

San Bernardino County Area Agency on Aging Planning and Service Area 20

2012–2016 Area Plan

Area Plan Update Fiscal Year 2013–2014



Human Services Department of Aging and Adult Services

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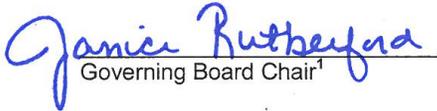
TRANSMITTAL LETTER
Area Plan Update
2013-2014

AAA Name: County of San Bernardino
Department of Aging and Adult Services

PSA Number 20

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. Janice Rutherford, Chair


Governing Board Chair¹

APR 23 2013
Date

2. David Wilder, Chair


Advisory Council Chair

March 20, 2013
Date

3. Ron Buttram, Director


Area Agency Director

March 20, 2013
Date

¹ Original signatures or official signature stamps are required.

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Introduction

In accordance with legislation (22 CCR § 7304, 22 CA ADC § 7304) and Program Memorandum 13-01, the Area Plan Update includes relevant information reflecting changes to the 2012-2016 Area Plan.

Sections of the 2012-2016 Area Plan with Changes and Required Sections

- Description of the Planning and Service Area
 - Demographic Information
 - Elder Economic Security Standard Index
- Needs Assessments
- Public Hearings
- Goals and Objectives
- Service Unit Plan Objectives
- Priority Services
- Governing Board
- Advisory Council
- Section 20. Family Caregiver Support Program

Approved

Section 2. Description of the Planning and Service Area

Demographic Information

2012 California Department of Aging Population Demographic Projections for San Bernardino County

The latest available data from California Department of Aging was prepared March 1, 2012 as part of the Intrastate Funding Formula.

	Population 60+	Non-Minority 60+	Minority 60+	Low Income 60+	Medi-Cal Eligible 60+
Source	DOF-1 & A	DOF-1 & A	DOF-1 & A	AoA-1	DHCS & A
Number	267,771	149,847	117,924	37,440	46,278
Percent	of California 60+ population 4.40%	4.05%	4.96%	4.96%	4.30%

- Total California population 60 + = 6,078,711

	Geo. Isolation 60+	SSI/SSP 65+	Population 75+	Lives Alone 60+	Non-English 60+
Source	DOF-2	SSA & A	DOF-1 & A	AoA-2	AoA-3
Number	18,930	21,907	77,853	50,873	12,135
Percent	5.47%	4.02%	3.95%	3.86%	3.38%

Source:
http://www.aging.ca.gov/stats/documents/2012_California_CDA_Population_Projections_by_PSA.xls

Poverty

Program Memo12-11 issued July 12, 2012 provides guidance on implementing the requirements of AB 138, the Elder Economic Planning Act of 2011. When the Elder Index is updated and provided, the AAA is required to reference the data in the Area Plan. The Elder Economic Security Standard Index has been updated with 2011 data. The Federal Poverty Level (FPL) in 2011 was \$10,890 for one person. In 2013 the FPL increased to \$11,490 (a \$600 difference). It should be noted that the Elder Index is the *minimum amount* necessary to meet survival-level living expenses.

In the 2012-2016 Area Plan, a senior in San Bernardino County who lived alone and owned their home needed 135% of the FPL to make ends meet; based on the 2011 data that same senior now needs 140% of the FPL. In fact, the amount of money needed in every scenario increased from the information provided last year.

2011 Elder Economic Security Standard Index

	Elder Person			Elder Couple		
Federal Poverty Level (2011)	\$10,890	\$10,890	\$10,890	\$14,710	\$14,710	\$14,710
Elder Index Income to Meet Basic Needs	\$15,201 Owner w/o mortgage	\$29,090 Owner w/ mortgage	\$22,208 Renter, one bedroom	\$22,965 Owner w/o mortgage	\$36,845 Owner w/ mortgage	\$29,964 Renter, one bedroom
% above FPL	140%	267%	204%	156%	250%	204%
Maximum SSI Payment	\$9,965	\$9,965	\$9,965	\$16,886	\$16,886	\$16,886
SSI Income Gap with Elder Index	-\$5,245	-\$19,125	-\$12,244	-\$6,079	-\$19,959	-\$13,077
Median Social Security Payment 2011	Not available	Not available	Not available	Not available	Not available	Not available
Soc Sec Income Gap						

Section 5. Needs Assessment

According to the Guidance received from the California Department of Aging, “prior to the development of the 2016-2020 Area Plan at least one Needs Assessment must be conducted.”

The AAA has an on-going partnership with the Department of Social Work at California State University San Bernardino. Each Spring Quarter the undergraduate Research Methods class implements a Needs Assessment for the Department. The Spring 2012 Research Methods class implemented a “Survey on Internet Use Among Older Adults.” The objectives of the study were to examine correlates of current Internet use and barriers to using the Internet among older adults. The study also explored the frequency of Internet use, comfort level in using the Internet, and need for training or assistance on using the Internet. The survey instrument and a preliminary analysis are attached.

This was complemented in December 2012 with the random distribution of the same survey to 2500 recipients of home delivered meals. Although results are pending, analysis may or may not show significant variation between the general older adult population and the homebound population.

The topic for the Spring 2013 Research Methods class is gambling and the senior population. The survey instrument is in development. This survey, with additional research, will satisfy objective F.9., research and report on the impact of gambling on seniors.

SECTION 7. PUBLIC HEARINGS

PSA 20

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

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

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
2012-13	1/17	Mentone Senior Center	12	No	No
	1/17	Crest Forest, Crestline	98	No	No
	1/24	5 th St., San Bernardino	22	No	No
	1/25	Fontana Senior Center	136	Yes	No
	1/26	Morongo Basin, Yucca Valley	38	No	No
	2/1	Chino Senior Center	12	No	No
	2/9	Pinon Hills Comm. Senior Ctr.	43	No	No
	2/17	Helendale	11	No	No
	3/21	SAC Meeting, Public Hearing, San Bernardino	30	No	No
2013-14	3/20/2013	SAC Meeting, Public Hearing, San Bernardino	29	No	No
2014-15					
2015-16					

cycle. Comments from March 20, 2013 Senior Affairs Commission Public Hearing:

1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.

