

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

2009–2012 Area Plan



Human Services Department of Aging and Adult Services

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Section 1. 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 to consider. 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. Approximately 11,000 square miles (55%) 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. 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:



Demographic Characteristics

Demographic information was gathered from a variety of sources to paint a picture of PSA 20. The California Department of Finance statistics are referenced in the table below. The US Census released population data for 2008 in March 2009. Detailed data sets exist for 2007 data and three-year information (2005-2007) on a variety of topics is included based on the American Community Survey (ACS). Limitations exist for all data. For example, US Census data is generally detailed for the 65 years and over age cohort. Unless specifically collected and reported, information specific to the 60 to 64 age group is rare.

2008 Data Dept. of Finance	Total Population ¹	60+ ¹	Non-Minority ¹	Minority ¹
California	38,246,598	5,944,794	3,702,779	2,242,015
PSA 20 San Bernardino	2,095,918	261,389	154,552	106,837
Percent	5.48%	12.47%	59.13%	40.87%

	75+ ¹	Lives Alone ²	SSI/SSP 65+ ³	Medi-Cal Eligible (65+) ³
California	1,981,388	1,076,390	378,391	830,045
PSA 20 San Bernardino	80,260	42,350	14,074	33,088
Percent	30.7%	16.2%	5.4%	12.7%

¹ DOF - Department of Finance 2008 projections -
http://www.dof.ca.gov/HTML/DEMOGRAP/Data/RaceEthnic/Population-00-50/RaceData_2000-2050.php

² AoA - Administration on Aging 2006 projections -
http://www.aoa.gov/prof/Statistics/Tab/CA/P012_CA.XLS

³ DHS - Department of Health Services 2007 projections -
<http://www.dhs.ca.gov/mcss/RequestedData/AgeXDemo/ageXdemo.htm>

Population

- Total Population, Dept. of Finance, 2008: 2,095,918
- Total Population, US Census, 2008 2,015,355
- San Bernardino County is the 5th largest County in the state by population (behind Los Angeles, Orange, San Diego, and Riverside counties).

- San Bernardino County, based on population, would rank as the 36th state, about 550,000 less in population than Nevada (rank 35) and approximately 20,000 more in population than New Mexico (rank 36).
- Average yearly population growth rates for San Bernardino County since 2000 are between 2.9% and 1.4%, trending downward.

Urban/Rural

(2000 US Census)

- Urban population 94%
- Rural population 6% (97,201)

- Urban housing units 91%
- Rural housing units 9%

- By US Census definition, rural is territory, population and housing units not classified as urban. Urban is defined as all territory, population and housing units in urban areas, which include urbanized areas and urban clusters. An urban area generally consists of a large central place and adjacent densely settled census blocks that together have a total population of at least 2,500 for urban clusters, or at least 50,000 for urbanized areas.
- CDA Program Memo 97-02 defines rural as “rural status will be individually determined for each registered client, using the client’s zip code matched to census boundaries.”
- Clearly the County population is settled in the urban/suburban areas of the San Bernardino Valley. The rural populations are scattered throughout the desert and mountain communities.

Age

US Census, 2007 and 2005-2007 American Community Survey

60 to 64 years	66,387	3.3%
65 to 74 years	88,000	4.4%
75 to 84 years	56,023	2.8%
85 years and over	17,953	0.9%

- The median age in SBC is 30.2 years; this is less than the state median age of 34.7 years.
- Persons 65 years and over are 8.2% of the County population. In California, 10.9% of the people are 65 years and over.
- In California, 1.5% of the population is 85 years and over. Less than one percent (0.9%) of the County population is 85 years and over.
- The 85 and over age group is at risk for institutional placement.

Gender

	Percent Total Population	Percent 60 years and over	Percent 65 years and over
Male	50.1	44.3%	42.7
Female	49.9	55.7%	57.3

- As the population ages the ratio of females to males increases.

Race

2005-2007 American Community Survey, Percentage based on 60 years and over population

One race	98.5
White	74.6
Black or African American	6.3
American Indian or Alaska Native	1.0
Asian	6.3
Native Hawaiian or other Pacific Islander	0.2
Some other race	10.1
Two or more races	1.5
Hispanic or Latino origin (of any race)	25.1
White alone, not Hispanic or Latino	60.5

Department of Finance 2009 estimates	65 years old and over
White	98,472
Hispanic	53,373
Black or African American	15,736
Asian/Pacific Islander	16,367
Native American	1,359
Multiple race	2,477
Total	187,784

Source: Department of Public Health

Language Spoken at Home and Ability to Speak English
(2007 Census, ACS)

- Linguistically isolated households (all members of the household 14 years and over have a least some difficulty with English) in San Bernardino County is 9.6%.
- Of this 9.6% the following are the languages involved:
 - Spanish 24.7%
 - Asian and Pacific Island languages 26.1%
 - Other languages 18.7%
 - Other Indo-European languages 12.0%

- 60 years and over 228,363 (2007 Census)
 - English only 69.5%
 - Language other than English 30.5%
 - Speak English less than “very well” 17.1%
- Below poverty status for people who speak a language other than English at home is greater than those who speak only English at home (15.7% v. 11.7%)

Living Arrangements

- Percent of households with 1 or more persons 65 years old and over
 - California 22.7%
 - SBC 19.7%

(2005-2007 ACS)

- Households with one or more people 60 years and over 26.4%
- Of those 60 years and older
 - Family households 60.4%
 - 46.3% are married couple families
 - 10.7% are female householder, no husband present, with a family
 - Nonfamily households 39.6%
 - 36.8% of the nonfamily households are householder living alone
- Unmarried-Partner households (2005-2007 ACS)
 - Same sex 0.6%
 - Opposite sex 5.7%
- According to the Williams Institute (October 2008), in California the lesbian, gay and bisexual (LGB) men and women represent 3.2% of the adult population (861,000).
- In California at least one partner is age 65 or older in 9% of same-sex couples, compared to 17% of different-sex married couples.
- In SBC, per the Williams Institute, there are 33,275 LGB individuals (2.5%) and 3,239 same sex couples.

Housing Costs (2007 Census)

- The median monthly housing costs for mortgaged owners was \$1,779, non-mortgaged owners \$377, and renters \$992.
- Forty-nine percent of owners with mortgages, 16 percent of owners without mortgages, and 53 percent of renters in San Bernardino County spent 30 percent or more of household income on housing.
- For those 60 years old and over, 61.8% of renters spend 30 percent or more of their gross income on rent.
- For those 60 years old and over who own their home, only 32.7% spend 30% or more on their housing costs.

Educational Attainment

For 60 years old and over (2007 US Census)

- Less than high school graduate 28.1%
- High school graduate/equivalency 28.6%
- Some college or associate degree 26.9%
- Bachelor's degree or higher 16.4%

Household Income

- The median income of households in San Bernardino County was \$54,093.
- Eighty-four percent of the households received earnings and 15 percent received retirement income (average \$20,565 for 60 and over) other than Social Security.
- Twenty-two percent of the households received Social Security. The average income from Social Security for those 60 and over was \$14,566.
- These income sources are not mutually exclusive; that is, some households received income from more than one source.

Poverty Status

2009 Federal Poverty Guidelines

Household Size

1 person	\$10,830
2 person	\$14,570

2005-2007 ACS, 60 years and over

- Below 100 percent of the poverty level 9.5%
- 100 to 149 percent of the poverty level 12.6%
- At or above 150 percent of the poverty level 77.9%

The Elder Economic Security Standard Index

The federal poverty guideline, used to determine income eligibility for many public programs, covers less than half of the basic costs experienced by adults age 65 and older in the state.

The Elder Index is part of a statewide initiative to raise awareness, and to promote policy and programs, that assures income adequacy for all of the state's older adults. The statewide initiative is led by the Insight Center for Community Economic Development, which is part of a national project headed by Wider Opportunities for Women. The California Elder Index was calculated by the UCLA Center for Health and Policy Research.

The Elder Index demonstrates that elders require an income of at least 200% of the Federal Poverty level to age in place without relying on public programs. Below are yearly expenses for San Bernardino County.

Elder Person			Elder Couple		
Owner w/o mortgage	Owner with mortgage	Renter, one bedroom	Owner w/o mortgage	Owner with mortgage	Renter, one bedroom
\$14,901	\$27,459	\$20,591	\$22,926	\$35,485	\$28,617
Percent of 2007 Federal Poverty Guideline					
146%	269%	202%	167%	259%	209%

Disability Status
2005-2007 ACS

Age 5 to 15 5% (17,946)
 Age 16 to 64 12% (149,653)
 Age 65 + 46% (72,449)

- According to the CDC, currently 80% of older Americans are living with at least one chronic condition and 50% have at least two.
- Of the 60 and over population (2007) 58.6% say they have no disability and 41.4% indicate they have a disability.

Based on 2007 Census data for those 65 years old and over (157,739 persons):

- 45.9% have any disability
- 18.6% a sensory disability
- 36.1% a physical disability
- 15.1% a mental disability
- 13% a self-care disability
- 20.8% a go-outside the home disability

Grandparents as Caregivers

- Percent of Grandparents Responsible for their Grandchildren (2007 Census)
 - California 28.6%
 - SBC 31.5%
- For the 60 and over cohort, the number of grandparents responsible for grandchild(ren) under 18 is 8,845.
 - The majority are female (53.6%)
 - 13.3% have an income below the poverty level
 - 60% are white
 - 42% are Hispanic or Latino origin (of any race)
 - 14.7% are Black or African American which is a greater percentage than the 60 and over Black or African American population (6.3%)
 - 38.3% have a disability

Alzheimer’s Disease

(Source: CDC)

- Age 64 to 74 approximately 5% of the population
- 85 and over 50% of the population

Other Health Indicators

Some interesting data on San Bernardino County self-reported health status based on three years (2001, 2003, and 2005) of the California Health Interview Surveys came from the November 2008 publication “Trends in the Health of Older Californians.” (Wallace 2008) The data is for persons age 65 and over.

High Blood Pressure	56.7%	
No Colonoscopy	33.8%	
No Mammogram in past 12 months (females)	35.5%	
Fell to the ground more than once in past 12 months	8.5%	Latino and American-Indian older adults had the highest rate of falls, along with those with lower incomes and the oldest ages. San Bernardino County was one of four counties in the state with falls less than 10%.
Fair/Poor Health Status	35.9%	Statewide average of 31.7%. This indicator is highly correlated with illness and disability as well as being a good indicator of mortality.
Arthritis	48.6%	Arthritis is a leading cause of disability.
Condition that limits basic activities	35.8%	
No Flu shot past 12 months	40.3%	

- Even though almost all older adults have Medicare, copayments and deductibles—along with transportation and other costs—still create barriers to preventive care for low-income older adults. (Wallace, p.31)

Projected Growth of the Older Adult Population

San Bernardino County

Year	55+	60+	65+	75+	85+
2000	262,256	196,941	146,459	65,215	15,250
2010	391,477	282,136	193,587	83,447	22,822
2020	539,601	404,655	282,762	107,839	28,604

- A Californian who reaches age 65 looks forward to on average 20.4 more years of life.

- California will see its 65 plus population more than double in the next 25 years, from 3.5 million in 2000 (10.6%) to 8.2 million in 2030 (17.8%).

