	27.8%	18
Hispanic/Latino	129	46.9%	69	25.1%	54	19.6%	23	8.4%	275
Native American/Alaskan Native	2	28.6%	3	42.9%	2	28.6%	0	0.0%	7
White/Caucasian	57	18.9%	95	31.5%	91	30.1%	59	19.5%	302
Other	2	20.0%	2	20.0%	2	20.0%	4	40.0%	10
Total	219	30.2%	212	29.2%	178	24.5%	117	16.1%	726

Needs Assessment—Income

Income Level by Living Arrangement

	\$11,770 or Less		\$11,771 to \$24,999		\$25,000 to \$49,999		\$50,000 or above		Total
	#	%	#	%	#	%	#	%	#
In a home that I own	61	17.8%	85	24.8%	101	29.4%	96	28.0%	343
In senior housing	13	65.0%	3	15.0%	4	20.0%	0	0.0%	20
In an apartment	34	40.0%	30	35.3%	18	21.2%	3	3.5%	85
In a home that I rent	39	33.1%	48	40.7%	21	17.8%	10	8.5%	118
with a relative of friend	4	57.1%	3	42.9%	0	0.0%	0	0.0%	7
In a mobile home park	13	31.0%	14	33.3%	14	33.3%	1	2.4%	42
In a condo / townhouse	3	18.8%	5	31.3%	5	31.3%	3	18.8%	16
In a board-and-care facility	0	0.0%	0	0.0%	2	100.0%	0	0.0%	2
In an assisted living facility	1	11.1%	6	66.7%	2	22.2%	0	0.0%	9
Other	9	45.0%	5	25.0%	6	30.0%	0	0.0%	20
Total	177	26.7%	199	30.1%	173	26.1%	113	17.1%	662

Needs Assessment Tables from the General Needs Assessment...Discrimination

Have you ever been discriminated against?

Response	#	%
No	394	52%
Yes	361	48%
Total Responses	755	143%

Do you feel you were discriminated against because of your:

Type of Discrimination	#	%
Age	171	47%
Ethnicity	231	64%
Gender	121	34%
Socioeconomic status	94	26%
Disability	66	18%
Religion	65	18%
Political views	49	14%
Sexual orientation	25	7%
Weight	3	1%
Education	2	1%
Culture/Heritage	3	1%
Military Background	2	1%
Language Spoken	3	1%
Marriage	1	0%
Victim of Domestic Violence	1	0%

Note: Percent taken from the 361 who reported experiencing discrimination.

Data below are for the 25 people who experienced discrimination based on their sexual orientation

Age Categories	#	%
60-69	22	88%
70-79	1	4%
80 or older	2	8%
Total Responses	25	100%

Gender	#	%
Female	12	48%
Male	13	52%
Total Responses	25	100%

Ethnicity	#	%
White / Caucasian	9	36%
Hispanic/Latino	8	32%
African American	6	24%
Bi/Multi Ethnic	2	8%
Total Responses	25	100%

Statistics	Age (years)
Min	60
Max	84
Median	68

Veteran	#	%
No	16	64%
Yes	9	36%
Total Responses	25	100%

Survey Lang	#	%
English	22	88%
Spanish	3	12%
Total Responses	25	100%

Data below are for the 25 people who experienced discrimination based on their sexual orientation

Yearly Income	#	%
\$11,770 or Less	9	36%
\$11,771 to \$24,999	4	16%
\$25,000 to \$49,999	10	40%
\$50,000 or above	2	8%
Total Responses	25	100%

Household Number	#	%
1	7	28%
2	7	28%
3	2	8%
4 or More	9	36%
Total Responses	25	100%

Education Highest Level	#	%
K to 8th grade (junior high school)	4	16%
9th to 12th grade (high school)	5	20%
Some college/AA degree	7	28%
Technical School/Credential	3	12%
College graduate (Bachelor Degree)	2	8%
Graduate/Professional School	4	16%
Total Responses	25	100%

Living Arrangement	#	%
Apartment	3	20%
Condo/townhouse	1	7%
Home that I own	5	33%
Home that I rent	2	13%
Mobile-home park	2	13%
Other	1	7%
Senior housing	1	7%
Total Responses	15	100%