Public meetings had mailings to senior service providers, local jurisdictions, including Tribal Nations, SIA staff (received Public Hearing flyer and distributed at outreach events and to senior centers), and the Senior Affairs Commission. In addition to these methods, a legal notice of the public hearing was published in The Sun newspaper. A notice was posted in advance of the SAC public hearing. Disabled members of the senior community were in attendance. No hearings were held at long term care

² A translator is not required unless the AAA determines a significant number of attendees require translation services.

³ AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

facilities.

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

Yes. Go to question #3

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

3. Summarize the comments received concerning proposed expenditures for PD and C.
The Coordination objectives and activities were discussed at the hearing including the IIIB funding source. The public did not comment on the subject.

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

Yes. Go to question #5

No, Explain:

5. Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services.
The public did not comment on the subject.

6. List any other issues discussed or raised at the public hearing.
Discussion of the impact of sequestration on nutrition funding for this fiscal year and FY 13/14.

7. Note any changes to the Area Plan which were a result of input by attendees.
None.

Section 9. Narrative Goals And Objectives

Goals

The two goals were not changed.

Objectives

Objectives for the Ombudsman Program, Elder Abuse Prevention, and Disease Prevention, are required.

The following topics have related objectives.

- A. Ombudsman Program
- B. Elder Abuse Prevention
- C. Disease Prevention
- ~~D. Medication Management~~
- E. Transportation
- F. Advocacy and Collaboration

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

Status for 2013-2014 Area Plan Update

Objective	Proposed Change	Update Status¹
A.1.	Changed training from 20 to 12 families annually. Included a start date.	Revised
B.1.	No change	Continued
C.1.	No change	Continued
D.1.	This objective is neither funded by IIID funds nor is it a qualifying evidence based IIID activity per Program Memo 12-10 (issued July 11, 2012). Per PM 12-10. "Medication Management is no longer required as a separate service category."	Deleted
D.2.	Insufficient resources available for this activity.	Deleted
E.1.	No change DAAS partnered with Victor Valley Transit Authority and Valley Transportation Services (VTrans) for a New Freedom grant to provide a volunteer driver program in all rural communities of the County. The grant was funded for one year. All agencies will partner to apply for	Continued

	the grant for two more years. In addition, a grant for funding a volunteer driver program in the valley from I-15 east to Yucaipa is being applied for.	
E.2.	No change	Continued
F.1.	No change	Continued
F.2.	No change The Deputy Director met with the new Director of the Riverside County AAA on 1/10/13 and 2/19/13. Since both agencies are experiencing management changes this objective presents a great opportunity.	Continued
F.3.	No change The Deputy Director regularly attended the Public Guardian Multi-disciplinary Team. The new Deputy Director will need to pursue this objective.	Continued
F.4.	The training module was completed and presented to families in November 2012. The training was well received. The Public Guardian will hold the trainings annually.	Completed and New (annual trainings)
F.5.	No change The former Deputy Director was appointed to the WIB, 2-1-1 and California State University San Bernardino Aging Advisory Council. The new Deputy Director will need to pursue these activities.	Continued
F.6.	No change The aging programs are experiencing a 100% change in management. Direction from the new management will be necessary.	Continued
F.7.	No change DAAS staff is attending the Department of Behavioral Health's monthly Lesbian, Gay, Bisexual, Transgender, Questioning Subcommittee meeting.	Continued
F.8.	No change	Continued
F.9.	No change	Continued

SAC.1.	No change From July 2012 through March 2013, 31 site visits have been completed.	Continued
SAC.2.	No change Members of the Access Committee attend grand openings and meet with senior housing developers to provide input on design features of projects.	Continued
SAC.3.	Revised to include meeting with representatives from the California Senior Legislature.	Revised
SAC.4.	Revised to expand community outreach. An intergenerational art project was held in July 2012.	Revised
SAC.5.	The SAC Healthy Aging Committee was formed after the 2012-2016 Area Plan was developed.	New

Approved

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, and 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 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 that 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.

<u>Objectives</u>	Projected Start and End Dates	Title III B Funded PD or C³	Update Status⁴
A.1. The Ombudsman Program will develop and implement a training component to use in family consultations that focuses on advocacy. The training module will be developed by December 2013 and the goal is to reach 20-12 families annually beginning in January 2014.	July 1, 2012 thru December 31, 2013 (for training module). Annual Objective		Revised
B.1. The Ombudsman Program Manager will track their involvement with penalty citations. The penalty citations will be compared with their reports and they will track the dollar value of their reports. They will develop best practices based on the data collected. Three years of data will be collected with a report issued in December 2015.	July 1, 2012 thru December 31, 2015		Continued

³ Indicate if Program Development (PD) or Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

⁴ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

<p>C.1. Annually, collaborate with public and/or private sector entities to implement the “We Can!” program at fifteen senior sites. The purpose of the program is to promote improved health through better eating and increased activity. Also incorporated are Wii game activities and the measurement of baseline health standards (for example, blood pressure and grip strength).</p> <p>(See page 10 for a thorough description of the evidenced based “We Can!” program.)</p>	Annual Objective		Continued
<p>D.1. Senior Information and Assistance staff will distribute brochures on use and disposal of medications at local health fairs and senior events. Also, in conjunction with the “We Can!” program, the Smart Card program will be discussed and Smart Cards will be distributed.</p>	Annual Objective		Deleted
<p>D.2. DAAS will work with Loma Linda University School of Pharmacy to develop an outreach program utilizing pharmacy program interns to meet with seniors at various sites in the county. The envisioned program will enable seniors to review their current medications with pharmacy interns, and to learn about potential contraindications and/or side effects.</p>	July 1, 2012 thru June 30, 2013	C	Deleted

