

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

2012–2016 Area Plan



Human Services Department of Aging and Adult Services

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San Bernardino, CA 92415-0640

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AREA PLAN REQUIRED COMPONENTS CHECKLIST

To ensure all required components are included, "X" mark the far-right column boxes.
Enclose a copy of the checklist with your Area Plan

Section	Four-Year Area Plan Components	4-Year Plan
	Transmittal Letter – must have original signatures or official signature stamps	<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:	
	Title III B Funded Program Development (PD) Objectives	<input type="checkbox"/>
	Title III B Funded Coordination (C) Objectives	<input checked="" type="checkbox"/>
	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
	Title III B/VII A Long-Term Care Ombudsman Objectives	<input checked="" type="checkbox"/>
	Title VII B Elder Abuse Prevention Objectives	<input checked="" type="checkbox"/>
10	Service Unit Plan (SUP) Objectives	<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
Four-Year Area Plan
2012-2016**

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. Josie Gonzales, Chair

Governing Board Chair¹

Date

2. David Wilder, Chair

Advisory Council Chair

March 21, 2012

Date

3. Colleen Krygier, Director

Area Agency Director

March 21, 2012

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.

Department of Aging Mission Statement

To assist seniors, at-risk individuals and adults with disabilities to improve or maintain choice, independence, and quality of life, so they may 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 DAAS' mission of providing quality services to the County's able and at risk elder/dependent adult populations.

Countywide Vision

San Bernardino County has adopted the following.

- 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.

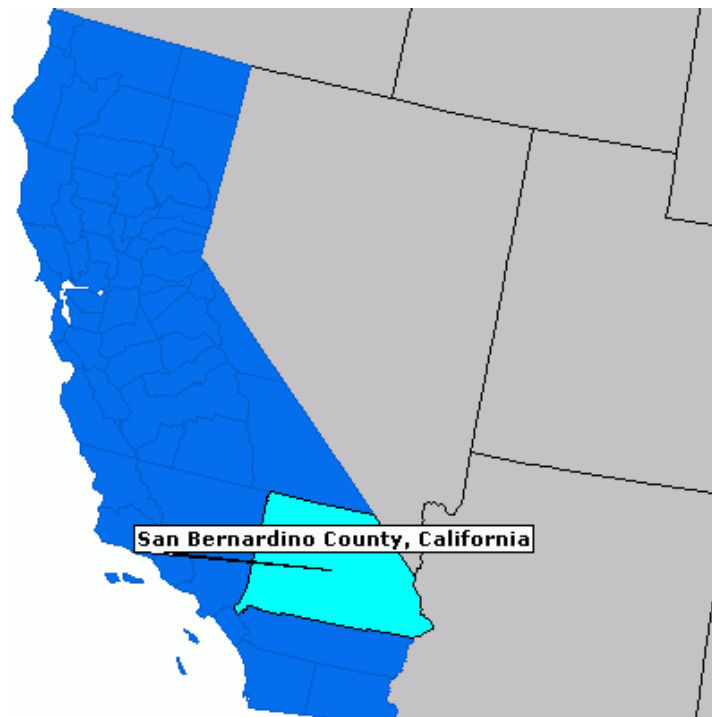
Section 2. Description of the Planning and Service Area

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 20,160 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.

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. 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 the San Bernardino and San Gabriel Mountains.

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



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 294,229 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	211,076	1	17
Fontana	198,456	2	20
Rancho Cucamonga	168,181	3	28
Ontario	165,392	4	29
Victorville	117,219	5	50

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 Information

Demographic information was gathered from a variety of sources to provide a snapshot of the seniors in PSA 20. California Department of Finance statistics are referenced in the table below. The U.S. Census has slowly released 2010 data. Variations exist amongst data sources as well as limitations exist for all data. For example, U.S. Census data is generally detailed for the 65 years and over cohort. Unless specifically collected and reported, information specific to the 60 to 64 age group is rare. Equally as difficult to find is caregiver information for the 55 to 60 demographic.

2011 California Department of Aging Population Demographic Projections for San Bernardino County

	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	297,720	167,507	130,213	28,965	43,951
Percent	4.5% of California 60+ population	56.3%	43.7%	9.7%	14.8%

- Total California population 60 + = 6,569,411

	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	13,439	86,755	42,350	6,990
Percent	6.4%	4.5%	29.1%	14.2%	2.4%

Source:

http://www.aging.ca.gov/stats/documents/2011_California_CDA_Population_Projections_by_PSA.xls

Population

- Total County Population, U.S. Census (2010) 2,035,210
- US Census, 65+ 181,348 (8.9%)
- San Bernardino County population increased in the ten years between the 2000 and 2010 census by 19.1% (the state increased 10%)

Race and Ethnicity—Countywide

2010 US Census Data	Number	Percent
One race	1,932,846	95.0
White	1,153,161	56.7
Black or African American	181,862	8.9
American Indian or Alaska Native	22,689	1.1
Asian	128,603	6.3
Native Hawaiian or other Pacific Islander	6,870	0.3
Some other race	439,661	21.6
Two or more races	102,364	5.0
Hispanic or Latino origin (of any race)	1,001,145	49.2
White alone, not Hispanic or Latino	1,034,065	50.8

Between 2000 and 2010, the share of Non-Hispanic White population in the county decreased from 44% to 33.3%.

In general, the diverse, ethnic population of the county is concentrated in the urbanized valley areas. The populations in the high and low desert areas tend to be white.

Households

(American Community Survey (ACS) 2010)

- Householder 65 years and over living alone 39,707
- Households with one or more people 65 years and over 132,741

Grandparents (ACS 2010)

- Number of grandparents living with own grandchildren under 18 years and responsible for grandchildren under 18 years 24,609
 - Who are female 14,938

Disability Status of the Civilian Non-institutionalized Population (ACS 2010)

- 65 years and over with a disability 71,528 or 39.8% of the 65 and over age Group
- From California Health Interview Survey, Adults with Disability 65+ = 55.3%
- According to the Centers for Disease Control, 80% of older Americans are living with at least one chronic condition and 50% have at least two.

Language Spoken at Home (for population 5 years and over) (ACS 2010)

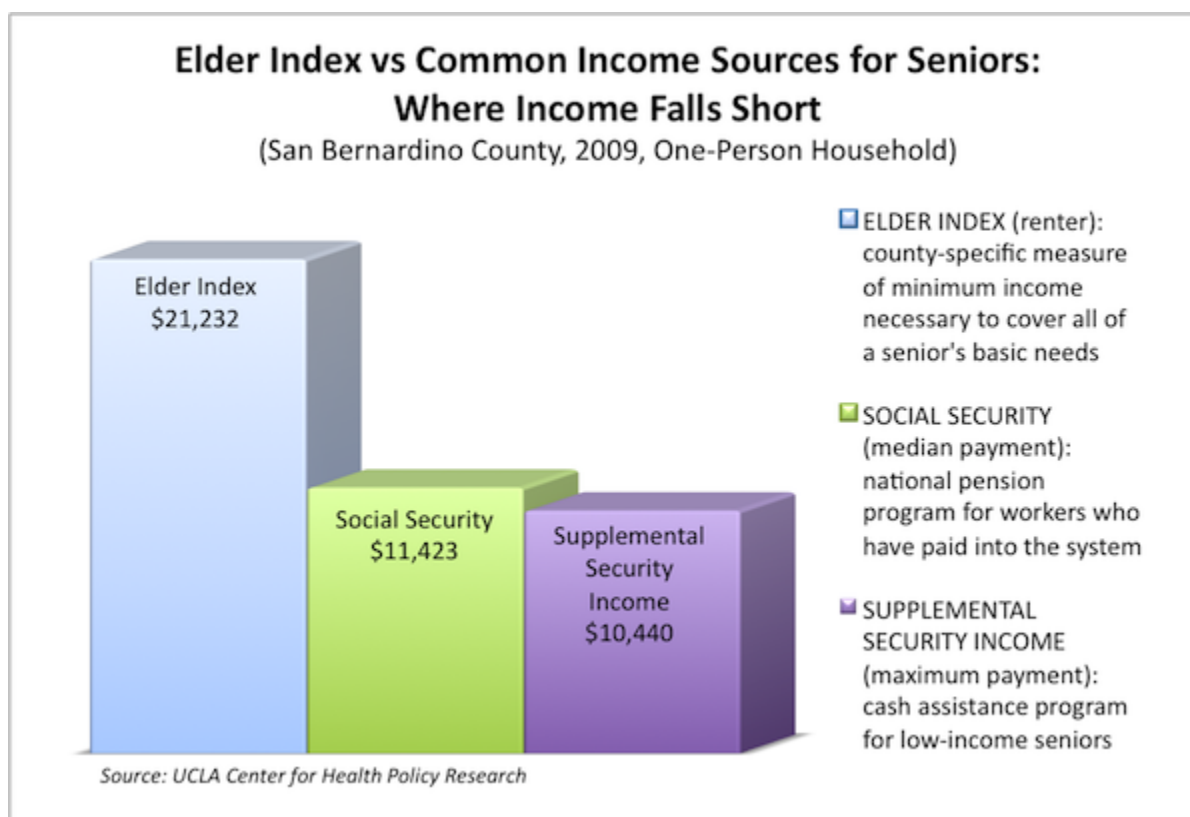
Language	Percent	Percent Speak English less than "very well"
English Only	59.1%	
Spanish	34.1%	15.5%
Asian and Pacific Islander	4.5%	1.9%

Poverty (ACS 2010)

The percentage of residents 65 and over whose income in the last 12 months is below the poverty level is 11.8%. In California, the below poverty rate for those 65 and older was 10%. At the time the federal poverty level (FPL) was \$10,830 for a one person household. The FPL increased on January 26, 2012 to \$11,170 for a one person household. The FPL is a nationwide statistic that does not consider regional differences. In response, AB 138, the Elder Economic Planning Act of 2011, was added to the Mello-Granlund Older Californians Act.

The UCLA Center for Health Policy Research developed the Elder Economic Security Standard Index (Elder Index) for every county in California. Following is the latest (2010) information for San Bernardino County. The Elder Index is more comprehensive than the federal poverty guideline and shows that a senior in San Bernardino County who lives alone and owns their home needs 135% of the FPL to make ends meet. This is the best case scenario, renters of a one bedroom apartment or seniors still making mortgage payments need incomes 196% to 266% to make ends meet. It should be noted that the Elder Index is the *minimum amount* necessary to meet survival-level living expenses.

	Elder Person			Elder Couple		
Federal Poverty Level (2010)	\$10,830	\$10,830	\$10,830	\$14,570	\$14,570	\$14,570
Elder Index Income to Meet Basic Needs	\$14,621 Owner w/o mortgage	\$28,760 Owner w/ mortgage	\$21,545 Renter, one bedroom	\$21,565 Owner w/o mortgage	\$35,704 Owner w/ mortgage	\$28,489 Renter, one bedroom
% above FPL	135%	266%	199%	148%	245%	196%
Maximum SSI Payment	\$10,140	\$10,140	\$10,140	\$16,886	\$16,886	\$16,886
SSI Income Gap with Elder Index	-\$4,481	-\$18,620	-\$11,405	-\$4,679	-\$18,817	-\$11,602
Median Social Security Payment 2009	\$11,423	\$11,423	\$11,423	\$20,976	\$20,976	\$20,976
Soc Sec Income Gap	-\$3,198	-\$17,337	-\$10,122	-\$589	-\$14,728	-\$7,513



The economic plight of many of our seniors has been underscored by the confluence of the economic downturn and the funding levels of the programs that are provided. The truth is that it is not just “poor” elders who are struggling. Based on 2006 data, 51% of all elders age 65 and over do not have enough money to meet their most basic needs. The most economically vulnerable are those elders who live alone (39,707 persons 65 and older). Of the 514 responses to the needs assessment question indicating the number of people in my household, 56% indicated that they live alone. Further, elders of color and most women had lower paying jobs throughout their working life, many without pensions and/or 401Ks to supplement their incomes. This means that Social Security is their only income and, as indicated above, can be inadequate to make ends meet.