Region of Residence	#	%
Inland Valley	13	52%
North Desert	1	4%
West Valley	8	32%
Morongo Basin	1	4%
Outside County	2	8%
Total Responses	25	100%

Data below are for the 25 people who experienced discrimination based on their sexual orientation

Having Enough Money to Meet My Needs	Not a Problem		Sometimes a Problem		Frequently a Problem		Total Responses
Paying my mortgage or rent	13	52%	7	28%	5	20%	25
Buying food and other essentials	12	48%	9	36%	4	16%	25
Paying for help in my home if I need it	11	44%	8	32%	6	24%	25
Paying for utilities	14	56%	5	20%	6	24%	25
Paying for health care not covered by Medicare	7	29%	8	33%	9	38%	24
Paying for medications	11	44%	5	20%	9	36%	25
Paying for dental care	8	32%	7	28%	10	40%	25
Managing debt, including credit cards	9	36%	11	44%	5	20%	25
Paying for car expenses (insurance, gas, repairs)	12	48%	7	28%	6	24%	25

Living on My Own	Not a Problem		Sometimes a Problem		Frequently a Problem		Total Responses
Preparing meals	13	54%	9	38%	2	8%	24
Doing housework	11	46%	12	50%	1	4%	24
Maintaining my home (yardwork, home repairs)	7	28%	13	52%	5	20%	25
Managing bill payment/paperwork	9	39%	12	52%	2	9%	23
Finding a reliable person to help me if I need it	7	41%	7	41%	3	18%	17
Being able to drive a car	14	56%	5	20%	6	24%	25
Getting transportation to medical appointments	15	60%	5	20%	5	20%	25
Getting transportation for shopping/errands	15	60%	5	20%	5	20%	25
Finding someone to drive for me	15	60%	5	20%	5	20%	25
Accessing public transportation	13	54%	6	25%	5	21%	24

Data below are for the 25 people who experienced discrimination based on their sexual orientation

Other Issues/General Information	Not a Problem		Sometimes a Problems		Frequently a Problem		Total Responses
Finding a doctor who will accept Medicare	14	67%	7	33%	0	0%	21
Understanding Medicare/Medi-Cal coverage	5	23%	11	50%	6	27%	22
Understanding how to take my medications	16	64%	9	36%	0	0%	25
Feeling isolated or depressed	9	36%	9	36%	7	28%	25
Feel prepared to deal with an emergency	7	28%	8	32%	10	40%	25
Knowing where to turn for information on benefits/services for seniors	6	26%	12	52%	5	22%	23
Accessing information via current technology	7	28%	9	36%	9	36%	25

Discrimination Experienced (besides sexual orientation)	#	%
Age	15	60%
Gender	15	60%
Socioeconomic status	10	40%
Ethnicity	12	48%
Disability	9	36%
Religion	6	24%
Political views	6	24%

Are you receiving help from any senior program right now?		
Response	#	%
No	22	88%
Yes*	3	12%
Total responses	25	100%

Senior services received IHSS (2) and Medicare (1)

Data below are for the 25 people who experienced discrimination based on their sexual orientation

Caregiver Role	#
Taking care of someone else	8
Raising grandchildren or children of other family	5
Providing care for senior family member	3

Caregiver Services/Help Needed	#	%
Getting information about help/services that are available	7	28%
Dealing with agencies that provide that help/service	6	24%
Handling money matters	6	24%
Having someone to talk to (counseling)	6	24%
Getting help with legal matters (e.g., Power of Attorney)	6	24%
Taking a break to meet your own needs	6	24%

Are there any other issues or problems you would like to tell us about?

Responses
create new business, more jobs.
part time work
Yes! More things to do- Senior Center, Better nutritious foods for seniors at the center. More variety of foods.
faster pension payments
Do Not Euthaisis Babies or Seniors
does not qualify for public assistance due to high household income
does not qualify for public assistance due to high household income

What is the most important thing you need to remain independent in your home?

