2005-2009 AREA PLAN

SUBMITTED TO
THE CALIFORNIA DEPARTMENT OF AGING
MAY 1, 2005

Prepared by
The County of Orange
Office on Aging
PSA 22

Office on Aging

Advocacy. Action. Answers on Aging.

TRANSMITTAL LETTER

AAA Name: County of Orange Office on Aging **PSA Number**:**22**

Check appropriate box for:

☒2005-09 Area Plan ☐FY 06-07 ☐FY 07-08 ☐FY 08-09

This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director actively support the planning and development of community-based systems of care and will assure compliance with the assurances set forth in this 2005-2009 Area Plan. The undersigned recognize the responsibility within each community to establish systems in order to address the care needs of older individuals and their families and caregivers in this planning and service area.

1. (Type Name) Bill Campbell, Chair, Orange County Board of Supervisors
Signed)[1]_____Bill Campbell_____ 4/22/2005
Chair, Governing Board Date

2. (Type Name) Dee Erman
(Signed)____Dee Erman_____ 4/08/2005
Chair, Area Agency on Aging Advisory Council Date

3. (Type Name) Karen Roper
(Signed)____Karen Roper_____ 4/08/2005
Director, Area Agency on Aging Date

[2] For the e-mailed version of the Area Plan, type in name and signatures. Original signatures are required on posted Area Plan.

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THE AREA PLAN CHECKLIST

Includes Title III (B, C, D, E), V, VII, Community-Based Service Programs (CBSP), and the HICAP

Instructions: Check the boxes ☐ for completed items, as applicable. For completion of the Four-Year Plan, check the boxes in column C. For any unchecked box, provide an explanation on the last page of this checklist. For Annual Updates, check the boxes in the applicable year. **Section number six, Narrative Description of Relevant Changes, applies only to the Area Plan Update.**

1. Necessary Copies and Format **REQUIRED**

A	B	C	D	E	F
General Requirements for the Four-Year Plan	**Annual Update Requirements**	**2005-09 Four-Year Plan**	**2006-07 Annual Update**	**2007-08 Annual Update**	**2008-09 Annual Update**
All information is provided on single-sided sheets.	**Yes**	**XX**	☐	☐	☐
A copy of the Area Plan has been E-mailed to the Department.	**Yes**	**XX**	☐	☐	☐
An original copy of the Area Plan, Area Plan Checklist, and all required documents are attached.	**Yes**	**XX**	☐	☐	☐

2. Transmittal Letter **REQUIRED**

A	B	C	D	E	F
General Requirements for the Four-Year Plan	**Annual Update Requirements**	**2005-09 Four-Year Plan**	**2006-07 Annual Update**	**2007-08 Annual Update**	**2008-09 Annual Update**
The Transmittal Letter signed by the AAA Director, Chair of the Advisory Council, and Chair of the Governing Board, has original signatures and is attached. *	**Yes**	**XX**	☐	☐	☐
The signed Transmittal Letter will be submitted by: _____ (enter date)	**Yes**	☐	☐	☐	☐

*Note: Approval of the Area Plan will be delayed pending receipt of a fully executed Transmittal Letter.

3. Strategic Plan: REQUIRED if a Strategic Plan is submitted as the Area Plan

A	B	C	D	E	F
General Requirements for the Four-Year Plan	**Annual Update Requirements**	**2005-09 Four-Year Plan**	**2006-07 Annual Update**	**2007-08 Annual Update**	**2008-09 Annual Update**
A Strategic Plan was submitted as the Area Plan. (A Strategic Plan Cross Reference Index is available by contacting CDA).	Yes, **If applicable** **N/A**	☐	☐	☐	☐

4. Description of the Planning and Service Area (PSA) REQUIRED

A	B	C	D	E	F
General Requirements for the Four-Year Plan	**Annual Update Requirements**	**2005-09 Four-Year Plan**	**2006-07 Annual Update**	**2007-08 Annual Update**	**2008-09 Annual Update**
A brief description of the physical characteristics of the PSA is included.	**Yes, If changed**	**XX**	☐	☐	☐
A description of the demographic characteristics of the PSA is included.	**Yes, If changed**	**XX**	☐	☐	☐
A description of the unique resources and constraints existing within the PSA is included.	**Yes, If changed**	**XX**	☐	☐	☐
A broad description of the existing service system within the PSA is included.	**Yes, If changed**	**XX**	☐	☐	☐

5. Description of the Area Agency on Aging REQUIRED

A	B	C	D	E	F
General Requirements for the Four-Year Plan	**Annual Update Requirements**	**2005-09 Four-Year Plan**	**2006-07 Annual Update**	**2007-08 Annual Update**	**2008-09 Annual Update**
A description of the type and characteristics of the AAA.	**Yes, If changed**	**XX**	☐	☐	☐
A Mission Statement.	**Yes, If changed**	**XX**	☐	☐	☐
A current Organization Chart.	**Yes,** If changed	**XX**	☐	☐	☐
A description of how the AAA provides visible leadership in the development of community-based systems of care.	**Yes,** If changed	**XX**	☐	☐	☐
The Agency type; such as Public, Private Non-Profit, or Joint Powers.	**Yes,** If changed	**XX**	☐	☐	☐
The AAA's funding sources.	**Yes,** If changed	**XX**	☐	☐	☐

6. Narrative Description of Relevant Changes – <u>REQUIRED FOR UPDATE ONLY</u>

This section must include all changes related to all programs of services funded by grants from CDA

A	B	C	D	E	F
Update Requirement	**Annual Update Requirements**	**2005-09 Four Year Plan**	**2006-07 Annual Update**	**2007-08 Annual Update**	**2008-09 Annual Update**
Introduction with Narrative Description of Significant Changes, including estimated number of low-income, minority seniors	**Yes**		☐	☐	☐
New, continued, revised, completed, or deleted goals and objectives are identified.	**Yes**		☐	☐	☐
Discussion of major changes and effects to the PSA and/or AAA.	**Yes**		☐	☐	☐
Changes that may have reduced or increased quality or quantity of service.	**Yes**		☐	☐	☐

7. The Planning Process **REQUIRED**

A	B	C	D	E	F
General Requirements for the Four-Year Plan	**Annual Update Requirements**	**2005-09 Four-Year Plan**	**2006-07 Annual Update**	**2007-08 Annual Update**	**2008-09 Annual Update**
Discussion of steps involved in the planning process and how they fit in with the overall planning cycle.	**Yes, If changed**	**XX**	☐	☐	☐
Discussion of the needs assessment process.	**Yes,** If changed	**XX**	☐	☐	☐
Discussion of targeting.	**Yes,** If changed	**XX**	☐	☐	☐
Identification of priorities.	**Yes,** If changed	**XX**	☐	☐	☐

8. Goals and Objectives, including Targeting, Needs Assessment, Service Unit Plan REQUIRED

A	B	C	D	E	F
General Requirements for the Four-Year Plan	**Annual Update Requirements**	**2005-09 Four-Year Plan**	**2006-07 Annual Update**	**2007-08 Annual Update**	**2008-09 Annual Update**
A goal and/or objective is identified for each program or service.	**Yes**	**XX**	☐	☐	☐
Goals and Objectives are included for each program or service funded by the AAA from the following sources: Check all that apply **X**Title III B **X**Title III B/VII(a)(b)**X**Title III C1 **X**Title III C2 **X**Title III D **X**Title III E **X**Title V **X**HICAP **X**CBSPs	**Yes**	**XX**	☐	☐	☐
Goals and objectives identified serve to create, expand, or enhance AAA direct or contracted services.	**Yes**	**XX**	☐	☐	☐
Title III B Program Development (PD) and Coordination (C) activities are distinctly identified.	**Yes**	**XX**	☐	☐	☐
Objectives clearly indicate the nature of the action, the party responsible for the action, the outcome of the action, how the action will be measured, and projected start and end dates of each objective.	**Yes**.	**XX**	☐	☐	☐
The Units of Service on the SUP are tied to a specific goal.	**Yes**	**XX**	☐	☐	☐

General Requirements for the Four-Year Plan	Annual Update Requirements	2005-09 Four-Year Plan	2006-07 Annual Update	2007-08 Annual Update	2008-09 Annual Update
Targeting criteria have been met and are included:⇨Specific objectives: for providing services to low-income minority individuals; ⇨Specific objectives for providing services to older individuals with disabilities, with particular attention to individuals with severe disabilities; ⇨Specific objectives for providing services to older individuals with limited English-Speaking ability; and ⇨Specific objectives for providing services to caregivers	**Yes, If changed**	**XX**	☐	☐	☐
A description of **Needs Assessment Activities** is included.	**Yes**, If needs assessment activities are planned or have been completed	**XX**	☐	☐	☐
Service Unit Plans are complete and reconcilable with appropriate budgets.	**Yes**	**XX**	☐	☐	☐

9. Older Americans Act Assurances

Older Americans Act Assurances	**No**	**XX**			

10. Appendices **REQUIRED, IF CHANGES HAVE OCCURED**

IA. Notice of Intent to Provide Direct Services (if applicable)	**Yes, If changed**	**XX**	☐	☐	☐
IB. Request for Approval to Provide Direct Services (if applicable)	**Yes, If changed**	**XX**	☐	☐	☐
II. Public Hearings	**Yes**	**XX**	☐	☐	☐
III. Governing Board	**Yes, If changed**	**XX**	☐	☐	☐
IV. Advisory Council	**Yes, If changed**	**XX**	☐	☐	☐
V. Priority Services	**Yes, If changed**	**XX**	☐	☐	☐
VI. Community Focal Points List	**Yes, If changed**	**XX**	☐	☐	☐
VII. Multipurpose Senior Center Acquisition and Construction Compliance Review	**Yes, If changed**	**XX**	☐	☐	☐
VIII. Title III E Family Caregiver Support Program	**Yes**, If changed	**XX**	☐	☐	☐
IX. Sample Organization Charts, Planning Process and Funding Sources/Program Descriptions	**No**				
X. Legal Services	**Yes,** if changed	**XX**	☐	☐	☐

For any unchecked boxes, identify the section number and provide an explanation:
Section 3 – N/A

INTRODUCTION

Area Agencies on Aging (AAAs) were created by the Older Americans Act (OAA) to serve as visible and effective advocates for older adults and to provide local leadership in accomplishing the goals of the State and federal programs. These goals are defined broadly in the OAA as:

- Securing and maintaining maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services;
- Removing individual and social barriers to economic and personal independence for older individuals; and
- Securing opportunities for older individuals to receive managed in-home and community-based long-term care services.

The 1996 revision of the Older Californians Act (OCA) reiterates federal requirements to facilitate the development of home and community-based systems of care and adds increased responsibility for the AAAs to provide local oversight to a number of State-funded programs previously managed at the State level.

In complying with the mandates of the OAA and OCA, the AAAs are charged with addressing and planning for a broad spectrum of matters related to the needs of older individuals in our rapidly changing society. These individuals live both in the community and in long-term care facilities. They include low-income and minority individuals; those with limited English-speaking ability, those who are frail, isolated, neglected, and exploited, and those who are dealing with the problems of dementia or cognitive impairment, as well as those with caregiver responsibilities. These groups also include a dramatic increase of individuals who will become older adults during the 2005-09 planning cycle and beyond. Wherever AAAs are placed organizationally, they are charged with working proactively in the collaborative development of home and community-based systems of care, which are responsive to the needs of diverse populations, including adults with disabilities.

The purpose of the four-year Plan is to assess the present and future economic and demographic characteristics of the service area, the existing service system in the area, and the operations, role, mission and specific goals and objectives of the AAA.