Resources and Constraints

The AAA, as the Department of Aging and Adult Services, is a department within the Human Services group of 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. 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.

The “Great Recession” has had a significant impact on the county. At the time of the 2009-12 Area Plan it was noted that all economic indicators were down from previous years and currently stagnant. For example, unemployment in 2006 was at 4.6% compared to unemployment in March 2009 of 12.5%. As of March 2012, the State of California Employment Development Department released a statewide unemployment rate of 10.9%; San Bernardino County’s unemployment rate was 12.3%. This level, and stagnation of growth in the county, limits the employment opportunities for seniors seeking work.

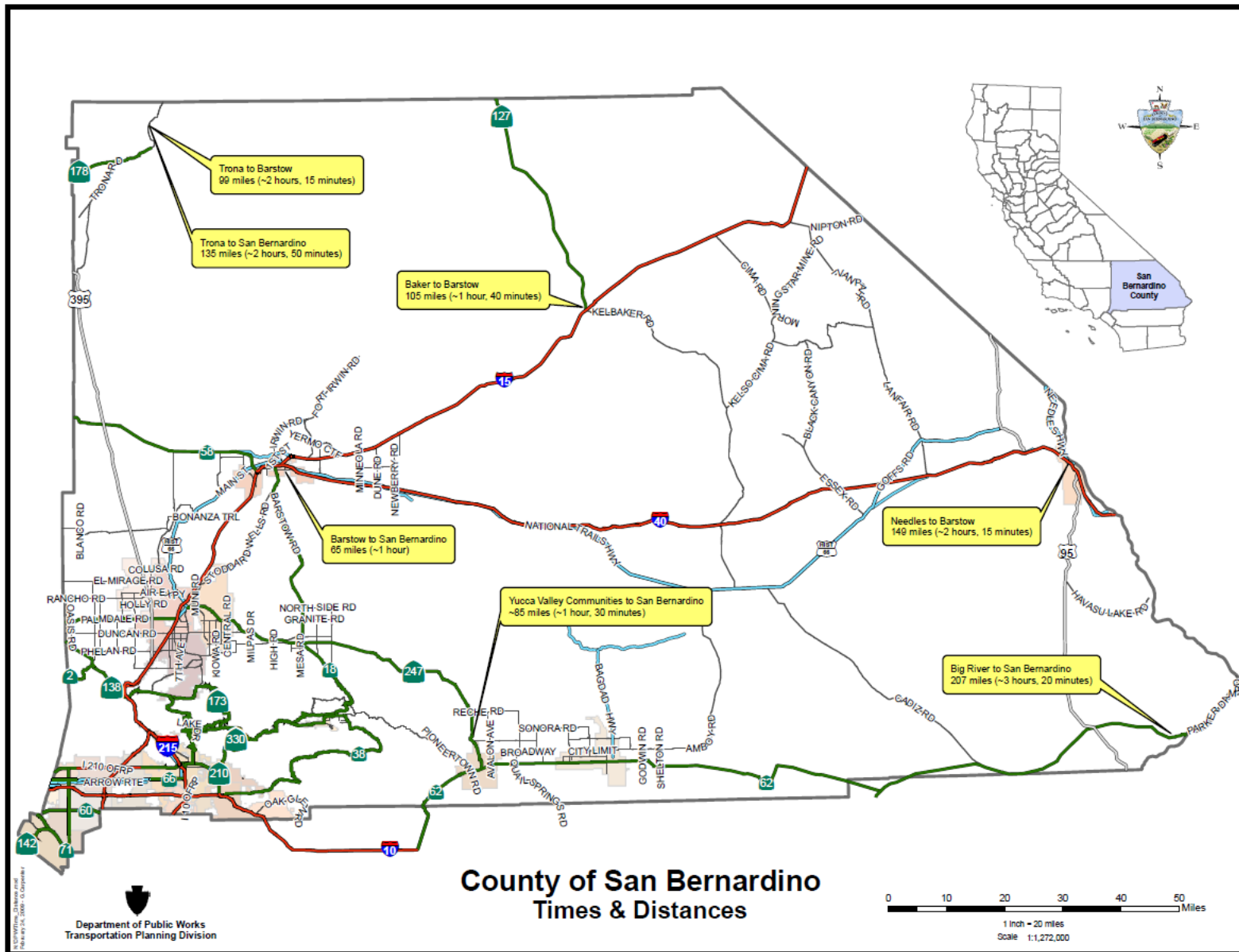
Funding for programs from the Older Americans Act (OAA) and state funding are not keeping pace with senior population growth and demand for services. Inadequate funding inhibits our endeavors to advocate, plan, coordinate and deliver a comprehensive range of senior and caregiver services.

The rapid growth of the 60 years and older age group will have significant implications for the types of services needed and the manner in which PSA 20 delivers these services. The next generation of retirees, the Baby Boomers, will be the healthiest,

longest living, best educated and most affluent in history. PSA 20 senior service providers need to work together to develop and sustain a continuum of care that addresses the varied levels of our clients needs. The AAA facilitates the Senior Service Provider Coalition meetings to encourage the exchange of ideas and best practices and is committed to improving the attendance and effectiveness of the meetings.

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. Subzero temperatures during the winter months in the mountain areas and temperatures in excess of 120 degrees in the desert, present some critical problems for planning services particularly for the elderly on fixed incomes.

The geography of the County presents unique challenges for service delivery. Access to services from outlying areas can be difficult. The exhibit, County of San Bernardino Times & Distances, on the next page illustrates the challenges faced in serving remote and rural areas.



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. DAAS provides services to seniors ages 60 and over, 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.

DAAS responsibilities include the, Adult Protective Services (APS), In-Home Supportive Services (IHSS), including Quality Assurance and Program Integrity divisions, the Multipurpose Senior Services Program, Public Guardian-Conservator services and Older Americans Act (OAA) Programs. The annual budget for the AAA is currently ten 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 (OAA Funding Source):

- Senior Information and Assistance (SIA) (Title IIIB and IIIE)
- Long Term Care Ombudsman and Elder Abuse and Prevention (Title IIIB, Title VIIA and B)
- 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/Adult Day Health, 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 services were encouraged in each region, not every region had a vendor propose for each service.
- Title IIIC—Elderly Nutrition Program
The AAA contracts with eleven (11) providers to provide congregate and home delivered meals throughout the County. There are currently thirty-eight (38) congregate meal sites in San Bernardino County. In FY 10/11, 11,798 people were served a balanced meal at the congregate sites and 2,679 persons received a home delivered meal.
- Title IIID—Health Promotion and Disease Prevention Program
DAAS contracts with the Department of Public Health to conduct a six week health promotion class called "We Can! Eat Better & Move More Healthier Aging" ("We Can!") and provide medication management at various sites throughout the county. The "We Can!" program was an expansion of the

evidenced based “You Can! Steps to Healthier Aging Campaign, Eat Better & Move More” program. The “Eat Better & Move More” program meets the intermediate criteria of evidenced-based interventions. The program was modified to include Wii activities as part of the exercise/move more portion of the classes. The Memorandum of Understanding between DAAS and the Department of Public Health for the “We Can!” program insures that the classes stay consistent and are provided by an appropriately credentialed practitioner.

- Title III E—Family Caregiver Support Program
The AAA contracts with two providers to provide family caregiver services to all parts of the county.
- Health Insurance Counseling and Advocacy Program (HICAP)
One vendor provides HICAP services throughout the county. HICAP is funded by the federal Centers for Medicare and Medicaid.

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, an expansion of “We Can!” to additional senior sites, and utilizing the Info Van to provide health screenings in remote and isolated areas of the High Desert.
- Volunteer Driver Programs
DAAS administers a volunteer driver program called Transportation Reimbursement Escort Program (TREP). TREP is funded by a variety of sources and exemplifies the AAA leadership role. Funding sources include Mental Health Services Act funding, a small grant from Morongo Basin Transit Authority, and the Measure I countywide transportation sales tax. Measure I funding comes from four of the seven transit agencies in the county: Barstow Transit Authority, Morongo Basin Transit Authority, Mountain Area Regional Transit Authority, and Victor Valley Transit Authority.

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 twenty-one (21) members. Membership on the SAC is composed of three categories of members: Appointed, Representative and Professional. Currently there are five standing SAC committees: Executive, Legislative, Access, Nutrition and Intergenerational.

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 non-profit 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 and economic 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. For example, two institutions of higher education located in the valley, California State University San Bernardino and Loma Linda University, are discussing ways to address aging issues and concerns in San Bernardino County. Since discussions are preliminary, the leadership and input from DAAS is important to ensure successful implementation that may develop from future proposals.

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 volunteerism, use of congregate meal sites, a survey of gay, lesbian, transgender, bisexual elders, and baby boomers and their attitudes towards senior centers and the activities offered. The data gathered from these yearly efforts provides up to date 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 2012-2016 Area Plan a series of eight public meetings and one public hearing were held throughout the county. The meetings were 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 17 SIA staff made 727 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

Two separate general needs assessments were conducted for the Area Plan. The California State University, San Bernardino (CSUSB) spring Research Methods class distributed a general needs assessment in 2011. This was considered a pilot and changes were made to the survey instrument and redistributed for circulation throughout the county. The CSUSB survey had 238 responses and the county's general needs assessment circulated in December 2011 to mid-February 2012 had 596 responses (this represented a 23% response rate). The survey was available in English and Spanish. Copies of the surveys are included in the attachments.

Distribution of the Survey

The survey was distributed countywide by Senior Information and Assistance staff at senior centers, congregate meal sites, all outreach activities and the public meetings. Also, the Senior Affairs Commissioners took surveys to various meetings and senior apartment complexes for completion. Approximately 2500 surveys were distributed. Participants were encouraged to complete the survey at the time they received it. In addition, prepaid envelopes were available for people to return the survey to the department.

Sample

The CSUSB survey and county survey had similar sampling results. See the attached survey for comparisons. The following data analysis will concentrate on the county survey. Approximately two thirds of the respondents were females. The median age of respondents was 72 for the county survey. The majority of the respondents were from 60 to 79 years old. Twenty-one percent of the participants are veterans. Over half of the participants (61%) were white, 22% were Hispanic/Latino, 11% were African American, 2% were Asian/Pacific Islander, 2% 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, 37% completed high school, 36% received some college education or technical school, 10% graduated from college, 10% received junior high school education or less, and 8% completed graduate or professional school.

The majority of the survey respondents reside in the valley area of the county (46%), 26% were from the High Desert, 14% from the Low Desert, 12% from the Mountains and 8 responses were out of county/state from seniors attending a congregate meal.

Yearly income

The survey used the 2011 Federal Poverty Level (FPL) of \$10,890 or less as a category. 75% 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 Index for making ends meet. The annual income responses are summarized below.

Yearly Income	Percent
\$10,890 or less	37%
\$10,891 to \$24,999	38%
\$25,000 to \$49,999	18%
\$50,000 or above	7%

Results

The survey instrument was grouped into a number of sections to capture information related to similar topics. The CSUSB survey was not similarly grouped but the same questions were asked and the two surveys provide valuable and reliable information. Analysis of the data at this point is general in nature and an objective is to do further research of the responses. In the following sections, the top three needs will be identified.

Having Enough Money to Meet My Needs

Issue	Sometimes a Problem	Frequently a Problem
Paying for dental	20%	40%
Paying for car expenses	28%	26%
Paying for food and other essentials	32%	19%
Paying for health care not covered by Medicare	27%	23%

The need for dental care was expressed at the public meetings. The question was not asked on the CSUSB survey.

Living on My Own

Issue	Sometimes a Problem	Frequently a Problem
Maintaining my home (yardwork, house repairs)	26%	25%
Doing housework	29%	18%
Finding a reliable person to help me if I need it	27%	20%

Help with the home is very important to the participants; 52% of the participants own their home.