Responses
Good Health
Good health and better doctors
health
help rent, bill, care giver
I like to garden and continue receiving income through my sewing projects.
Increase in my grandchild's SSI
love and affection
Medical care, paying for utilities
Medical care, paying for utilities
Mobility
money
More Money
need medical assistance, money, transportation, help with technology, someone to clean the house
need medical assistance, money, transportation, help with technology, someone to clean the house
need to stay healthy and maintain sufficient income to cover rising expenses
needs vehicle
preparing for the future
public transportation
Soc Security and pension don't get cut
Walker

Data below are for the 231 people who experienced discrimination based on their ethnicity

Age Categories	#	%
60-69	147	66%
70-79	61	27%
80 or older	16	7%
Total Responses	224	100%

Gender	#	%
Female	127	55%
Male	103	45%
Total Responses	230	100%

Statistics	Age (years)
Min	60
Max	87
Median	67

Veteran	#	%
No	191	86%
Yes	32	14%
Total Responses	223	100%

Survey Lang	#	%
English	180	78%
Spanish	51	22%
Total Responses	231	100%

Ethnicity	#	%	# Overall	% of Population Experiencing Discrimination
White / Caucasian	23	10%	321	7%
Hispanic/Latino	117	51%	295	40%
African American	61	26%	86	71%
Bi/Multi Ethnic	12	5%	19	63%
Asian/Pacific Islander	11	5%	33	33%
Native American/Alaskan Native	3	1%	8	38%
Other	4	2%	13	31%
Total Responses	231	100%	775	30%

Data below are for the 231 people who experienced discrimination based on their ethnicity

Yearly Income	#	%
\$11,770 or Less	69	31%
\$11,771 to \$24,999	67	30%
\$25,000 to \$49,999	50	22%
\$50,000 or above	37	17%
Total Responses	223	100%

Education Highest Level	#	%
K to 8th grade (junior high school)	53	23%
9th to 12th grade (high school)	60	26%
Some college/AA degree	58	25%
Technical School / Credential	15	7%
College graduate (Bachelor Degree)	23	10%
Graduate/Professional School	21	9%
Total Responses	230	100%

Region of Residence	#	%
Inland Valley	146	64%
North Desert	13	6%
West Valley	50	22%
Morongo Basin	3	1%
Mountain Communities	7	3%
Outside County	10	4%
Total Responses	229	100%

Household Number	#	%
1	62	28%
2	70	31%
3	32	14%
4 or More	61	27%
Total Responses	225	100%

Living Arrangement	#	%
Apartment	35	17%
Condo/townhouse	5	2%
Home that I own	93	46%
Home that I rent	45	22%
Mobile-home park	8	4%
Senior housing	11	5%
With a relative	2	1%
Assisted living	1	0%
Other	3	1%
Total Responses	203	100%

Data below are for the 231 people who experienced discrimination based on their ethnicity

Having Enough Money to Meet My Needs	Not a Problem		Sometimes a Problem		Frequently a Problem		Total Responses
Paying my mortgage or rent	123	55%	59	26%	43	19%	225
Buying food and other essentials	128	56%	65	28%	37	16%	230
Paying for help in my home if I need it	118	53%	55	25%	48	22%	221
Paying for utilities	125	55%	61	27%	40	18%	226
Paying for health care not covered by Medicare	96	43%	63	28%	66	29%	225
Paying for medications	99	43%	74	32%	55	24%	228
Paying for dental care	90	40%	67	30%	69	31%	226
Managing debt, including credit cards	133	60%	47	21%	43	19%	223
Paying for car expenses (insurance, gas, repairs)	110	49%	54	24%	60	27%	224

Living on My Own	Not a Problem		Sometimes a Problem		Frequently a Problem		Total Responses
Preparing meals	154	68%	56	25%	16	7%	226
Doing housework	119	52%	76	33%	34	15%	229
Maintaining my home (yard work, home repairs)	102	45%	77	34%	47	21%	226
Managing bill payment/paperwork	131	58%	69	31%	25	11%	225
Finding a reliable person to help me if I need it	78	44%	67	38%	33	19%	178
Being able to drive a car	136	60%	50	22%	41	18%	227
Getting transportation to medical appointments	148	66%	56	25%	20	9%	224
Getting transportation for shopping/errands	148	65%	57	25%	22	10%	227
Finding someone to drive for me	138	62%	63	28%	21	9%	222
Accessing public transportation	162	75%	30	14%	25	12%	217