Resources and Constraints

The AAA, as the Department of Aging and Adult Services, is a department within the County of San Bernardino. Being a part of the larger organization is a resource in and of itself. Information gathering, coordination of services, and consolidation of resources is facilitated. One example is the development of a comprehensive and coordinated Disaster Plan that addresses the interaction of all County departments. Another example is the use of GIS 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 the University.

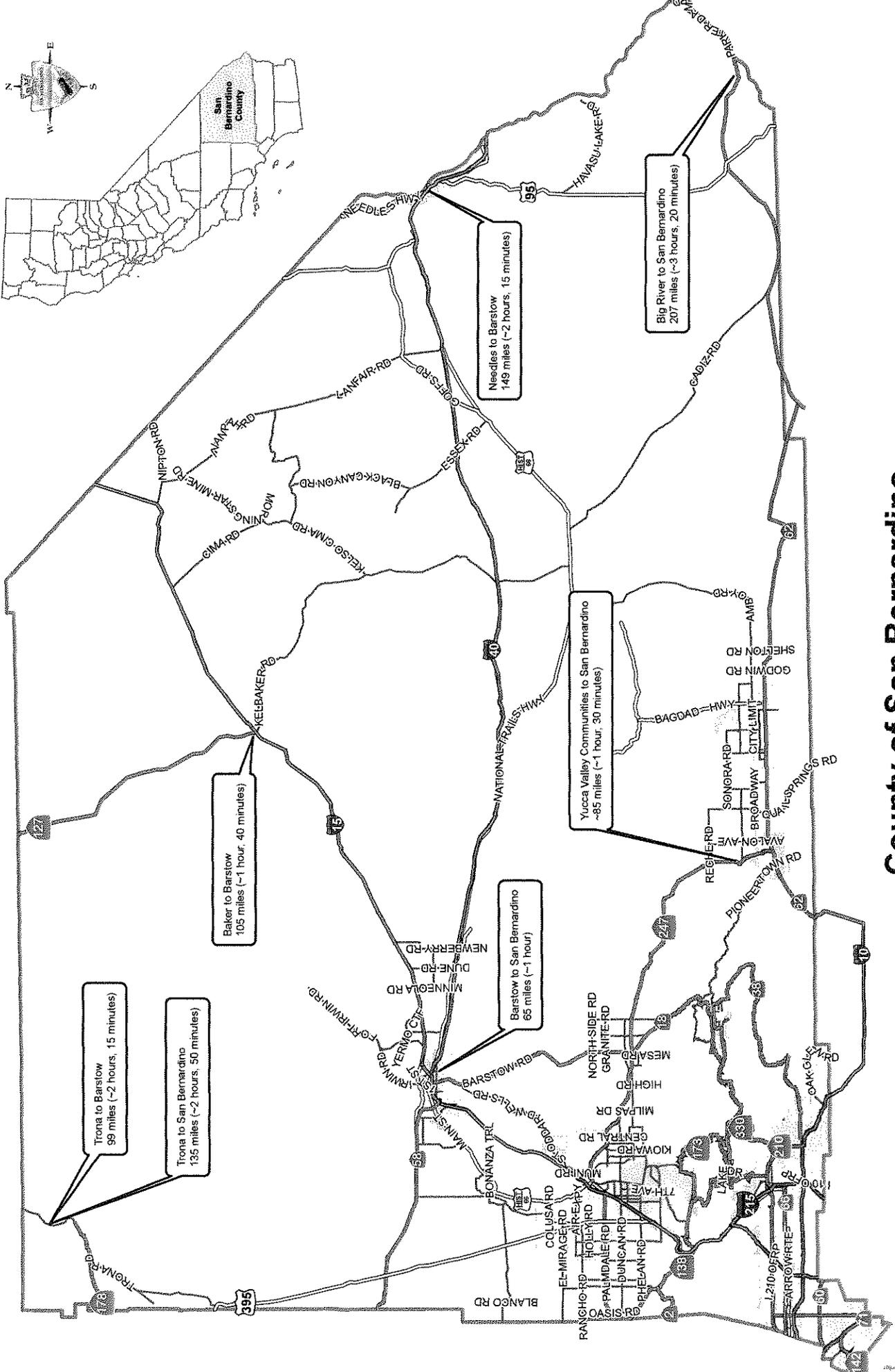
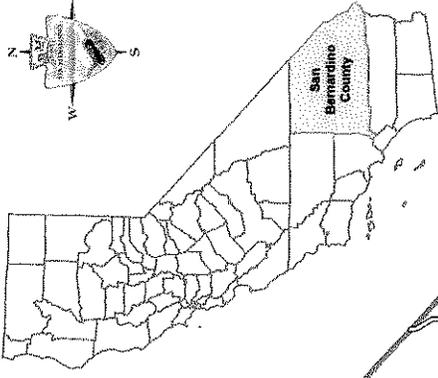
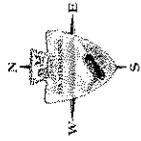
When the last Area Plan was developed the economics of the region and the state were positive. The current economy is a deep, and by all indications, long lasting, recession. All economic indicators are down from previous years and currently stagnant. For example, unemployment in 2006 was at 4.6%; unemployment in March 2009 is at 12.5% with some areas (Barstow, Adelanto) greater than 15% (US Department of Labor). The situation is, however, dynamic and subject to change—in some cases the news is positive, such as the monies available from the American Recovery and Reinvestment Act (ARRA). These monies will allow for expansion of some services (for example, Nutrition and Senior Community Service Employment programs).

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 AAA is committed to maintaining the Ombudsman Program. After funding from the state was removed, the AAA is using all available resources to support the program, including Title IIIB monies.

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.

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. 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. This creates the need for the County's Department of Aging and Adult Services (DAAS) to provide services in their own communities.



County of San Bernardino Times & Distances



SECTION 2. DESCRIPTION OF SAN BERNARDINO COUNTY AREA AGENCY ON AGING (AAA)

San Bernardino County's Department of Aging and Adult Services (DAAS) is an 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. Services are provided by DAAS' staff in conjunction with community-based organizations under County contracts.

DAAS consists of the Multipurpose Senior Services Program (MSSP), Senior Information and Assistance (SIA), Adult Protective Services (APS), In-Home Support Services (IHSS), Linkages, Family Caregiver Support program, community based support services, Long Term Care Ombudsman, Senior Training and Employment Program, and Public Guardian conservator services.

In January 2005, Public Guardian conservator services were integrated with DAAS. Integrating Public Guardian conservator programs in DAAS has expedited conservatorship investigations, protecting at-risk clients and their assets, and reduced the potential for abuse and neglect through a continuum of services.

The annual budget for the AAA is currently ten million dollars. Federal, State and County dollars are included in this budget. Approximately \$3.5 million is contracted to community service providers. The remainder of the budget funds MSSP, Linkages Program, Senior Information and Assistance, program development and coordination, as well as the daily operation of the AAA.

Services delivered to our clients include congregate meals, home-delivered meals, information & assistance, case management, legal services, adult day care, respite, Alzheimer's day care, in-home care and health-related services, brown bag, Health Insurance Counseling and Advocacy, and Senior Companion programs.

The senior service system in PSA 20 consists of private non-profit agencies, private for-profit organizations and several public entities. The community of senior service providers is working well. This provider network is well established and includes both OAA service providers and Community Based Services Program providers.

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 25 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) were established in 1978 as an extension of the AAA for gathering the concerns of seniors in their local communities. There are seven

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

The AAA, as a department within San Bernardino County, is included in the County's comprehensive disaster preparation planning. San Bernardino Fire Office of Emergency Services coordinated development of the disaster plan. The plan covers Continuity of Government and Continuation of Operations in a single plan.

The disaster plan describes the roles, responsibilities and relationships of the Department consistent with the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS), as they relate to response. The Plan is intended to be general in its application in order to provide for flexibility during response.

The Standardized Emergency Management System (SEMS) is the system required by Government Code §8607(a) for managing response to multi-agency and Multi-jurisdictional emergencies in California. SEMS consists of five organizational levels which are activated as necessary: field response; local government; operational area; regional; and state.

SEMS incorporates the use of the Incident Command System (ICS), the Master Mutual Aid Agreement, existing mutual aid systems, the operational area concept, and multi-agency 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.

Section 3. Mission Statement

The State of California requires the following 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.”

The Mission of the Department of Aging and Adult Services is to provide services to seniors and at-risk individuals to maintain or improve choice, independence, and quality of life, ensuring seniors and adults with disabilities have the right to age in place in the least restrictive environment.

Treating customers, as we would hope to be treated when faced with similar life-stage needs or issues, is an integral DAAS value for the delivery of services. It forms the foundation for DAAS' mission of providing quality services to the County's well and at risk elder/dependent adult populations.

Section 4. Organization Chart

Attached.

Section 5. The Planning Process

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. The Regional Councils on Aging also provide a forum for public input.

The AAA Director initiated the Senior Service Provider Coalition (SSPC) in Spring 2008. The AAA Director continues to spearhead efforts to expand community education, discuss and share best practices, and consider evidence based programs. The SSPC includes representatives from senior centers, nutrition providers, other contracted vendors, for profit partners, and identified stakeholders. It is an excellent forum for identifying and addressing concerns of the elder/disabled community.

The AAA is well represented in community planning efforts. Staff has been involved with the Department of Behavioral Health's development of plans resulting from the Mental Health Services Act. Two Prevention and Early Intervention programs (Case Management Expansion and Senior Counseling Outreach, and Mobile Outreach and Intensive Case Management) that address Older Adults are funded and reaching out the elder community. The regional transportation planning agency, San Bernardino Associated Governments (SANBAG), sponsors a Public and Specialized Transportation Advisory And Coordination Council. Staff attends to advocate for improved transportation for the senior and disabled community. Additionally, AAA staff are involved in a number of Multi-Disciplinary Team (MDT) meetings throughout the County. Staff interaction with the MDT's facilitates the advancement of a coordinated system of care.

For development of the 2009-2012 Area Plan a series of six 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 8, Public Hearings) Senior Information and Assistance staff were present to answer questions

about services and to provide information. The presence of SIA staff in the community provides another conduit for valuable information about concerns and issues to be directed to AAA administration.

Section 6. Needs Assessments and Priorities

In preparation for the 2005-2009 Area Plan an extensive Needs Assessment was designed and implemented. The successful Needs Assessment effort had over 19,000 (duplicated) responses. The responses to the 2005 survey, especially concerns about transportation, were reiterated during public testimony. In accordance with CDA guidelines, no new needs assessment activity was undertaken and the AAA decided to use the best available data.

2005 Needs Assessment

The following steps detail the distribution of the needs assessment.

1. Developed surveys for seniors to complete on transportation, in home services, medical/dental, social and cultural, housing, rental, demographic information, long-term care, daily tasks levels and legal needs. A client could choose one or all of the various surveys to complete. All surveys were available in English and Spanish.
2. Surveys were developed in software that allowed survey completion on the Internet with data going into a database.
3. Information regarding the surveys was sent to the County and city libraries, as well as Senior Centers, with Internet access so they could assist seniors in accessing and completing the surveys.
4. Surveys were mailed to home-delivered meal recipients and appropriate IHSS participants (those over age 60; 9,000 recipients) with a postage paid return envelope.
5. Information on the senior surveys along with a brochure on all DAAS programs and nutrition sites was mailed to over 1,000 places of worship in the County.
6. SIA staff dedicated time periodically over several months during 2004 to assist seniors in completing the surveys. AAA InfoVans were also used at health fairs, senior centers, and other public events during this time of data collection.
7. Ombudsman staff distributed a long-term care survey in facilities they visited in 2004.
8. Senior Training and Employment Program staff distributed the demographic survey to their clients for completion.
9. California State University San Bernardino students in the Bachelors of Social Work program spent 2 ½ weeks in the fall of 2004 going to senior complexes, senior facilities, and senior centers, etc. to interview seniors and have them complete the surveys. Over 700 surveys were collected during this activity.
10. Surveys were distributed at 13 public hearings held by the AAA where self-addressed, stamped envelopes were provided to the public.
11. Over 2,000 surveys were distributed to seniors attending the Celebrating Seniors Day 2004 event.