Other Issues/General Information

Issue	Sometimes a Problem	Frequently a Problem
Accessing information via current technology	24%	32%
Understanding Medicare/Medi-Cal coverage	40%	14%
Knowing where to turn for information on benefits/services for seniors	35%	17%

These three items were the top needs from the CSUSB survey. The Spring 2012 Cal State needs assessment project will focus on technology use and seniors. The results

also show that DAAS has some work to do to identify other avenues for disseminating information.

Caregiving Services

Thirteen (13) percent of the participants are caregivers. They are equally divided between raising grandchildren or children of other family members, and providing care for a senior family member. When asked what kind of help or services they needed, almost half (49%) responded with dealing with agencies that provide help/service; 44% need help with getting information about the help/services that are available; and 44% wanted respite to take care of their own needs. The CSUSB responses and needs expressed by caregivers were similar. These responses will be shared with the Family Caregiver providers to direct their outreach efforts.

Housing/Living Arrangements

56% of participants live alone. 38% live in a two person household and the remaining 6% live in households with 3 or more persons.

The majority (52%) of respondents live in a home that they own. 13% live in senior housing, 12% rent an apartment, 9% rent a home and 5% live in a mobile home park. 6% live with a relative or friend. The other responses, which were 2%, included homeless, rent a room, shelter, and live with person I provide caregiver services to.

Discrimination

Respondents were asked if they were discriminated against and why. Options were presented as well as an open ended response. 35% of the participants said they were discriminated against. Age (62%), ethnicity (48%) and gender (35%) were the top three responses. All of the responses are indicated below.

Type of Discrimination	#	%
Age	115	62%
Ethnicity	89	48%
Gender	66	35%
Socioeconomic status	49	26%
Disability	41	22%
Religion	32	17%
Political views	26	14%
Sexual orientation	6	3%
Weight	4	2%
Education	1	1%

Open Ended Questions

Are you receiving help from any senior programs right now?

The top three services are: senior lunches/food (28%); utility assistance/HEAP (15%); and In Home Supportive Services (9%)

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 (65% of the survey respondents did not have a problem with getting transportation). Transportation needs mentioned ranged from bus passes and bus routes, car repairs and getting to and from places.

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

There were 114 responses to this question. A variety of issues emerged including the need for dental care, longer hours and more activities at the senior centers, snow removal, and transportation.

Gay, Lesbian, Bisexual, Transgender (GLBT) Seniors

2007 Survey

In 2007 San Bernardino conducted a GLBT needs assessment. 35 responses were received. The findings follow.

In general, the GLBT respondents in San Bernardino County have many unmet needs. Although medical care is not one of these, concerns about legal advice and GLBT friendly assisted living exist. Other unmet needs are: access to a social worker who understands GLBT services and needs; access to a mental health counselor who understands grief and loss from a GLBT perspective; and finding GLBT events for the older person.

Senior centers, accessible transportation, assisted living and nursing homes were perceived as not GLBT friendly. The respondents did not have family support but seemed to have friends available for support.

The biggest concern was the lack of responses. It could indicate that there is isolation and lack of community acceptance. More outreach to this unique community is needed. Another concern was the need to educate the social service providers.

2012 Survey

The general needs assessment had six (6) responses to the discrimination question indicating discrimination based on sexual orientation. Further analysis was done on the six surveys. All of the respondents were female; 5 in their seventies and one in her

eighties. Three were white, one Indian and two did not respond. Four of the participants have a yearly income between \$10,890 to \$24,999; one makes less than the FPL and the other makes between \$25,000 to \$49,999. Living arrangements and household size are similar to the general population. The six respondents are more educated than the general response with 50% having graduate or professional degrees and the other 50% some college or technical training. The participants live in all parts of the county.

Having enough money to meet my needs was sometimes or frequently a problem in all categories. Dental care was frequently a problem 80% of the time. Paying for help in the home when needed, paying for utilities and paying for car expenses were 100% a problem. Home repairs, housework, and preparing meals were more often a problem than not a problem.

These six respondents indicated they experienced other forms of discrimination. 80% did not feel fully prepared for an emergency and 75% feel isolated or depressed sometimes or frequently. Two of the respondents are caregivers.

The complete survey results for these participants are attached. Between the two surveys there are not enough responses to develop a statistically reliable snapshot of the senior population. DAAS will continue efforts to reach the senior GLBT community.

Section 6. Targeting

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

The AAA strives to meet the targeting requirements of the OAA and the California Code of Regulations. DAAS acknowledges that many seniors will never contact us about services or want services when they are made aware of them.

Target populations are spread throughout the 20,000 square miles of the county. The geography of the County is a barrier to services in rural areas. Our rural populations are in pockets in the Mountains and the Deserts. Our recent IIIE, Family Caregiver and IIIB,

Supportive Services, procurements have stressed the importance of serving these communities. 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 Senior Information and Assistance staff are located at seven sites geographically dispersed throughout the county. From these locations they perform outreach to the senior community. The SIA staff have seen 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. Financially, many seniors have need at not only the federal poverty limit but also at the Elder Index. A review of census data (once it is made available) will provide an opportunity for a more scientific approach to address the location of our individuals with economic need. DAAS will be looking to other county departments for assistance with analysis of the data.

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 have been translated into Spanish and translators were provided at public hearings. 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, chili cook offs and other events.

Finally, the identification of priorities and targeting the mandated populations is an ongoing process that is formally discussed and reviewed with the annual update of the Area Plan.

SECTION 7. PUBLIC HEARINGS**PSA 20**

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? ² Yes or No	Was hearing held at a Long-Term Care Facility? ³ 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					
2014-15					
2015-16					

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

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

Public meetings had mailings to senior service providers, senior centers, SIA staff, the Senior Affairs Commission and were posted on the DAAS website. In addition to these methods, a legal notice of the public hearing was published in the newspaper. Meeting notices were posted in advance of every meeting. Disabled members of the senior community were in attendance at many of the meetings. No hearings were held at long term care 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

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.

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

Themes that emerged included a need for more affordable housing, questions about Home Energy Assistance Program, help with household chores and home maintenance, transit issues (wait times, best bus passes to give to seniors), dental needs, need for help with hearing aids, continuing the lunch programs and questioning how they are provided in areas, and emergency preparedness.

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.**

At the Senior Affairs Commission public hearing an objective was added to research and report on the relationship between seniors and gambling.

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. A collaborative effort with our providers, a focus on new outreach efforts, and a commitment to pursuing new (affordable) technologies will be implemented.

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—pilot nutrition vouchers in a geographic area
- Nutrition—research and implement ways to enhance congregate meal attendance
- Gay, Lesbian, Bisexual, Transgender (GLBT) survey follow-up. More outreach is needed to the older GLBT community. Also, the Provider Survey indicated a need and desire for Provider Training.
- Examining Health Indicators and working with other county departments to address them
- Finding alternative funding and partners to increase the efficacy and geographically expand the three volunteer driver programs DAAS implements

Section 9. 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 Ombudsman Program, Elder Abuse Prevention, Disease Prevention, and Medication Management are required.

The following topics will 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."

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 C 4	Update Status 5
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 families annually.	July 1, 2012 thru December 31, 2013		
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		

⁴ 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.

⁵ 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		
<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		
<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	

<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>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>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>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>	

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.	Annual Objective	C	
F.4. The Deputy Director or designee will coordinate with the Public Guardian 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.	July 1, 2012 thru June 30, 2013	C	
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.	Annual Objective	C	
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.	July 1, 2012 thru December 31, 2013	C	

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.	July 1, 2012 thru June 30, 2014	C	
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.	July 1, 2012 thru December 31, 2013		
F.9. Research and report on the impact of gambling on seniors. The outcome of the report may be objectives addressing this issue.	July 1, 2012 thru June 30, 2014		

Goal No. 2:

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

Rationale:

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.

Objectives	Projected Start and End Dates	Title III B Funded PD or C⁶	Update Status⁷
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.	Annual Objective		
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.	Annual Objective		
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.	Annual Objective		
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 to promote the arts project.	Annual Objective		

⁶ 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.

⁷ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

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			
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			
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			
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			
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			
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			
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			
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			
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			
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			
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			
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			
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			
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			
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			
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			
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			
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			
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			
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			
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			
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			
2014-2015			
2015-2016			

Title III D Medication Management ⁸**Units of Service = 1 Contact****Service Activities: Distribution of Smart Cards**

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

⁷ Refer to Program Memo 01-03

PSA 20

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 ____% FY 2013-2014 Target: Resolution Rate ____%
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: FY 2013-2014 Target: ____
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: FY 2013-2014 Target: ____
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: FY 2013-2014 Target: ____
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: FY 2013-2014 Target: ____
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: FY 2013-2014 Target: ____
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.

<p>Systemic Advocacy Effort(s)</p> <ol style="list-style-type: none"> 1. <u>Work with families to track and train for self-advocacy</u> <ul style="list-style-type: none"> ○ Ombudsman would like to document/formalize all attempts to support the creation of new family councils within the facility, as well as document supportive individual advocacy that Ombudsmen routinely provide to families.
<ol style="list-style-type: none"> 2. <u>Helping Hands</u> <ul style="list-style-type: none"> ○ Ombudsman would like to revisit the "Helping Hands Project" whereby facility administrators are sent a letter yearly informing them of various free programs that their lower paid workers might access. The letter would be mailed out in early November of each year and contain contact and resource information provided through various County agencies such as welfare, Community Action Partnership, etc. The goal of the project is to reduce theft in the facilities over the holidays.

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: FY 2013-2014 Target: ____%

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: FY 2013-2014 Target: ____%

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: FTEs FY 2013-2014 Target: ____ 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: 29 certified volunteers

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

<p>4. FY 2012-2013 AoA Data: ____ certified volunteers</p> <p>FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2015</p>
<p>5. FY 2013-2014 AoA Data: ____ certified volunteers</p> <p>FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2016 ____</p>
<p>Program Goals and Objective Numbers: 1, A.1., B.1.</p>

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

Measures and Targets:

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

<p>1. FY 2010-2011 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV <u>20 staff & 6 vols = 26</u></p> <p>Please obtain this information from the local LTC Ombudsman Program Coordinator.</p>
<p>2. FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV</p>
<p>3. FY 2011-2012 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV</p> <p>FY 2013-2014 Target ____</p>
<p>4. FY 2012-2013 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV ____</p> <p>FY 2014-2015 Target ____</p>
<p>5. FY 2013-2014 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV ____</p> <p>FY 2015-2016 Target: ____</p>
<p>Program Goals and Objective Numbers: 1, A.1., B.1.</p>

PSA #20**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.

PSA 20**TITLE VIIB ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES**

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

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

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

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

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

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

PSA #20

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: Total est. audience for above:		
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			
2014-2015			
2015-2016			
Support Services	Total hours		
2012-2013	1,515	1	
2013-2014			
2014-2015			
2015-2016			

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

Direct and/or Contracted III E Services

Grandparent Services Caring for Children	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	# of activities and Total est. audience for above		
2012-2013	# of activities: 1,000 Total est. audience for above: 1,400	1	
2013-2014	# of activities: Total est. audience for above:		
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			
2014-2015			
2015-2016			
Support Services	Total hours		
2012-2013	85	1	
2013-2014			
2014-2015			
2015-2016			
Respite Care	Total hours		
2012-2013	100	1	
2013-2014			
2014-2015			
2015-2016			
Supplemental Services	Total occurrences		
2012-2013	60	1	
2013-2014			
2014-2015			
2015-2016			

PSA #20⁹**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? 4	

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? 5	

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): Flo P., 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? 3	

Location/Name (AAA office, One Stop, Agency, etc): Workforce Development Department Employment Resource Center/One Stop	
Street Address: 15555 Main St., Suite G3/G4, Hesperia, CA 92345	
Name and title of all SCSEP staff members (paid and participant): Anthony B., 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? 15	

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; Carol H., - Program Participant Coordinator	
Number of paid staff <u>3</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.	