The Area Plan is a document that not only fulfills the mandates set forth in law, but also informs the public and policy-makers on how the AAA plans to address local needs and assess its effectiveness in accomplishing stated goals and objectives. In addition, the Area Plan may serve as a useful planning tool for other county departments, local municipalities and other entities serving older adults in Orange County.

This 2005-09 four-year Area Plan contains broad goals and introduces two types of objectives – Service Unit Plan Objectives and System Building and Administration Objectives.

For the first time, the units of service are now considered objectives. The Service Unit Plan Objectives delineate the scope of the programs and services provided with OAA and OCA funds, and need not be re-stated in narrative form as they have in the past.

The System Building and Administration Objectives are the narrative objectives which outline the desired conditions the OoA intends to achieve through administration, service delivery activities, program development activities, coordination activities, and advocacy activities as required in the California Code of Regulations (CCR) Article 3, Section 7302(a)(5).

This Area Plan outlines the major activities, goals and objectives to be implemented in the first year of the Four Year Plan, between July 1, 2005 and June 30, 2006.

Unless otherwise stated, all population data cited in this Area Plan is from the 2000 U.S. Census or the California Department of Finance.

PART ONE: AREA PLAN BACKGROUND

DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA)

Geographic Characteristics

The County of Orange is designated as Planning and Service Area (PSA) 22 by the California Department of Aging. Orange County is located in the heart of Southern California, with Los Angeles County to the north and San Diego County to the south, and Riverside and San Bernardino Counties to the east. The county covers 798 square miles and has 34 cities, 42 miles of coastline and nine beaches.

Orange County is now the second largest county in California, trailing only Los Angeles and surpassing San Diego, and the fifth largest county in the nation. In fact, Orange County has a greater number of residents than 29 of the country's states, including Mississippi, Utah, Nevada, and Idaho.

Orange County is one of the most densely populated areas in the United States and is second only to San Francisco for the most densely populated county in California. As of January 2004, Orange County's population density was estimated at 3,822 persons per square mile, an average increase of about 1.7 percent annually since 2000. The county is denser than Los Angeles County, more than 2.5 times denser than Santa Clara and Sacramento Counties and five times denser than San Diego County, which has roughly the same population. Within the county, 2004 densities vary by location, from a low of 386 persons per square mile in unincorporated areas to highs of 9,553 in Garden Grove, 12,452 in Stanton, and 12,788 in Santa Ana. *(Source: Orange County 2005 Community Indicators)*

Demographic Characteristics

Between 1990 and 2000 Orange County's population grew at a faster pace than that of California. Orange County's overall population increase between 1990 and 2000 was 18.1 percent compared to California's 13.8 percent.

In 2003, Orange County had a household population of 2.9 million – 50 percent females and 50 percent males. The median age was 34.5. Twenty-seven percent of the population were under 18 years and 10 percent were 65 years and older.

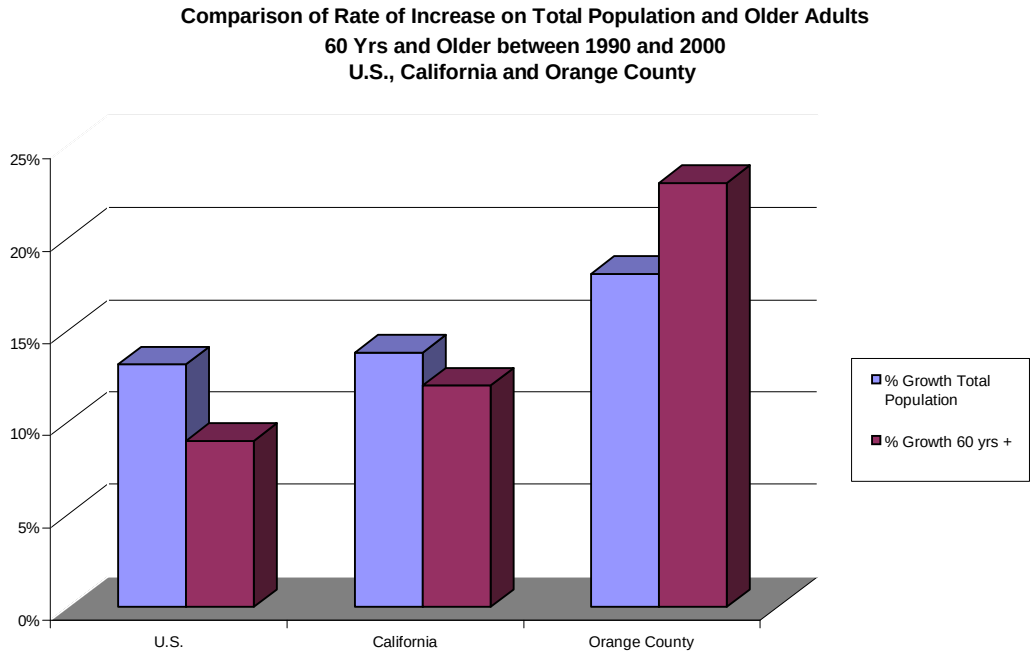
The latest data suggest the trend toward greater ethnic diversity continues. Orange County is now a "minority majority" county where no single racial or ethnic group comprises more than 50 percent of the total population. Whites comprised 49.1 percent of the total county population in 2003, down from 51.3 percent in 2000. Hispanics comprised 32.3 percent, up from 30.9 percent in 2000. Asians rose from 13.7 percent to 14.9 percent over this same period. *(Source: Orange County 2005 Community Indicators).* Orange County has the fifth largest Asian and Hispanic populations of all U.S. counties – second in California. 25 percent of the population is Spanish speaking.

Population Trend of Older Adults: U.S., California and Orange County

The Orange County older adult population 60+ increased 23 percent between 1990 and 2000; the increase for California in the same time span was 12 percent. The numbers of persons 85 and older increased 47.4 percent in Orange County compared to 42.3 percent in the State in that period of time.

The chart and the table below show that in year 2000, about 45.8 million people 60 years of age and older were reported by the U. S. Census Bureau. This accounts for a 9.4 percent growth since 1990 when 41.9 million adults 60 and older were counted. In proportion to the total national population, the count of older adults in Orange County increased from 12.7 percent in 1990 to 13.3 percent in 2000.

The Census Bureau projects that the population of those 60 and older in the United States will reach 75.5 million in 2020 and more than 109 million by 2050. The aging of the Baby Boom generation, those born between 1946 and 1964, will accelerate this growth as the cohort begins to turn 60 in 2006. In addition, the continued increase in life expectancy enjoyed during the 20th century will add to this growth. In 1900 the average life expectancy at birth in the United States was 47 years, which increased to 70 years in 1960 and 77 years by 2000. Women have a longer life expectancy (80 years) than men (74 years). If mortality rates stay constant, those aged 65 years old in 2000 are expected to average another 18 years of life.

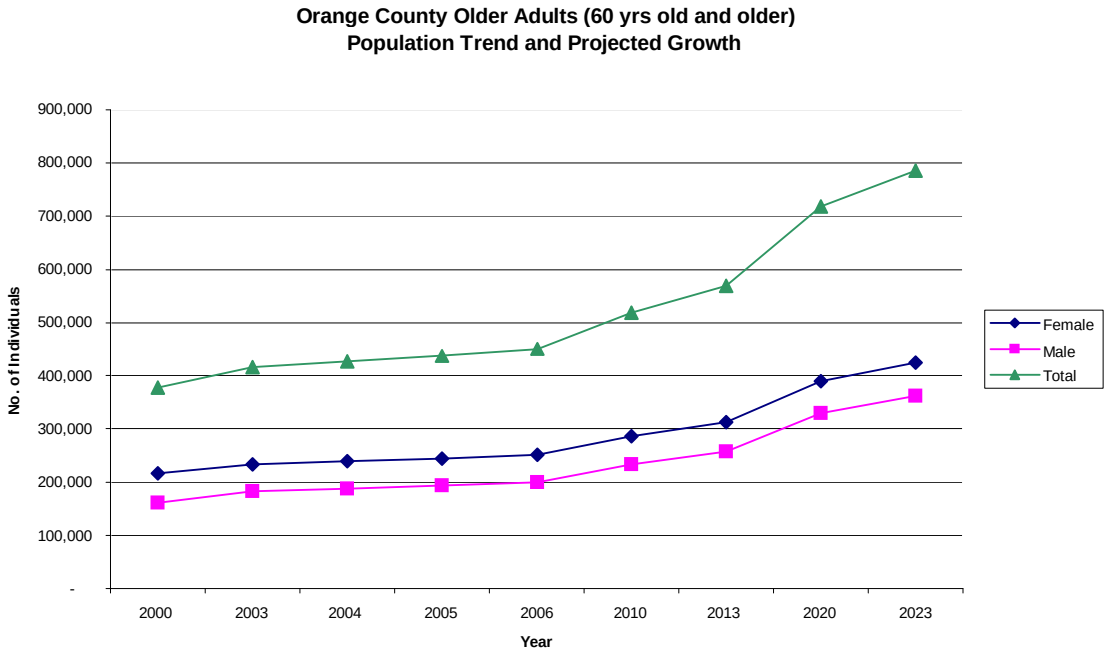


Total Population and Number of Older Adults (60 years old and older)

	1990		2000		% Growth	% Growth
	Total Population	60yrs+	Total Population	60 yrs+	Total Population	60 yrs +
U.S.	248,709,873	41,857,998	281,421,906	45,797,200	13%	9.4%
California	29,760,021	4,234,871	33,871,648	4,742,499	14%	12%
Orange County	2,410,556	306,417	2,846,289	377,185	18%	23%

Older Adults in Orange County

The California Department of Finance projects that Orange County's older adult population growth will continue (see the following chart and table). The number of older women is projected to be higher than the number of older men. As projected below, a significant growth rate of 26.3 percent from 2013 to 2020 is anticipated.



Orange County 60+ Population Trend by Sex

YEAR	Female	% Increase	Male	% Increase	Total	% Increase
2000	216,192		160,993		377,185	
2003	233,442	8.0%	182,345	13.3%	415,787	10.2%
2004	238,726	2.3%	187,965	3.1%	426,691	2.6%
2005	244,302	2.3%	193,670	3.0%	437,972	2.6%
2006	250,659	2.6%	199,965	3.3%	450,624	2.9%
2010	285,885	14.1%	233,153	16.6%	519,038	15.2%
2013	312,170	9.2%	257,106	10.3%	569,276	9.7%
2020	389,481	24.8%	329,557	28.2%	719,038	26.3%
2023	424,536	9.0%	361,690	9.8%	786,226	9.3%

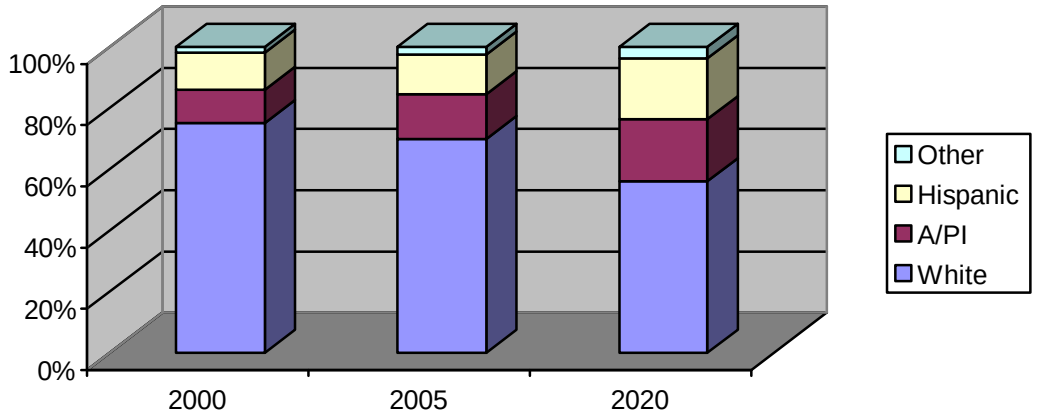
In 2000, those 60 and older represented 13.25 percent of the total population; in 2005 they represent 14.24 percent. This rate of growth will accelerate with the aging of the Baby Boomers, those born between 1946 and 1964. There are 838,000 Baby Boomers in Orange County; they will begin turning 60 in 2006.