Data below are for the 231 people who experienced discrimination based on their ethnicity

Other Issues/General Information	Not a Problem		Sometimes a Problem		Frequently a Problem		Total Responses
Finding a doctor who will accept Medicare	151	70%	51	24%	15	7%	217
Understanding Medicare/Medi-Cal coverage	109	48%	64	28%	52	23%	225
Understanding how to take my medications	166	74%	49	22%	10	4%	225
Feeling isolated or depressed	107	47%	91	40%	30	13%	228
Feel prepared to deal with an emergency	94	41%	78	34%	55	24%	227
Knowing where to turn for information on benefits/services for seniors	93	41%	87	39%	45	20%	225
Accessing information via current technology	82	37%	60	27%	81	36%	223

Discrimination Experienced (besides ethnicity)	#	%
Age	93	40%
Gender	71	31%
Socioeconomic status	60	26%
Sexual Orientation	12	5%
Disability	32	14%
Religion	29	13%
Political views	26	11%

Data below are for the 231 people who experienced discrimination based on their ethnicity

Caregiver Role	#	%
Taking care of someone else	69	30%
Raising grandchildren or children of other family	40	17%
Providing care for senior family member	35	15%

Caregiver Services/Help Needed	#	%
Getting information about help/services that are available	59	86%
Dealing with agencies that provide that help/service	58	84%
Handling money matters	38	55%
Having someone to talk to (counseling)	45	65%
Getting help with legal matters (e.g., Power of Attorney)	48	70%
Taking a break to meet your own needs	51	74%

Are you receiving help from any senior program right now?

Response	#	%
No	160	74%
Yes	55	26%
Total responses	215	100%

Which services do you receive?

Asistencia monetaria
 Bus Fare
 Caregiver services
 Clu de ancianos-alimentos a casa (senior club- home cooked meals).
 Food service and social security.
 Food Services
 food stamps
 food stamps
 Free tuition 60 and over program.
 I receive Medicare, retirement and social security
 IHSS

Data below are for the 231 people who experienced discrimination based on their ethnicity

In home care.
In Home Support
In home support services and care provider
Medical
Medical
Medical, Medicare, SSI
Medical, money for 4 children, and food stamps
Medicare
Medicare
Medi-Care
Medicare and social security
Nutrition
Nutrition For Seniors
Senior discount
Senior Lunch
Social Security, Medicare
Social security
Social Security benefits and other benefits due to disability
Social security, disability
Social Security, Medicare
Social Security, Medicare
Social security, medicare, in home care.
Social Security.
SSA
SSI
SSI and Social Security
SSI, AARP
SSI, In Home Care
SSI, meals on wheels, medicare
SSI, medical, and Medicare
SSI, Medicare
SSI, senior transportation
SSI, IHSS
Transportation
Transportation, food
Veteran help
Wel-fare



Aging and Adult Services

DATE
TIME
LOCATION
CITY

2016-2020 Area Plan Public Meeting Agenda

Welcome/Introduction

Leslie Dunn, Assistant to the
Director

Paula McGrew, Staff Analyst II

Presentation

Countywide Vision

Area Agency on Aging

Area Plan Development

Needs Assessment

Aging Programs

Adequate Proportion

Coordination Activities

Discussion

Community Input

Adjourn—Thank You for Attending

More Information

Adequate Proportion or the Minimum Percentages of Funding

DAAS is required to report funding for priority services to the state. Priority services are Supportive Services, Title IIIB, funded activities in access services, in home services and legal assistance.

- Access to services includes assisted transportation, transportation, information and assistance, and outreach.
- In-Home Services are personal care, adult day care, homemaker, chore, and minor residential repairs and modifications.
- Legal Assistance including legal advice, representation, and assistance to the Ombudsman Program.

Additionally, DAAS must allocate an adequate proportion of funds to provide the services.

The following percentages are proposed:

- Access Services 40%
- In-Home Services 1%
- Legal Assistance 10%

Coordination Activities

Should money from Supportive Services funds be designated for staff time to coordinate and collaborate with County senior service providers?

Coordination activities can provide services for seniors with funding that is not related to the Older Americans Act. Examples are the development of various assisted transportation programs, and working with other entities to provide health screenings.