⁹ 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		
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		
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		
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		
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		
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		
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		
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		
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
2013-2014		
2014-2015		
2015-2016		

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.

Section 3: HICAP Legal Services Units of Service (if applicable) ¹⁰

State Fiscal Year (SFY)	3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2012-2013	4	1
2013-2014		
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		
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		
2014-2015		
2015-2016		

¹⁰ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

SECTION 11. FOCAL POINTS**PSA 20****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.

Designated Community Focal Point	Address
Adelanto Senior Club	11565 Cortez Avenue, Adelanto CA 92301
Apple Valley Senior Club	13188 Central Road, Apple Valley CA 92308
Barstow Senior Citizens Club	555 Melissa Avenue, Barstow CA 92311
Big Bear Valley Senior Center	42651 Big Bear Blvd., Big Bear Lake CA 92315
Bloomington Senior Center	18317 Valley Blvd., Bloomington CA 92316
Bonnie Baker Senior Citizens Club	149350 Ukiah Trail, Big River CA 92242
Chino Senior Center	13170 Central Avenue, Chino CA 91710
Crest Forest Senior Citizens Club	24658 San Moritz Drive, Crestline CA 92325
Delmann Heights Senior Center	2969 N. Flores Street, San Bernardino CA 92407
Dino Papavero Senior Center	16707 Marygold Avenue, Fontana CA 92335
El Mirage Senior Club	1488 Milton, El Mirage CA 92301
Fontana Community Senior Center	16710 Ceres Avenue, Fontana CA 92335
Ft. Mohave Tribal Senior Nutrition Program	700 Harrison Street, Needles CA 92363
George M. Gibson Senior Center	250 N. Third Avenue, Upland CA 91786
George White Senior Center	8565 Nuevo Avenue, Fontana CA 92335
Grand Terrace Senior Center	22627 Grand Terrace Road, Grand Terrace CA 92313
Havasu Lake Senior Center	12198 Sunbonnet, Lake Havasu CA 92363
Helendale Senior Outreach c/o Grace Bible Church,	27083 Strawberry Lane, Helendale, CA 92342
Hesperia Leisure League	9122 Third Avenue, Hesperia CA 92345
Hesperia Senior Center	9333 "E" Avenue, Hesperia CA 92340
Hi-Desert Meals-on-Wheels	15075 Hesperia Road, Victorville CA 92395
Highland Senior Center	3102 E. Highland Avenue, Patton CA 92369
Hinkley Senior Citizens Club	35997 Mountain View Road, Hinkley CA 92347
Home of Neighborly Service	839 N. Mt. Vernon Avenue, San Bernardino CA 92411
Hutton Senior Center	660 Colton Avenue, Colton CA 92324
James L. Brulte Senior Center	11200 Baseline Road, Rancho Cucamonga CA 91701
Joshua Tree Community Center	6171 Sunburst, Joshua Tree CA 92252
Joslyn Senior Center	21 Grant Street, Redlands CA 92373
Loma Linda Senior Center	25571 Barton Road, Loma Linda CA 92354
Lucerne Valley Senior Club	10431 Allen Way, Lucerne Valley CA 92356
Luque Senior Center	292 East "O" Street, Colton CA 92324
Lytle Creek Senior Center	14082 Center Road, Lytle Creek CA 92358
Mentone Senior Center	1331 Opal Avenue, Mentone CA 92359
Montclair Senior Center	5111 Benito Street, Montclair CA 91763
Morongo Basin Senior Support Center	57121 Sunnyslope Drive, Yucca Valley CA 92284
Morongo Valley Senior Center	11165 Vale, Morongo Valley CA 92256
Mountain Communities Senior Center	675 Grandview Road, Twin Peaks CA 92391
Needles Senior Center	1699 Bailey Avenue, Needles CA 92363
Newberry Springs Senior Center	33383 Newberry Road, Newberry Springs CA 92365

Ontario Senior Center	225 East "B" Street, Ontario CA 91764
Perris Hill Senior Center	780 E. 21st Street, San Bernardino CA 92404
Phelan Senior Club	9463 Sheep Creek Road, Phelan CA 92371
Pinon Hills Senior Club	10433 Mountain Road, Pinon Hills 92372
Red Mountain Senior Center	7550 East Adobe Street, Red Mountain CA 92374
Redlands Community Senior Center	111 W. Lugonia, Redlands CA 92373
Rialto Senior Center	1411 S. Riverside Avenue, Rialto CA 92376
San Bernardino 5th St Senior Center	600 W 5th Street, San Bernardino CA 92410
San Moritz Lodge	24658 San Moritz Drive, Crestline CA 92325
Trona Community Senior Center	13187 Market Street, Trona CA 93562
Twenty Nine Palms Senior Center	6539 Adobe Road, Twenty Nine Pines CA 92277
Victorville Senior Center	14874 Mojave Road, Victorville CA 92392
Wrightwood Seniors Community Center	1543 Barbara Street, Wrightwood CA 92397
Yucaipa Senior Center	12202 First Street, Yucaipa CA 92399
Yucca Valley Senior Center	57088 29 Palms Highway, Yucca Valley CA 92284

Section 12 - Disaster Preparedness**PSA 20**

Disaster Preparation Planning Conducted for the 2012-2016 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, as a department within San Bernardino County, 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:

1. 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,
2. Check on the most vulnerable clients from all programs,
3. Coordinate assistance to vulnerable clients with OES and first responders,
4. Provide disaster information in alternative languages, if necessary, and
5. 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 Administrative Supervisor 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 Administrative Supervisor 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. If two employees of the same level report, the chain of command will be Region 2, Region 1 and then Admin.

- 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	email
Cindy Serrano	Assistant Division Manager - OES	Office: 909-356-3998 After Hours: 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	email
Ron Buttram	DAAS Emergency Coordinator	Office: 909-891-9048 Cell: 909-534-4567	rbuttram@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?
a. Check on most vulnerable clients	a. 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.
b. Coordinate with first responders	b. Department Disaster Coordinators assigned to each facility will conduct a self-assessment of the staff, visitors, and facility and report back to DOC.
c. Investigate Adult Protective Services reports	c. Deputy Directors will supervise and coordinate relief efforts in their respective regions as well as specific activities based on their assignments.
d. Secure Public Guardian warehouse	d. Public Guardian has a disaster plan that includes safeguarding or moving the containers even if the facility is destroyed.

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 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, DME. Social Workers keep in touch with these high priority clients during any disaster.
- Follow-up with these vulnerable populations after a disaster event.
DAAS social workers keep in touch with high priority clients after any disaster.

Section 13. Priority Services**PSA 20****2012-2016 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 funds¹¹ 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 _____% 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 _____% 14-15 _____% 15-16 _____%

Legal Assistance Required Activities:¹²

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

12-13 **10%** 13-14 _____% 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 14. Notice Of Intent To Provide Direct Services **PSA 20**

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.

<u>Check applicable direct services</u>	<u>Check each applicable Fiscal Year</u>			
	12-13	13-14	14-15	15-16
Title III B				
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input 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 checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 III D	12-13	13-14	14-15	15-16
<input type="checkbox"/> Health Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medication Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title III E ¹³	12-13	13-14	14-15	15-16
<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 checked="" type="checkbox"/> Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Supplemental Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Title VII A	12-13	13-14	14-15	15-16
<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 VIIB	12-13	13-14	14-15	15-16
<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"/>

¹³ Refer to PM 11-11 for definitions of Title III E categories.

Describe the methods to be used to ensure target populations will be served throughout PSA 20.

The AAA maintains seven Information and Assistance offices strategically located to serve the entire PSA. Staff and volunteers conduct outreach efforts from these offices to senior centers, SIA provides direct services in both IIIB and IIIE, nutrition sites, mobile home parks, senior apartment complexes, and health and resource fairs 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. This outreach method is particularly effective with remote and/or minority populations.

Coordination activities are proposed to create additional partnerships and collaborations to reach the senior community. A specific objective addressing the gay, lesbian, bisexual, transgender community is included; and an objective to further analyze and retrieve additional information from the Needs Assessment , then correlate it with three years of 211 data, will provide additional identification of target populations.

Section 15. Request For Approval To Provide Direct Services

PSA 20

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:¹⁴

- ☒ III B
- ☐ III C-1
- ☐ III C-2
- ☐ III E
- ☐ VII A
- ☐ HICAP

Request for Approval Justification:

- ☐ Necessary to Assure an Adequate Supply of Service OR
- ☒ More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

☒ 2012-13 ☒ 2013-14 ☒ 2014-15 ☒ 2015-16

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 service¹⁵ :

The AAA maintains seven 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, and health and resource fairs 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 have been performing Cash/Material Aid services in the distribution of gas cards. 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).

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

PSA 20

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: Public Information

Check applicable funding source:¹⁶

- ☒ III B
- ☐ III C-1
- ☐ III C-2
- ☐ III E
- ☐ VII A
- ☐ HICAP

Request for Approval Justification:

- ☐ Necessary to Assure an Adequate Supply of Service OR
- ☒ More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

☒ 2012-13 ☒ 2013-14 ☒ 2014-15 ☒ 2015-16

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 service¹⁷ :

The AAA maintains seven Information and Assistance 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. Staff and volunteers conduct outreach efforts from these offices to senior centers, nutrition sites, mobile home parks, senior apartment complexes, and health and resource fairs 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 provide Public Information. Program Memo10-07 introduced Public Information as a service category. SIA has always performed this service as part of Information and Assistance and would now like to capture their activity and accurately report it.

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

PSA 20

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:¹⁸

- ☒ III B
- ☐ III C-1
- ☐ III C-2
- ☐ III E
- ☐ VII A
- ☐ HICAP

Request for Approval Justification:

- ☐ Necessary to Assure an Adequate Supply of Service OR
- ☒ More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

☒ 2012-13 ☒ 2013-14 ☒ 2014-15 ☒ 2015-16

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 service¹⁹ :

The AAA maintains seven Information and Assistance 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. Staff and volunteers conduct outreach efforts from these offices to senior centers, nutrition sites, mobile home parks, senior apartment complexes, and health and resource fairs 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 do 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. This can be complex given that seven public transit operators are in San Bernardino County. They are:

- Barstow Area Transport
- Morongo Basin Transit Authority
- Mountain Area Regional Transit Authority
- Needles Area Transit
- Omnitrans
- Victor Valley Transit Authority
- Foothill Transit Authority

SIA and DAAS Administration present the various volunteer driver options that exist in San Bernardino County. The Transportation Reimbursement Escort Program includes funding from Measure I, the Department of Behavioral Health Mental Health Services Act, and grant funding. Program Memo10-07 introduced Mobility Management Activities as a service category. SIA has always performed this service as part of Information and Assistance and would now like to capture their activity and accurately report it.

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

PSA 20

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:²⁰

- ☒ III B
- ☐ III C-1
- ☐ III C-2
- ☐ III E
- ☐ VII A
- ☐ HICAP

Request for Approval Justification:

- ☐ Necessary to Assure an Adequate Supply of Service OR
- ☒ More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

☒ 2012-13 ☒ 2013-14 ☒ 2014-15 ☒ 2015-16

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 service²¹ :

The AAA maintains seven Information and Assistance 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. Staff and volunteers conduct outreach efforts from these offices to senior centers, nutrition sites, mobile home parks, senior apartment complexes, and health and resource fairs 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. Program Memo10-07 introduced Community Events as a service category. SIA has always performed this service as part of Information and Assistance and would now like to capture their activity and accurately report it.

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

PSA 20

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:²²

- ☒ III B
- ☐ III C-1
- ☐ III C-2
- ☐ III E
- ☐ VII A
- ☐ HICAP

Request for Approval Justification:

- ☐ Necessary to Assure an Adequate Supply of Service OR
- ☒ More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

☒ 2012-13 ☒ 2013-14 ☒ 2014-15 ☒ 2015-16

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 service²³ :

The AAA maintains seven Information and Assistance 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. Staff and volunteers conduct outreach efforts from these offices to senior centers, nutrition sites, mobile home parks, senior apartment complexes, and health and resource fairs 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 answer a number of Housing inquiries. They provide information about senior housing, senior mobile home parks and low income housing throughout the County. Program Memo10-07 introduced Housing as a service category. SIA has always performed this service as part of Information and Assistance and would now like to capture their activity and accurately report it.