The following table shows the differential rate of growth by ethnicity of the older adult population between 2000 and 2005.

Orange County 60+ Population Growth Between 2000 and 2005 by Race/ Ethnicity					
Year	**Total 60+**	**White**	**Hispanic**	**Asian/PI**	**Other**
2000	377,185	282,363	41,908	44,094	8,820
2005	437,972	305,593	56,946	64,505	10,928
% change	+16%	+8%	+36%	+46%	+24%

The chart below illustrates the demographic shift taking place in Orange County.

Orange County Ethnic Groups as a Percent of the 60+ Population, 2000 to 2020



The percentage of White older adults relative to the total 60+ population fell 5 percent between 2000 and 2005, while the percentage of Hispanic and Asian/Pacific Islander older adults increased by 2 percent and 3 percent respectively over the same period. This gap is expected to accelerate sharply between 2005 and 2020, when the White 60+ population is expected to increase by 32 percent while the Hispanic 60+ population increases 151 percent, and Asian/Pacific Islanders increase by 126 percent.

Linguistic Isolation

According to the Census Bureau, a household in which no person 14 years old and over speaks only English and no person 14 years old and over who speaks a language other than English speaks English "very well" is classified as "linguistically isolated." In other words, a household in which all members 14 years old and over speak a non-English language and also speak English less than "very well" (have difficulty with English) is "linguistically isolated." All the members of a linguistically isolated household are tabulated by the Census as linguistically isolated, including members under 14 years old who may speak only English.

A special tabulation of the 2000 Census revealed some interesting data on linguistic isolation in Orange County within the households of those ages 60 and over, as shown in the table below.

Linguistic Isolation in OC Households of Persons 60 and Older

	Households	Not Linguistically Isolated	Linguistically Isolated	% Linguistically Isolated
All members speak English only	247,820	247,820	-	
Some members speak a non-English language	37,310	36,930	380	1.0%
All members speak a non-English language	75,090	47,420	27,670	36.8%
Total households	360,220	332,170	28,050	7.8%

In 69 percent of those households, all members speak English only. In ten percent, some members speak a non-English language; of those households one percent is linguistically isolated. By comparison, in 21 percent of 60+ households all members speak a non-English language, and among those households 36.8 percent are linguistically isolated. This indicates that 7.8 percent of the households of those ages 60 and over are linguistically isolated.

Looking at the 65 and older population, three-fourths (75.1%) speak only English. An estimated 12,321 persons age 65 and over (4.5% of the total) speak only Spanish, Asian/Pacific Island languages, or other languages, and no English at all. The following table illustrates this.

Ability to Speak English Among Orange County Population Age 65 and Over		
Primary Language	**Number of 65+**	**Speak No English**
English	209,365	--
Spanish	25,591	5,021
Asian & Pacific Islander	24,914	5,795
Other Indo-European	16,987	1,338
Other	1,948	167

Living Arrangements
In 2003, Orange County had 174,602 households headed by a person 65 or older; this represents 18 percent of households in the county. Of all households nationally, 67 percent were owners and 33 percent were renters, compared to 61 percent homeowners and 39 percent renters in Orange County.

The 2002 Orange County Health Needs Assessment (OCHNA) reported that half (50%) of those ages 75 to 84 and almost two-thirds (63%) of those age 85 and older live alone.

The Orange County Long Term Care Ombudsman reports that there are 19,404 beds in the 831 licensed residential care facilities for the elderly (RCFEs) in Orange County, as well as 8,253 beds in the 80 skilled nursing facilities (SNFs).

The 2004 County of Orange Homeless Needs Assessment indicates that an estimated 5.5 percent of the county's unsheltered homeless population are age 55 and older.

Estimated number of older individuals residing in rural areas of the PSA
Orange County is almost completely urban. 2000 Census data indicate that of the total population age 60 and over in Orange County, only 550 elderly persons live in areas that can be considered "rural." Of those, only 85 minority individuals are reported. Census data also show that of those 550 persons, 45 have income below 125 percent of the federal poverty level, and only 4 of those are minority individuals.

Estimated number of low-income minority older individuals residing in the PSA
At the time of the 2000 Census, Orange County was home to 377,185 persons age 60 and over. This represents a 23.1 percent increase over the 1990 Census. Of those, 36,445 (9.6%) had income below 125 percent of the federal poverty level. This represents a 30.9 percent increase since1990. 14,855 (40.7%) of those individuals were minorities. Based on this data, in 2000 3.9 percent of the population of Orange County were older minority persons (60+) in poverty.

The Spring 2002 Orange County Health Needs Assessment reported that 44 percent of older adults age 65 and over had annual household incomes of $25,000 or less. Nearly 60 percent of those between 75 and 84, and 72 percent of those 85 and older, reported annual household incomes of $25,000 or less.

Uninsured and Underinsured

There is no definitive source of information on uninsured and underinsured older adult populations in Orange County, those who are not eligible for Medicare and cannot afford to purchase coverage independently. Estimates vary from 1 percent based on UCLA research on uninsured populations, to 2.2 percent reported in a preliminary study for the 2005 Orange County Health Needs Assessment (OCHNA) to be released in May 2005. There is also some evidence in recent research that there may be significant ethnic variation in the percentage of older adults who are uninsured. The 2001 Multilingual Senior Survey, a random-digit dialing telephone survey, showed that 6 percent of English speaking, 15 percent of Vietnamese speaking, and 38 percent of Spanish speaking adults aged 60-64 were uninsured.

The preliminary release of the most recent OCHNA report showed that 97.8 percent or 257,522 of adults 65 and older in Orange County have health care coverage. Of those, 57.2 percent (154,300) have coverage from Medicare; 15.3 percent (41,455) have employer-based coverage; and 2.0 percent have Medi-Cal coverage.

These estimates of the uninsured older adult population are challenged by some agencies in Orange County who believe them to under-represent the actual number of uninsured older adults. For example, in the first year of the *Care Door to Door* program begun in 2002-03, Latino Health Access found that 35 percent of the low income elderly Latinos aged 65-74 and 25 percent of those aged 75 or older surveyed in Santa Ana were uninsured.

Latino low income older adults and Asian/Pacific Islander older adults represent under-surveyed sub-populations that must be addressed in the near future, especially in light of the rapid growth of these communities.

Family Caregivers

According to Census 2000 data there are 935,287 households in Orange County. Conservatively assuming that 20 percent contain at least one caregiver, caregiving is being provided in approximately 187,000 households in Orange County, with 140,000 of those involving care for an older adult family member or friend. This estimate seems reasonable given that there are an estimated 40,000+ older adults with Alzheimer's disease in Orange County (according to Alzheimer's Association reports) and that a substantial number of the 35,000 persons aged 85 and older are in need of assistance with one or more activities of daily living.

Throughout Orange County, families and friends provide most of the care to older adults (63 percent are informal caregivers, while 37 percent are hired to provide assistance); the amount of care provided depends on factors such as family resources (manpower, living space, finances), access to services (proximity and knowledge of services), and level of incapacitation of the care recipient.

Grandparents as Primary Caregivers

In addition to providing care to other older adults, many Orange County seniors provide primary care to their grandchildren under the age of 18 or to other related or non-related children. Some older adults have responsibility of caregiving both for children and at least one older adult.

According to the 2000 Census, over 71,000 Orange County grandparents are living with their own minor grandchildren. Of these, over one in four (26.5 %) are responsible for their grandchildren. Almost one in ten (9.4 %) have been responsible for their grandchildren for five years or more.

Disability

The 2003 American Community Survey estimated 288,040 people aged 65 and over in Orange County, 93,942 (32.6%) with one or more disabilities. Limitations on activities because of chronic conditions increase with age. In 2000, among those 65-74 years old, 26.1 percent reported a limitation caused by a chronic condition. In contrast, almost half (45.1%) of those 75 years and over reported they were limited by chronic conditions. Those in poor health often need assistance with daily living. As of June 2003, the number of seniors receiving In-Home Supportive Services through the County of Orange Social Services Agency had increased 20 percent for the second consecutive year (from 5,378 to 6,589).

As many as 60,000 individuals over the age of 65 in Orange County have Alzheimer's disease or another related disorder, or are at risk of developing it in the near future. These numbers reflect the 40,000 individuals currently affected by Alzheimer's and an additional 20,000 who have Mild Cognitive Impairment (MCI). These individuals are at risk of developing dementia in the near future. According to the Alzheimer's Association of Orange County, the number of cases of Alzheimer's in Orange County is expected to grow 250 percent to 175,000 by 2050.

Elder Abuse

Incidence of elder abuse continues to rise in Orange County. The average number of adult abuse reports received each month by the County of Orange Social Service Agency, Adult Protective Services, increased 42 percent between 1998/99 and 2002/03. The increase is primarily attributed to an aging population, increased community awareness, and the expansion of the types of abuse which must be reported.

Resources and Constraints within the PSA

When it comes to quality of life in Orange County, 9 in 10 residents surveyed in 2004 say things are going well today. Confidence in the county's economy has returned to the level it was at during the boom years of 1998-2001. Even so, there are a least two major areas of concern for Orange County older adults.

High Cost of Living

The high cost of living places Orange County in a very different category than many other counties. The median income of households in Orange County in 2003 was $60,118. Eighty-five percent of the households received earnings and 13 percent received retirement income other than Social Security. Twenty-one percent of the households received Social Security. The average income from Social Security was $13,779.

In 2003, the median household income for older adults was $37,066, far less than the county median household income of $60,118. The impact of a very low income is keenly felt in Orange County. These statistics confirm that many older adults in Orange County do not have incomes sufficient to meet the basic needs of daily living.

Since Orange County is one of the most expensive areas of the United States in which to live, income that would be considered sufficient in other areas is grossly lacking in Orange County. For this reason there are a great many older adults with incomes above 125% FPG who are indeed living in poverty in Orange County.

Although 79 percent of older adults in Orange County own their own homes (compared to 60 percent of the general population), many older residents have had their homes for many years, have "aged in place," and have fixed incomes that have reduced in purchasing power over the span of their retirement. Older adults also face increasing age-related disability and medical issues, with the cost of medical care and prescription drugs a continual drain on their fixed incomes. Even Orange County residents living at 250% FPG may not be able to afford to live without substantial assistance.

Growing Cost of Housing

In 2004 there were 1,003,929 housing units available to county residents. The cost of single-family homes and multiple family dwellings is increasing, along with rental costs. Fair Market Rents in July 2003 ranged from $987 for a one-bedroom unit to $1,220 for a two-bedroom unit and $1,698 for a three-bedroom unit. Only Boston, Santa Clara County, and San Francisco have less affordable rental housing than Orange County.

Of the estimated 33,190 renters in Orange County age 65 and above, 71.5 percent are paying at least 30 percent of their total income on rent, compared to 54 percent of the general population.