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<p>E.1. The Area Planner will coordinate with the regional transportation agency, SANBAG; Vtrans, the local Consolidated Transportation Services Agency; the county's seven transit agency's; not for profits agencies 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; connecting the High and Low Desert regions to the medical centers in the valley (e.g., Loma Linda University Medical Center, the Veteran's Hospital, and Kaiser Fontana); cross-county transportation needs; rural connectivity; and expanding the existing volunteer driver 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.</p>	<p>July 1, 2012 thru June 30, 2016</p>	<p>C</p>	<p>Continued</p>
<p>E.2. Department of Aging staff will attend the Public and Specialized Transportation Advisory And Coordination Council to advocate for improved transportation for the senior and disabled community.</p>	<p>Annual Objective. Four to six meetings per year</p>	<p>C</p>	<p>Continued</p>
<p>F.1. Collaborate with the Department of Behavioral Health to develop and increase mental health services to seniors as a component of the Mental Health Services Act (Proposition 63). Effectiveness of this activity will be measured by the resulting continuum of care.</p>	<p>July 1, 2012 thru June 30, 2016 Meetings throughout the year.</p>	<p>C</p>	<p>Continued</p>
<p>F.2. The Deputy Director or designee will coordinate with adjacent Area Agency's on Aging to develop best practices with the intent of enhancing service delivery to seniors, exploring joint projects, and increasing interagency coordination. At least two meetings will be held the first year with the intent of holding meetings quarterly in subsequent years.</p>	<p>July 1, 2012 thru June 30, 2016</p>	<p>C</p>	<p>Continued</p>

<p>F.3. The Deputy Director or designee will attend the regional multi-disciplinary team meetings (East, West, and Desert Regions, PG/Probate, District Attorney's, and Elder Death Review) for coordination of service delivery, including examining possible training needs, and to promote advocacy of senior issues in forums with appropriate resources.</p>	<p>Annual Objective</p>	<p>C</p>	<p>Continued</p>
<p>F.4. The Deputy Director or designee will coordinate with the Public Guardian's office to develop a training module that will support families in their knowledge of available resources to help with elder care and to delay placing seniors in a nursing care facility and/or conservatorship. Once the training module is developed, an objective will be included offering the training. <i>Trainings will be held annually.</i></p>	<p>July 1, 2012 thru June 30, 2013 Annual Objective</p>	<p>C</p>	<p>Completed (First training in Nov 2012.) New</p>
<p>F.5. The Deputy Director or designee will work with county, city and not for profit boards and committees to advocate on behalf of seniors, to ensure the inclusion of senior needs in the service delivery system and to advocate for funding for programs. Examples include, but are not limited to, the Workforce Investment Board, 2-1-1, and California State University San Bernardino advisory committees on aging and family caregiver.</p>	<p>Annual Objective</p>	<p>C</p>	<p>Continued</p>
<p>F.6. AAA staff will explore the effectiveness of past Senior Service Provider Coalition meetings with the intent of refocusing efforts to encourage participation. New technologies and new service delivery models will be examined for increased efficiency and effectiveness. The AAA may choose to deliver information in an alternate format.</p>	<p>July 1, 2012 thru December 31, 2013</p>	<p>C</p>	<p>Continued</p>

<p>F.7. AAA staff will collaborate with other county departments, for example Behavioral Health and Public Health, and not for profit organizations, such as Foothill Aids, to discuss and develop outreach to the senior Gay, Lesbian, Bisexual and Transgender community. A GLBT focus group of stakeholders will be organized and results reported with the 2014/15 Area Plan Update.</p>	<p>July 1, 2012 thru June 30, 2014</p>	<p>C</p>	<p>Continued</p>
<p>F.8. DAAS has a wealth of information in completed needs assessment surveys. Additionally, three years of 211 call data consisting of approximately 10,000 callers sixty and over is available. As of this writing, only general census data from the 2010 census is available. An in depth analysis of the needs assessments will be completed along with updated census data. The analysis will enable DAAS to further target services based on priority clients and will be used in future procurements. Further, sharing of the data will enhance collaborative efforts with other organizations.</p>	<p>July 1, 2012 thru December 31, 2013</p>		<p>Continued</p>
<p>F.9. Research and report on the impact of gambling on seniors. The outcome of the report may be objectives addressing this issue.</p>	<p>July 1, 2012 thru June 30, 2014</p>		<p>Continued</p>

Approved

<p><u>Goal No. 2:</u> The Senior Affairs Commission (SAC) will advocate on behalf of seniors who reside in San Bernardino County.</p>			
<p><u>Rationale:</u> In accordance with 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 member recognize and formalize their responsibility and provide guidance to the various SAC committee meetings.</p>			
<p><u>Objectives</u></p>	<p>Projected Start and End Dates</p>	<p>Title III B Funded PD or C ⁵</p>	<p>Update Status ⁶</p>
<p>SAC.1. 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>	<p>Annual Objective</p>		<p>Continued</p>
<p>SAC.2. Annually, the Access Committee will work with housing builders to insure that the needs of seniors are addressed in housing projects and to promote universal design.</p>	<p>Annual Objective</p>		<p>Continued</p>
<p>SAC.3. Regularly, the Legislative Committee will meet with a representative from the Legislative Research Unit of the County to address legislative priorities for seniors within the County. <i>The Legislative Committee will regularly meet with a PSA 20 California Senior Legislative representative to support proposals that will benefit older individuals.</i></p>	<p>Annual Objective</p>		<p>Revised</p>