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

PSA 20

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:²⁴

- ☒ III B
- ☐ III C-1
- ☐ III C-2
- ☐ III E
- ☐ VII A
- ☐ HICAP

Request for Approval Justification:

- ☐ Necessary to Assure an Adequate Supply of Service OR
- ☒ More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

☒ 2012-13 ☒ 2013-14 ☒ 2014-15 ☒ 2015-16

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 service²⁵ :

The AAA maintains seven Information and Assistance 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. Staff and volunteers conduct outreach efforts from these offices to senior centers, nutrition sites, mobile home parks, senior apartment complexes, and health and resource fairs 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 provide Interpretation and Translation to the senior minority population. This can be from a general phone call to attending a health fair. Program Memo10-07 introduced Interpretation/Translation as a service category. SIA has always performed this service as part of Information and Assistance and would now like to capture their activity and accurately report it.

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

PSA 20

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:²⁶

- ☒ III B
- ☐ III C-1
- ☐ III C-2
- ☐ III E
- ☐ VII A
- ☐ HICAP

Request for Approval Justification:

- ☐ Necessary to Assure an Adequate Supply of Service OR
- ☒ More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

☒ 2012-13 ☒ 2013-14 ☒ 2014-15 ☒ 2015-16

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 service²⁷ :

The AAA maintains seven Information and Assistance 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. Staff and volunteers conduct outreach efforts from these offices to senior centers, nutrition sites, mobile home parks, senior apartment complexes, and health and resource fairs 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 provide Personal Affairs Assistance throughout the year. Examples include Medical applications, income tax forms, and HEAP (Home Energy Assistance Program) applications. Program Memo10-07 introduced Personal Affairs Assistance as a service category. SIA has always performed this service as part of Information and Assistance and would now like to capture their activity and accurately report it.

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

PSA 20

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 (Bus Passes)

Check applicable funding source:²⁸

- ☒ III B
- ☐ III C-1
- ☐ III C-2
- ☐ III E
- ☐ VII A
- ☐ HICAP

Request for Approval Justification:

- ☐ Necessary to Assure an Adequate Supply of Service OR
- ☒ More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

☒ 2012-13 ☒ 2013-14 ☒ 2014-15 ☒ 2015-16

²⁸ 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 service²⁹ :

The AAA maintains seven Information and Assistance offices strategically located to serve the entire PSA. Staff and volunteers conduct outreach efforts from these offices to senior centers, nutrition sites, mobile home parks, senior apartment complexes, and health and resource fairs 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 six of the seven transit operators in the County to purchase bus passes. The six agencies are: Barstow Area Transit (BAT), Mountain Area Regional Transit Authority (MARTA), 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 IIRB 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, Family Care Giver Supportive Services [food/merchandise gift cards], and Adult Protective Services Tangibles).

²⁹ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 16. GOVERNING BOARD

PSA 20

GOVERNING BOARD MEMBERSHIP 2012-2016 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:**

Josie Gonzales, Chair	06-05-2012
Brad Mitzelfelt Vice-Chair	06-05-2012

Names and Titles of All Members:

Board Term Expires:

Janice Rutherford	06-03-2014
Neil Derry	06-05-2012
Gary Ovitt	06-03-2014

SECTION 17. ADVISORY COUNCIL**PSA 20****ADVISORY COUNCIL MEMBERSHIP
2012-2016 Four-Year Planning Cycle**

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

Total Council Membership (include vacancies) 21Number of Council Members over age 60 11

	% of PSA's Total 60+Population	% on Advisory Council
Race/Ethnic Composition		
White	<u>56.7</u>	<u>58.8</u>
Hispanic	<u>49.2</u>	<u>11.8</u>
Black	<u>8.9</u>	<u>17.6</u>
Asian/Pacific Islander	<u>6.3</u>	<u>11.8</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	01/08/2013
James Na, Vice Chair	01/08/2013
Lib Koenig, Secretary	11/17/2013

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

Grace Adams, Mountain Regional Council on Aging	None--RCA
Wilma Carmichael	12/05/2007
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
Luella Hairston, Legislative Committee Chair (appointed)	12/07/2015
Joyce Harrison, Victor Valley Regional Council on Aging	None--RCA
Walter Johnson, Jr., Access Committee Chair (appointed) West Valley Regional Council on Aging	None--RCA
Kathleen (Kitty) Mesler	12/01/2014
Julian Montoro-Rodriguez	12/03/2012
Wilber Richardson	12/01/2014

Dean Sherzai	12/07/2015
Penny Shubnell	11/14/2015
Esther Wright, Intergenerational Committee Chair (appointed)	12/05/2011

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.

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

Section 18. Legal Assistance**PSA 20****2012-2016 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.³⁰

1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title III B 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 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 III B 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 bankruptcies and home foreclosures. Funding has increased during the past four years; funding often increased when one time only funds(OTO) became available. The additional funds from OTO enabled the legal provider to hire paralegals for special projects, provide trainings, and increase outreach.

2009/10 \$223,172

2010/11 \$266,000

2011/12 \$210,500

2012/13 \$210,500

³⁰ For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or COkwuosa@aging.ca.gov

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

Seniors who have low income, live in rural areas, are alone or at risk for victimization. Regular presence at senior citizen centers is scheduled; outreach 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.

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

Fiscal Year	# of Legal Assistance Services Providers
2012-2013	1
2013-2014	1
2014-2015	1
2015-2016	1

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

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

7. What methods of outreach are 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. Staff participates in senior community fairs. ICLS disseminates information to seniors.. ICLS maintains a telephone listing in the yellow pages and also maintains a website: <http://www.inlandlegal.org>

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

Fiscal Year	Name of Provider	Geographic Region covered
2012-2013	a. Inland Counties Legal Services b. c.	a. San Bernardino County b. c.
2013-2014	a. Inland Counties Legal Services b. c.	a. San Bernardino County b. c.
2014-2015	a. b. c.	a. b. c.
2015-2016	a. b. c.	a. b. c.

9. 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. Many seniors reach ICLS by telephone. ICLS has designated Senior Lines which are answered by a staff person in each of the three branch offices 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 additions, senior advocates also speak Spanish.

10. Identify the major types of legal issues that are handled by the TIII-B legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area):

Elder abuse, financial and physical; guardianships; consumer fraud. New trends were discussed in number 3 above.

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

See number 3 and number 10.

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

Lack of public transportation in most parts of the County and limited resources for legal assistance. Strategies: ICLS is accessible toll free by telephone and at performs regularly scheduled outreach at senior citizen centers.

13. 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 Review³¹

PSA 20

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

☒ No. Title III B funds not used for Acquisition or Construction.

☐ Yes. Title III B funds used for Acquisition or Construction. **Complete the chart below.**

Title III Grantee and/or Senior Center	Type Acq/Const	III B 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:						

¹⁶ 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**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**

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 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 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 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 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 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

Grandparent Services

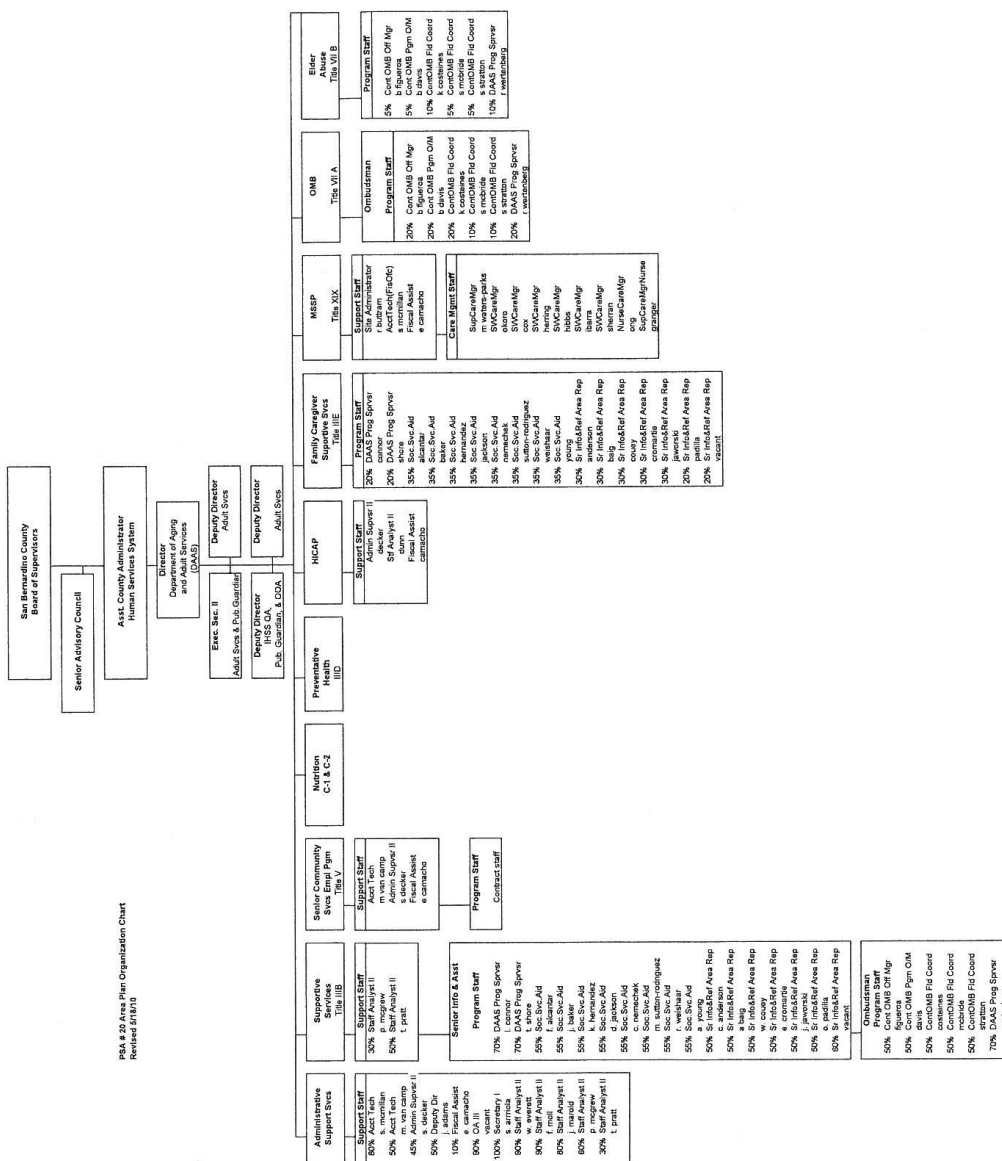
Category	2012-2013	2013-2014	2014-2015	2015-2016
Grandparent Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>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

*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

Section 21. Organization Chart



OrgChart AreaPlan 10-11 06-10a.xls

4/16/2012

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.

Attachments

Department of Aging and Adult Services
General Needs Assessment Survey 2011

We are helping the San Bernardino County Department of Aging and Adult Services conduct a study of the needs of adults age 60 and over in San Bernardino County. The findings will be used to plan services for the next four years. There are no right or wrong answers and your responses will remain completely confidential. Please complete the following and help us determine which issues are most likely to help elders independent in your community.

Please place an X in the space that shows if the activities described below are a problem for you.