Findings:

Several themes emerged as data from the completed surveys and input from the public hearings were analyzed. The three main themes identified from the surveys and public hearings were:

1. Transportation
 - a. Over 1,400 of the respondents said their current transportation is provided by family and friends.
 - b. The major unmet need was transportation to medical appointments and the grocery store.
 - c. Of interest was the 80% of respondents who said they would not participate in a mature driving class.
2. Housing – includes rental and ownership
 - a. The most difficult task for clients is yard work.
 - b. Paying rent was also a major concern.
3. Medical-dental
 - a. Difficulty paying for a prescription; and
 - b. Difficulty taking medication on time were the two major concerns.
 - c. Only one-third of the respondents have both medical and dental insurance.
 - d. Lack of dental insurance and care.
 - e. The cost of medical insurance.

Other key findings:

- Over 80% of our respondents have lived in their homes more than 10 years.
- Majority of respondents were 65-74 years old.
- There were 40 persons 85 and over who responded.
- Sixty percent of respondents were female.
- More than 30% of respondents were widowed.

A common theme discussed at all public hearings was that seniors seem to be unaware of what services are available in their communities. Seniors said better dissemination of information (e.g. public services announcements on radio and cable TV) would assist seniors and their family's access to available services. SIA staff attended all public hearings with the AAA's InfoVans and had program information available for handouts.

2007 Older Gay, Lesbian, Bisexual, Transgender (GLBT) Needs Assessment Survey

During the 2007 Spring Quarter, April to June 2007, the AAA collaborated with California State University, San Bernardino Department of Social Work to address Assembly Bill 2920. AB 2920 requires "...that each area agency on aging includes the needs of lesbian, gay, bisexual, and transgender seniors in its needs assessment and area plans." The survey was available on the DAAS web page and students distributed hard copies at various health fairs and to faith based organizations.

San Bernardino is considered a conservative County. With the exception of a few gay bars, there are no identifiable and "out" meeting places for GLBT persons and there are no identifiable communities where GLBT persons reside (e.g., Palm Springs in Riverside County, West Hollywood in LA County). This fact was reflected in the data

gathering—it went very slow and resulted in 35 valid responses. A copy of the PowerPoint presentation presented at the Council on Social Work Education, Gero-Ed Conference in October 2007 is included as an Attachment.

Findings:

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.

2008 Assessment—Acceptance of Gay and Lesbian Clients at DAAS Contracted Agencies

In response to findings of the GLBT needs assessment, the AAA in collaboration with the Department of Social Work at California State University, San Bernardino, administered a survey to providers of services.

Most participants (56%) did not know of any gay or lesbian clients at the agency. Another 14% simply thought there were none. Just over 18% thought there might be one or more gay/lesbian person who used the agencies services. When asked if there might be gay/lesbian people that they were unaware of, again, just over half (54%) said they did not know. However, the percentage that thought there might be one or more increased to 24%. Overall, this indicates that most participants did not think there were any gay or lesbian people using the services. Interestingly, almost 80% thought that it was very likely or somewhat likely that the agency would have gay or lesbian clients in the future.

Most of the staff had little or no training on the needs of gay or lesbian people and most saw little or no need for training. However, 30% thought there was some need for training and 12% thought there was a great need for training. On a hopeful note, almost three quarters (73.5%) of the staff participants were either very enthusiastic or somewhat enthusiastic about getting more training on the needs of older gay or lesbian people. Over 17% of the participants were not at all enthusiastic about this type of training and 8.8% were “not very enthusiastic” about such training. About 40% would prefer in-person training while another quarter (25%) would prefer a video or DVD “watch and listen” type of training.

Identification of Priorities

A listing of twenty resources tapped for input into the data gathering process is attached. Needs were prioritized by ranking by importance and feasibility. Some issues, like dental assistance, had a high importance but are not economically feasible. The primary item that the AAA would like to focus our limited staff resources on is transportation needs. The reasons for prioritizing transportation are:

- At each of the six Public Meetings, transportation was mentioned as a need.
- At ten of the thirteen Older Adult Targeted Forums held by the Department of Behavioral Health transportation concerns were brought up.
- The San Bernardino County Public Transportation-Human Services Transportation Coordination Plan identified six main categories of priorities.
 1. Intercity service to San Bernardino Valley medical and social service agency destinations
 2. Mobility or travel training
 3. Local circulation among senior and disabled populations
 4. Filling in gaps for work trips for low-income individuals
 5. Information and referral services
 6. Institutional support, brokerage and mobility management services
- Other agencies are in place (for example, PASTACC, Public and Specialized Transportation Advisory and Coordination Council).
- Other stakeholders seem interested.
- Local and regional solutions are possible. For example, SANBAG Measure I funds will be available starting in 2010 for the creation of a Consolidated Transit Service Agency (CTSA) which will be responsible for the coordination of transit services provided to seniors and persons with disabilities.

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.

- Senior Dental Program, possibly mobile.
- Nutrition—pilot nutrition vouchers in a geographic area.
- Nutrition—research and implement ways to enhance congregate meal attendance.
- Car Fit Program—partners include Auto Club, California Highway Patrol, and AARP.
- Volunteer Transportation start up in Upland/Montclair. Staff has been asked to participate by SANBAG. The project is designed to get seniors to medical appointments and develop transportation across County lines.
- Coordination of a housing sharing program with a small provider or senior center.
- Fall Prevention activities.
- 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.
- Developing a Strategic Plan to address the aging of the population, the impact of the Baby Boomers on services, and service implications through 2020.

Section 7. Target Populations

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 San Bernardino County AAA continues to fulfill the targeting requirements of the OAA in multiple ways. Methods for identifying these targeted populations include periodic needs assessment, review of census information, and integration of services with other entities such as the IHSS Public Authority. Since the AAA is part of DAAS, which includes the IHSS and APS programs, DAAS staff works closely together in providing a seamless system of care. The AAA coordinates services, planning and advocacy activities, as well as outreach efforts, with various community groups serving our client populations. AAA staff participates in transportation planning, homeless task forces, mental health services and other health care services.

The AAA continues to work on increasing minority participation. 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.

The AAA staff continually provides advice and technical assistance to our volunteer, non-profit organizations striving to provide services in rural areas. The geography of the County is a barrier to 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 limited providers of some services. 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.

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. Twice a year, SAC members and AAA staff review Area Plan objectives. Objectives are altered, deleted, or added based on the feasibility of said objectives and on current community needs.

SECTION 8. PUBLIC HEARINGS

PSA #20

PUBLIC HEARINGS
Conducted for the 2009-2012 Planning Period
 CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308; OAA 2006 306(a)

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ¹ Yes or No	Was hearing held at a Long-Term Care Facility? ² Yes or No
2009-10	various	See page 22		Yes	No
2010-11					
2011-12					

Below items must be discussed at each planning cycle’s Public Hearings

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

Public hearings were publicized via legal notices in newspapers with circulation in the area of the hearing, mailings to senior service providers, senior centers, SIA staff, and the Senior Affairs Commission. The first public hearing was held at a senior housing facility.

¹ A translator is not required unless the AAA determines a significant number of attendees require translation services.
² AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

- 2. Proposed expenditures for Program Development (PD) and Coordination (C) must be discussed at a public hearing. Did the AAA discuss PD and C activities at a public hearing?**

Yes Not Applicable if PD and C funds are not used

No, Explain:

- 3. Summarize the comments received concerning proposed expenditures for PD and C, if applicable.**

Support for spending Coordination funds on Senior Day events was expressed.

- 4. Were all interested parties in the PSA notified of the public hearing and 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

No, Explain:

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

Support for all funding was expressed with emphasis on access and legal.
One location expressed a need for yard maintenance.

- 6. Summarize other major issues discussed or raised at the public hearings.**

See attached.

- 7. List major changes in the Area Plan resulting from input by attendees at the hearings.**

Priority emphasis placed on transportation based on public testimony.

Public Meetings

DATE	LOCATION	ATTENDANCE	COMMENTS
January 28	Dino Papavero Senior Center	35	Transportation—concerns about how the Omnitrans Access Program operates. Questions about utility assistance.
January 29	Yucaipa Senior Center	29	Concerned about losing services due to funding cuts; need the Nutrition Program because food costs are so high. Is there a service to get people to medical appointments?
February 4	Montclair Community Center	5	Need for transportation that crosses County lines. Need for respite care.
February 4	Bloomington Senior Center	11	Need for low-income senior housing. Questions about help with dental needs and help with yard work.
February 5	Adelanto Senior Center	28	Wanted to know about services in general (discussed SIA, energy assistance, legal, IHSS, APS). Need for transportation for homebound seniors.
February 11	Yucca Valley Senior Center	32	Transportation—currently out of bus passes; need for Senior Companion program in Morongo Valley.
Total Attendance		140	

Public Hearing

March 18 and April 15	1:00 pm	Senior Affairs Commission San Bernardino	Received testimony on importance of in home services to reduce elder abuse. SAC concurred about the need for transportation. Adequate proportion discussed.
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Section 9. Goals and Objectives

Goal

Only one overarching, comprehensive goal is being proposed for the Area Plan.

Goal Number 1:

Collaborate with public and private sector organizations (including senior service providers) to increase awareness of programs and services, and to address the unmet needs of older adults and adults with disabilities.

Objectives

The following topics will have related objectives.

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

Required Objectives

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

If Program Development or Coordination activities were proposed, then they would also require objectives. Since funding for these activities would come directly from IIIB funding and reduce funding for IIIB services, no Program Development or Coordination activities are proposed.

AREA PLAN NARRATIVE GOALS AND OBJECTIVES

2009-2012 Three-Year Area Plan Cycle

Goal Number 1

Goal Number 1

Collaborate with public and private sector organizations (including senior service providers) to increase awareness of programs and services, and to address the unmet needs of older adults and adults with disabilities.

Rationale:

The results of the AAA’s needs assessment have shown 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. Also identified was the public’s lack of knowledge about senior services that forms a barrier to services.

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 to develop and/or enhance collaborative partnerships that will address the needs of older adults and adults with disabilities.