⁵ Indicate if Program Development (PD) or Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

⁶ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

<p>SAC.4. The Intergenerational Committee (IG) will promote an annual arts contest on a multigenerational basis. The IG Committee will collaborate with the various County Kinship programs <i>various community based organizations</i> to promote the arts project.</p>	<p>Annual Objective</p>		<p>Revised</p>
<p>SAC.5. <i>The Healthy Aging Committee will work with the community to coordinate and promote a Healthy Aging Conference. Community involvement includes but is not limited to government entities, Loma Linda University, California State University San Bernardino, faith based organizations and various local businesses.</i></p>	<p>Completed by June 30, 2014</p>		<p>New</p>

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Section 10. Service Unit Plan (SUP) Objectives

PSA 20

TITLE III/VII SERVICE UNIT PLAN OBJECTIVES

CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service. They are defined in the NAPIS State Program Report. For services not defined in NAPIS, refer to the Service Categories and Data Dictionary.

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

1. Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,100	1	
2013-2014	1,200	1	
2014-2015			
2015-2016			

2. Homemaker

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	650	1	
2013-2014	550	1	
2014-2015			
2015-2016			

3. Chore

Unit of Service = 1 hour

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

4. Home-Delivered Meal

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	368,344	1	
2013-2014	368,344	1	
2014-2015			
2015-2016			

5. Adult Day Care/Adult Day Health

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	2,880	1	
2013-2014	750	1	
2014-2015			
2015-2016			

6. Case Management

Unit of Service = 1 hour

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

7. Assisted Transportation

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	13,800	1	
2013-2014	18,000	1	
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	369,974	1	
2013-2014	369,974	1	
2014-2015			
2015-2016			

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	75,000	1	
2013-2014	75,000	1	
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	5,075	1	
2013-2014	5,075	1	
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	11,988	1	
2013-2014	11,988	1	
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	32,000	1	
2013-2014	30,000	1	
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	10,000	1	
2013-2014	12,000	1	
2014-2015			
2015-2016			

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

Senior Center Activities **Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	9,000	1	
2013-2014	6,500	1	
2014-2015			
2015-2016			

Residential Repair/Modifications

Unit of Service = 1 modification

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	80	1	
2013-2014	80	1	
2014-2015			
2015-2016			

Public Information

Unit of Service = 1 Activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	500	1	
2013-2014	1,000	1	
2014-2015			
2015-2016			

Mobility Management Activities

Unit of Service = 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	600	1	
2013-2014	400	1	
2014-2015			
2015-2016			

Cash/Material Aid

Unit of Service = 1 assistance

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	625	1	
2013-2014	125	1	
2014-2015			
2015-2016			

Community Education

Unit of Service = 1 activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	400	1	
2013-2014	400	1	
2014-2015			
2015-2016			

Housing

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	200	1	
2013-2014	225	1	
2014-2015			
2015-2016			

Interpretation/Translation

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,200	1	
2013-2014	1,200	1	
2014-2015			
2015-2016			

Personal Affairs Assistance

Unit of Service = 1 Contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,600	1	
2013-2014	1,900	1	
2014-2015			
2015-2016			

16. Title III D Health Promotion

Unit of Service = 1 contact

Service Activities: “We Can!” Program at 15 Senior Sites

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	432	1	C.1.
2013-2014	432	1	C.1.
2014-2015			
2015-2016			

Title III D Medication Management ⁷

Units of Service = 1 Contact

Service Activities: Distribution of Smart Cards

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers
2012-2013	1,500	1	D.1.
2013-2014	0	0	0
2014-2015	0	0	0
2015-2016	0	0	0

Per PM 12-10, Medication Management is no longer required as a separate service category.

⁷ Refer to Program Memo 01-03

TITLE III B and Title VII A:
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

2012–2016 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.

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

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

Complete all Measures and Targets for Outcomes 1-3.

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

Measures and Targets:

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

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

1. FY 2010-2011 Baseline Resolution Rate: <u>78.8</u> Number of complaints resolved 766 + Number of partially resolved complaints 330 divided by the Total Number of Complaints Received <u>1390</u> = Baseline Resolution Rate <u>78.8%</u>
2. FY 2012-2013 Target: Resolution Rate <u>75%</u>
3. FY 2011-2012 AoA Resolution Rate <u>85%</u> FY 2013-2014 Target: Resolution Rate <u>77%</u>
4. FY 2012-2013 AoA Resolution Rate ___% FY 2014-2015 Target: Resolution Rate ___%
5. FY 2013-2014 AoA Resolution Rate ___% FY 2015-2016 Target: Resolution Rate ___%
Program Goals and Objective Numbers: 1, A.1., B.1

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

FY 2010-2011 Baseline: number of meetings attended <u>38</u>
2. FY 2012-2013 Target: <u>40</u>
3. FY 2011-2012 AoA Data: <u>56</u> FY 2013-2014 Target: <u>40</u>
4. FY 2012-2013 AoA Data: FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: FY 2015-2016 Target: ____
Program Goals and Objective Numbers: 1, A.1, B.1.

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

1. FY 2010-2011 Baseline: number of meetings attended <u>1</u>
2. FY 2012-2013 Target: number <u>5</u>
3. FY 2011-2012 AoA Data: <u>2</u> FY 2013-2014 Target: <u>5</u>
4. FY 2012-2013 AoA Data: FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: FY 2015-2016 Target: ____
Program Goals and Objective Numbers: 1, A.1., B.1.

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

1. FY 2010-2011 Baseline: number of consultations <u>339</u>
2. FY 2012-2013 Target: <u>300</u>
3. FY 2011-2012 AoA Data: <u>816</u> FY 2013-2014 Target: <u>600</u>
4. FY 2012-2013 AoA Data: FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: FY 2015-2016 Target: ____
Program Goals and Objective Numbers: 1, A.1., B.1.