	Not A Problem	Sometimes A problem	Frequently A Problem
1. Transportation			
a. Having a way to get to places you need to go like your doctor, grocery shopping, etc.	_____	_____	_____
b. Being able to drive your own car	_____	_____	_____
c. Public transportation is accessible, reliable, affordable where you live	_____	_____	_____
2. Income			
a. Having enough money for groceries, shelter, or clothing	_____	_____	_____
b. Being able to pay for heat and other utilities	_____	_____	_____
c. Knowing who to contact for help with household budget/finances problems	_____	_____	_____
3. Housing			
a. Performing household chores (gardening, small repairs, etc.)	_____	_____	_____
b. Obtaining affordable housing	_____	_____	_____
4. Health Insurance			
a. Having adequate health insurance	_____	_____	_____
b. Understanding health insurance coverage	_____	_____	_____
c. Keeping up with medical costs	_____	_____	_____

	Not A Problem	Sometimes A problem	Frequently A Problem
5. Safety			
a. Avoiding accidents/hazards in the home (e.g., falling)	_____	_____	_____
b. Feeling anxious or afraid at home or in the neighborhood	_____	_____	_____
c. Feeling prepared to deal with an emergency of natural disaster	_____	_____	_____
6. Food and Nutrition			
a. The ability to prepare a nutritious meal on a daily basis	_____	_____	_____
b. Having access to affordable meals	_____	_____	_____
c. Ability to have food and water for emergencies (e.g., earthquakes)	_____	_____	_____
7. Social Relationships			
a. Having opportunity to socialize with others	_____	_____	_____
b. Being able to pursue your interests (e.g., exercise, cards, day trips...)	_____	_____	_____
8. Home Care			
a. Obtaining personal care in the home when needing assistance with bathing, dressing, cooking, etc.	_____	_____	_____
b. Cleaning/tidying your home	_____	_____	_____
9. General Information			
a. Knowing where to turn for information on benefits/services for elders	_____	_____	_____
b. Accessing information via current technology (e.g., computers)	_____	_____	_____

Please write your answer or place an X for your answer.

10. Are you currently a caregiver?

_____ 1. Yes [If Yes, go to Question 11] _____ 2. No [If No, go to Question 12]

11. 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:_____)

12. How old were you on your last birthday?_____

13 What is your gender?

- ☐ 1. Male
- ☐ 2. Female

14. Are you a veteran?

- ☐ 1. Yes
- ☐ 2. No

15. What is your ethnicity?

- ☐ 1. African American
- ☐ 2. White/European American
- ☐ 3. Latino
- ☐ 4. Asian Pacific Islander
- ☐ 5. Native American
- ☐ 5. Bi/Multi ethnic person
- ☐ 6. Other

16. What is your highest level of education completed?

- ☐ 1. K – 8th grade (junior high school)
- ☐ 2. 9 – 12th grade (high school)
- ☐ 3. Some college/AA degree
- ☐ 4. Technical school/Credential
- ☐ 5. College graduate
- ☐ 6. Graduate/Professional school

17. Have you ever been discriminated against?

- ☐ 1. Yes [If Yes, go to Question 18]
- ☐ 2. No [If No, go to Question 19]

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

- _____ 1.. Age
- _____ 2. Gender
- _____ 3.. Ethnicity
- _____ 4. Sexual orientation
- _____ 5. Disability
- _____ 6. Religion
- _____ 7. Socioeconomic status (e.g., being poor)
- _____ 8. Political views
- _____ 9. Other (specify _____)

19. What is the zip code of your current residence? _____

If you don't know your zip code, what city do you live in? _____

Report on the General Needs Assessment Survey Results of Older Adults in San Bernardino County

The San Bernardino County Department of Aging and Adults Services and the School of Social Work, California State University jointly conducted a needs assessment study of older adults age 60 and over in the San Bernardino County. Data were collected by students in the Bachelors of Social Work program during the months of April and May in 2011. A convenience sample was used to recruit participants for the study. Participants were recruited from senior citizen centers, senior citizen complexes, community centers, grocery markets, or other places in the San Bernardino County. The following is a preliminary report on the findings from the needs assessment survey.

Sample

The study sample consists of 238 older adults who are currently residing in the San Bernardino County. Nearly two-thirds of the participants (65%) were female and 35% were male. The ages of the participants ranged from 60 to 98 years with an average age of 74.2 years ($SD = 9.05$). Over one third of the participants (37%) were between the ages of 60 and 70 years, another 37% were between the ages of 71 and 80 years, 16% were between the ages of 81 and 90 years, and 10% were 91 years or older. Over a half of the participants (53%) were white, 28% were Latino, 10% were African American, 3% were Native American, 3% were Asian American, and 3% were of other ethnicities. In terms of education status, 40% attended or completed high school, 28% received some college education, 13% graduated from college, 10% received less than junior high school education, and 9% completed graduate or professional school. Nearly 19% reported that they were a veteran.

Results

Nearly 10% of the participants in the study reported that they were currently a caregiver. Out of the caregivers, a half of them indicated that they needed more “information about help/services that are available, learning how to “deal with agencies that provide that help/service” and “handle money matters,” and services on “taking a break to meet their own needs.” When the participants were asked whether they had ever been discriminated against before, 30% (69 participants) responded affirmative. There were a total of 112 responses (discrimination incidents) indicating that some participants may have been discriminated against in different areas. Over 38% (43 participants) reported that they have been discriminated against because of their race/ethnicity, 20%, age, 13%, gender, 12%, religion, 5%, disability, 4%, socioeconomic status, 3%, political views, and 4%, other reasons.

The results on the extent and types of needs expressed by the participants are shown in Table 1. Participants in the study indicated that “accessing information via current technology,” “knowing where to turn for information on benefits/services for elders,” and “understanding health insurance” were the most critical areas of need. For example, over 52% of the participants in the study indicated that “accessing information via current technology” (e.g., computer) was either “sometimes a problem,” or “frequently a problem.” Over 45% indicated that “knowing where to turn for information on benefits/services for elders” is either “sometimes a problem,” or “frequently a problem” for them. Nearly 43% also reported that “understanding health insurance coverage” was either “sometimes a problem,” or “frequently a problem.”

Another important areas of need indicated by the participants were “keeping up with medical costs,” “feeling prepared to deal with an emergency of natural disaster,” and “performing household chores.” Forty percent of the participants in the study reported “keeping

up with medical costs” were either “sometimes a problem,” or “frequently a problem.” Over 38% indicated that “feeling prepared to deal with emergency of natural nature” was either “sometimes a problem,” or “frequently a problem.” Nearly 36% reported that “performing household chores” was either “sometimes a problem,” or “frequently a problem.”

When participants’ needs are assessed by only looking at one category, “frequently a problem,” “accessing information via current technology,” again, was the most significant need in which nearly 30% indicated that it was “frequently a problem” for them. The second most significant need indicated by the participants was “being able to drive your own car” for which 19.2% indicated that it was “frequently a problem.” The third most significant need cited by the participants was “keeping up with medical costs” in which 17.4% reported that it was “frequently a problem. The fourth most significant need reported by the participants was “understanding health insurance coverage (14.2%), followed by “having adequate health insurance” (13.9%) and “public transportation is accessible, reliable, affordable where you live” (13%).

Another significant areas of need indicated by the participants in the study, by looking at one category, “ frequently a problem,” were “knowing who to contact for help with household budget/finances problems (11.8%), knowing where to turn for information on benefits/services for elders (10.3%), performing household chores (10.3%), “the ability to have food and water for emergencies” (10.1%).

Discussion

Older adults in the study feel that accessing and obtaining information, particularly, through new technology, whether it is about getting benefits/services for elders or on financial/household budget issues, is the most critical unmet need, as seen in the need types,

“accessing information via current technology” (29.6%), knowing who to contact for help with household budget/finances problems (11.8%), and “knowing where to turn for information on benefits/services for elders (10.3%). For some older adults, learning how to use computer or new technology can be a big challenge. Furthermore, it does not need to mention that they may have difficulty to afford new computers or technology at home.

Another significant unmet need reported by the participants in the study is related to health care issues, as seen in the need types, “keeping up with medical costs” (17.4%), having adequate health insurance (13.9%), or understanding health insurance coverage (14.2%). It appears that some elders, although not majority, are struggling with keeping up with their medical costs, lack of adequate health insurance, and having difficulty understanding complex health insurance coverage system.

Another important area of need cited by the participants is related to transportation issues as seen in the items, “being able to drive your own car” (19.2%) and “public transportation is accessible, reliable, affordable where you live” (13%). Transportation becomes a great challenge for older adults who are unable to drive. When these older adults live in the community where public transportation is not readily available and accessible, they are very likely to be isolated and to not their other needs met.

Table1. Needs of older adults 60 and older

Need	Frequency (n)	Percentage (%)
1. Accessing information via current technology (e.g., computers)		
Not a problem	110	47.8
Sometimes a problem	52	22.6
Frequently a problem	68	29.6
2. Knowing where to turn for information on benefits/ services for elders		
Not a problem	128	54.7
Sometimes a problem	82	35.0
Frequently a problem	24	10.3
3. Understanding health insurance coverage		
Not a problem	134	57.5
Sometimes a problem	66	28.3
Frequently a problem	33	14.2
4. Keeping up with medical costs		
Not a problem	141	60.0
Sometimes a problem	53	22.6
Frequently a problem	41	17.4
5. Feeling prepared to deal with an emergency of natural disaster		
Not a problem	143	61.6
Sometimes a problem	67	28.9
Frequently a problem	22	9.5
6. Performing household chores		
Not a problem	150	64.1
Sometimes a problem	60	25.6
Frequently a problem	24	10.3
7. The ability to have food and water for emergencies		
Not a problem	149	65.6
Sometimes a problem	55	24.2
Frequently a problem	23	10.1

Table1 (continued). Needs of older adults 60 and older

Need	Frequency (n)	Percentage (%)
8. Having enough money		
Not a problem	153	65.7
Sometimes a problem	60	25.8
Frequently a problem	20	8.6
9. Knowing who to contact for help with household Budget/finances problems		
Not a problem	152	66.7
Sometimes a problem	49	21.5
Frequently a problem	27	11.8
10. Being able to pursuit your interests		
Not a problem	162	68.9
Sometimes a problem	52	22.1
Frequently a problem	21	8.9
11. Being able to pay for heat and other utilities		
Not a problem	161	69.7
Sometimes a problem	59	25.5
Frequently a problem	11	4.8
12. Being able to drive your own car		
Not a problem	149	70.0
Sometimes a problem	23	10.8
Frequently a problem	41	19.2
13. Cleaning/tidying your home		
Not a problem	165	70.8
Sometimes a problem	58	24.9
Frequently a problem	10	4.3
14. Having adequate health insurance		
Not a problem	168	70.9
Sometimes a problem	36	15.2
Frequently a problem	33	13.9
15. Public transportation is accessible, reliable, affordable where you live		
Not a problem	155	71.1
Sometimes a problem	33	15.1
Frequently a problem	30	13

Table1 (continued). Needs of older adults 60 and older

Need	Frequency (n)	Percentage (%)
16. Knowing a way to get to places you need to Go like your doctor, grocery shopping, etc.		
Not a problem	170	72.3
Sometimes a problem	45	19.1
Frequently a problem	20	8.5
17. Avoiding accidents/hazards in the home		
Not a problem	171	72.5
Sometimes a problem	59	25.0
Frequently a problem	6	2.5
18. Obtaining affordable housing		
Not a problem	166	72.5
Sometimes a problem	49	21.4
Frequently a problem	14	6.1
19. Having access to affordable meals		
Not a problem	170	73.6
Sometimes a problem	46	19.9
Frequently a problem	15	6.5
20. Feeling anxious or afraid at home or in the neighborhood		
Not a problem	184	79.7
Sometimes a problem	38	16.5
Frequently a problem	9	3.9
21. Having opportunities to socialize others		
Not a problem	186	80.2
Sometimes a problem	39	16.8
Frequently a problem	7	3.0
22. Obtaining personal care with bathing, dressing Cooking, etc.		
Not a problem	188	82.5
Sometimes a problem	29	12.7
Frequently a problem	11	4.8

**Department of Aging and Adult Services
General Needs Assessment Survey 2012**

This survey will help us 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.

Please answer all questions.