Objectives

	Projected Start and End Dates	Title III B Funded PD or C³	Status⁴
A.1. The Ombudsman Program Manager will explore marketing strategies to identify service clubs and organizations to present the volunteer opportunities of the Long-Term Care Ombudsman Program. Success will be measured by contacts and volunteers recruited.	July 1, 2009 thru June 30, 2011		New
A.2. The Ombudsman Program staff will collaborate with County resources to include the Long-Term Care Ombudsman Program on presentations and handouts that discuss volunteer opportunities. Resulting presentations and handouts will measure the effectiveness of the objective.	July 1, 2009 thru June 30, 2010		New

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

4 Status: Indicate if objective is **New, Continued, Revised, Completed**, or Deleted.

<p>B.1. The Ombudsman Program Manager will participate on the District Attorney's Multi-Disciplinary Team (MDT) for elder abuse cases. The MDT includes participants from law enforcement, licensing, Inland Regional Center, the District Attorney's Office, and the Department of Aging and Adult Services. In accordance with AB 2100, the MDT reviews cases for potential elder abuse criminal prosecution and development of a coordinated inter-agency response.</p>	<p>July 1, 2009 thru June 30, 2012</p> <p>Participation is on-going throughout the year.</p>		New
<p>B.2. The Ombudsman Program staff will conduct eight (8) annual Resident Rights Trainings for Certified Nursing Assistants (CNAs) to educate the CNAs about elder abuse reporting, Resident Rights, resident-to-resident altercation, and the mandates of the Ombudsman Program.</p>	<p>Annual Objective</p>		New
<p>B.3. The Ombudsman Program Manager will research development of a fee schedule for consulting on Corrective Action Plans. This activity will provide revenue for the program.</p>	<p>July 1, 2009 thru June 30, 2011</p>		New
<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>Annual Objective</p>		New
<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, discuss the Smart Card program and distribute Smart Cards.</p>	<p>Annual Objective</p>		New
<p>E.1. 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>		New

E.2. Department of Aging staff and the Senior Affairs Commission (SAC) will sponsor a transportation forum to discuss unmet needs and formulate recommendations. Based on the forum the Department of Aging staff and SAC will develop a Strategic Transportation Report outlining and prioritizing potential projects.	Forum by June 30, 2010. Strategic Plan by June 30, 2012.		New
F.1. Department of Aging staff will coordinate and conduct advocacy orientation with the Senior Affairs Commission and the Regional Councils on Aging (RCA).	July 1, 2009 thru June 30, 2010		New
F.2. The SAC, possibly in collaboration with one or more RCA, will coordinate and sponsor one special event annually to benefit seniors and the senior programs.	Annual Objective		New
F.3. 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. Effectiveness of this activity will be measured by the resulting continuum of care.	July 1, 2009 thru June 30, 2012 Meetings throughout the year.		New
F.4. Sponsor three annual meetings of the Senior Services Provider Coalition (SSPC). The SSPC includes representatives from senior centers, nutrition providers, other contracted vendors, and identified stakeholders. The meetings include efforts to expand community education, an opportunity to discuss and share best practices, and consideration of evidence based programs. Effectiveness will be measured by participation at events.	Annual Objective		New
F.5. The AAA will coordinate systems development efforts within San Bernardino County to address the needs of the existing and the future senior and disabled community. The AAA envisions an educational effort that will reach to other County departments, educational institutions, and the faith-based community. Success will be measured by development of a ten-year plan, to the year 2020, addressing future growth.	July 1, 2009 thru June 30, 2011		New

Section 10. Required Older Americans Act 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)

(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) above.

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. OOA 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. OOA 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.

SECTION 11. SERVICE UNIT PLAN (SUP) OBJECTIVES GUIDELINES

PSA #20

TITLE III/VII SERVICE UNIT PLAN OBJECTIVES

**2009–2012 Three-Year Planning Period
CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service, as defined in PM 97-02. For services not defined in NAPIS, refer to Division 4000 of the Management Information Systems (MIS) Manual. Report 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). This SUP does **not** include Title III E services.

1. Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	1222	1	
2010-2011			
2011-2012			

2. Homemaker

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	960	1	
2010-2011			
2011-2012			

3. Chore**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	0		
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	10,120	1	
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010			
2010-2011			
2011-2012			

6. Congregate Meal**Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	370,386	1	
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	399,859	1	
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	14,600	1	
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	0		
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	4500	1	
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	416	1	
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	5500	1	
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	100,000	1	
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	4600	1	
2010-2011			
2011-2012			

Title III D, Disease Prevention/Health Promotion

Service Activity: Health
Units of Service: One contact

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	648	1	C.1.
2010-2011			
2011-2012			

Title III D, Medication Management ⁴⁶

Service Activity: Educational Contact
Units of Service: One contact

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	1500	1	D.1.
2010-2011			
2011-2012			

Title III B, Other Supportive Services ²⁷

Service Category: Security/Crime (Home Security)
Units of Service and Activity: One client served

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	50	1	
2010-2011			
2011-2012			

Service Category: Senior Center Support
Units of Service and Activity: One staff hour for senior center staffing

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	12,500	1	
2010-2011			
2011-2012			

⁶ Refer to Program Memo 01-03

⁷ Other Supportive Services: Visiting (In-Home) now includes Telephoning (See Area Plan Budget).

Service Category: Friendly Visits (In Home Services)

Units of Service and Activity: One client visit

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	2700	1	
2010-2011			
2011-2012			

Service Category: Home Modification

Units of Service and Activity: One hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	175	1	
2010-2011			
2011-2012			

Service Category: Home Repair

Units of Service and Activity: One hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	0	1	
2010-2011			
2011-2012			

TITLE IIIB and Title VIIA:
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES
PSA #20
2009–2012 Three-Year Planning Period

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 2006-2007 National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

Targets are established jointly by the AAA and the local LTC Ombudsman Program Coordinator. Use the baseline as the benchmark for determining FY 2009-2010 targets. For each subsequent FY target, use the previous FY target as the benchmark to determine realistic targets and percentage of change given current resources available. Refer to your local LTC Ombudsman Program's last three years of NORS data for historical trends and take into account current resources available to the program. Targets should be reasonable and attainable.

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 2006-2007 was 73%.

1. FY 2006-2007 Baseline Resolution Rate: ____ Number of complaints resolved <u>1120</u> + Number of partially resolved complaints <u>138</u> divided by the Total Number of Complaints Received <u>1457</u> = Baseline Resolution Rate <u>86%</u>

2. FY 2009-2010 Target: Resolution Rate <u>80%</u>
--

3. FY 2010-2011 Target: Resolution Rate ____%

4. FY 2011-2012 Target: Resolution Rate ____%

Program Goals and Objective Numbers:

Goal 1. Objectives A.1., A.2., B.1, B.2, and B.3.

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

1. FY 2006-2007 Baseline: 54 number of meetings attended

2. FY 2009-2010 Target: number 30 and % increase ___ or % decrease 55

3. FY 2010-2011 Target: number ___ and % increase ___ or % decrease ___

4. FY 2011-2012 Target: number ___ and % increase ___ or % decrease ___

Program Goals and Objective Numbers:

Goal 1. Objectives A.1., A.2., B.1, B.2, and B.3.

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

1. FY 2006-2007 Baseline: number of meetings attended 4

2. FY 2009-2010 Target: number 4 and % increase ___ or % decrease ___

3. FY 2010-2011 Target: number ___ and % increase ___ or % decrease ___

4. FY 2011-2012 Target: number ___ and % increase ___ or % decrease ___

Program Goals and Objective Numbers:

Goal 1. Objectives A.1., A.2., B.1, B.2, and B.3.

D. Consultation to Facilities (AoA Report, Part III-D, #4)

1. FY 2006-2007 Baseline: number of consultations 37

2. FY 2009-2010 Target: number 100 and % increase 270 or % decrease ___

3. FY 2010-2011 Target: number ___ and % increase ___ or % decrease ___

4. FY 2011-2012 Target: number ___ and % increase ___ or % decrease ___

Program Goals and Objective Numbers:

Goal 1. Objectives A.1., A.2., B.1, B.2, and B.3.

E. Information and Consultation to Individuals (AoA Report, Part III-D, #5)

1. FY 2006-2007 Baseline: number of consultations 342

2. FY 2009-2010 Target: number 513 and % increase 66 or % decrease ____

3. FY 2010-2011 Target: number ____ and % increase ____ or % decrease ____

4. FY 2011-2012 Target: number ____ and % increase ____ or % decrease ____

Program Goals and Objective Numbers:

Goal 1. Objectives A.1., A.2., B.1, B.2, and B.3.

F. Community Education (AoA Report, Part III-D, #10)

1. FY 2006-2007 Baseline: number of sessions 47

2. FY 2009-2010 Target: number 47 of sessions and % increase ____ or % decrease ____

3. FY 2010-2011 Target: number ____ of sessions and % increase ____ or % decrease ____

4. FY 2011-2012 Target: number ____ of sessions and % increase ____ or % decrease ____

Program Goals and Objective Numbers:

Goal 1. Objectives A.1., A.2., B.1, B.2, and B.3.

G. Systems Advocacy

1. FY 2009-2010 Activity: In narrative form, please provide at least one systemic advocacy effort that the local LTC Ombudsman Program will engage in during the fiscal year.

Systemic Advocacy Effort(s)

The Ombudsman program will partner with the local Red Cross Chapter to systematically train Certified Nurses Aid candidates on elder abuse reporting and Resident Rights. The program will provide a minimum of eight trainings per year during 2009-2010.

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)

Number of Nursing Facilities visited (unduplicated) at least once a quarter not in response to a complaint (based on current resources available to the program).

1. FY 2006-2007 Baseline: 79%

Number of Nursing Facilities visited at least once a quarter not in response to a complaint 47 divided by the number of Nursing Facilities 59.

2. FY 2009-2010 Target: % increase 0 or % decrease 0 (remain the same)

3. FY 2010-2011 Target: % increase ___ or % decrease ___

4. FY 2011-2012 Target: % increase ___ or % decrease ___

Program Goals and Objective Numbers:

Goal 1. Objectives A.1., A.2., B.1, B.2, and B.3.

B. Facility Coverage (other than in response to a complaint) (AoA Report, Part III-D, #6)

Number Board and Care Facilities (RCFEs) visited (unduplicated) at least once a quarter not in response to a complaint (based on current resources available to the program).

1. FY 2006-2007 Baseline: 47%

Number of RCFEs visited at least once a quarter not in response to a complaint 127 divided by the number of RCFEs 261.

2. FY 2009-2010 Target: % increase 0 or % decrease 0 (remain the same)

3. FY 2010-2011 Target: % increase ___ or % decrease ___

4. FY 2011-2012 Target: % increase ___ or % decrease ___

Program Goals and Objective Numbers:

Goal 1. Objectives A.1., A.2., B.1, B.2, and B.3.

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)

Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2006-2007 Baseline: FTEs <u>5</u>
2. FY 2009-2010 Target: number of FTEs <u>4.75</u> and % increase ___ or % decrease <u>5.0</u>
3. FY 2010-2011 Target: number of FTEs ___ and % increase ___ or % decrease ___
4. FY 2011-2012 Target: number of FTEs ___ and % increase ___ or % decrease ___
Program Goals and Objective Numbers: Goal 1. Objectives A.1., A.2., B.1, B.2, and B.3.

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 2006-2007 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2007 <u>24</u>
2. FY 2009-2010 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2010 <u>24</u> and % increase ___ or % decrease ___ Remain the same
3. FY 2010-2011 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2011 ___ and % increase ___ or % decrease ___
4. FY 2011-2012 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2012 ___ and % increase ___ or % decrease ___
Program Goals and Objective Numbers: Goal 1. Objectives A.1., A.2., B.1, B.2, and B.3.