Public Meeting Community Input

Yucca Valley Senior Center

Meeting held in conjunction with Morongo Basin

Regional Council on Aging

October 22, 2015

Need more Farmers Market coupons

Salad bar for the senior center nutrition program

Bus passes all the time (more)

More funding for transportation for disabled (assisted transportation)

Major home repair program for this region – a/c, roofing, septic

Need for mobility devices, especially wheelchairs

Mobile health van for health screenings in this area

Homeless shelter

Shower and laundry facilities for homeless/displaced/veterans

Advocacy for senior homeless

More staff available to address mental health issues for seniors

Mailers to all seniors with information on aging programs

Fresh produce for nutrition program

No iceberg lettuce served at the nutrition meals

Customer service improvements needed in nutrition program

Rialto Senior Center

October 28, 2015

Spouse passed and survivor no longer receives their benefits and is it legal.

Bus passes—not enough of them.

Why did San Bernardino have them and Rialto did not?

- Each site gets approximately 30 bus passes
- Once a month SIA comes to Rialto

Redlands Senior Center
Meeting held in conjunction with the East Valley
Regional Council on Aging
November 5, 2015

Redlands Senior Center is closing early due to funding constraints. Are they able to apply for funds from DAAS? (Yes.)

Find alternatives to get information to isolated older adults.

Services do not meet the needs.

Educating and helping seniors with the new technology—internet, smart phones, etc.

The Senior Center needs some computers for the seniors.

Dial a Ride no longer serves Yucaipa and Grand Terrace.

Need for more bus passes.

MediCal coverage of caregiver services; the qualifying income is so low many people do not qualify but cannot afford to get independent assistance in the home.

Crest Forest Senior Citizens Club
November 10, 2015

Senior received a notice to clean up her yard. She wanted to know if DAAS could help. (It would be a Chore activity.)

Are caregiver services available in the mountain communities? (Yes)

What is the age a senior qualifies for Older Americans Act/DAAS services? (60 and older)

Are Farmers Market Coupons distributed by DAAS? (Yes)

Is there an available dental program funded by OAA/DAAS? (No)

The government phones available through Budget Mobile do not cover the mountain area. Can something be done about this?

Montclair Senior Center
November 16, 2015

Exercise classes—need an on-going series of classes

Small home repair services

- very limited funding is available with DAAS;
- City of Montclair has referrals

Department of Aging and Adult Services—Victorville
Meeting held in conjunction with the Victor Valley
Regional Council on Aging
December 8, 2015

Is there “meals on wheels” service available for Hesperia?

Hesperia has 373 seniors who need meals and cannot get to a facility to have a meal.

A lot of seniors want to go to church but are unable to get there.

(TREP program – 60+ volunteer driver program)

Hospitals releasing patients are not giving information regarding senior services, food, Department of Aging and Adult Services, etc. DAAS should partner with hospitals to reach suddenly homebound senior patients.

A hospice organization contacted church to provide insert for the church bulletin.

Hospice also sent posters for church to post. DAAS should consider partnering with churches, civic organizations to spread the word about services.

Trona Community Senior Center
December 10, 2015

Need flu shots, pneumonia vaccine and shingles vaccine from Public Health.

There is a lack of services in Trona. Need to travel a long distance to get to services such as Medicare, Social Security, and Public Health. Trips are approximately 3 hours from Trona—one way.

Ingress and egress to Trona is limited and can be disrupted with weather conditions, earthquake. Trona would be isolated. This makes access to emergency services very important.

What will happen if the Senior Center closes due to financial difficulties? What will the County do to help?

Many comments that the County does not send employees to assist the community. For example, Code Enforcement complaints are not responded to.

Adult Protective Services complaints going to Sheriff. Sheriff department does not seem to take the time to address APS complaints; attitude seems to be “hope it goes away”. Sometimes it is a dispatch issue.

The seniors are not coming to commodities distribution because they feel intimidated by the younger, low-income people coming to receive commodities.

Public Hearing Testimony

Senior Affairs Commission

February 17, 2016

Midge Nicosia – Midge asked if existing services were still going to be provided with III B funds. Paula explained that all services are not listed in the objectives and will be provided for in the Service Unit section of the Area Plan. The department will continue to contract with outside services to fulfill senior's needs.