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

1. FY 2010-2011 Baseline: number of consultations <u>1,254</u>
2. FY 2012-2013 Target: <u>1,300</u>
3. FY 2011-2012 AoA Data: <u>2529</u> FY 2013-2014 Target: <u>1800</u>
4. FY 2012-2013 AoA Data: FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: FY 2015-2016 Target: ____
Program Goals and Objective Numbers: 1, A.1., B.1.

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

1. FY 2010-2011 Baseline: number of sessions <u>34</u>
2. FY 2012-2013 Target: <u>34</u>
3. FY 2011-2012 AoA Data: <u>10</u> FY 2013-2014 Target: <u>10</u>
4. FY 2012-2013 AoA Data: FY 2014-2015 Target: ____
5. FY 2013-2014 AoA Data: FY 2015-2016 Target: ____
Program Goals and Objective Numbers: 1, A.1., B.1.

G. Systems Advocacy

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

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

Enter information in the box below.

Systemic Advocacy Effort(s)

The Ombudsman Program will partner with local Senior Medical Patrol (SMP) to systematically train Volunteer Ombudsman in recognizing Medicare Fraud and Abuse and Financial Fraud schemes in Long-Term Care facilities. There will be a minimum of two trainings during 2013-2014.

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

Measures and Targets:

A. Facility Coverage (other than in response to a complaint), (AoA Report, Part III-D, #6)
Percentage of nursing facilities within the PSA that were visited by an ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not the total number of visits per year. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2010-2011 Baseline: 54%

Number of Nursing Facilities visited at least once a quarter not in response to a complaint 32 divided by the number of Nursing Facilities 59

2. FY 2012-2013 Target: 25%

3. FY 2011-2012 AoA Data: 11% FY 2013-2014 Target: 28%
(based on 54 Nursing Facilities)

4. FY 2012-2013 AoA Data: FY 2014-2015 Target: ___%

5. FY 2013-2014 AoA Data: FY 2015-2016 Target: ___%

Program Goals and Objective Numbers: 1, A.1., B.1.

B. Facility Coverage (other than in response to a complaint) (AoA Report, Part III-D, #6)
Percentage of RCFEs within the PSA that were visited by an ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not the total number of visits per year. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2010-2011 Baseline: 11%

Number of RCFEs visited at least once a quarter not in response to a complaint 35 divided by the number of RCFEs 313

2. FY 2012-2013 Target: 6%

3. FY 2011-2012 AoA Data: 19% FY 2013-2014 Target: 8%
(based on 240 RCFEs)

4. FY 2012-2013 AoA Data: FY 2014-2015 Target: ___ %

5. FY 2013-2014 AoA Data: FY 2015-2016 Target: ___%

Program Goals and Objective Numbers: 1, A.1., B.1.

C. Number of Full-Time Equivalent (FTE) Staff (AoA Report Part III. B.2. - Staff and Volunteers)

(One FTE generally equates to 40 hours per week or 1,760 hours per year) This number may only include staff time legitimately charged to the LTC Ombudsman Program. For example, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5. Time spent working for or in other programs may not be included in this number. Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: FTEs 4.75

2. FY 2012-2013 Target: 4.25 FTEs

3. FY 2011-2012 AoA Data: 3.90 FTEs FY 2013-2014 Target: 4.00 FTEs

4. FY 2012-2013 AoA Data: FTEs FY 2014-2015 Target: ___ FTEs

5. FY 2013-2014 AoA Data: FTEs FY 2015-2016 Target: ___ FTEs

Program Goals and Objective Numbers: 1, A.1., B.1.

D. Number of Certified LTC Ombudsman Volunteers (AoA Report Part III. B.2. Staff and Volunteers) Verify numbers of volunteers with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2010 29

2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2013 25

3. FY 2011-2012 AoA Data: 34 certified volunteers

FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2014 30

4. FY 2012-2013 AoA Data: ___ certified volunteers

FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2015

5. FY 2013-2014 AoA Data: ___ certified volunteers

FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers
as of June 30, 2016 ___

Program Goals and Objective Numbers: 1, A.1., B.1.

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

Per Program Memo 13-01, the Office of the State Long-Term Ombudsman no longer requires reporting of this item.

Measures and Targets:

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

~~1. FY 2010-2011 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV 20 staff & 6 vols = 26~~

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

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

~~3. FY 2011-2012 number of Ombudsman Program staff and volunteers who attended NORS — Training Parts I, II, III, and IV
— FY 2013-2014 Target _____~~

~~4. FY 2012-2013 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____
— FY 2014-2015 Target _____~~

~~5. FY 2013-2014 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____
— FY 2015-2016 Target: _____~~

Program Goals and Objective Numbers: 1, A.1., B.1.

TITLE VII B ELDER ABUSE PREVENTION
SERVICE UNIT PLAN OBJECTIVES

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

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

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

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

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

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TITLE VIIB ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

Fiscal Year	Total # of Public Education Sessions
2012-13	50
2013-14	60
2014-15	
2015-16	

Fiscal Year	Total # of Training Sessions for Professionals
2012-13	100
2013-14	30
2014-15	
2015-16	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2012-13	100
2013-14	500
2014-15	
2015-16	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2012-13	50
2013-14	35
2014-15	
2015-16	

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Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2012-2013	2	
2013-2014	800	Various
2014-2015		
2015-2016		

Fiscal Year	Total Number of Individuals Served
2012-2013	1,000
2013-2014	1,100
2014-2015	
2015-2016	