The median price of a single-family detached home in Orange County in July 2004 was $648,590, an increase of 30.7 percent from July 2003.

In July 2004, only 11 percent of households in Orange County could afford the median priced home. This compares to 21 percent in 2003, 29 percent in 2001, and 42 percent in 1994. These rates are far below the United States average of over 50 percent. Orange County is less affordable than all of its neighboring counties except San Diego County. *(Source: Orange County 2005 Community Indicators Report)*

DESCRIPTION OF THE AREA AGENCY ON AGING (AAA)

The Housing and Community Services Department/ Office on Aging, a department of Orange County government, is the designated Area Agency on Aging for Orange County.

Since 1974, the Orange County Board of Supervisors has been recognized by the California Department of Aging (CDA) as the governing board of the Area Agency on Aging for the County of Orange (officially designated as Planning and Service Area #22). To carry out the mandates of the Older Americans Act, the Board of Supervisors created the Orange County Area Agency on Aging, which was a division of the Community Services Agency from 1979 until 2003. The Orange County Area Agency on Aging was re-named Office on Aging (OoA) in 2002.

As the local Area Agency on Aging, the Office on Aging (OoA) is mandated by federal law to be the lead advocate, systems planner, and facilitator of services and programs for older adults, persons with disabilities, and their caregivers who live both in the community and in long-term care facilities within Orange County. This mandate includes accomplishing the goals of the older adult programs funded by State, federal and county general funds. The Office on Aging is supported in its mission by a 40 member volunteer advisory body, the Senior Citizens Advisory Council, and the associated subcommittees of the Council.

2003 was a year of transition for the Office on Aging, culminating in new placement within the county family. As a means of maintaining critical services in the face of budget challenges facing the county, the programs of the Community Services Agency (CSA), including the Office on Aging, were reallocated. The County Executive Office formed a Strategic Financial Plan Committee to recommend various budget balancing actions, one of which included combining smaller departments where it made sense to create efficiencies.

Effective July 1, 2003, the Housing & Community Services Department (HCS) was born. The creation of HCS combined four divisions from Housing and Community Development with four divisions from CSA, including the Office on Aging. The merger is an ongoing process involving all levels of staff, and as HCS develops new goals it will be toward making the vision of “a quality life for all Orange County” a reality.

In a collaborative effort, a newly formed Labor Management Committee with members from both departments joined together to formulate the new Department’s Mission. They looked at the core responsibilities of the separate divisions and at the direction of the merged department to create a Mission Statement that encompasses all that HCS does.

Mission Statement

The Mission of the Housing and Community Services Department is:

To work in partnership with and advocate for Orange County's diverse communities, improve lives by supporting and providing needed community services, strengthen economic viability, and preserve and expand affordable housing opportunities; thereby enhancing the quality of life for our community.

The Mission for all AAAs, as articulated in the California Code of Regulations, is:

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 vision and mission of the Office on Aging complement those of the larger Housing and Community Services Department and the California Department of Aging.

Our Vision

Orange County is the best place in America to age with dignity.

Our Mission

To ensure that Orange County's older adults experience a high quality of life characterized by independence, safety, health, transportation, affordable housing, appropriate nutrition and social activity.

The organization chart for the Office on Aging is included in this document as Exhibit 2.

Senior Citizens Advisory Council

The Senior Citizens Advisory Council (SCAC) advises the Orange County Board of Supervisors and the Office on Aging on matters affecting senior citizens in Orange County. The council meets monthly.

SCAC consists of forty volunteer citizens, including local elected officials, representatives of health care and supportive services provider organizations, persons with leadership experience, and the general public. At least half of the council must be older adults. The Board of Supervisors appoints twelve members, the California League of Cities appoints ten members, and the council itself appoints the remaining eighteen members.

The council has five standing committees addressing health, housing, legislation, nutrition and transportation, and a six-member executive board.

AAA's Demonstrated Leadership in Community-Based System Development

From its beginning almost 30 years ago, the primary mission of the OoA has been to advocate for the development of a comprehensive and coordinated system of services that responds to the social, economic and health-related needs of Orange County's older adults. The OoA has served as the primary advocate for older adults by developing area plans for services, administering service contracts, providing staff support to the Senior Citizens Advisory Council, developing a continuum of community based long term care services, publicizing and disseminating information on available resources, identifying service gaps and barriers, and providing limited direct services. The following, along with the state-of-the-art Information and Assistance call center and the 29 contracts administered by the OoA for service delivery, provide some indicators of the leadership role of the Office on Aging within the aging network in Orange County.

Transportation Advocacy

The importance of the advocacy role of the Office on Aging in keeping the needs and interests of older adults in the spotlight cannot be overstated. One such area of advocacy is transportation. Transportation is an issue for every service funded by OoA; without transportation the client population would have no access to needed services. OoA has worked extensively with the Orange County Transportation Authority (OCTA), with cities, community-based organizations and private providers to expand the scope of transportation services available in the county.

The OoA transportation manager is vice-chair of the Special Needs in Transit committee seated by the board of directors of OCTA. This committee and its work groups play an advocacy role shaping public policy on behalf of the transportation needs of older adults. The transportation manager also sits on the ACCESS appeals board, which ensures that ADA guidelines are followed and that older adults and persons with disabilities get a fair hearing when denied ACCESS transportation services.

Approximately 50 percent of these denials are overturned by the ACCESS appeals board.

The OoA provides technical assistance to cities and other entities relative to their transportation issues for older adults, and frequently supports the efforts of cities and other transportation entities by writing letters of support for their funding proposals.

The role of the Office on Aging and the technical expertise it offers to the community is widely acknowledged. When the issue is senior transportation, the Office on Aging is at the table.

The Senior Non-Emergency Medical Transportation Program (SNEMT)
Addressing the critical need for transportation services for older adults in the county, the Office on Aging developed and implemented an innovative Senior Non-Emergency Medical Transportation Program (SNEMT) plan funded with Tobacco Settlement Revenue (TSR) funds. The SNEMT plan called for developing, testing, and monitoring pilot models throughout Orange County. A Phase II plan was developed using information from the pilot programs to craft a “best practices” model.

At the end of December 2004, the program had provided 96,089 trips, had 7,937older adults enrolled, and was growing at a pace of 600 additional clients per month. Many older adults were enabled to visit their doctors or dentists, pick up prescriptions, or receive other health-related services because this service met their previously unmet need for transportation. This program is unique in California and the nation. The Phase II plan was approved by the Board of Supervisors on July 27, 2004 and took effect April 1, 2005.

The OoA is researching the development of a Phase III plan for senior transportation, which would be submitted for Board of Supervisors approval consideration in FY 2005-06. Phase III would include strategies to broaden the scope of available services as well as proposing a resource development plan to address the ever-expanding need for transportation alternatives for older adults in Orange County.

Interagency Committee on Aging
The OoA provides leadership and support to the Interagency Committee on Aging (ICA), a collaborative work group composed of county agencies providing services to older adults. In addition to the Office on Aging, this includes the Health Care Agency, Social Services Agency, the In Home Supportive Services Public Authority, the Orange County Housing Authority and CalOptima. The Orange County Transportation Authority also participates. The ICA acts as a forum for appropriate management level representatives to identify and eliminate duplication and gaps in services and programs for the elderly and to better coordinate and improve aging programs in the County.

In FY 2005-06, the ICA will focus on two initiatives: the Long Term Care Integration Pilot Project to improve the service system for older adults and persons with disabilities in Orange County; and development of an implementation plan for Proposition 63, the

Mental Health Services Act, to assure that the mental health needs of Orange County older adults are appropriately addressed.

Coalitions & Other Collaborations

Because of the growing population of older Hispanic and Asian/ Pacific Islander older adults, the Office on Aging initiated a Latino Senior Coalition and an Asian/Pacific Islander Coalition. A Caregiver Coalition was added, to assure that those serving older adults and caregivers in the greatest social and economic need are represented in the planning process.

Other collaborations that make it possible for the Office on Aging to positively influence the community on behalf of older adults include the 211 Steering Committee, the Information and Referral Task Force, and the Interagency Committee on Aging, among others.

The outcome of these collaborations includes better communication between the Office on Aging and other key informants; more efficient and effective use of resources; the opportunity to influence policy and planning within the county; and opportunity for the Office on Aging to hear and consider the needs of those in the greatest social and economic need.

2-1-1

The Office on Aging is playing a key role in the development of 2-1-1 in Orange County, including support of Info Link Orange County as the designated 2-1-1 provider, participation in the 2-1-1 Steering Committee, and participation in the Southern California 2-1-1 Collaborative. Once operational, this FCC designated number will be a single point of entry for callers to gain information about health and human services. The Office on Aging is currently developing a memorandum of understanding with Info Link to make the Office on Aging Call Center the first line of referral for all older adult issues through 2-1-1 in Orange County.

"The Aging of Orange County"

The OoA has developed a community education presentation to enlighten Orange County city councils and other key informants and policymakers concerning the urgent need to plan for the exponential growth of the aging population. Titled *The Aging of Orange County,* the presentation features older adult population projections for the nation, the State, and Orange County in 2005 and 2020. It is being shown to city councils and gatherings of other key informants and interested parties, and will be part of a broad-based countywide community awareness campaign in FY 2005-06.

Local Olmstead Implementation

In the 1999 Supreme Court *Olmstead* decision the court deemed states to be obligated by the Americans with Disabilities Act (ADA) to provide community-based services for persons with disabilities. As a result, the federal government has encouraged states to plan for reforms not only in the health arena but also in the areas of transportation, housing, education and other social supports to fully integrate people (including older adults) with disabilities into the least restrictive settings.

The *Olmstead* decision led to state legislation enacted in 2002 creating state *Olmstead*-related task forces, consumer-directed care programs, and better coordinated information, referral and assessment services**.**

As part of a collaborative effort, the Orange County Office on Aging, the Social Services Agency, CalOptima, and the Dayle McIntosh Center, sponsored three community forums in Orange County in September of 2002, to maximize local community input into California's *Olmstead* Plan. The forums were attended by consumers of long-term care services, friends and family of consumers, service providers, public officials, advocates, government agencies, senior advisory entities, and California senior legislators. The Office on Aging continues to meet with the Dayle McIntosh Center and many other agencies that are working to integrate the older adult and persons with disabilities systems of care. As part of this effort, the OoA will continue to represent the aging network as part of local collaborative efforts to move *Olmstead* implementation forward in Orange County.

The Older Adult Service Network in Orange County

Since each AAA serves a Planning and Service Area with unique needs, the configuration of programs and service delivery methods are unique in each area, designed to meet local needs and preferences.

In Orange County, the Board of Supervisors and the senior community have preferred that services be privatized to local non-profit, municipal or for-profit contractors to the maximum extent possible. Rather than provide services directly, the Orange County Office on Aging administers 29 contracts for the provision of services to older adults through community-based organizations. These programs are funded with federal and State funds, County General Funds and Tobacco Settlement Revenue (SNEMT program). They include:

- Adult Day Care
- The Alzheimer's Day Care Resource Center
- The Brown Bag Program
- Case Management
- Community Services
- Elder Abuse Prevention
- The Elderly Nutrition Program
- The Family Caregiver Support Program
- The Health Insurance Counseling & Advocacy Program (HICAP)
- In-Home Services
- Legal Assistance
- The Linkages Program
- Ombudsman
- The Senior Companion Program
- Senior Employment
- The Senior Mobility Program

- The Senior Non-Emergency Medical Transportation Program (SNEMT)
- Senior Nutrition Transportation

Of the services funded under the Older Americans Act and Older Californians Act, OoA directly provides two programs: Information & Assistance and Disease Prevention/ Health Promotion. Medication Management is provided through a memorandum of understanding with the Health Care Agency.