Outcome 3. Ombudsman representatives report their complaint processing and other activities accurately and consistently. [OAA Section 712(c)]

Measures and Targets:

A. Each Ombudsman Program provides regular training on the National Ombudsman Reporting System (NORS).

1. FY 2006-2007 Baseline number of NORS Part I, II, III or IV training sessions completed <u>4</u> Please obtain this information from the local LTC Ombudsman Program Coordinator.
2. FY 2009-2010 Target: number of NORS Part I, II, III or IV training sessions planned <u>4</u>
3. FY 2010-2011 Target: number of NORS Part I, II, III or IV training sessions planned _____
4. FY 2011-2012 Target: number of NORS Part I, II, III or IV training sessions planned _____
Program Goals and Objective Numbers: Goal 1. Objectives A.1., A.2., B.1, B.2, and B.3.

TITLE VIIB ELDER ABUSE PREVENTION
SERVICE UNIT PLAN OBJECTIVES
PSA #20
2009–2012 Three-Year Planning Period

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

A Unit of Service may include public education sessions, training sessions for professionals, training sessions for caregivers served by Title III E Program, educational materials developed, educational materials distributed or other hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

AAAs must provide one or more of the service categories below:

- **Public Education Sessions** – Please identify the total number of education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** – Please identify the total number of 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 identify the total number of Title VII/B training sessions for caregivers who are receiving services under Title III E of the Older Americans Act on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** – Please identify the number of hours to be spent developing a coordinated system to respond to elder abuse.
- **Educational Products Developed** – Please identify the type and number of educational products (brochures, curriculum, DVDs, etc.) developed by the AAA to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Educational Materials Distributed** – Please identify the type and number of educational materials 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.

TITLE VIIB ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES**PSA #20****2009–2012 Three-Year Planning Period**

Fiscal Year	Total # of Public Education Sessions
2009-10	45
2010-11	
2011-12	

Fiscal Year	Total # of Training Sessions for Professionals
2009-10	8
2010-11	
2011-12	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2009-10	0
2010-11	
2011-12	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2009-10	0
2010-11	
2011-12	

Fiscal Year	Total # of Educational Products to be Developed	Description of Educational Products
2009-2010	2	Resident to resident altercation protocol
		Elder abuse handout
		Facility Checklists
		Mentoring packets and training points
2010-2011		
2011-2012		

Fiscal Year	Total # of Copies of Educational Materials or Products to be Distributed	Description of Educational Materials or Products
2009-2010	700	Brochures—sample AHCD; elder abuse definition; resident to resident altercation protocol; ombudsman volunteer information; SOC 341; POLST DM; Volunteer recruitment flyer "So what do you know about long term care"
2010-2011		
2011-2012		

TITLE III E SERVICE UNIT PLAN OBJECTIVES**PSA #20****2009–2012 Three-Year Planning Period****CCR Article 3, Section 7300(d)**

This Service Unit Plan (SUP) utilizes the five broad federal service categories defined in PM 08-03. Refer to the FCSP Service Matrix in this PM for eligible activities and service unit examples covered within each category. Specify proposed audience size or units of service for ALL budgeted funds.

For Direct Services

CATEGORIES	1	2	3
Direct III E Family Caregiver Services	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2009-2010	# of activities: 400 Total est. audience for above: 8000	1	
2010-2011	# of activities: Total est. audience for above:		
2011-2012	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2009-2010	8200	1	
2010-2011			
2011-2012			
Support Services	Total hours		
2009-2010	200	1	
2010-2011			
2011-2012			
Respite Care	Total hours		
2009-2010	0		
2010-2011			
2011-2012			
Supplemental Services	Total occurrences		
2009-2010	100	1	
2010-2011			
2011-2012			

Direct III E Grandparent Services	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2009-2010	# of activities: 12 Total est. audience for above: 120	1	
2010-2011	# of activities: Total est. audience for above:		
	# of activities:		

2011-2012	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2009-2010	400	1	
2010-2011			
2011-2012			
Support Services	Total hours		
2009-2010	20	1	
2010-2011			
2011-2012			
Respite Care	Total hours		
2009-2010	0		
2010-2011			
2011-2012			
Supplemental Services	Total occurrences		
2009-2010	100	1	
2010-2011			
2011-2012			

For Contracted Services

Contracted III E Family Caregiver Services	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and total est. audience for above:		
2009-2010	# of activities: Total est. audience for above:		
2010-2011	# of activities: Total est. audience for above:		
2011-2012	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2009-2010	0		
2010-2011			
2011-2012			
Support Services	Total hours		
2009-2010	1474	1	
2010-2011			
2011-2012			
Respite Care	Total hours		
2009-2010	7033	1	
2010-2011			
2011-2012			
Supplemental Services	Total occurrences		
2009-2010	0		
2010-2011			
2011-2012			

Contracted III E Grandparent Services	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2009-2010	# of activities: Total est. audience for above:		
2010-2011	# of activities: Total est. audience for above:		
2011-2012	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2009-2010	0		
2010-2011			
2011-2012			
Support Services	Total hours		
2009-2010	433	1	
2010-2011			
2011-2012			
Respite Care	Total hours		
2009-2010	0		
2010-2011			
2011-2012			
Supplemental Services	Total occurrences		
2009-2010	0		
2010-2011			
2011-2012			

PSA #20

TITLE V/SCSEP SERVICE UNIT PLAN OBJECTIVES
2009–2012 Three-Year Planning Period
CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) utilizes the new Data Collection System developed by the U.S. Department of Labor (DOL), which captures the new performance measures per the Older Americans Act of 1965 as amended in 2000, and the Federal Register 20 CFR Part 641. The related funding is reported in the annual Title V/SCSEP Budget.

Note: Before the beginning of each federal Program Year, DOL negotiates with the California Department of Aging to set the baseline levels of performance for California. Once determined, those baseline levels will be transmitted to the AAA.

Fiscal Year (FY)	CDA Authorized Slots	National Grantee Authorized Slots (If applicable)	Objective Numbers (If applicable)
2009-2010	47		
2010-2011			
2011-2012			

COMMUNITY BASED SERVICES PROGRAMS
SERVICE UNIT PLAN (CBSP) OBJECTIVES
PSA #20

2009-2012 Three-Year Planning Period
CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) follows the instructions for layouts provided in PM 98-26 (P) and updated in PM 00-13 (P). The related funding is reported in the annual Area Plan Budget (CDA 122). Report units of service to be provided with **ALL funding sources**.

For services that will not be provided, check the Not Applicable box

Alzheimer's Day Care Resource Center

1. Goals and Objectives:

Fiscal Year	Goal Numbers	Objective Numbers (If applicable)
2009-2010	1	
2010-2011		
2011-2012		

2. In-Service Training Sessions for Staff (A minimum of 6 sessions required per year)

Fiscal Year	In-Service Training Sessions
2009-2010	12
2010-2011	
2011-2012	

3. Professional/Intern Educational Training Sessions (A minimum of 4 sessions required per year)

Fiscal Year	Professional/Intern Educational Training Sessions
2009-2010	15
2010-2011	
2011-2012	

4. Caregiver Support Group Sessions (A minimum of 12 sessions required per year)

Fiscal Year	Caregiver Group Support Sessions
2009-2010	24
2010-2011	
2011-2012	

5. Public/Community Education Training Sessions (A minimum of 1 session required per year)

Fiscal Year	Public/Community Education Training Sessions
2009-2010	15
2010-2011	
2011-2012	

6. List of ADCRC sites in your PSA:

Name of Center	Street Address (Street, City, Zip Code)
1. Developing Aging Solutions with Heart	306 W. Colton Avenue Redlands, CA 92374
2. Loma Linda University Medical Center	11406 Loma Linda Drive Loma Linda, CA 92354
3.	
4.	
5.	

Brown Bag

Fiscal Year	Goal Numbers
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Estimated # of Unduplicated Persons to be Served
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Estimated Pounds of Food to be Distributed
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Estimated # of Volunteers
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Estimated # of Volunteer Hours
2009-2010	
2010-2011	
2011-2012	

Fiscal Year	Estimated # of Distribution Sites
2009-2010	
2010-2011	
2011-2012	

Linkages

1. Goals and Objectives:

Fiscal Year	Goal Numbers	Objective Numbers (Optional)
2009-2010	1	
2010-2011		
2011-2012		

2. Unduplicated Clients Served

Fiscal Year	Number of Unduplicated Clients Served (Include Targeted Case Management and Handicapped Parking Revenue)
2009-2010	135
2010-2011	
2011-2012	

3. Active Monthly Caseload

Fiscal Year	Active Monthly Caseload (Include Targeted Case Management and handicapped parking revenue)
2009-2010	95
2010-2011	
2011-2012	

Senior Companion

Fiscal Year	Goal Numbers
2009-2010	1
2010-2011	
2011-2012	

Fiscal Year	Volunteer Service Years (VSYs)
2009-2010	10
2010-2011	
2011-2012	

Fiscal Year	Volunteer Hours
2009-2010	39,000
2010-2011	
2011-2012	

Fiscal Year	Senior Volunteers
2009-2010	50
2010-2011	
2011-2012	

Fiscal Year	Seniors Served
2009-2010	300
2010-2011	
2011-2012	

Respite Purchase of Service

2009-2010		Goal #	Objective # (if applicable):
Adult Day Care (ADC)	hours:		
Adult Day Health Care (ADHC)	hours:		
Respite In-Home	hours:		
Respite-Out of Home			
Skilled Nursing Facility	hours:		
Residential Care Facility	hours:		
Other:	hours:		
Alzheimer's Day Care Resource Center (ADCRC)	days:		
POS Transportation	1-way trips:		
Other:	#occurrences:		

2010-2011		Goal #	Objective # (if applicable):
Adult Day Care (ADC)	hours:		
Adult Day Health Care (ADHC)	hours:		
Respite In-Home	hours:		
Respite-Out of Home			
Skilled Nursing	hours:		
Residential Care Facility	hours:		
Other:	hours:		
Alzheimer's Day Care Resource Center (ADCRC)	days:		
POS: Transportation	1-way trips:		
Other:	#occurrences:		

2011-2012		Goal #	Objective # (if applicable):
Adult Day Care (ADC)	hours:		
Adult Day Health Care (ADHC)	hours:		
Respite In-Home	hours:		
Respite-Out of Home			
Skilled Nursing	hours:		
Residential Care Facility	hours:		
Other:	hours:		
Alzheimer's Day Care Resource Center (ADCRC)	days:		
POS: Transportation	1-way trips:		
Other:	#occurrences:		

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)
SERVICE UNIT PLAN
PSA # 20
2009-2012 Three-Year Planning Period
CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) uses definitions that can be found at www.aging.ca.gov. After connecting with the Home Page, select “AAA” tab, then “Reporting-,” then select “Reporting Instructions and Forms-”, and finally select “**Health Insurance Counseling and Advocacy Program**” to find current instructions, definitions, acronyms, and reporting forms. HICAP reporting instructions, specifications, definitions, and forms critical to answering this SUP are all centrally located there. If you have related goals in the Area Plan to Service Unit Plan, please list them in the 3rd column.

IMPORTANT NOTE FOR 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 its equitable share of the estimated performance numbers in the respective SUPs. Please do this in cooperation with the Managing AAA. The Managing AAA has the responsibility of providing the HICAP services in all the covered PSAs in a way that is agreed upon and equitable among the participating parties.