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

2012–2016 Four-Year Planning Period

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

Direct and/or Contracted III E Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
Information Services	# of activities and Total est. audience for above		
2012-2013	# of activities: 2,000 Total est. audience for above: 34,000	1	
2013-2014	# of activities: 3,000 Total est. audience for above: 20,000	1	
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2012-2013	27,000	1	
2013-2014	11,000	1	
2014-2015			
2015-2016			
Support Services	Total hours		
2012-2013	1,515	1	
2013-2014	2,000	1	
2014-2015			
2015-2016			

Respite Care	Total hours		
2012-2013	1,800	1	
2013-2014	600	1	
2014-2015			
2015-2016			
Supplemental Services	Total occurrences		
2012-2013	60	1	
2013-2014	50	1	
2014-2015			
2015-2016			

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Direct and/or Contracted III E Services

Grandparent Services Caring for Children	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2012-2013	# of activities: 1,000 Total est. audience for above: 1,400	1	
2013-2014	# of activities: 700 Total est. audience for above: 7,000		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2012-2013	4,400	1	
2013-2014	9,000	1	
2014-2015			
2015-2016			
Support Services	Total hours		
2012-2013	85	1	
2013-2014	25	1	
2014-2015			
2015-2016			
Respite Care	Total hours		
2012-2013	100	1	
2013-2014	600	1	
2014-2015			
2015-2016			
Supplemental Services	Total occurrences		
2012-2013	60	1	
2013-2014	20	1	
2014-2015			
2015-2016			

PSA #20⁸

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

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

Location/Name (AAA office, One Stop, Agency, etc): Workforce Development Department Employment Resource Center/One Stop
Street Address: 658 Brier St., Suite 100; San Bernardino, CA 92415
Name and title of all SCSEP staff members (paid and participant): Gaynell R., Area Representative - participant
Number of paid staff <u> 0 </u> Number of participant staff <u> 1 </u>
How many participants are served at this site? 7

Location/Name (AAA office, One Stop, Agency, etc): San Bernardino City Employment & Training Agency
Street Address: 600 N. Arrowhead Ave., San Bernardino, CA
Name and title of all SCSEP staff members (paid and participant): Jan M., Area Representative - participant
Number of paid staff <u> 0 </u> Number of participant staff <u> 1 </u>
How many participants are served at this site? 7

Location/Name (AAA office, One Stop, Agency, etc): Workforce Development Department Employment Resource Center/One Stop
Street Address: 9650 9th St., Suite A, Rancho Cucamonga, CA 91730
Name and title of all SCSEP staff members (paid and participant): Charlene R., Area Representative - participant
Number of paid staff <u> 0 </u> Number of participant staff <u> 1 </u>
How many participants are served at this site? 7

Location/Name (AAA office, One Stop, Agency, etc): Workforce Development Department High Desert Employment Resource Center/One Stop
Street Address: 17310 Bear Valley Road, Suite 109, Victorville, CA 92392
Name and title of all SCSEP staff members (paid and participant): Mary M., Area Representative – participant
Number of paid staff <u> 0 </u> Number of participant staff <u> 1 </u>
How many participants are served at this site? 9

Location/Name (AAA office, One Stop, Agency, etc): San Bernardino County Dept. of Aging and Adult Services
Street Address: 686 E. Mill St., San Bernardino, CA 92415
Name and title of all SCSEP staff members (paid and participant): LeEtta T.,- Administrative Aide; Margaret R., - Administrative Aide;
Number of paid staff <u> 2 </u> Number of participant staff <u> 0 </u>
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.

⁸ If not providing Title V, enter PSA number followed by "Not providing".

PSA 20

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

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

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

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

Section 1. Primary HICAP Units of Service

Fiscal Year (FY)	1.1 Estimated Number of Unduplicated Clients Counseled	Goal Numbers
2012-2013	1,182	1
2013-2014	2,000	1
2014-2015		
2015-2016		

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

Fiscal Year (FY)	1.2 Estimated Number of Public and Media Events	Goal Numbers
2012-2013	137	1
2013-2014	150	1
2014-2015		
2015-2016		

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

Section 2: Federal Performance Benchmark Measures

Fiscal Year (FY)	2.1 Estimated Number of Contacts for all Clients Counseled	Goal Numbers
2012-2013	6,396	1
2013-2014	6,940	1
2014-2015		
2015-2016		

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

Fiscal Year (FY)	2.2 Estimated Number of Persons Reached at Public and Media Events	Goal Numbers
2012-2013	9,575	1
2013-2014	8,720	1
2014-2015		
2015-2016		

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

Fiscal Year (FY)	2.3 Estimated Number of contacts with Medicare Status Due to a Disability Contacts	Goal Numbers
2012-2013	1,093	1
2013-2014	1,210	1
2014-2015		
2015-2016		

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

Fiscal Year (FY)	2.4 Estimated Number of contacts with Low Income Beneficiaries	Goal Numbers
2012-2013	4,445	1
2013-2014	4,300	1
2014-2015		
2015-2016		

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

Fiscal Year (FY)	2.5 Estimated Number of Enrollment Assistance Contacts	Goal Numbers
2012-2013	4,878	1
2013-2014	5,350	1
2014-2015		
2015-2016		

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

Fiscal Year (FY)	2.6 Estimated Part D and Enrollment Assistance Contacts	Goal Numbers
2012-2013	2,797	1
2013-2014	3,100	1
2014-2015		
2015-2016		

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

Fiscal Year (FY)	2.7 Estimated Number of Counselor FTEs in PSA	Goal Numbers
2012-2013	15.7	1

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

Fiscal Year (FY)	2.7 Estimated Counseling Assistance Hours (per PM 13-03)	Goal Numbers
2013-2014	4,000	1
2014-2015		
2015-2016		