Tom Donahue (FSA) – Tom would like to see FSA (Family Services Association) work with DAAS to address the home delivered meal needs and other meal needs of seniors.

Senior Affairs Commission

March 16, 2016

Public Hearing, 2016-2020 Area Plan (Paula McGrew and Leslie Dunn).

Leslie outlined the Area Plan including the background, needs assessment, demographics, targeting, and goals and objectives. There will be an update to the Area Plan every year.

Comments from Public/Commissioners

Penny Shubnell asked if SAMS (Social Assistance Management System) is used to gather data on needs. Leslie stated it is not currently used but it would be a great resource to gather information on senior and disabled persons needs.

Terry Conaway moved to approve the 2016-2020 Area Plan; second by David Wilder. Area Plan 2016-2020 was approved by SAC.



Chemehuevi Indian Tribe
Office of the Secretary-Treasurer
P.O. Box 1976
Havasu Lake, California 92363
Phone: (760) 858-4219
Email: sec.treas@cit-nsn.gov

January 22, 2016

Ms. Paula McGrew
Department of Aging and Adult Services
686 East Mill Street
San Bernardino, CA 92415-0640

FAX TO: (909) 891-9077

RE: Public Comment on 2016-2020 Area Plan

Dear Ms. McGrew:

As a senior citizen who resides in San Bernardino County and an officer of the Chemehuevi Indian Tribe, I am aware of the poor services we get here in the "outland" of the County.

The Chemehuevi Reservation, which includes the community referred to as Havasu Lake or Havasu Landing, has a year-round population of about 2,000, Native and non-Native, most of whom are in the over-fifty age group. For the purposes of this letter, I will refer to the denizens as "the community" and include residents of Section 36 and Section 1, which are within the exterior boundary of the reservation. The Chemehuevi Tribe is the local government in the community, therefore, it is fitting that we take the lead in requesting and administering services in this area, even County ones.

One thing we have done is commit our resources on developing an emergency preparedness plan to address situations that could be disastrous and are working with County, State and Federal agencies. Other things we need are:

Commodities Program

Our program served both Native and non-Native low income families but since the County began delivering to Fort Mojave in Needles, that program is now unavailable. The reasoning was that it was too costly to deliver here. Needles is almost forty miles away and this presents a hardship for our residents because many do not have vehicles and/or do not drive.

Meal Deliveries to Elderly and Housebound

Neither the Tribe nor the collective non-Native residents qualify for meal deliveries from the County due to their low numbers. Combining the populations may make a difference. The Meals on Wheels Program would greatly benefit

this community. Proper nutrition falls by the wayside with seniors who (1) have no energy or desire to cook for themselves; (2) cannot afford proper meals; (3) cannot make trips to the grocery; or (4) deplete their limited incomes on expensive medications. One healthy meal a day could make a difference for the better.

Transportation

Since many seniors do not have vehicles and/or do not drive, shopping is difficult. A full-service Tribally-owned market is on the Reservation but is, admittedly, a little pricey. For serious shopping, we must go to Bullhead City or Lake Havasu City, both an hour+ one-way by vehicle. There is access to Lake Havasu City by ferry but lugging parcels onto and off the boat is tricky, and the walk up the hill to the shops is more than a little trek.

Home Care for Elderly and Disabled

Many of our elderly and disabled require assistance with the simplest things, e.g., paperwork, house cleaning, cooking. A person who conducts visits and assists even in small ways would help immensely.

In looking up County Services on the internet, I saw so many valuable programs that are not available here. It would help if County representatives came to visit the area and apprise our residents of services available to them. In fact, I invite you to do so. In the meanwhile, I would like to be able to comment at the Public Hearing.

Thank you,



June H. Leivas
Secretary-Treasurer
Chemehuevi Indian Tribe

cc: Charles F. Wood, Chairman

The biggest need for our seniors
is transportation. We had dial-
a-ride service in the past
to pick up seniors at their homes.
Since it has been discontinued
our seniors have suffered. Please
look in to way to transport seniors

Thank you.