IMPORTANT NOTE FOR HICAPs WITH HICAP PAID LEGAL SERVICES: If your Master Contract contains a provision for HICAP funds to be used for the provision of HICAP Legal Services, you must complete Section 2.

IMPORTANT NOTE REGARDING FEDERAL PERFORMANCE TARGETS: The Centers for Medicare and Medicaid Services (CMS) requires all State Health Insurance and Assistance Programs (SHIP) meet certain targeted performance measures. These have been added in Section 4 below. CDA will annually provide AAAs, via a Program Memo, with individual PSA targets in federal performance measures to help complete Section 4.

Section 1. Three Primary HICAP Units of Service

State Fiscal Year (SFY)	Total Estimated Persons Counseled Per SFY (Unit of Service)	Goal Numbers
2009-2010	750	1
2010-2011		
2011-2012		
State Fiscal Year (SFY)	Total Estimated Number of Attendees Reached in Community Education Per SFY (Unit of Service)	Goal Numbers
2009-2010	1100	1
2010-2011		
2011-2012		

State Fiscal Year (SFY)	Total Estimated Number of Community Education Events Planned per SFY (Unit of Service)	Goal Numbers
2009-2010	42	1
2010-2011		
2011-2012		

Section 2. Three HICAP Legal Services Units of Service (if applicable)³

State Fiscal Year (SFY)	Total Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2009-2010		
2010-2011		
2011-2012		

State Fiscal Year (SFY)	Total Estimated Number of Legal Representation Hours Per SFY (Unit of Service)	Goal Numbers
2009-2010		
2010-2011		
2011-2012		

State Fiscal Year (SFY)	Total Estimated Number of Program Consultation Hours per SFY (Unit of Service)	Goal Numbers
2009-2010		
2010-2011		
2011-2012		

Section 3. Two HICAP Counselor Measures

State Fiscal Year (SFY)	Planned Average Number of Registered Counselors for the SFY ⁴
2009-2010	13
2010-2011	
2011-2012	

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

⁸ The number of registered Counselors will vary throughout the year. This includes Paid Counselors, In-kind Paid Counselors, and Volunteer Counselors. For "average," how many Counselors do you intend to keep on registered rolls at any given time through the year?

State Fiscal Year (SFY)	Planned Average Number of Active Counselors for the SFY ⁹
2009-2010	13
2010-2011	
2011-2012	

Section 4. Eight Federal Performance Benchmark Measures

Fiscal Year (FY)	4.1 - Beneficiaries Reached Per 10k Beneficiaries in PSA
2009-2010	580
2010-2011	
2011-2012	

Note: This includes counseling contacts and community education contacts.

Fiscal Year (FY)	4.2 - One-on-One Counseling Per 10k Beneficiaries in PSA
2009-2010	316
2010-2011	
2011-2012	

Fiscal Year (FY)	4.3 - Beneficiaries with Disabilities Contacts Reached Per 10k Beneficiaries with Disabilities in PSA
2009-2010	27
2010-2011	
2011-2012	

Note: These are Medicare beneficiaries due to disability and not yet age 65.

Fiscal Year (FY)	4.4 - Low Income Contacts Per 10k Low Income Beneficiaries in PSA
2009-2010	37
2010-2011	
2011-2012	

Note: Use 150% Federal Poverty Line (FPL) as Low Income.

⁹ the number of active Counselors will vary throughout the year. This includes Paid Counselors, In-kind Paid Counselors, and Volunteer Counselors. The average number of active Counselors cannot be greater than the total average registered Counselors. At any given time, how many of the registered Counselors do you anticipate will actually be counseling? For example, you may anticipate that 85% of your Counselors would be working in the field at any given time. Use the number of Counselors this represents for the average active Counselors, a subset of all registered Counselors.

Fiscal Year (FY)	4.5 – All Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA
2009-2010	53
2010-2011	
2011-2012	

Note: This includes all enrollment assistance, not just Part D.

Fiscal Year (FY)	4.6 - Part D Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA
2009-2010	2
2010-2011	
2011-2012	

Note: This is a subset of all enrollment assistance in 4.5.

Fiscal Year (FY)	4.7 - Total Counselor FTEs Per 10k Beneficiaries in PSA
2009-2010	115
2010-2011	
2011-2012	

Fiscal Year (FY)	4.8 - Percent of Active Counselors That Participate in Annual Update Trainings
2009-2010	165
2010-2011	
2011-2012	

SECTION 12. FOCAL POINTS**PSA #20****2009-2012 Three-Year Planning Cycle****COMMUNITY FOCAL POINTS LIST**

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

Provide an updated list of designated community focal points and their addresses. This information must match the National Aging Program Information System (NAPIS) SPR 106.

Adelanto Senior Center	11565 Cortez Street	Adelanto	92301	(760) 246-7736
Apple Valley Senior Center	14933 Wakita Road	Apple Valley	92307	(760) 247-3155
Baker Valley Senior Center	P.O. Box 28	Baker	92309	(760) 733-4485
Barstow Senior Center	555 Melissa	Barstow	92311	(760) 256-9111
Big Bear Valley Senior Center	42651 Big Bear Blvd.	Big Bear	92314	(909) 584-0323
Bloomington Senior Center	18317 Valley Blvd.	Bloomington	92316	(909) 877-4310
Bonnie Baker Senior Center	149350 Ukiah Trail	Big River	92242	(760) 665-2667
Casa Ramona Senior Center	1524 W. 7 th St.	San Bernardino	92311	(909) 889-0011
Chino Senior Center	13170 Central Ave.	Chino	91710	(909) 591-9836
Delmann Heights Senior Center	2969 North Flores	San Bernardino	92405	(909) 887-2115
El Mirage Senior Club	1488 Milton	El Mirage	92301	(760) 388-4429
George White Senior Center	856 S. Nuevo Ave.	Fontana	92335	(909) 822-4493
Gibson Senior Center	250 N. Third St.	Upland	91786	(909) 981-4501
Grand Terrace Senior Center	22627 Grand Terrace Rd.	Grand Terrace	92313	(909) 824-1491

Havasu Lake Senior Center	So. 17 Mile Rd.	Havasu Lake	92363	(760) 858-4336
Hesperia Senior Center	16292 Lime St.	Hesperia	92345	(760) 244-1680
Highland Senior Center	3102 E. Highland Ave.	Highland	92369	(909) 862-8104
Hinkley Senior Center	35779 Mt. View	Hinkley	92347	(760) 253-4677
Home of Neighborly Senior Center	839 N. Mt. Vernon	San Bernardino	92311	(909) 885-3491
Hootman Senior Center	2929 School Rd.	Running Springs	92382	(909) 867-3176
Hutton Senior Center	660 Colton Ave.	Colton	92324	(909) 370-6168
James Brulte Senior Center	1120 Baseline Rd.	Rancho Cucamonga	91730	(909) 477-2780
Jessie Turner Senior Center	6396 Citrus Ave.	Fontana	92336	(909) 428-8372
Josephine Knopf Senior Center	8384 Cypress Ave.	Fontana	82335	(909) 428-8376
Landers Senior Center	58380 Reche Rd.	Landers	92285	(760) 364-3936
Leisure Shores Senior Center	24658 San Moritz Dr.	Crestline	92325	(909) 338-5036
Luque Senior Center	292 East "O" Street	Colton	92324	(909) 370-5087
Lucerne Valley Senior Club	10431 Allen Way	Lucerne Valley	92356	(760) 248-2248
Mentone Senior Center	1331 Opal Ave.	Mentone	92359	(909) 794-0327
Montclair Senior Center	5111 Benito	Montclair	91763	(909) 625-9462
Mountain Communities Senior Center	675 Grandview Rd.	Twin Peaks	92391	(909) 337-1824
Needles Senior Center	1699 Bailey	Needles	92363	(760) 326-5643
Newberry Springs Senior Center	3383 Newberry Rd.	Newberry Springs	92365	(760) 257-3284
Oldtimers Foundation Senior Center	8572 Sierra Ave.	Fontana	92335	(909) 829-0384
Ontario Community Senior Center	225 East "B" St.	Ontario	92764	(909) 395-2021

Perris Hill Park Senior Center	780 E. 21 st St.	San Bernardino	92418	(909) 384-5436
Phelan Senior Center	9856 Sheep Creek Rd.	Phelan	92371	(760) 868-8067
Pinon Hills Senior Center	10433 Mountain Rd.	Pinon Hills	92371	(760) 868-8637
Red Mountain Senior Center	P.O. Box 824	Red Mountain	92558	(760) 374-2201
Redlands Community Senior Center	111 W. Lugonia	Redlands	92373	(909) 798-7579
Redlands Joslyn Senior Center	21 Grant St.	Redlands	92373	(909) 798-7550
Rialto Senior Center	14111 S. Riverside Ave.	Rialto	92376	(909) 877-9706
San Bernardino Senior Center	600 W. 5 th St.	San Bernardino	92410	(909) 38-5430
Trona Senior Center	13187 Market St.	Trona	93562	(760) 372-5889
Victorville Activity Center	15075 Hesperia Rd.	Victorville	92392	(760) 245-7047
Victorville Senior Center	14874 South Mojave Dr.	Victorville	92392	(760) 245-5018
Wonder Valley Senior Center	80526 ½ Amboy Rd.	Twentynine Palms	92277	(760) 367-1678
Wrightwood Senior Center	P.O. Box 607	Wrightwood	92397	(760) 249-3854
Yucaipa Senior Center	12202 First St.	Yucaipa	92399	(909) 797-1177
Yucca Valley Senior Center	57088 29 Palms Hwy	Yucca Valley	92284	(760) 228-5453

SECTION 13. PRIORITY SERVICES

PSA #20

2009-2012 Three-Year Planning Cycle

**PRIORITY SERVICES:
Funding for Access, In-Home Services, and Legal Assistance**

The CCR, Article 3, Section 7312, requires that the AAA allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds¹⁰ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service & Percentage of Title III B Funds
Expended in/or To Be Expended in FY 2009-10 through FY 2011-12

Access:

Case Management, Assisted Transportation, Transportation,
Information and Assistance, and Outreach

09-10	<u>65%</u>	10-11	%	11-12	%
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In-Home Services:

Personal Care, Homemaker and Home Health Aides, Chore, In-Home Respite, Daycare
as respite services for families, Telephone Reassurance, Visiting, and Minor Home
Modification

09-10	<u>1%</u>	10-11	%	11-12	%
-------	------------------	-------	---	-------	---

Legal Assistance Required Activities¹¹:

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

09-10	<u>13%</u>	10-11	%	11-12	%
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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.

1. Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within PSA 20.

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.

2. This form must be updated if the minimum percentages change from the initial year of the four-year plan.

3. Provide documentation that prior notification of the Area Plan public hearing(s) was provided to all interested parties in the PSA and that the notification indicated that a change was proposed, the proposed change would be discussed at the hearing, and all interested parties would be given an opportunity to testify regarding the change.

- Public hearing was advertised in The Sun. Copies of newspaper advertisements are in Area Plan audit file.
- Sent flyers to senior service providers in PSA 20.
- Sent flyers to senior centers; nutrition sites in PSA 20.
- Sent flyers to all Regional Councils on Aging in PSA 20.
- Distributed flyers to Senior Affairs Commission.
- Distributed flyers to the Board of Supervisors.

4. Submit a record (e.g., a transcript of that portion of the public hearing(s) in which adequate proportion is discussed) documenting that the proposed change in funding for this category of service was discussed at Area Plan public hearings.