Section 3: HICAP Legal Services Units of Service (if applicable) ⁹

State Fiscal Year (SFY)	3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2012-2013	4	1
2013-2014	4	1
2014-2015		
2015-2016		
State Fiscal Year (SFY)	3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)	Goal Numbers
2012-2013	11	1
2013-2014	11	1
2014-2015		
2015-2016		
State Fiscal Year (SFY)	3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)	Goal Numbers
2012-2013	15	1
2013-2014	15	1
2014-2015		
2015-2016		

⁹ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

Section 13. Priority Services

PSA 20

2013-2014 Area Plan Update

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 funds¹⁰ 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 2012-13 through FY 2015-16

Access:

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

12-13 **40%** 13-14 **40%** 14-15 _____% 15-16 _____%

In-Home Services:

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

12-13 **1%** 13-14 **1%** 14-15 _____% 15-16 _____%

Legal Assistance Required Activities:¹¹

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

12-13 **10%** 13-14 **10%** 14-15 _____% 15-16 _____%

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

Allocations are based on concerns expressed at the public meetings/hearings and the needs assessments. Although the AAA provides some direct services (in Access), finding providers who can economically provide in-home services remains a challenge. The AAA is not structured to provide these services directly and in-home services are costly compared to other services funded by IIIB.

¹⁰ Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

¹¹ Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

SECTION 16. GOVERNING BOARD
PSA 20

GOVERNING BOARD MEMBERSHIP
2013-2014 Area Plan Update

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

Total Number of Board Members: **5**

Name and Title of Officers:

Office Term Expires:

Janice Rutherford, Chair, Second District Supervisor	2014
Gary C. Ovitt, Vice Chair, Fourth District Supervisor	2014

Names and Titles of All Members:

Board Term Expires:

Robert A. Lovingood, First District Supervisor	2016
James Ramos, Third District Supervisor	2016
Josie Gonzales, Fifth District Supervisor	2016

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SECTION 17. ADVISORY COUNCIL

PSA 20

**ADVISORY COUNCIL MEMBERSHIP
2013-2014 Area Plan Update**

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 11

Race/Ethnic Composition	% of PSA's Total 60+Population	% on Advisory Council
White	<u>56.7</u>	<u>55.0</u>
Hispanic	<u>49.2</u>	<u>15.0</u>
Black	<u>8.9</u>	<u>20.0</u>
Asian/Pacific Islander	<u>6.3</u>	<u>10.0</u>
Native American/Alaskan Native	<u>1.1</u>	<u>0</u>
Other	<u>21.6</u>	<u>0</u>

Name and Title of Officers:

Office Term Expires:

David Wilder, Chair	01/06/2015
James Na, Vice Chair	01/06/2015
Lib Koenig, Secretary	12/02/2013

Name and Title of other members:

Office Term Expires:

Martha Broyde, Victor Valley Regional Council on Aging	None--RCA
Denise Carrington, Interim Access Committee Chair	12/07/2015
Terry Conaway, Nutrition Committee Chair (appointed) Colorado River Regional Council on Aging	None--RCA
Connie Connoles, Morongo Basin Regional Council on Aging	None--RCA
Angelina Cordova, East Valley Regional Council on Aging	None--RCA
Frank Garza	12/05/2016
Luella G. Hairston, Legislative Committee Chair (appointed)	12/07/2015
Dan Harris, Mountain Regional Council on Aging	None--RCA
Cathy Johnson	12/07/2015
Walter Johnson, Jr., Access Committee Chair (appointed) West Valley Regional Council on Aging	None--RCA

Kathleen (Kitty) Mesler	12/01/2014
Julian Montoro-Rodriguez	12/05/2016
Wilber Richardson	12/01/2014
Elaine Rosen	12/05/2016
Dean Sherzai, Healthy Aging Committee Chair (appointed)	12/07/2015
Penny Shubnell	11/14/2015
Esther Wright, Intergenerational Committee Chair (appointed)	12/07/2015

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):

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.

Section 20. Family Caregiver Support Program

PSA 20

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

2012–2016 Four-Year Planning Cycle / 2013-14 Area Plan Update

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

Check YES or NO for each of the services* identified below and indicate if the service will be provided directly or contracted. Check only the current year and leave the previous year information intact.

If the AAA will **not** provide a service, a justification for each service is required in the space below.

Family Caregiver Services

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

Grandparent Services

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

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

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

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

Attachments

Approved

Survey on Internet Use Among Older Adults

This voluntary survey is designed to learn more about Internet use in older adults. There are no right or wrong answers, and your responses will remain anonymous. Please circle or write your answer. You may skip questions or stop taking the survey at any time. After you complete the survey, please return it back to the researcher.

A1. Do you currently use the Internet?

1. Yes
2. No

[If No, please go to Question A2 at the bottom of page 2]

If Yes, how often do you use the Internet?

1. Daily
2. Weekly
3. Once a month
4. A few times a year
5. Rarely/Never

If Yes, where do you primarily use the Internet?

1. Home
2. Library
3. Family/friend's home
4. Work
5. Other (specify _____)

If Yes, how do you primarily access the Internet (which device)?

1. Computer
2. Tablet (Like an IPAD)
3. Smart Phone (Like a Blackberry or an iPhone)
4. Other (specify _____)

If Yes, how comfortable are you when using the Internet?

1. Very comfortable
2. Comfortable
3. Uncomfortable
4. Very uncomfortable

If Yes, how did you primarily learn to use the Internet? (choose one)

1. Workplace
2. Family
3. Friends
4. Self
5. Class
6. Other (specify _____)

If Yes, for what purposes do you use the Internet? (Please circle all that apply.)

1. E-mail
2. Online banking/paying bills/financial services
3. Online shopping
4. Obtaining health information
5. Obtaining information about services and programs for older adults
6. Making phone calls
7. Entertainment (e.g., watching television, movies...)
8. Playing games
9. Blogging
10. Communicating with family and friends
11. Getting news and weather information
12. Other (specify _____)

[If you do use the Internet, now go to Question B1 on page 3]

A2. If you do not use the Internet, what prevents you from using the Internet? (Please Circle all that apply.)