Public Sector Agencies Serving Older Adults

Publicly funded services form a foundation for the broader spectrum of older adult services in Orange County. The following agencies are among the major public-sector providers of important services for Orange County's older adult population:

Office on Aging (OoA)
CalOptima
The Health Care Agency (HCA)
The Orange County Housing Authority
The Public Administrator/Public Guardian (PA/PG)
The Social Services Agency (SSA)
The Orange County Transportation Authority (OCTA)
The Veterans Services Office (VSO)

The following categories address some of the most commonly used service categories offered by the county and funded with federal, State and county general funds.

- Housing
- Transportation
- Case Management
- Health Care
- Disease Prevention/Health Promotion
- Behavioral Health Services
- Long-Term Care
- Nutrition
- In-Home Care

Housing:
Housing services are primarily provided by two County of Orange agencies: the Housing & Community Services Department and the Health Care Agency.

Affordable housing for older adults includes those programs administered by the Housing Authority of the Housing and Community Services Department (HCS) of the County of Orange. Very low and low-income housing is available as tenant-based housing or project-based housing. Tenant-based housing refers to the Section 8 Housing Choice Voucher Program, which serves over 9,600 families in Orange County, including more than 3,500 older adult (62+) households.

There are additional housing authorities in Anaheim, Garden Grove and Santa Ana, assisting 11,000 households (approximately 3,300 seniors).

The Health Care Agency provides temporary and transitional housing for mentally disabled homeless older adults through two programs: Multi-Service Center Services for the Mentally Disabled Homeless and Intensive Recovery Services for the Mentally Disabled Homeless.

Transportation:
Publicly funded senior transportation in Orange County is provided through collaboration between the Orange County Transportation Authority (OCTA), the Health Care Agency (HCA), the Office on Aging (OoA), cities, and a network of contracted service providers. OCTA provides transportation services and a variety of resources, including technical assistance to city-operated programs. HCA administers Tobacco Settlement Revenue (TSR) funds which are implemented by OoA for the Senior Non-Emergency Medical Transportation program (SNEMT). OoA also administers federal Older Americans Act Title III funds for transportation for older adults to nutrition sites and other locations.

Case Management:
Several County of Orange agencies provide case management, including the Office on Aging, the Social Services Agency, and CalOptima.

The Health Care Agency also provides case management for disease prevention in the public health nursing programs: Preventive Health Care for the Aging (PHCA) and Senior Health Outreach & Prevention Program (SHOPP), and mental health case management in the behavioral health programs: Older Adult Services (OAS) and Substance Abuse Response Team (START).

The Office on Aging contracts with community-based service providers for case management services funded by Title III of the Older Americans Act, and for state-funded Linkages Program case management services.

There are three providers of Title III B case management services and one Linkages provider in Orange County. Providers of Title III case management services also provide In- Home Services.

Health Care:
CalOptima and the County of Orange Health Care Agency provide a range of health related services to older adults.

CalOptima is a public healthcare agency providing health care to residents of Orange County that are Medi-Cal beneficiaries. CalOptima provides preventative, primary, acute and long term care health care services through a countywide contracted network of health care providers including physicians, hospitals, pharmacies, community clinics and skilled nursing facilities. CalOptima manages the health care for approximately

275,000 Medi-Cal beneficiaries in Orange County, of which approximately 40,000 are 65 or older. CalOptima provides several Medi-Cal programs serving older adults.

The Health Care Agency (HCA) provides services to populations that are otherwise excluded from entitlement programs. HCA enhances the dental and mental health services to community clinics. HIV services to older adults and the Medical Services for the Indigent (MSI) programs serve specific health needs. Finally, inmates aged 60 and older receive health care through Adult Custody Medical and Radiology Services (contracted by HCA).

Mobile clinics and community clinics provide low and no-cost health care to residents who cannot afford to pay for their own care and are not eligible for government sponsored programs such as Medicare and Medi-Cal. Mobile clinics have revolutionized the delivery of health care to populations without access to transportation. There are several mobile clinic stops located throughout Orange County.

Disease Prevention/Health Promotion:
The Health Care Agency provides direct disease prevention and health promotion programs for older adults, as well as through contracts with local community based organizations. Approximately 3,380 seniors per month are served through these programs, with duplications.

The OoA health educator promotes physical activity by maintaining and communicating a list of senior exercise venues and instructors; provides health information at health fairs, speaking presentations, and through the media; works with the contracted nutritionist to educate seniors at nutrition sites; and collaborates with other stakeholders to promote senior home and driving safety.

Medication management is provided by the HCA Preventive Healthcare for the Aging (PHCA) program, through a memorandum of understanding with the Office on Aging.

Behavioral Health Services:
The County of Orange Health Care Agency (HCA) provides behavioral health services directly and through contracted agencies to approximately 4,500 persons each month, with duplications. Approximately 11 percent are older adults age 55 and above.

There are three HCA direct programs and two contracted programs providing direct services specifically to older adults with behavioral health problems. The HCA programs are Older Adult Services (OAS), the Senior Health Outreach Prevention Program (SHOPP), and the Substance Abuse Resource Team (START). The contracted programs are the Senior Outreach Program at Latino Psychological & Social Services (LPSS) and the Vietnamese Assistance for the Loving Understanding of the Elderly (VALUE) program operated through a contractual agreement with College Community Services.

Long Term Care:
Long term care includes a wide range of medical and support services for people with a degenerative condition, prolonged illness or cognitive disorder. Long term care is often "custodial care," which involves providing individual assistance to those for whom it has become impossible to perform activities of daily living without the assistance of another person.

There are a range of publicly funded long term care services: The Multipurpose Senior Services Program (MSSP) is considered a long term care service because it makes it possible for older adults to remain in the home as an alternative to institutional placement. Both CalOptima and the Social Services Agency operate MSSP programs.

In Home Supportive Services (IHSS) is a statewide State-mandated program administered in Orange County by the Social Services Agency (SSA). IHSS is an alternative to placement in out-of-home care, such as nursing homes or board and care facilities. It is an entitlement program; all eligible applicants are served and there are no waiting lists. The active monthly caseload of IHSS clients in Orange County was over 11,000 persons in December 2004, up from 10,573 in December 2003 and 8,409 in December 2002.

Adult Day Health Care (ADHC) provides health, therapeutic, and social services to serve the specialized needs of frail elderly as well as adults who are at risk of institutionalization because of functional impairments. ADHC services are considered long term care services, and are delivered through a network of state-licensed privately operated centers. There are 21 operating ADHC centers in Orange County.

Long term care services for Medi-Cal eligible persons are provided in part by CalOptima. Orange County (CalOptima) has been granted an opportunity in the Medi-Cal re-design to develop an Acute and Long Term Care Integration Pilot Project for Orange County beginning in FY 2005-06; the Office on Aging, with the Interagency Committee on Aging and other stakeholders, will participate in the process.

Nutrition:
Nutrition programs are provided by the Office on Aging and Social Services Agency. The Elderly Nutrition Program (ENP) is provided through contracts administered by the Office on Aging and serves more than 2,200 congregate and home-delivered meals per day, Monday through Friday.

In addition to the Elderly Nutrition Program, some cities and other entities provide private home-delivered meals and/or other senior nutrition programs.

The Social Services Agency provides the Food Stamp Program and the California Food Assistance Program (for some legal non-citizens who are not eligible for federal food stamps).

In-Home Services:
The Office on Aging and the Social Services Agency provide funding for certain in-home services. The Health Care Agency provides health and behavioral health services to older adults in their own homes.

In Home Supportive Services (IHSS) and the Multipurpose Senior Services Program (MSSP), described under Long Term Care, are also in-home services.

The Office on Aging administers contracts for in-home services funded by Title III B of the Older Americans Act. The In-Home Services program consists of outreach and the provision of services such as personal care, homemaker services and chore services to homebound older adults, to maintain independent living or provide respite for the primary caregiver. In-home services funded through the Office on Aging are provided by some of the same contracted service providers who provide case management services and Elderly Nutrition Program services, all of which are Older Americans Act programs.

The Health Care Agency provides services to older adults in their own homes through the SHOPP, OAS and START programs described earlier under Case Management Services, Disease Prevention & Health Promotion, and Behavioral Health Services.

Private Sector Organizations Serving Older Adults

Any summary of services for older adults is incomplete without consideration of the myriad of private agencies, both nonprofit and for-profit, which are providing services to older adults, their families and caregivers. The OoA Information and Assistance call center offers more than 1,400 public and private sector agencies to address the needs of older adults, their families and caregivers.

Resources and Constraints of the AAA

Resources

The efficiency and effectiveness of the older adult service delivery system is widely acknowledged in the county. Through the Title III B Information and Assistance program, the OoA acts as a single point of entry referral source and advocate for older adults throughout the county, connecting consumers with public and private community-based services. The OoA has made the strengthening of the Information and Assistance function a priority, as evidenced by the state-of-the-art call center and award winning web site. The OoA call center database holds contact information on more than 1,400 public and private sector agencies to address the needs of older adults, their families and caregivers.

Orange County agencies offer a well coordinated network of services to maintain continuity of care and to meet the service needs of older adults. This coordination is

supported by the work of the Interagency Committee on Aging (ICA), a collaborative work group composed of public agencies providing services to older adults.

Varieties of other formal and informal alliances enable senior service providers to network and respond to the needs of the community. These include the Elder Abuse Prevention Coalition, the Orange County Senior Roundtable, the Information and Referral Provider Network, the United Way Building Strong Families Investment Council, and two newly formed committees to address landlord/tenant and shared housing issues for older adults.

This is particularly significant because of the way that Orange County government is structured, which impacts service delivery (described as follows).

Constraints and Challenges

Fragmentation in service delivery

While the Statewide trend is toward combining all older adult services into a single agency, within the Orange County system there are several different agencies providing services to older adults. As lead advocate, systems planner, and facilitator of services for older adults, their families and caregivers, the Office on Aging is challenged with the task of tracking and coordinating with the programs offered by other agencies. With multiple funding and regulatory silos, older adults may find it hard to enter or navigate the system of care, making the role of the OoA more critical. Through the Interagency Committee on Aging (ICA), OoA works to mitigate such fragmentation through coordination of information and policy recommendations.

Limited funding and a growing population

Flat and/or reduced funding in the face of increased demand for services has challenged the resources of contracted service providers, the Office on Aging, and other organizations serving older adults in the county. This is further exacerbated by the increase in expenses for contractors, such as increased food and gasoline costs for the nutrition providers. The fact that there are more needs than can be met with available funds will inevitably result in limits to services. With increased demand, but fewer services available, waiting lists will be more prevalent.

Additionally, the State budget crisis has dramatically impacted local government. As a result, the Office on Aging has sustained Step II Reductions in county general fund support ($526,000 over four years; ending June 30, 2007). Temporary adjustments from the merger and the Step II cuts have had an impact on the capacity of OoA to take on new initiatives and maintain core business obligations.

Increasing customer demand

With the growth of the aging population, there will of course come a corresponding growth in the number of older adults in need of services, but the growth will not be spread uniformly. For instance, attendance at congregate meal programs at some

senior centers is declining, while demand for home-delivered meals exceeds the supply of available resources. The aging services network, both public and private, faces the challenge of re-designing programs to ensure improved accessibility and relevance to the evolving needs of older adults.