- Notes were taken at each public hearing and projected for the public to view as they were taken. The notes from those sheets are filed in audit files, which will be kept for duration of the Area Plan.
- A large poster was used at each public hearing to explain adequate proportions. The three areas of adequate proportions were explained on this poster.
- During each public hearing, several minutes were spent explaining to the public hearing participants what adequate proportion services are. The percentage spent by the AAA on each adequate proportion service was then explained. Finally, input from each public hearing group on the adequate proportion services was solicited.
- A Power Point presentation was utilized at each public hearing that also discussed adequate proportion. A copy of the Power Point presentation will be kept in the audit file.

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. If not providing any of the direct services below, check this box .

Check applicable direct servicesCheck each applicable Fiscal Year(s)

Title III B

 Information and Assistance FY 2009-10 FY 10-11 FY 11-12

Title III B

 Case Management FY 2009-10 FY 10-11 FY 11-12

Title III B

 Outreach FY 2009-10 FY 10-11 FY 11-12

Title III B

 Program Development FY 2009-10 FY 10-11 FY 11-12 Coordination FY 2009-10 FY 10-11 FY 11-12

Title III B

 Long-Term Care Ombudsman FY 2009-10 FY 10-11 FY 11-12

Title III D

 Disease Prevention
and Health Promotion FY 2009-10 FY 10-11 FY 11-12 Title III E - Information Services¹² FY 2009-10 FY 10-11 FY 11-12 Title III E - Access Assistance FY 2009-10 FY 10-11 FY 11-12 Title III E - Support Services FY 2009-10 FY 10-11 FY 11-12

Title VIII a

 Long-Term Care Ombudsman FY 2009-10 FY 10-11 FY 11-12

Title VIIB

 Prevention of Elder Abuse, Neglect and
Exploitation FY 2009-10 FY 10-11 FY 11-12

12. Refer to PM 08-03 for definitions for the above Title III E categories. If the AAA plans to add in FY 08-09 new direct Title III E Respite Care or Supplemental Services, a separate Section 16 is required for either the Respite Care or Supplemental Service categories. All other FCSP Section 16 submissions on file with CDA will remain applicable for FY 08-09.

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

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. This outreach is method is particularly effective with remote and/or minority populations. Please refer to page 19 for further information regarding Targeting.

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)

If an AAA plans to provide direct services **other** than those specified in Section 14, a **separate Section 16 must be completed for EACH type of service provided.** The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Section 15, check this box .

Identify Service Category: Transportation (Bus Passes and Gas Cards)

Check applicable funding source:¹³

- III B III C-1 III C-2 III E VII a

- CBSP (Identify the specific CBSP program or service on the "Service Category" line above)
 HICAP

Basis of Request for Waiver:

- Necessary to Assure an Adequate Supply of Service, OR
 More economical if provided by the AAA than comparable services purchased from a service provider.

Check each applicable Fiscal Year(s)

If the AAA intends to provide this service for three years, check all boxes. If all boxes are not checked and the AAA intends to provide this service in subsequent years then this Section must be submitted yearly.

- FY 2009-10 FY 2010-11 FY 2011-12

Justification: In the space below and/or through additional documentation, **AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.**¹⁴

The County of San Bernardino Department of Aging and Adult Services (DAAS) has a regional network of direct service Senior Information and Assistance (SIA) staff. We are the only IIIB service provider to serve all geographic areas of our very large County. We directly receive many

¹³ Section 16 does not apply to Title V (SCSEP).

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

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. We believe providing bus passes, access passes, and gas cards is one of the most effective means of supporting seniors with needed transportation services.

Within the County of San Bernardino, there are six public transit agencies providing public bus services throughout their designated areas. They 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.

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

- We are the only IIIB 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).

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)

If an AAA plans to provide direct services **other** than those specified in Section 14, a **separate Section 16 must be completed for EACH type of service provided**. The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Section 15, check this box .

Identify Service Category: Linkages

Check applicable funding source:¹⁵

- III B III C-1 III C-2 III E VII a
- CBSP (Identify the specific CBSP program or service on the "Service Category" line above)
- HICAP

Basis of Request for Waiver:

- Necessary to Assure an Adequate Supply of Service, OR
- More economical if provided by the AAA than comparable services purchased from a service provider.

Check each applicable Fiscal Year(s)

If the AAA intends to provide this service for three years, check all boxes. If all boxes are not checked and the AAA intends to provide this service in subsequent years then this Section must be submitted yearly.

- FY 2009-10 FY 2010-11 FY 2011-12

Justification: In the space below and/or through additional documentation, **AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.**¹⁶

The County of San Bernardino Department of Aging and Adult Services (DAAS) has effectively administered MSSP as a direct service for over 20 years in our County and the Linkages program for the last several years. We plan to continue to operate the Linkages program in our High Desert

¹⁵ Section 16 does not apply to Title V (SCSEP).

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

region, and the east and west valley regions to provide a greater degree of equality in terms of the services available throughout our County to prevent premature institutionalization.

Our trained Linkages and MSSP staff are familiar with core services and knowledgeable of other support services. MSSP staff is of invaluable assistance in supporting the Linkages program in that they are skilled in the case management process for this population and have established effective working relationships with the community resources.

DAAS coordinates with other resources, as we also provide Senior Information and Assistance as a direct service and have daily contact with multiple community-based organizations. We have vendor agreements in place with all interested home health care agencies and a process by which we can obtain immediate services from home health agencies. The Linkages Program will result in a reduction in the number of premature placement of clients into institutional care facilities. It will provide greater access to services for those individuals who are frail or functionally impaired.

SECTION 16. GOVERNING BOARD

PSA #20

2009-2012 Three-Year Area Plan Cycle

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

Number of Members on the Board: 5**Names/Titles of Officers:****Term in Office
Expires:**

Gary Ovitt, Chairman, Fourth District	12/2010
Josie Gonzalez, Vice Chair, Fifth District	12/2012

Names/Titles of All Members:**Term on Board****Expires:**

Paul Biane, Second District	12/2010
Neil Derry, Third District	12/2012
Brad Mitzelfelt, First District	12/2012

SECTION 17. ADVISORY COUNCIL

PSA #20

ADVISORY COUNCIL MEMBERSHIP

2009-2012 Three-Year Planning Cycle

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

Total Council Membership (include vacancies) 25
Number of Council Members over age 60 16

Race/Ethnic Composition	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
White	<u>74.6</u>	<u>70</u>
Hispanic	<u>25.1</u>	<u>6</u>
Black	<u>6.3</u>	<u>18</u>
Asian/Pacific Islander	<u>6.3</u>	<u>6</u>
Native American/Alaskan Native	<u>1.0</u>	<u>0</u>
Other	<u>10.1</u>	<u>0</u>

Attach a copy of the current advisory council membership roster that includes:

- Names/Titles of officers and date term expires
- Names/Titles of other Advisory Council members and date term expires

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

	Yes	No
Low Income Representative PS, AI, KM, CVF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disabled Representative EW, PS, CVF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supportive Services Provider Representative TC, RM, WJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Care Provider Representative LK	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Elected Officials RCA representatives, ML, JN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Individuals with Leadership Experience in the Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All		

Explain any "No" answer

Briefly describe the process designated by the local governing board to appoint Advisory Council members.

Notification of vacancies is submitted per the Maddy Act. Applicants must request a formal application and submit it to their District Supervisor. Successful applicants are interviewed and must be approved by the full Board of Supervisors for appointment. The Regional Council on Aging representatives are appointed by the Chairperson of each individual Council per their bylaws.

Senior Affairs Commission Roster

NAME/TITLE	APPOINTED	TERM ENDING
At Large <ul style="list-style-type: none"> • James Na 	4/1/2008	1/2011
First District <ul style="list-style-type: none"> • Esther Wright, Chair Intergenerational Committee • Wilma Carmichael, Chair, Nutrition Committee 	8/2/2005 9/23/2003	12/03/2011 12/05/2007
Second District <ul style="list-style-type: none"> • Kathleen Mesler, Chair Legislative Committee • Audrey Voigt 	4/13/2004 1/30/2007	12/06/2010 12/05/2011
Third District <ul style="list-style-type: none"> • Lisbeth Koenig • Wesley McDaniel 	5/6/2008	12/7/2009 1/2011
Fourth District <ul style="list-style-type: none"> • Maynard Lenhert • Wilber Richardson 	9/23/2003 2/12/2008	12/05/2011 1/2011
Fifth District <ul style="list-style-type: none"> • Amos Isaac • Vacant 	6/07/2005	12/01/2008
Professional <ul style="list-style-type: none"> • Rosemary McCaslin • Penny Shubnell 	9/23/2003 4/01/2008	12/05/2011 12/05/2011

Regional Councils On Aging

<u>Geographic Region</u>	<u>Name</u>
East Valley	Angelina Cordova
West Valley	Walter Johnson Jr. SAC Vice-Chair and Chair, Access and Housing
Victor Valley	Martha Brodie
Morongo Basin	Caroline Von Flue
Colorado River	Terry Conaway SAC Chair
North Desert	Vacant
Mountain	Sue Walker SAC Secretary

Note: Term is "until replaced" at the Regional Council level.

SECTION 18. LEGAL ASSISTANCE

PSA #20

2009-2012 Three-Year Area Planning Cycle

This section must be completed and submitted with the Three-Year Area Plan. Any changes to this Section must be documented on this form and remitted with Area Plan Updates.¹⁷

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 insure 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? 13%

3. 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. Includes urban, rural and desert areas as well as telephone intake for advising on routine legal matters.

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

Fiscal Year	# Legal Services Providers
2009-2010	1
2010-2011	
2011-2012	

5. What methods of outreach are providers using? Discuss:

ICLS schedules regular client intake at senior citizen centers throughout the County. Staff participates in senior community fairs. ICLS disseminates information to seniors, including the Seniors Legal Guide with Frequently Asked Questions. ICLS maintains a telephone listing in the yellow pages and also maintains a website: <http://www.inlandlegal.org>

¹⁷ For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or COkwuosa@aging.ca.gov

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

Fiscal Year	Name of Provider	Geographic Region covered
2009-2010	a. Inland Counties Legal Services b. c.	a. Entire County of San Bernardino b. c.
2010-2011	a. Inland Counties Legal Services b. c.	a. Entire County of San Bernardino b. c.
2011-2012	a. Inland Counties Legal Services b. c.	a. Entire County of San Bernardino b. c.

7. 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.

8. Discuss the major legal issues in your PSA. Include new trends of legal problems in your area:

Elder abuse, financial and physical; Guardianships; Consumer fraud.

9. 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 outreach senior citizen centers.

10. 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 (MPSC) ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW¹⁸

PSA #20

2009-2012 Three-Year Area Planning Cycle

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

- No, Title III B funds have not been used for MPSC Acquisition or Construction.
- Yes, Title III B funds have been used for MPSC Acquisition or Construction.

If yes, complete the chart below.

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

¹⁸ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as an MPSC.

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)****2009–2012 Three-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), does the AAA intend to use Title III E and/or matching FCSP funds to provide each of the following federal Title III E services for both family caregivers and grandparents?

Check YES or NO for each of the services identified below.