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			
Getting transportation for social events			

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 (for example, computers)			

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		

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:

- ☐ home that I own ☐ mobile-home park ☐ with a relative or friend
☐ home that I rent ☐ senior housing ☐ other (specify) _____
☐ apartment ☐ assisted living facility
☐ condo/townhouse ☐ board-and-care facility

Yearly Income

- ☐ \$10,890 or less ☐ \$25,000 to \$49,999
☐ \$10,891 to \$24,999 ☐ \$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 Paula at 909-891-3901**

Needs Assessment Tables

How old were you on your last birthday?		
Age Cats	#	%
35-59	31	5%
60-69	200	34%
70-79	226	38%
80 and Older	136	23%
Total Responses	593	100%

Statistics	Age (years)
Min	37
Max	96
Median	72

Survey Language		
Language	#	%
English	530	91%
Spanish	52	9%
Total Responses	582	100%

What is your ethnicity?		
Ethnicity	#	%
African American	60	11%
Asian / Pacific Islander	14	2%
Bi / Multi-ethnic	7	1%
Hispanic / Latino	125	22%
Native American / Alaskan Native	10	2%
White / Caucasian	347	61%
Other*	3	1%
Total Responses	566	100%
<i>*Other includes Indian and Portuguese</i>		

What is your highest level of education completed?		
Education	#	%
9th to 12th grade (high school)	205	37%
College graduate (Bachelor's Degree)	55	10%
Graduate / Professional school	42	8%
K to 8th Grade (junior high school)	56	10%
Some college / AA Degree	173	31%
Technical school / Credential	26	5%
Total Responses	557	100%

Are you receiving help from any senior program right now?		
Response	#	%
No	379	68%
Yes	180	32%
Total responses	559	100%

What is your gender?		
Gender	#	%
Female	391	67%
Male	194	33%
Total Responses	585	100%

The number of people in my household is:		
People	#	%
One	286	56%
Two	196	38%
Three	32	6%
Total Responses	514	100%

Are you a veteran?		
Veteran	#	%
No	437	79%
Yes	113	21%
Total Responses	550	100%

Yearly Income	#	%
\$10,890 or less	200	37%
\$10,891 to \$24,999	208	38%
\$25,000 to \$49,999	98	18%
\$50,000 or above	36	7%
Total Responses	542	100%

Are you receiving help from any senior program right now?		
Response	#	%
No	379	68%
Yes	180	32%
Total responses	559	100%

I currently live:		
Living Arrangement	#	%
In a home that I own	295	52%
In senior housing	75	13%
In an apartment	67	12%
In a home that I rent with a relative of friend	53	9%
	33	6%
In a mobile home park	30	5%
In a condo/townhouse	2	0%
In a board-and-care facility	1	0%
In an assisted living facility	1	0%
Other*	9	2%
Total Responses	566	100%

You feel you were discriminated against because:		
Type	#	%
Age	115	62%
Ethnicity	89	48%
Gender	66	35%
Socioeconomic status	49	26%
Disability	41	22%
Religion	32	17%
Political views	26	14%
Sexual orientation	6	3%
Weight	4	2%
Education	1	1%

*Other responses were *homeless, rent a room, shelter, and with person I provide caregiver services to.*

Region of Residence	#	%
Central Valley	210	36%
East Valley	18	3%
High Desert	156	26%
Low Desert	84	14%
Mountain Communities	73	12%
West Valley	41	7%
Out of County	8	1%
Total Responses	590	100%

Have you ever been discriminated against?				
Response	#	%		
No	342	65%		
Yes	186	35%		
Total Responses	528	100%		

Region of Residence	African American		Asian/ Pacific Islander		Bi/Multi Ethnic		Hispanic/ Latino		Native American/ Alaskan Native		White / Caucasian		Total
Central Valley	52	26%	9	4%	0	0%	90	45%	4	2%	46	23%	201
East Valley	0	0%	0	0%	0	0%	0	0%	1	6%	16	94%	17
High Desert	5	3%	1	1%	0	0%	7	0%	1	1%	129	90%	143
Low Desert	2	2%	0	0%	2	2%	3	0%	0	0%	74	91%	81
Mountain Communities	0	0%	1	1%	1	1%	5	0%	2	3%	58	87%	67

Having Enough Money to Meet My Needs	Not a Problem		Sometimes a Problems		Frequently a Problem		Total Responses
Paying my mortgage or rent	339	65%	107	20%	77	15%	523
Buying food and other essentials	270	50%	172	32%	102	19%	544
Paying for help in my home if I need it	274	55%	112	22%	116	23%	502
Paying for utilities	273	52%	159	30%	90	17%	522
Paying for health care not covered by Medicare	255	50%	138	27%	116	23%	509
Paying for medications	285	56%	127	25%	97	19%	509
Paying for dental care	203	40%	103	20%	203	40%	509
Managing debt, including credit cards	282	56%	114	22%	111	22%	507
Paying for car expenses (insurance, gas, repairs)	231	46%	143	28%	129	26%	503

Living on My Own	Not a Problem		Sometimes a Problems		Frequently a Problem		Total Responses
Preparing meals	378	72%	87	17%	60	11%	525
Doing housework	279	52%	157	29%	97	18%	533
Maintaining my home (yard work, home repairs)	248	48%	135	26%	129	25%	512
Managing bill payment/paperwork	334	65%	106	21%	70	14%	510
Finding a reliable person to help me if I need it	268	53%	139	27%	102	20%	509
Being able to drive a car	360	74%	49	10%	76	16%	485
Getting transportation to medical appointments	337	65%	94	18%	85	16%	516
Getting transportation for shopping/errands	347	67%	88	17%	81	16%	516
Getting transportation for social events	330	65%	95	19%	85	17%	510

Other Issues/General Information	Not a Problem		Sometimes a Problems		Frequently a Problem		Total Responses
Finding a doctor who will accept Medicare	409	78%	64	12%	52	10%	525
Understanding Medicare/Medi-Cal coverage	286	46%	247	40%	87	14%	620
Understanding how to take my medications	431	82%	60	11%	34	6%	525
Feeling isolated or depressed	316	59%	150	28%	68	13%	534
Feel prepared to deal with an emergency	284	54%	157	30%	86	16%	527
Knowing where to turn for information on benefits/services for seniors	261	48%	188	35%	95	17%	544
Accessing information via current technology	228	44%	127	24%	169	32%	524

Data below are for the 6 people who experienced discrimination based on their sexual orientation

Statistics	Age (years)
Min	73
Max	88
Median	76

Age Cats	#	%	%
70-79	5	83%	14%
80 and Older	1	17%	3%
Total Responses	6	100%	17%

Gender	#	%
Female	6	100%

Ethnicity	#	%
White / Caucasian	3	75%
Indian	1	25%
Total Responses	4	100%

Edu Highest Level	#	%
Graduate / Professional school	3	50%
Some college / AA Degree	3	50%
Total Responses	6	100%

Veteran	#	%
No	5	83%
Yes	1	17%
Total Responses	6	100%

Yearly Income	#	%
\$10,890 or less	1	17%
\$10,891 to \$24,999	4	67%
\$25,000 to \$49,999	1	17%
Total Responses	6	100%

Survey Language	#	%
English	6	100%

Veteran	#	%
No	5	83%
Yes	1	17%
Total Responses	6	100%

Yearly Income	#	%
\$10,890 or less	1	17%
\$10,891 to \$24,999	4	67%
\$25,000 to \$49,999	1	17%
Total Responses	6	100%

Region of Residence	#	%
Central Valley	1	17%
High Desert	1	17%
Low Desert	4	67%
Total Responses	6	100%

Zip	#	%
92277	1	17%
92284	3	50%
92335	1	17%
92363	1	17%
Total Responses	6	100%

Household Number	#	%
1	2	40%
2	2	40%
3	1	20%
Total Responses	5	100%

Region of Residence	#	%
Central Valley	1	17%
High Desert	1	17%
Low Desert	4	67%
Total Responses	6	100%

Zip	#	%
92277	1	17%
92284	3	50%
92335	1	17%
92363	1	17%
Total Responses	6	100%

Living Arrangement	#	%
In a home that I own	2	40%
In a home that I rent	2	40%
In senior housing	1	20%
Total Responses	5	100%
		0%

Having Enough Money to Meet My Needs	Not a Problem		Sometimes a Problems		Frequently a Problem		Total
Paying my mortgage or rent	1	20%	1	20%	3	60%	5
Buying food and other essentials	1	17%	2	33%	3	50%	6
Paying for help in my home if I need it	0	0%	3	60%	2	40%	5
Paying for utilities	0	0%	4	67%	2	33%	6
Paying for health care not covered by Medicare	1	20%	2	40%	2	40%	5
Paying for medications	1	20%	1	20%	3	60%	5
Paying for dental care	1	20%	0	0%	4	80%	5
Managing debt, including credit cards	2	40%	2	40%	1	20%	5
Paying for car expenses (insurance, gas, repairs)	0	0%	3	60%	2	40%	5

Living on My Own	Not a Problem		Sometimes a Problems		Frequently a Problem		Total Re-sponses
Preparing meals	2	40%	1	20%	2	40%	5
Doing housework	2	33%	2	33%	2	33%	6
Maintaining my home (yard work, home repairs)	2	33%	2	33%	2	33%	6
Managing bill payment/paperwork	4	67%	2	33%	0	0%	6
Finding a reliable person to help me if I need it	1	17%	4	67%	1	17%	6
Being able to drive a car	3	50%	2	33%	1	17%	6
Getting transportation to medical appointments	3	50%	3	50%	0	0%	6
Getting transportation for shopping/errands	5	83%	1	17%	0	0%	6
Getting transportation for social events	5	83%	1	17%	0	0%	6

Other Issues/General Information	Not a Problem		Sometimes a Problems		Frequently a Problem		Total Responses
Finding a doctor who will accept Medicare	2	40%	1	20%	2	40%	5
Understanding Medicare/Medi-Cal coverage	3	60%	1	20%	1	20%	5
Understanding how to take my medications	5	100%	0	0%	0	0%	5
Feeling isolated or depressed	1	25%	2	50%	1	25%	4
Feel prepared to deal with an emergency	1	20%	4	80%	0	0%	5
Knowing where to turn for information on benefits/services for seniors	1	20%	3	60%	1	20%	5
Accessing information via current technology	3	50%	1	17%	2	33%	6

Discrimination Experienced (besides sexual orientation)	#	%
Age	6	100%
Gender	6	100%
Socioeconomic status	5	83%
Ethnicity	4	67%
Disability	4	67%
Religion	3	50%
Political views	1	17%

Are you receiving help from any senior program right now?