Realignment of county agencies

Necessary realignment of agencies in 2003-04 placed the Office on Aging within a new Housing & Community Services Department. The merger is an ongoing process involving all levels of staff. The necessary activities of any merger will result in the diversion of time from normal duties to accommodate to new systems; for the OoA, the challenge has been to meet the demands of core business functions while acclimating to new day to day operations.

Barriers to access

Many variables impact the use of services. Research consistently indicates that ethnic/cultural background, literacy, language skills, level of assimilation, and even a preference for informal resources (family, friends, neighbors) rather than "official" government programs, all impact usage. The OoA is challenged to develop strategies to overcome these barriers.

The most often cited reason seniors and their caregivers fail to access available services is lack of awareness that such services exist. Families and individuals tend not to be concerned about such programs until confronted with an immediate or imminent need. Marketing of services is an important component to the reduction of gaps in service delivery due to lack of knowledge about service availability, but frequently does not occur because under-funded providers are hard pressed to accommodate their current client base.

Balancing needs and resources will be an ever growing issue in the coming years as the Baby Boomer generation ages and adds to the demand for long-term care services. The Baby Boom generation – those born between 1946 and 1964 – will make their mark on the growth in the number of older adults with disabilities who need long term care and on the amount of resources required to pay for it. The oldest Baby Boomers will turn 65 in 2011. There are more than 838,000 Baby Boomers in Orange County, according to 2000 Census data. In comparison, there are approximately 437,000 individuals aged 60 or older in Orange County currently.

Finding ways to develop and finance additional service capacity that meets needs, allows choice, and ensures quality care will be a challenge for the Office on Aging and local governments in years to come, demanding strategic planning, collaboration and partnership with the broad spectrum of service providers as we strive to make Orange County the best place in America to age with dignity.

PART TWO: ESTABLISHING PRIORITIES

The Planning Process

Needs assessment

In preparation for the 2005-09 Area Plan project, a staff work group was convened to address the many aspects of the process, with emphasis on the needs assessment. The needs assessment process involved a variety of elements, including a study of existing data elements; assessing existing data on target populations; focus groups and community meetings; and a variety of surveys for key informants and clients. These elements were selected to provide the broadest perspective possible on the current needs of the older adult population of Orange County.

Study of existing data elements

The OoA is fortunate to have a wide range of data available on older adults in Orange County. In addition to the Census, data sources included:

- A 2002 caregiving needs survey distributed to all County of Orange employees
- The 2003 Condition of Older Adults Report
- The 2003 analysis of county-operated services and gaps in services
- Local reports and other assessments from outside agencies
    - Orange County Health Needs Assessment 2003 and 2005
    - Orange County Community Indicators Report 2004 and 2005
    - Orange County Progress Report 2004
    - Public Policy Institute of California Survey of Orange County, December 2004
- Growth trends from the Department of Finance
- I&A unit data on unmet needs and most commonly requested services
- I&A client satisfaction data
- Data gathered from the OoA web site
- Data on low-income Hispanic elders from the Latino Health Access Puerta a Puerta (Door to Door) program
- A report on grandparent caregivers in Orange County
- A preliminary Samoan Senior Health Survey report
- A report from the SCAC Health Committee: *Health Care Access for Uninsured, Underinsured, and Underserved Seniors in Orange County*

New data gathering

Surveys and public meetings

OoA employed a variety of surveys, including one specific to caregivers. This survey was distributed to caregivers using Adult Day Health Care centers, and to the clients of the Orange Caregiver Resource Center, the contracted service provider for the Family Caregiver Support Program. In addition to the targeted survey, a public meeting on the subject of caregiving was held at the Tustin Senior Center, where testimony was given by caregivers and advocates.

Key informant surveys, client surveys, and the CDA core questionnaire were also employed. Service providers, SCAC members and coalition members assisted with the development of the survey tools.

Key informants
Key informant surveys were made available to attendees of a Senior Legislative Briefing at California State University, Fullerton. In addition, key informant surveys were given to every senior center and community center in the county; all OoA contracted service providers, the members of the Senior Citizens Advisory Council, the Legislative and Health Committees, Social Services Agency and Health Care Agency older adult programs, and the Latino and Asian/Pacific Islander Senior Coalitions.

Along with the survey process, a key informant focus group of older adult service providers was held at the OoA for the purpose of raising the awareness of the Orange County Community Foundation concerning the needs of older adults in the county.

Core questionnaire and client surveys
The core questionnaire provided by the California Department of Aging (CDA) was used in conjunction with a narrative-based client survey. These surveys were given to all senior centers, contracted service providers, the Dayle McIntosh Center, and the Latino and Asian/Pacific Islander Senior Coalitions. The client survey was also distributed at the Senior Summit in San Clemente in October 2004.

Surveys were distributed in English, Spanish and Vietnamese.

Findings

The top three greatest needs of older adults expressed by 53 key informants were:

- Transportation
- Housing
- Affordable health care (including prescription drugs)

Key informants felt that the greatest barriers to services were lack of awareness, and lack of access to services (transportation).

The top five greatest needs expressed in all the client surveys were:

- Health care (including prescription drugs)
- Knowing what services are available
- Finances
- Affordable housing
- Transportation

For the respondents from the disability community the top three greatest needs were:

- Employment
- Affordable housing

- Transportation

Of the responses in the core questionnaire, the problems affecting respondents the most were:

- Health care
- Transportation
- Isolation and loneliness
- Household chores

The top three requests received by the Office on Aging call center from January through December 2004 were related to:

- In-home services (including home-delivered meals)
- Transportation
- Housing

Among the 215 caregivers surveyed, the greatest needs expressed were for:

- Regular respite
- More help in the home – from family and services
- Financial assistance

In addition, 42 percent of those surveyed indicated the need for some type of home modification.

It is interesting to note some of the cultural differences affecting concerns within the various ethnic groups. For instance, dealing with isolation and loneliness, and socialization, were strong concerns among the Filipino respondents. Their top three concerns were: health care (including prescription drugs); dealing with isolation/ loneliness, and socialization; and caregiving.

Native Hawaiian and Other Pacific Islanders also rated socialization as a high priority, with health care and knowing what services are available as the other two among their top three concerns. For the Vietnamese elders, the top three were health care, finances and affordable housing.

Among all the groups surveyed, Vietnamese and Filipino elders were least likely to be living alone. Vietnamese elders rely on family for transportation more than other groups, and employ more paid workers as well as engaging family for personal care and household tasks. Among all the groups, the Vietnamese had lived the shortest time in their communities, and were younger overall (65-74).

It should be noted that while a representative sampling of the Asian and Pacific Islander communities and the Latino older adult population were surveyed for this broad needs assessment, a more in-depth needs assessment of these populations is planned to begin in FY 2005-06.

Targeting

The targeting priorities established in the Older Americans Act (Sections 307 and 373(c)(1) and listed in the California Code of Regulations (CCR Article 3, Section 7310) require that AAAs use outreach efforts to identify individuals eligible for assistance under federal law. Special emphasis is to be given to older adults:

- residing in rural areas
- having the greatest economic need and social need, with particular attention to low-income minority individuals
- having severe disabilities
- having limited English-speaking ability
- having Alzheimer's disease or related disorders, and their caregivers

There are often barriers to serving these communities. Language barriers and transportation problems impede access. Low income older adults are especially vulnerable living in Orange County, with its high cost of living. According to the 2000 Census, the number of persons in Orange County age 60 and older living below the poverty level increased between 1990 and 2000 by 46 percent over the increase from 1980 to 1990. Department of Finance projections indicate that the rate of growth of the ethnic minority senior population will be significantly higher than that of non-minority seniors, underscoring the need for targeted outreach to these often hidden groups.

The OoA remains committed to ensuring that services are accessible to individuals with the characteristics identified in the OAA and CCR. This is done in part by allocation of Title III funds according to the Court-approved funding formula for California, which gives additional weight to minority and low-income older adults. In addition, the OoA has developed a number of targeting strategies to meet the needs of target populations.

- OoA contracts with some service providers (such as Abrazar and the Vietnamese Community of Orange County) serving ethnic minorities, and maintains collaborative partnerships with others (such as Latino Health Access) through coalitions and other relationships.
- Evaluation criteria in the Request for Proposal process address the need for providers to appropriately target those groups emphasized in the federal regulations.
- Requests for Proposal contain language requirements to ensure the use of printed materials in languages appropriate to the demographic composition of the service area; contractors must also make use of bilingual paid or volunteer staff or have access to interpreters.
- The OoA call center assures access to services through bilingual staff and the use of the language line provided for callers with limited English proficiency.
- All OoA contracted service providers are required to have materials available to clients in the three threshold languages – English, Spanish and Vietnamese.
- OoA provided all contractors with the guidance clarifying the requirements under Title VI of the Civil Rights Act that address the obligation to provide meaningful access to services to those having limited English proficiency.

- All OoA contracts address the issue of compliance with non-discrimination laws – specifically Title VI of the Civil Rights Act.
- There is low-income ethnic minority representation on the Senior Citizens Advisory Council.
- OoA will work with the Asian/ Pacific Islander and Latino Senior Coalitions to develop and implement survey tools to assess needs specific to these populations.

Priorities

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 for these priority services is to be determined by the AAA through the planning process.

In this 2005-09 four-year planning cycle, the OoA will maintain the same minimum percentages as those employed in the previous cycle:

- 48% for Access (Information and Assistance, Transportation, Case Management, and Outreach)
- 11% for In-Home Services
- 12% for Legal Assistance

These adequate proportion levels reflect needs assessment findings, available resources, and discussion at the public hearing. No suggestions were made at the public hearing to warrant changes in the adequate proportion allocations.

It is no surprise that the issues of most concern revealed by the needs assessment process were health care (including prescription drugs), knowing what services are available, finances, affordable housing, and transportation. These are not new concerns. The OoA will continue to address the identified needs of the community through the administration of allocated funds, and will provide technical assistance to contracted service providers and others, as appropriate. As part of the larger aging network, OoA will employ collaborative partnerships (such as the Interagency Committee on Aging) and innovative programming (such as the Senior Non-Emergency Medical Transportation program), to maximize resources and improve the service delivery system in Orange County. In addition, the activities of the Senior Citizens Advisory Council committees will support and enhance the work of the aging network.

Identifying Goals and Objectives

This 2005-09 four-year Area Plan contains broad goals and introduces two types of objectives – Service Unit Plan Objectives and System Building and Administration Objectives.

A platform of overarching goals was developed out of the needs assessment process, to address the spectrum of OoA initiatives and activities. Those goals are:

- Informed communities
- Coordinated service delivery and collaborative partnerships
- Satisfied customers

These goals have been developed through needs assessment findings, targeting issues and program priorities. OoA recognizes the need for a broad base of collaboration and cooperation by all stakeholders in order to move toward the achievement of these goals.

This 2005-09 Area Plan marks the first time that the units of service are considered to be objectives. The Service Unit Plan Objectives delineate the scope of the programs and services provided with OAA and OCA funds, and need not be re-stated in narrative form as they have in the past.

The System Building and Administration Objectives are the narrative objectives which outline the desired conditions the OoA intends to achieve through administration, service delivery activities, program development activities, coordination activities, and advocacy activities as required in the California Code of Regulations (CCR) Article 3, Section 7302(a)(5).

This Area Plan outlines the major activities, goals and objectives to be implemented in the first year of the Four Year Plan, between July 1, 2005 and June 30, 2006.

It should be noted that the Service Unit Plan Objectives for Title III E, the Family Caregiver Support Program, are estimates based on the performance of contracted service providers in FY 2004-05. Following the 2005 Request for Proposal process, new contracts for Title III E services will be granted for FY 2005-06, and service units will be amended as needed.