FAMILY CAREGIVER SUPPORT PROGRAM for FY 2009-12

Family Caregiver Information Services	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Family Caregiver Access Assistance	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Family Caregiver Support Services	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Family Caregiver Respite Care	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Family Caregiver Supplemental Services	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

and

Grandparent Information Services	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Grandparent Access Assistance	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Grandparent Support Services	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Grandparent Respite Care	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Grandparent Supplemental Services	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

NOTE: Refer to PM 08-03 for definitions for the above Title III E categories.

Justification: For each above service category that is checked "no", explain how it is being addressed within the PSA:

County of San Bernardino's Department of Children's Services administers the Kinship Support Services Program which helps strengthen families of individuals who are raising children of their extended family. The program provides a variety of support services to kinship families, ranging from great-grandmothers raising their great-grandchildren, to older siblings raising their brothers and sisters. Services are designed to combat the isolation, stress, and needs kinship families encounter in their day-to-day lives, and include support groups, parenting classes, informational workshops, **caregiver respite, children's activities**, and family recreation.

Attachments

Older GLBT Needs Assessment Survey

CSWE Gero-Ed Conference
San Francisco, October 30, 2007

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Presentation Contents

- **Background:** Why and how this project got started
- **Existing Literature** on the needs of older GLBT people
- **Survey Method:** Innovative multi-method approach
- **Survey Results:** Results from data collected to date
- **Conclusions and Recommendations:** Data trends and methodological issues

Project Background

- **AB 2920** – “Older Californians Equality and Protection Act” passed in September 2006
- DAAS is the local AAA charged with carrying out AB 2920- with no money and no instructions
- For three years previously, DAAS has partnered with SW 301 students to carry out a service-learning research project
- Past projects include: 1) general needs assessment, 2) nutrition services use assessment, and 3) barriers and encouragements to volunteerism among older people

Project Background

- Meetings with DAAS staff and Social Work faculty staff were held starting in December 2006
- Existing studies reviewed, method options reviewed, with the particular environment of San Bernardino County in mind...more on this later
- Collaborative process, motivated by past successful partnership and how these projects really put into action the values of the social work profession.

Existing Literature

- Research shows that prejudice and discrimination against GLBT populations in general still exists in American society
- Older GLBT population grew up when it was definitely not o.k. to be an “out” GLBT person
- At least 1 to 3 million Americans age 65 or older are GLBT
- Approximately 4 million GLBT older Americans by 2030.

(Cahill, South & Spade, 2000)

Theoretical Frameworks

- Modernization Hypothesis
- Special Needs Framework

(Chamberlain & Robinson, 2002)

Older GLBT Special Needs

Social Service Agencies and Institutions:

- Programs and services often are not GLBT friendly or focused ("invisible" population)
- GLBT discrimination
- Lack of "out" GLBT staff

(Report by City and County of San Francisco Human Rights commission and Aging and adult Services Commission, 2003)

Older GLBT Special Needs

Economic and Legal:

- May not utilize services due to fear of losing benefits (housing, military pension, SS)
- Many live in poverty due to low incomes or a lack of spousal benefits
- Lack of legal protections due to marriage laws
- Often receive no financial support from biological families

(Report by City and County of San Francisco Human Rights commission and Aging and adult Services Commission, 2003)

Older GLBT Special Needs

Housing:

- Fear evictions
- Insufficient assisted living options for GLBT seniors
- Lack of GLBT friendly housing (nursing homes-in particular, fear of "coming out" again, or having to hide GLBT status)

(Fullmer, 2006)

Older GLBT Special Needs

Social Issues:

- Facing a "triple whammy":
 - being old in America
 - being old in a youth oriented GLBT culture
 - loss of partners and friends as a result of AIDS and other illnesses
- Fear of coming out as GLBT, cohort issue
- Lack of social and recreation programs

(Fullmer, 2006; Whitford, 1997)

Older GLBT Special Needs

Healthcare:

- Physicians bias/lack of knowledge of GLBT health issues
- Unequal treatment of same-sex partners under Medicaid regulations
- Stress arising from prejudice and the fear of being exposed as GLBT
- Hate violence

(Report by City and County of San Francisco Human Rights commission and Aging and adult Services Commission, 2003)

Method

- Obtaining a diverse sample appeared to be the Achilles Heel of most existing literature
- Decision was made to do a shorter survey to reach as many people as possible.
- Due to paucity of meeting places for GLBT in SB County, multiple methods used: students, DAAS events, and the on-line survey*
- <http://hss.co.san-bernardino.ca.us/daas/>

Survey Instrument

- Demographics (placed last) and other background variables
- Ratings of how well needs were met in areas of needs common for older people & that came up in previous studies
- Ratings of the perceived friendliness of existing social services for older people in SB County
- Open-ended questions on needs and concerns

Data Collection

- It went slowly!
- After 5 months of data collection (remember we are doing this very part time) we have 33 valid cases.
- Just over one-quarter (28.1%) came from the students interviews and just over one-quarter (28.1%) through DAAS outreach. The rest (43.8%) were done on-line.

Demographic Information	
Age	
60-65	59.4%
66-75	28.1%
76-85	12.5%
Ethnicity	
African American	6.3%
White	75%
Latino/a	15.6%
Other	3.1%
40.6% live with significant other	
34.4% live alone	

Demographic Information	
Gender	
Female	34%
Male	59%
Intersex	3.1%
Sexual Orientation	
Gay man	59.4%
Lesbian Woman	31.3%
Bisexual	6.3%
Other	3.1%

<i>Ratings of Met/Unmet Needs</i>	Need Totally Met	Need Somewhat Met	Need Not Met
Health Care Providers with whom you can be open about your sexual orientation	58.1%	32.3%	9.7%
Health Care Providers who are knowledgeable about GLBT health issues	51.6%	32.3%	16.1%
GLBT-friendly assisted living	23.3%	20.0%	56.7%
Access to legal advice regarding GLBT-specific issues	17.2%	27.6%	55.2%

<i>Ratings of Met/Unmet Needs</i>	Need Totally Met	Need Somewhat Met	Need Not Met
Access to a mental Health counselor who understands grief and loss from GLBT perspective	28.1%	28.1%	43.8%
Access to a GLBT-friendly social worker to find services to meet needs as you grow older	27.6%	25.8%	51.6%
Finding GLBT-friendly social events for people your age	22.6%	32.3%	45.2%
Finding GLBT-friendly spiritual places for people your age	40%	30%	30%

<i>Perceived GLBT-Friendliness of Existing Social Services</i>				
	Very GLBT Friendly	Somewhat GLBT Friendly	Not GLBT Friendly	No Opinion
Senior Centers	6.3	3.1	43.8	46.9
Accessible Transportation	0	12.5	31.3	56.3
In-home care personnel	15.6	21.9	21.9	40.6
Assisted Living	12.5	6.3	40.6	46.6
Nursing Home	0	3.1	46.9	50

<i>Assistance from Family or Friends Available to Remain in Home</i>	Yes	No	Unsure
Family members available to assist you with tasks so you could remain in your home	18.8%	59.4%	18.8%
Friends available to assist you with tasks so you could remain in your home	43.8%	28.1%	28.1%

- ### Open-ended Responses
- *What, if anything, concerns you the most about being an older GLBT person?*
 - Being alone/loss of partner (7)
 - Lack of GLBT resources for older people (5)
 - Being attacked/victimized/hated due to sexual orientation (5)
 - Need for assistance or resources due to age/loss of abilities (4)
 - No where to socialize as an older gay person (3)
 - Being older and gay (no other specifics added) (2)

- ### Open-ended Responses
- *What, if any, needs are you concerned may not be met as you get older?*
 - “Being able to stay with my life partner if assisted living is required later in life”
 - “Physical safety from gay-bashing. Finding a gay-supportive assisted living facility”

- ### Open-ended Responses
- *What would you suggest San Bernardino County do to better meet the social service needs of older GLBT people?*
 - “Have more GLBT training for staff”
 - “Monitor subtle hate crimes that are perceived by the GLBT community”
 - “SB County needs a GLBT Center”

- ### Conclusions & Recommendations
- #### *Data Trends Thus Far*
- Evidence supports both the modernization and special needs theories
 - Fear loss of abilities, loss of partner
 - Very fearful about the reception they will get as a GLBT person in assisted living or nursing home
 - Concerns about acceptance at social venues as an older person
 - Trends in the data suggest relative satisfaction with current care providers, but a great deal of concern about needs in the future

Conclusions & Recommendations

Methodology Issues

- GLBT appear very isolated in San Bernardino County, not so networked as expected
- Thus, data collection slower and less adapted than expected
- However, the on-line survey method appears viable

Conclusions & Recommendations

- Project worked well to meet the learning needs of students
- Project has given DAAS more than any other county has to date!
- MSW student is going to conduct focus groups or in-depth individual interviews
- Project needs some funding and staffing to move forward, same for any future studies

Conclusions & Recommendations

- Older GLBT population will continue to grow and is a unique cohort
- Social service agencies must assess their GLBT friendliness and actively work to improve it
- This is especially important in areas like San Bernardino where GLBT are both *invisible* and face lack of acceptance.

Our Thanks to

- Dr. Rosemary McCaslin
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- All of our SW 301 students
- Debbie LeMond, Graduate Assistant
- All of the participants who braved letting their opinions be know

References

The California Department of Aging is not requiring a new needs assessment for the three year Area Plan. The AAA can use the best available data collected or updated during the 2005-2009 Area Plan. The following Needs Assessments and resources were reviewed to determine unmet needs in the senior community.

- Needs Assessment prepared for the 2005-2009 Area Plan
- "Social Service Needs of Older Gay, Lesbian, Bisexual and Transgender People," administered Spring 2007
- County of San Bernardino, Department of Behavioral Health, Mental Health Services Act, Prevention/Early Intervention Older Adult Targeted Forum Minutes. The Forums occurred August, September and October of 2007. There were thirteen forums held throughout San Bernardino County.
- The "Public Transit-Human Services Transportation Coordination Plan for San Bernardino County, Final Report" prepared for San Bernardino Associated Governments (SANBAG), dated December 17, 2007
- "Acceptance of Gay and Lesbian Clients at DAAS Contracted Agencies," administered Spring 2008
- Ron Graybill, PhD, Loma Linda Medical Center, Community Health Assessment, 2007
- "2007 Inland Empire Annual Survey, Final Report" published June 10, 2008 by Institute of Applied Research and Policy Analysis, California State University, San Bernardino
- "California Lesbian, Gay, and Bisexual Population" October 2008, by The Williams Institute, UCLA
- "Trends in the Health of Older Californians: Data from the 2001, 2003 and 2005 California Health Interview Surveys" November 2008, UCLA Center for Health Policy Research
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- "Half a Million Older Californians Living Alone Unable to Make Ends Meet", February 2009, UCLA Health Policy Research Brief, UCLA Center for Health Policy Research

- “Boomer Bookends: Insights Into the Oldest and Youngest Boomers” February 2009, MetLife Mature Market Institute
- “Building an Aging Agenda for the 21st Century” September 2006, Assembly Committee on Aging and Long-Term Care, Assemblywoman Patty Berg, Chair
- “Planning for an Aging California Population Preparing for the ‘Aging Baby Boomers’” May 2004, California strategic Plan on Aging Advisory Committee, Assemblywoman Patty Berg, Chair
- US Census, 2000, 2005, 2007 data sets
- US Census, American Community Survey, 2005-2007 data sets
- State of California, Department of Finance