Kathy Adams
Assistant Coordinator
Community Services
City of Yucca
(909) 797-1177

received 2-17-2016

Written Comments

Email dated 2/18/2016

From paula mcgrew

Hello Rosa,

Thank you for leaving a phone message and wanting to provide written comments on the Area Plan. Please feel free to respond to this email no later than February 26, 2016 with your comments (either as an attachment or directly in the email). Your written comments will be included in the Area Plan as public record. Any personal information beyond your name will be redacted.

If you have any questions please feel free to contact me.

today is thurs 2/25/16

to paula mcgrew with dept aging & adult svcs

Per our recent telcon, attached is our letter to tom donohue, entitled Manager Dee Dee Lopez; they are comments we want included in the Area Plan.

fyi - in 2015 we did get a call from ms lopez, who apologized, on our home phone. but while she apologized she also defended/justified her actions. during call

i asked how she got our contact # & questioned her right to get our contact # (from the signin sheet). our stand is that she violated our privacy, something we mind. we gave our info for signin purposes only, to get a meal, not to give ms lopez or any other person at the senior centers our info for any reason. this is an issue that deserves looking into, the misuse of signin sheets by center workers/employees/volunteers.

a couple of ladies at the county level did call us however the end result was nothing was done. one lady felt she accomplished something by recommending to the center they put out iced water in pitchers when its hot. thats well and fine but it did not deal with the abuse/misuse we made known to both the center & the county; they both tiptoed around it. the fact that ms lopez is still manager of rialto center (last we heard) tells us no one, not the center nor the county, took our experience seriously and communicated to ms lopez that her behavior had job consequences. it was each of our working world realities that if we behaved as ms lopez did, abused the people we served or worked with, we would be out of a job pronto because our employers (the state of calif. & a utility company respectively) each had zero tolerance for abuse. its this kind of non-accountability that spoils the whole basket of otherwise healthy apples.

mr donohue offered for us to go to the rialto center for a facetoface apology but it meant our time, our gas, our tires, our insurance; we felt he was offering something with an unattractive price tag. we would have preferred a draft of a form for reporting abuse by center workers/volunteers. in the end mr Donohue asked if we wanted matter closed since we declined his offer, to go to the center. since it as obvious it was all he was willing to do, we made his heart happy am sure by not objecting to his closing the matter. it did make us wonder how people like donohue & those 2 county ladies whose jobs are allegedly to resolve problems collect a paycheck & sleep at night.

we regret we were unable to attend public hearing on this. we are however open to being contacted. our #s are below. pls acknowledge this email. thank you.

rolando acosta
rosa diaz

Written Comments

Sunday, September 13, 2015 10:37 PM

From: "Rosa

To: "tom donahue"

Subject: Dee Dee Lopez - REQUEST REPLY

today is saturday 9/12/15

family service assoc

attn tom donohue

program administrator

mr donohue

this will confirm our phone conversation yesterday re treatment we received from manager dee dee lopez at the rialto senior center on fri 9/11.

allow me to introduce ourselves: we are seniors who for years have been enjoying meals, exercise classes, music and dancing at various senior centers. we are retired, over 65, plus my husband is a proud u.s. army veteran. we are past volunteers who served at the george white center not long ago; we are sure cook celina will verify that, along with herself, in addition to volunteering once a week, we volunteered to serve on a day off, thanksgiving day 2014. our experiences have been nothing less than pleasant; we have made many new friends over the years.

the fact that our experiences at various centers over the past 8+ years have been so positive is why we are motivated to share fridays treatment with your office. a few seniors who witnessed fridays incident encouraged us to bring this to your offices attention. i was pleasantly surprised to learn that your office has a strong reputation among seniors for acting on the needs and concerns of seniors, of not ignoring concerns. it wasnt until after my call to you that my husband recalled that manager dee dee lopez had either worked or did community service at the george white center when we volunteered and regularly ate there.