Unless otherwise stated, all objectives will be addressed by Office on Aging staff. Goals for the Senior Citizens Advisory Council are included as Exhibit 1.

Goal #1 Informed communities

Rationale: The vision of the Office on Aging (OoA) is for Orange County to be the best place in America to age with dignity. The needs assessment completed in preparation for the 2005-09 Area Plan supports data from other sources citing the need for information for older adults, their caregivers and families. The most often cited reason for not accessing services is lack of knowledge that the services exist. It is critical that strategies be employed to increase the number of households in Orange County that are aware of services available to older adults, their caregivers and families.

Objectives:

1.1 The Office on Aging staff will launch a countywide community awareness campaign to enlighten city councils and other government entities, key informants and policymakers, stakeholders, older adults and caregivers, and the general public, of the urgent need to plan for the needs of older adults and the growth of the older adult population as the baby boomers reach retirement. This will be accomplished through the following:

- Use of a presentation titled *The Aging of Orange County*
- Outreach with the InfoVan
- Health Educator activities, including the Making the Link project
- SCAC outreach to Senior Centers
- Print and broadcast media
- Information & Assistance outreach
- Other outreach activities

Start date: July 1, 2005
Completed by: June 30, 2006
Status: New

1.2 The Caregiver Coalition will survey agencies providing services to caregivers to determine the availability of training and/or workshops to inform and instruct caregivers. This information will be developed into a community calendar. The location of the calendar will be determined by the Coalition.

Start date: July 2005
Completed by: June 30, 2006
Status: New

1.3 The staff of the Linkages program will provide at least 8 community education programs, resulting in a more informed community regarding Linkages program services. This will include the Friendly Visitor program, bilingual case management for Mandarin-speaking individuals, and case management for Spanish-speaking individuals.

Start date: July 2005
Completed by: June 30, 2006
Status: New

1.4 The OoA will identify resources and inform older adults about the availability of housing options in Orange County, including shared housing programs and the opening of a new list for Section 8 tenant-based or project-based subsidized housing.

Start date: July 2005
Completed by: June 30, 2006
Status: New

1.5 The HICAP program will develop and implement a community awareness outreach plan for informing older adults, their families and caregivers about the Medicare Modernization Act. This will include coordination with OoA outreach activities (InfoVan, Senior Days at the County Fair, health fairs, other); and providing Medicare Part D information for the OoA web site.

Start date: July 1, 2005
Completed by: December 30, 2005
Status: New

1.6 HICAP will contact the county Board of Supervisors and other legislative offices within the county, offering to inform their constituencies about the implications of the new Medicare Part D. At the discretion of the Board and other legislators, HICAP staff will participate in community education meetings hosted by those offices for their constituencies.

Start date: July 1, 2005
Completed by: December 30, 2005
Status: New

1.7 HICAP will provide in-service training for OoA Information & Assistance staff, so that OoA can provide appropriate information to OoA customers and stakeholders regarding Medicare Part D.

Start date: July 1, 2005
Completed by: December 30, 2005
Status: New

1.8 The staff of the Alzheimer's Day Care Resource Center (ADCRC) program will conduct ten public/ community education sessions about ADCRC to the community at large through fairs and presentations to community groups, the general public, and representatives of community-based agencies. Through these presentations, community members and agency representatives will gain greater awareness of Alzheimer's disease and available services, such as the ADCRC.

Start date: July 2005
Completed by: June 30, 2006
Status: New

Goal #2 Coordinated service delivery and collaborative partnerships

Rationale: The Office on Aging is charged with the responsibility of serving as lead advocate, systems planner and facilitator of services and programs for older adults and caregivers in Orange County. The needs assessment completed in preparation for this 2005-09 Area Plan revealed the need for an accessible continuum of services to be available now. In addition, population projections prove the urgent need for strategic planning for coordination of service delivery as the baby boomers reach retirement.

Consistent with the missions of the Housing and Community Services Department and the Office on Aging, OoA will foster strategic partnerships addressing issues that relate to the health, well-being, independence, and dignity of older adults in Orange County. Limited resources demand cooperative approaches to service delivery and systems planning.

Objectives:

2.1 The Office on Aging will maintain strong participation in the Senior Mobility Program forums hosted by the Orange County Transportation Authority (OCTA), and including the Senior Mobility Programs, providers of the Senior Non-Emergency Medical Transportation program, CalOptima, and other transportation programs. These meetings are for the purpose of sharing information, networking, and brainstorming solutions for senior transportation issues. This will optimize resources and avoid duplication of service so that older adults may have access to services to assure their independence.

Start date: July 2005
Completed by: June 30, 2006
Status: New

2.2 The Office on Aging will implement the Phase II Senior Non-Emergency Medical Transportation (SNEMT) Plan to assist approximately 10,000 older Orange County adults and to provide medically related transportation services totaling approximately 100,900 trips.

Start date: July 2005
Completed by: June 30, 2006
Status: New

2.3 The Office on Aging will begin research on a Phase III Plan for Senior Transportation in Orange County, including goals and objectives for a transportation resource development plan. The Phase III Plan would address a wide spectrum of senior transportation issues, including but not limited to non-emergency medical transportation. The Plan will ultimately be submitted to the Board of Supervisors for approval consideration.

Start date: July 2005
Completed by: June 30, 2006
Status: New

2.4 The Office on Aging will begin preliminary research which will provide a foundation for the production of a *2020 Strategic Plan* for services to older adults in Orange County. This will be a multi-year project involving a wide range of stakeholders. The purpose of the 2020 Plan is to provide the Office on Aging, the Senior Citizens Advisory Council, other county departments serving older adults, the Board of Supervisors, city governments and other stakeholders with information to assist them in planning services for the exponential growth of the older adult population in the county by the year 2020 and beyond. (**Coordination)**

Start date: July 2005
Completed by: June 30, 2006
Status: New

2.5 The Office on Aging will establish an Older Adult Health Promotion Coalition comprised of stakeholders from the senior services, health care, insurance, education, caregiving, government, and business communities. Its purpose will be to undertake, and explore funding options for, projects related to the topic of PREVENTING INJURIES DUE TO FALLS. This coalition will be organized and facilitated by the Office on Aging. It will choose and implement projects such as home safety, medications management, strength-building exercise, balance/ mobility or other-related programs. The measured outcome will be the number of seniors served by the program(s) over the course of the year. This number will be determined by the Coalition.

Start date: July 2005
Completed by: June 30, 2006
Status: New

2.6 The Office on Aging will advocate for older adults and persons with disabilities by participating on the OCTA Special Needs in Transit committee and its workgroups. The Special Needs in Transit committee shapes public transportation policy in Orange County. Participation in this committee by the OoA will assure a high level of advocacy for older adults.

Start Date: July 1, 2005
Completed by: June 30, 2006
Status: New

2.7 As part of the Interagency Committee on Aging (ICA), the Office on Aging will collaborate with CalOptima and other stakeholders in the development of a Long Term Care Integration Pilot Project to improve the service system for older adults and adults with disabilities in Orange County.
Start Date: July 1, 2005
Completed by: June 30, 2006
Status: New

2.8 As part of the Interagency Committee on Aging (ICA), the Office on Aging will participate in the process of developing an implementation plan for Proposition 63, the Mental Health Services Act in Orange County, assuring that the mental health needs of older adults are appropriately addressed.

Start Date: July 1, 2005
Completed by: June 30, 2006
Status: New

2.9 The Office on Aging will collaborate with the Latino Senior Coalition in a targeted needs assessment of Hispanic older adults in Orange County. This will include forming a needs assessment team, developing a comprehensive survey tool, creating a plan for the survey process, and surveying the identified populations. This will be a multi year project; development of the survey and the plan for its implementation will take place in the first year.

Start Date: July 1, 2005
Completed by: June 30, 2007
Status: New

2.10 The Office on Aging will collaborate with the Asian/ Pacific Islander Senior Coalition in a targeted needs assessment of individual groups of A/PI older adults in Orange County. This will include forming a needs assessment team, developing a comprehensive survey tool, creating a plan for the survey process, and surveying the identified populations. This will be a multi year project; development of the survey and the plan for its implementation will take place in the first year.

Start Date: July 1, 2005
Completed by: June 30, 2007
Status: New

2.11 The Office on Aging will partner with Info Link and other key community stakeholders in the development and implementation of 2-1-1 in Orange County. The OoA Information & Assistance call center will act as the first line of referral on all older adult and caregiver calls coming into the 2-1-1 Center during normal business hours. After hours and weekend calls will be tracked. If a sufficient increase in demand is experienced, OoA will explore options for response, including placing an Office on Aging representative at the 2-1-1 Center.

Start Date: July 1, 2005
Completed by: June 30, 2006
Status: New

2.12 The OoA Information and Assistance unit (I&A) will collaborate with OoA contractors and other providers of service to older adults and persons with disabilities in its outreach activities, which include the InfoVan. A minimum of 6 outreach activities involving a minimum of 10 partners shall be completed within the fiscal year.

Start Date: July 1, 2005
Completed by: June 30, 2006
Status: New

2.13 In conjunction with the daily linking of callers to appropriate service providers by the I&A call center, the I&A Manager will be a collaborative partner in key community task forces, advisory boards and committees that help strengthen service delivery. These may include the United Way's Building Stronger Families Investment Council, the Orange County Elder Abuse Prevention Coalition, 2-1-1 Orange County, Human Services Resource Committee and others. Participation in a minimum of 6 collaborations shall be completed within the fiscal year.

Start Date: July 1, 2005
Completed by: June 30, 2006
Status: New

2.14 The Office on Aging will provide educational workshops, seminars, and presentations (with culturally and linguistically appropriate materials) to groups of older adults, caregivers, and service providers, on such subjects as: nutrition, exercise, medications, health promotion, caregiving assistance, advance healthcare directives, available health-related services and other topics as warranted. A minimum of twelve such presentations will be delivered over the course of the year.

Start Date: July 1, 2005
Completed by: June 30, 2006
Status: New

2.15 The Linkages program will reduce the number of unwanted institutional placements of functionally impaired adults 18 and older in FY 2005-06 by providing limited in-home services. Linkages staff will provide information and referral service to approximately 360 individuals and 480 home visits to clients, as well as arranging 821 case management services and 630 hours of respite for clients during FY 2005-06.

Start Date: July 1, 2005
Completed by: June 30, 2006
Status: New

2.16 The Alzheimer's Day Care Resource Center will incorporate intergenerational activities into the daily program, involving children from local schools and clubs, at least twice a month.

Start Date: July 1, 2005
Completed by: June 30, 2006
Status: New

2.17 The Alzheimer's Day Care Resource Center will offer community-based memory training classes for older adults concerned about symptoms of forgetfulness and/or seniors with very early dementia. Three 4-week sets of *Memory Boosters* classes will offer participants strategies to enhance memory and become familiar with ADCRC services that may benefit them.

Start Date: July 1, 2005
Completed by: June 30, 2006
Status: New

2.18 The Alzheimer's Day Care Resource Center will provide approximately 800 hours of limited case management and counseling services to families of persons with dementia. As a result, family caregivers will receive needed education, support and linkage to community resources.

Start Date: July 1, 2005
Completed by: June 30, 2006
Status: New

2.19 The Alzheimer's Day Care Resource Center will recruit and train 150 volunteers and will provide on-site learning opportunities for volunteers and senior aides.

Start Date: July 1, 2005
Completed by: June 30, 2006
Status: New

Goal #3 Satisfied customers

Rationale: Office on Aging (OoA) services are provided primarily through contracts with community based organizations. Staff administers these contracts and handles issues related to contract performance.