Response	#	%
No	3	50%
Yes*	3	50%
Total responses	6	100%
*Senior services received HEAP (1) and Social Security (2)		

Caregiver Role	#	%
Taking care of someone else	2	33%
Raising grandchildren or children of other family	1	17%
Providing care for senior family member	2	33%

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

Caregiver Services/Help Needed	#	%
Getting information about help/services that are available	30	44%
Dealing with agencies that provide that help/service	33	49%
Handling money matters	16	24%
Having someone to talk to (counseling)	23	34%
Getting help with legal matters (e.g., Power of Attorney)	26	38%
Taking a break to meet your own needs	30	44%
Other*	4	6%

Caregiver Services/Help Needed	#	%
Getting information about help/services that are available	2	33%
Dealing with agencies that provide that help/service	2	33%
Handling money matters	0	0%
Having someone to talk to (counseling)	1	17%

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

Responses
Medical assistance.
Medical Coverage
Transportation
Vision

Caregiver characteristics							
Age	<i>Total Respondents</i>	Taking Care of Someone		Raising Grandchildren or Other Children		Caring for Senior Family Member	
35-59	31	8	26%	3	10%	4	13%
60-69	200	30	15%	10	5%	10	5%
70-79	226	21	9%	11	5%	11	5%
80 and Older	136	9	7%	1	1%	1	1%

Gender	<i>Total Respondents</i>	Taking Care of Someone		Raising Grandchildren or Other Children		Caring for Senior Family Member	
Female	391	47	12%	20	5%	18	5%
Male	194	19	10%	4	2%	6	3%

Ethnicity	<i>Total Respondents</i>	Taking Care of Someone		Raising Grandchildren or Other Children		Caring for Senior Family Member	
African American	60	7	12%	3	5%	3	5%
Asian / Pacific Islander	14	2	14%	0	0%	0	0%
Bi / Multi- ethnic	7	2	29%	1	14%	2	29%
Hispanic / Latino	125	10	8%	5	4%	4	3%
Native American / Alaskan Native	10	1	10%	1	10%	0	0%
White / Caucasian	347	37	11%	14	4%	13	4%

Results of Public Meetings

<i>Location</i>	<i>Date</i>	<i>Attendance</i>
Mentone Senior Center	Tuesday January 17, 2012	12
Crest Forest Senior Citizens Club Crestline	Tuesday January 17, 2012	98
Fifth Street Senior Center San Bernardino	Tuesday January 24, 2012	22
Fontana Senior Center	Wednesday January 25, 2012	136
Morongo Basin Senior Support Center Yucca Valley	Thursday January 26, 2012	38
Chino Senior Center	Wednesday February 1, 2012	12
Pinon Hills Community Senior Center	Thursday February 9, 2012	43
Helendale	Friday February 17, 2012	11
Public Hearing Senior Affairs Commission	Wednesday March 21, 2012	30

The comments recorded at each meeting are attached.

Mentone Public Meeting
January 17, 2012

IHSS—What is the status of cutbacks?
in court

Omnitrans, access services/ dial a ride. Not getting rides when request them.

Prefer 10 day bus pass to 7 day bus pass. 7 day pass has to be used in consecutive days.

Crest Forest Public Meeting
January 17, 2012

Continue to serve meals at San Moritz. (IIC congregational nutrition site)

Need snow berm removal. The snow berms isolate seniors because they block their driveways and they cannot get out of their homes.

People need assistance clearing their yards during fire season.

HICAP did not respond to a senior.
(Information passed on to HICAP)

Would like music at San Moritz Lodge

IHSS—how do I become a provider?

Fifth Street Senior Center
January 24, 2012

Monthly Bus Passes help the best.

Downtown San Bernardino does not have programs as good as other facilities (Highland, Colton, Rialto) Why doesn't San Bernardino have what other cities have?

- For example, hair salon, exercise for arthritis, card games, movies to view, crafts class (too expensive), ping pong table not used, puzzles not used, wood carving, dominos
- Tables not safe/sturdy
- Table games: don't know what have, maybe advertise.

- Pool tables do not work. Need cue sticks. Waiting since August.

Linda Gomez, Community Center supervisor

Beauty salon is a liability/ high risk

Exercise, line dancing no interest. Lost arthritis instructor

Have dominos, chess at front desk

Movies need a license. Have purchased a television to watch.

Movie day brought back one year ago. Worked for one month and attendance dropped off.

Crafts

Ping pong used sometimes

Puzzles are available

Wood carving has a liability

Can be addressed at city level.

Affordable housing. Follow thru about getting affordable housing. One person testified that all he gets is the run around.

Large Coffee pot broken.

Open at 8 am. Coffee starts at 9 am; why so late?

Two Commissioners from the City of San Bernardino Senior Affairs Commission were present and suggest that people attend the San Bernardino Senior Affairs Commission on 2nd Thursday to address some of the concerns related to the senior site.

Fontana Senior Center **January 25, 2012**

Need dental and vision

Can SSI get food stamps?

No.

Transportation

Bus passes and access passes

More bus routes

Housing

Affordable

Larger

With small yards

Low income/ subsidized not everyone has same cost

Not enough low income units

Based on adjusted gross income and scale can be sliding.
Management changed and her rent went down. Thinks she is paying too much
and paid too much before.

Inland Fair Housing Mediation Board

More Farmer's Market Coupon

Requested that they be 3 times per year

Bus stops do not have seating and covers.

City and Omnitrans

More housing for disabled only (not 60).

Grandparents need to know about programs for troubled youth who need help.

How do amounts paid for housing get determined?

Adjusted gross income.

Renters and homeowners rebate from state; why no longer provided?

No money.

HEAP Program. Is there funding?

Not at this time for 2012

Provides funding for assisting with gas or electric bills

Can apply once per year if income eligible

Not accepting applications for 2012 until funded

Have to apply each year

1-25-2012
Testimony For Department of Aging
Needs for Seniors in the Community

Dear Committee members,

Rolling Start, Inc. center for independent living serves a lot of seniors in San Bernardino County, Rolling Start supports Independent living for Seniors with disabilities by giving them the resources they need to live independently in the community which allows them to be productive citizens. When surveying the staff and others I found that these were the needs of the seniors.

Lead full and productive lives enriching the community by *providing these resources.*

- 1) Affordable Housing – Accessible, Affordable, Housing. So they can age in place.
- 2) Socialization- Having someone to eat with, play cards with.
- 3) Food- Costs are too high for many seniors and many don't want to go to nutrition sites.
- 4) Transportation- Seniors are looking for accessible affordable transit, with lighting and bus stops that are safe.

Thank you,
Julie Williams
Systems Change Advocate
Rolling Start, Inc.
570 W. 4th St. Suite 107
julie@rollingstart.com
San Bernardino, Calif 92401

received 1-25-2012

pmgrea

Fontana Mtg

Morongo Basin Senior Support Center
January 26, 2012

Access needed for handicap people. Access to buildings, esp. restaurants, are difficult to get in to. Want doors that swing both ways.

SAC has Access Committee will tell them
Doors very heavy.
ADA applies.

Written testimony to be attached.

Question about finding providers.
The IHSS list of providers will be distributed

Transportation need. Living in Wonder Valley, Amboy do not have transportation.
Requested more funding for public transportation, bus passes.
Need is greater than the availability.
No public transportation from Morongo to down the hill.

People need a referral list for services. Even if do not qualify for IHSS.

Transportation, Morongo Valley has no transportation if cannot get to Highway 62. No Sunday service.
Cannot get to church without service.

More affordable housing for seniors. Waiting list is huge.
People looking for places to live.
Resources are limited.
No temporary shelters

Medical needs: vision, hearing aids.

Legal aid and JoshuaTree legal services. Discussion about what applies where.

ICLS provides legal assistance, wills and power of attorney but no living trusts.

Need for assistance for the patient who comes home from hospital and needs assistance at the home.

Discussion regarding Veterans affairs and ability to use their services.

Requested services distributed equally throughout the County based on populations and areas.

Needs of seniors as noted by Hi Desert Home Health and Hospice, Medical Social Worker Peggy Kennedy.

1. Adult Day Care. Especially for People with Dementia.
2. Increase Meals on Wheels Funding so there is not a waiting list.
3. A major problem is for people who are not eligible for IHSS but have such low income that they can pay little or nothing for private caregivers, they usually end up in Skilled Nursing facilities. This can be addressed by allowing them to participate in IHSS with lower share of cost, or raising the eligible level above the \$850.00 level or what it currently is.
4. It is very difficult to find private caregivers, make the list of screened IHSS workers available so people can contact them to hire them privately.
5. The current programs are very useful keep them and enlarge, money for transportation , HEAP, and the others.
6. Try a grocery delivery service to shut ins, could save on IHSS hours.

*Received @ Yucca Valley Public Meeting
Jan 26, 2012*

Chino Senior Center
February 1, 2012

Need more support on not reducing MediCare benefits.

Affordable housing. SSI has been reduced and people cannot afford where they are living.

Need more housing built

More housing, esp. senior housing complexes

Amount of savings allowed when on SSI. The amount is restrictive.

Access rides from Omnitrans.

From Montclair cannot get to Pomona; cannot cross county line on transit

Assistance to purchase prescription medication.

HICAP may know about some discount programs

Some cities have discount programs

If know the drug maker can sometimes get the drug for free by contacting them.

People apply for IHSS and they are denied by the social worker and feel they are being discriminated against.

Need to have two ADLs.

Seniors Helping Seniors—provides some assistance but need to pay your own background check and fingerprinting if you want to volunteer

Need assisted living housing but cannot afford it. Are there any programs to help with financing to be able to get into a home?

received 2-1-2012

Chino mty.

Feb 1, 2012

Could DMV provide alternate sites for elderly disabled senior citizens to get or renew government issued photo ID's?

(Presently it can only be done at DMV by appointment — nearly impossible to find parking especially when someone is wheelchair bound or crippled!)

At least 6 years ago OMNI trans came to Chino Senior Center regularly to make photo ID's (for bus passes) for seniors and disabled persons. Maybe DMV could be persuaded to arrange such a service 2-3 times a year?

Pinon Hills Community Senior Center
February 9, 2012

Does ECD do home repairs?

ECD luncheons were sponsored by the First District.

HEAP—waiting for funding. SIA will let you know when there is funding.

Family Caregiver—programs are available when I have to pick up the grandchildren from school; the programs need to be at another time.

Hearing aids and glasses are needed.

New eyes for the needy. SIA has information
Timberline Lions Club free eye screening clinic. Aug 25, 2012 in Phelan
Community Center on Walker Road. All services are free.

Would like legal to come to the center and speak.
ICLS was contacted.

Wrightwood needs senior center and senior activities. There is nothing available. Feel underserved.

What transportation is available for seniors who can no longer drive?

TREP but funding is depleted for FY 11/12
Gas cards for emergency to give to volunteer driver
Victor Valley Community Services Council has transportation

Funding of the congregate meals. The Methodist Church in Wrightwood is interested in applying the next round.

Clearing brush in yards/chore services.

No one is doing this with DAAS funding.
May have funding available in July with the IIIB procurement

Minor home repairs. People are deferring repairs.

Hillside church does community outreach.
IIIB may have funding in July with the new procurement

Need for medications and help in emergency situations. Office of emergency services may get involved.

Are there any cooling centers?

Yes. Library is a cooling center.

Emergency preparedness. What about a class for this.

You are not alone program. Is not DAAS funded.

Burial expenses. Veterans and spouses may want to consider the national cemetery in Riverside.

Helendale **February 17, 2012**

Questions about Veterans pension benefits esp. widows benefits. Navigating through the system is difficult. Having to go through a financial planner is difficult. Aid and attendance can be difficult.

Keeping up with home maintenance.

Senior Affairs Commission Public Hearing **March 21, 2012**

A. PUBLIC HEARING – AREA PLAN 2012-2016

- Paula McGrew presented a PowerPoint summarizing the Area Plan and highlighting coordination objectives and adequate proportion percentages. Area Plan documents were available for the public.
- Corrections:
 - Page 10 there are 38 elderly nutrition sites not 42
 - Page 10 the name “In Home Support Services” changed to “In Home Supportive Services”
 - Page 11 there are 21 SAC members not 25 which also affects page 79
 - Page 11 there are 7 transportation agencies not 6
 - Page 29 remove “and political” and add “non-profit”
 - Page 69 a sentence will be added about the 7 transit agencies
 - Page 79 Joyce Harrison is with Victor Valley not Mountain RCA

- Public Hearing Discussion:
 - James Na requested that the AAA research and report the impact of gambling on seniors. Staff responded by adding objective F.10 with a two year completion date.
 - There was a brief discussion on getting dental assistance for seniors since this is a need. Deputy Director Jane Adams summarized the efforts that the AAA has made on this topic and the generally prohibitive cost factors involved. The AAA will continue to seek collaborative efforts addressing this topic.
 - Based on a discussion at the Nutrition Committee, Penny Shubnell changed the number of nutrition committee site visits in SAC.1. objective from six to twenty.
 - The Senior Affairs Commission unanimously agreed to delete the SAC.3. objective for an access evaluation form to be used by the Nutrition Committee.

- The Public Hearing was closed by Chairman Wilder.

MOTION: Esther Wright motioned to approve the Area Plan as corrected and amended; second by James Na. Motion carried.