our concern: after finishing his lunch and before my going off to line-dance, my husband waited patiently for a tea refill. i noted he still hadnt gotten tea after i returned and suggested he ask for a refill; seems the nice ladies who serve were busy and and at the far end of the room. like everyone else on a hot day, he was simply thirsty. his choice to to meet his own need (after waiting and seeing everyone was busy) by helping himself to tea, using his old used glass even, met with scathing words from manager dee dee lopez. she chose not only to interrupt our lunches but chose to do it publicly. she informed my husband, who is 73 yrs old and old enough to be her father if not her grandfather, in a firm and disrespectful tone of voice that 1) he could not go up and get his own tea, that 2) he had to wait for a server, and that 3) he could not make their counter into a self-service counter. her words were NOT delivered in an understanding tone and were NOT accompanied with a smile; it was obvious she was irate and disturbed over his choice. after delivering her message, she went back to her lunch. because she chose to not communicate privately, i overheard everything ms lopezs said; i was shocked and personally offended. i asked him how he felt; he said he felt put down and scolded by his own granddaughter. my heart went out to him.

i next went over to ms lopez and, because i was standing and she sitting, i lowered my head and leaned in so that our conversation was 1-on-1 and not public. i told her i was personally shocked over the way she spoke to my husband, that there was a better way to communicate the same message but in a totally professional and respectful way. she did not apologize; had she apologized that would have been the end of it. instead ms lopez responded with disbelief saying: excuse me?! i repeated my shock and said there was a better way to convey a message when anyone needed to correct another person. ms lopez raised her voice even more so

Written Comments

and kept repeating: excuse me?! she repeated he could not get his own tea. she announced she was the center manager and said she had every right to tell him. i told her i agreed with her, but because she was a manager, she had an even higher duty to act and speak professionally and with respect. i told her her words had been both unkind and hurtful, and had caused both of us embarrassment. because i could see she was getting louder and more irate, i felt it best to walk away and returned to my lunch.

ms lopez followed me to our table and, standing over us, continued her tirade even louder. i repeated that she acted out of place. my husband said: lets leave. ms lopez then threatened that she could have us thrown out, banned from the center over the way i was talking to her. i told her she didnt have the right to ban us over my calling her on her unprofessional behavior, and that her behavior should be reported. she went over to the desk where seniors pay, grabbed a menu, wrote something on it and shoved it in front of me, to point i had to go around her, saying i could go right ahead and report her, that she was even giving me her name. at this point everyone was starring at the 3 of us in disbelief. we were not only embarrassed but humiliated so we decided to leave my lunch and head toward the door. i declined to take the paper she was shoving at me; i said the problem was her not being open to correction, that she really owed us an apology. as we were heading to the exit, ms lopez followed closely behind me, yelling and out of control. one of the lady servers got in behind me and, facing her, told her to stop, to just stop. as we continued making our way out, ms lopez continued to say she wasnt going to put up with us, that she was going to have us banned. next another lady server as good as used her body to block ms lopez from going after me, telling her in a firm voice over and over that she had to stop. additionally, our friends who had invited us to meet at the center said we should not leave, and shared that ms lopez had had a lot of seniors thrown out.

we have outlined our experience re ms lopez here for a sole purpose with the following 4 goals in mind:

- 1) so that knowing these facts, your office does everything within its authority to make sure no one (senior or not, a volunteer server or an employee) is ever faced with having to eat lunch under such unpleasant circumstances or is forced to choose between giving up a half-eaten lunch or tolerating harassment;
- 2) so that knowing these facts, your office promptly does what is right and necessary in response to this inexcusable incident. we feel strongly time is of the essence here. if you dont already have a policy, we ask that your office put such a policy together pronto, a policy that communicates a zero-tolerance for any form of harassment on behalf of any staff member against any senior, volunteer or co-worker.
- 3) so that knowing thes facts, your office takes steps to help ms lopez become not only an exemplary team member but an outstanding manager; a personal apology from ms lopez to us would be evidence of your effective input on this important point.
- 4) so that knowing these facts, your office looks into the history of seniors who have allegedly been banned by ms lopez. its our strong belief that your office should be familiar with the facts and the history that apparently is common knowledge among seniors at the rialto center.

we waited a whole day before writing this so that we would not be acting on emotions. for info purposes, we intend to continue to eating lunch at local senior centers, including the rialto center.

we look forward to hearing from you. our contact #s are listed below if you need to contact us. thank you.

Rolando & Rosa (Diaz) Acosta