1. Do not have access to the Internet
2. Do not know how to use the Internet (lack of knowledge)
3. Physical limitation(e.g., disability) –need adaptive equipment
4. Mistrust of the Internet due to privacy issues
5. Too addictive (habit forming)
6. Too time consuming
7. Fear of using the Internet
8. Language concerns
9. Cannot afford the costs of using the Internet
10. Other (specify _____)

Do you feel you miss out on important information by not having the Internet?

1. Yes
2. No

Have you ever felt that an agency or a service has forced you to have Internet access?

1. Yes
2. No

TELL US ABOUT YOURSELF

The following questions are optional. The information below will help us understand the needs of older adults for training, access, and assistance on Internet use.

B1. How old are you? _____ years

B2. What is your gender 1. Female 2. Male

B3. What is your ethnicity? (circle all that apply)

1. White American
2. African American
3. Latino American
4. Asian/Pacific Islander American
5. Native American
6. Other: Specify _____

B4. What is the highest level of education you completed?

1. Less than high school
2. High school graduate
3. Some college
4. College graduate
5. Graduate or professional school

B5. What was your annual family income before taxes last year?

1. less than \$9,999
2. \$10,000-\$19,999
3. \$20,000-\$29,999
4. \$30,000-39,999
5. \$40,000-49,999
6. \$50,000 or higher

B7. What is your present marital status?

1. Never married/ single
2. In a long term relationship
3. Married
4. Divorced
5. Widowed
6. Other, specify _____

B8. Do you currently have access to the Internet at home?

1. Yes
2. No

B9. Have you ever had a job that required Internet use?
1. Yes 2. No

B10. What is your zip code? _____

B11. Do you feel you need training or assistance on using the Internet?
1. Yes 2. No

B12. If you had training or assistance available, what would you like to learn about using the Internet?

Thank you very much for your participation!

Approved

Correlates of and Barriers to Internet Use among the Elderly

The objectives of the study were to examine correlates of current Internet use and barriers to using the Internet among older adults. The study also explored the frequency of Internet use, comfort level in using the Internet, and need for training or assistance on using the Internet.

The study used a survey design with self-administered questionnaires. Data were collected from 567 participants aged from 60 to 92 years and residing in San Bernardino County, California. A convenient sample was employed and participants were recruited from various locations including community agencies, churches, supermarkets, etc. from April through June, 2012.

Over 58% of the participants reported that they were using the Internet, while 42% indicated that they were not. Of the Internet users, over two-thirds of the participants (67%) stated that they used the Internet daily, 23%, weekly, and the rest (10%), once a month or less. Over 85% of the Internet users indicated that they were either "very comfortable," or "comfortable" using the Internet. When the non-Internet users in the study were asked of what prevented them from using the Internet, over 61% indicated that they did not know how to use the Internet. Approximately 47% of the non-Internet users reported that they did not have access to the Internet, followed by mistrust of the Internet (e.g., privacy violations, 24%), cost of using the Internet (23%), fear of using the Internet (15%), physical limitations (e.g., needing adaptive equipment, 12%), too much time consumption (14%), language concerns (e.g., lack of English skills, 11%), and other concerns (9%).

Bivariate analyses showed that age, education, income, ethnicity, marital status, access to the Internet at home, and having had a job requiring Internet use were significantly associated with the status of Internet use. Age was significantly associated with current status of Internet use ($\chi^2 = 47.295$, $df = 3$, $p = .000$). Younger elders, particularly, in their 60s were more likely to use the Internet, while older elders in their 80s and 90s were less likely to use the Internet. There was an association between education and Internet use ($\chi^2 = 107.71$, $df = 4$, $p = .000$). The more education participants had, the more likely they use the Internet. There is also an association between income and Internet use ($\chi^2 = 61.05$, $df = 5$, $p = .000$). Participants with higher levels of income were more likely to use the Internet than those with lower levels of income. Marital status was also significantly associated with current Internet use ($\chi^2 = 26.86$, $df = 5$, $p = .000$). Married participants were more likely to use the Internet compared to single or widowed participants. As expected, there was a significant association between access to the Internet at home and current Internet use ($\chi^2 = 227.84$, $df = 1$, $p = .000$). Participants who had access the Internet at home were more likely to use the Internet than those who did not. Again, there was an association between having had a job requiring Internet use and current Internet use ($\chi^2 = 106.92$, $df = 1$, $p = .000$). However, there was no gender difference in Internet use.

A logistic regression analysis was conducted to determine which independent variables (age, education, income, ethnicity, marital status, Internet access at home, and having had a job requiring Internet use) were predictors of current Internet use among the elderly participants. The results of the logistic regression analysis revealed that age, education, ethnicity, Internet access at home, and having a job requiring Internet use were statistically significant in predicting the status of current Internet use, while income and marital status did not significantly contribute to the status of current Internet use. For example, the participants who had Internet access at home were 19 times more likely to use the Internet than those who did not. The participants who have had a job requiring Internet use were 5.5 times more likely to use the Internet. The participants who were in their 60s were 2.8 Times more likely to use the Internet than those who were in their 70s or older. Latino participants in the study were 40% less likely to use the Internet than those of other ethnicities.

The findings of the study suggest that Internet use among the elderly has been increasing, but some older elders, particularly who are in their 80s and 90s with lower levels of income and education, are less likely an Internet user. Human service professionals need to recognize there is a portion of elders do not and very likely will not use the Internet. But they are the ones who probably need social and health services the most. Human service professionals need to strategize how to continue to reach out and serve these non-Internet using elders as well as computer savvy elders in such a technologically dominated human services field.

Approved