The network of service providers in Orange County is critical to the well-being of older adults. As administrator of federal and State programs, providing quality customer service to contracted service providers helps assure the successful delivery of quality service to older adults, their families and caregivers.

In addition, customer satisfaction is an important measure of success for OoA in dealing with other agencies and the public.

Objectives:

3.1 Office on Aging staff will meet with contracted service providers and survey them to establish a baseline level of customer satisfaction. Once baseline data has been collected, specific quality assurance strategies will be developed and implemented.

Start date: July 1, 2005
Completed by: June 30, 2006
Status: New

3.2 Customer satisfaction with OoA Information & Assistance services will be evaluated through implementation of follow-up calls to I&A customers. The measure of success will be an aggregate score of at least 3.5 on a scale of 1 to 5 for each I&A staff member.

Start date: July 1, 2005
Completed by: June 30, 2006
Status: New

3.3 As part of the implementation of the Phase II Senior Non-Emergency Medical Transportation (SNEMT) Plan, after six months a customer satisfaction survey of new programs will be distributed to the clients of all SNEMT providers and evaluated, to ensure the effectiveness of the programs.

Start date: October 1, 2005
Completed by: June 30, 2006
Status: New

TITLE III/VII SERVICE UNIT PLAN OBJECTIVES

PSA #22

2005 – 2009 Four 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.

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

TITLE III/VII

1. Personal Care (In-Home)♦

Units of Service = (1-Hour)
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	3,860	2	
2006-2007			
2007-2008			
2008-2009			

2. Homemaker (In-Home)♦

Units of Service = (1-Hour)
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	7,961	2	
2006-2007			
2007-2008			
2008-2009			

3. Chore (In-Home)♦

Units of Service = (1-Hour)
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	402	2	
2006-2007			
2007-2008			
2008-2009			

♦ Indicates Title III-B Priority Services

4. Home Delivered Meals **Units of Service = (1-Meal)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	1,324,794	2	
2006-2007			
2007-2008			
2008-2009			

5. Adult Day Care/Health♦ **Units of Service = (1-Hour)**
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	77,521	2	
2006-2007			
2007-2008			
2008-2009			

6. Case Management (Access)♦ **Units of Service = (1-Hour)**
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	13,282	2	
2006-2007			
2007-2008			
2008-2009			

7. Congregate Meals **Units of Service = (1-Meal)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	489,344	2	
2006-2007			
2007-2008			
2008-2009			

8. Nutrition Counseling **Units of Service = (1-Hour)**
Not Applicable: XX (check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

9. Assisted Transportation (Access)♦ **Units of Service = (One 1-way trip)**
Not Applicable: XX (check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

10. Transportation (Access)♦ **Units of Service = (One 1-way trip)**
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	118,804	2	
2006-2007			
2007-2008			
2008-2009			

11. Legal Assistance♦ **Units of Service = (1-Hour)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	8,000	2	
2006-2007			
2007-2008			
2008-2009			

12. Nutrition Education **Units of Service = (1-Session)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	110	2	
2006-2007			
2007-2008			
2008-2009			

13. Information and Assistance (Access)♦ **Units of Service = (1-Contact)**
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	25,000	2	
2006-2007			
2007-2008			
2008-2009			

♦ Indicates Title III-B Priority Services

14. Outreach (Access) ♦

Units of Service = (1-Contact)
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	89,670	2	
2006-2007			
2007-2008			
2008-2009			

15. NAPIS Service Category 15 – "Other" Title III Services

Title III D, Disease Prevention/Health Promotion
Service Activity:__
Units of Service Ē **(1 contact)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006	12,000	2	
2006-2007			
2007-2008			
2008-2009			

Title III D, Disease Prevention/Health Promotion
Service Activity:__
Units of Service Ē **( )**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006		N/A	
2006-2007			
2007-2008			
2008-2009			

Title III D, Disease Prevention/Health Promotion
Service Activity:__
Units of Service Ē **(____)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006		N/A	
2006-2007			
2007-2008			
2008-2009			

Ē **Entry Required**

Title III D, Disease Prevention/Health Promotion
Service Activity:__
Units of Service [Ê] **(____)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006		N/A	
2006-2007			
2007-2008			
2008-2009			

Title III D, Disease Prevention/Health Promotion
Service Activity:__
Units of Service [Ê] **(____)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006		N/A	
2006-2007			
2007-2008			
2008-2009			

Title III D, Medication Management
Service Activity:__
Units of Service [Ê] **(1 contact)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006	1,100	2	
2006-2007			
2007-2008			
2008-2009			

Title III D, Medication Management
Service Activity:__
Units of Service [Ê] **( )**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006		N/A	
2006-2007			
2007-2008			
2008-2009			

[Ê] **Entry Required**

Title III D, Medication Management
Service Activity:__
Units of Service Ê **(____)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006		N/A	
2006-2007			
2007-2008			
2008-2009			

Title III D, Medication Management
Service Activity:__
Units of Service Ê **(____)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006		NA/	
2006-2007			
2007-2008			
2008-2009			

Title III B, "Other Supportive Services"
Service Category: Community Services
Units of Service and Activity Ê **(1 hour)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	16,219	2	
2006-2007			
2007-2008			
2008-2009			

Title III B, "Other Supportive Services"
Service Category:__
Units of Service and Activity Ê **(____)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006		N/A	
2006-2007			
2007-2008			
2008-2009			

Ê **Entry Required**

Title III B, "Other Supportive Services"
Service Category:
Units of Service and Activity Ē **(____)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006		N/A	
2006-2007			
2007-2008			
2008-2009			

Title III B, "Other Supportive Services"
Service Category:
Units of Service and Activity Ē **(____)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006		N/A	
2006-2007			
2007-2008			
2008-2009			

Title III B, "Other Supportive Services"
Service Category:
Units of Service and Activity Ē **(____)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006		N/A	
2006-2007			
2007-2008			
2008-2009			

Ē **Entry Required**

LONG-TERM CARE OMBUDSMAN
(Title III B and Title VII a)

Note: For completion of this section, see Instructions for SUP Objective Guidelines

Total number of cases to be closed: Units of Service = (one closed case)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	2,200	2	
2006-2007			
2007-2008			
2008-2009			

Training for Ombudsman staff and volunteers
(Includes 36-hour Certification Training and 12-Hour Required Annual Training)

Fiscal Year	Number of Sessions
2005-06	42
2006-07	
2007-08	
2008-09	

Fiscal Year	Number of Hours
2005-06	152
2006-07	
2007-08	
2008-09	

Fiscal Year	Total Number of Trainees
2005-06	600
2006-07	
2007-08	
2008-09	

Visits

Fiscal Year	Number of Visits to SNFs (Unduplicated Count)
2005-06	80
2006-07	
2007-08	
2008-09	

Fiscal Year	Number of Visits to RCFEs (Unduplicated Count)
2005-06	831
2006-07	
2007-08	
2008-09	

Visits, cont.

Fiscal Year	Projected Number of Volunteers needed
2005-06	100
2006-07	
2007-08	
2008-09	

Fiscal Year	Number of Existing Volunteers
2005-06	50
2006-07	
2007-08	
2008-09	

ELDER ABUSE PREVENTION SERVICES (TITLE VII b)

Actual Units of Service for the tables below will be reported in NAPIS Service Category 15
The services provided with the units of service will be reported in the Year End Report.

Activities that support the coordination of elder abuse prevention, investigation, and/or prosecution. **Units of Service = (1 Hour)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	200	2	
2006-2007			
2007-2008			
2008-2009			

Other Title VII b activities from Division 4000.

Service Category:__ **Units of Service** Ē **(____)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006		N/A	
2006-2007			
2007-2008			
2008-2009			

Service Category:__ **Units of Service** Ē **(____)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006		N/A	
2006-2007			
2007-2008			
2008-2009			

Other Program Accomplishments

Fiscal Year	Total # of Public Education Sessions
2005-06	40
2006-07	
2007-08	
2008-09	

Fiscal Year	Total # of Training Sessions for Professionals
2005-06	35
2006-07	
2007-08	
2008-09	

Fiscal Year	Total # of Educational Materials Developed (Products)
2005-06	2
2006-07	
2007-08	
2008-09	

Fiscal Year	Total # of Educational Materials Distributed (Documents)
2005-06	3,500
2006-07	
2007-08	
2008-09	

Ē **Entry Required**

TITLE III E SERVICE UNIT PLAN OBJECTIVES

PSA #22
2005 – 2009 Four Year Planning Period
CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) utilizes the service categories defined in PM 03-10. Related Title III E funding is reported in the Area Plan Budget (CDA 122). This SUP is for the reporting of Title III E services **only**.
Report units of service to be provided with **ALL funding sources**.

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

TITLE III E

1. Outreach

Units of Service = (1-Contact)
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	1,650	1	
2006-2007			
2007-2008			
2008-2009			

2. Community Education

Units of Service = (1-Hour)
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	120	1	
2006-2007			
007-2008			
2008-2009			

3. Information and Assistance

Units of Service = (1-Contact)
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	7,800	2	
2006-2007			
2007-2008			
2008-2009			

4. Comprehensive Assessment **Units of Service = (1-Hour)**
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	375	2	
2006-2007			
2007-2008			
2008-2009			

5. Case Management **Units of Service = (1-Hour)**
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	1,500	2	
2006-2007			
2007-2008			
2008-2009			

6. Transportation **Units of Service = (One 1-way trip)**
Not Applicable: XX (check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

7. Assisted Transportation **Units of Service = (One 1-way trip)**
Not Applicable: XX (check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

8. Counseling **Units of Service = (1-Hour)**
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	150	2	
2006-2007			
2007-2008			
2008-2009			

9. Caregiver Support Group **Units of Service = (1-Hour Meeting)**
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	100	2	
2006-2007			
2007-2008			
2008-2009			

10. Caregiver Training **Units of Service = (1-Contact)**
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	475	2	
2006-2007			
2007-2008			
2008-2009			

11. Respite Care Services **Units of Service = (1-Hour)**
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	16,000	2	
2006-2007			
2007-2008			
2008-2009			

12. Minor Home Modifications **Units of Service = (1-Occurrence)**
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	33	2	
2006-2007			
2007-2008			
2008-2009			

13. Placement **Units of Service = (1-Placement)**
Not Applicable: XX (check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

14. Homemaker

Units of Service = (1-Hour)
Not Applicable: XX (check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

15. Chore

Units of Service = (1-Hour)
Not Applicable: XX (check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

16. Home Security & Safety

Units of Service = (1-Occurrence)
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	19		
2006-2007			
2007-2008			
2008-2009			

17. Assistive Devices

Units of Service = (1-Single Occurrence)
Not Applicable: (check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	8	2	
2006-2007			
2007-2008			
2008-2009			

18. Visiting

Units of Service = (1-Hour)
Not Applicable: XX (check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

19. Congregate Meals **Units of Service = (1-Meal)**
Not Applicable: XX (check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

20. Home Delivered Meals **Units of Service = (1-Meal)**
Not Applicable: XX (check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

21. Legal Assistance **Units of Service = (1-Hour)**
Not Applicable: ☐(check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	35	2	
2006-2007			
2007-2008			
2008-2009			

22. Peer Counseling **Units of Service = (1-Hour)**
Not Applicable: XX (check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

23. Translation/Interpretation **Units of Service = (1-Hour)**
Not Applicable: XX (check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

24. Income Support/Material Aid **Units of Service = (1-Occurrence)**
Not Applicable: XX (check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

25. Money Management **Units of Service = (1-Hour)**
Not Applicable: XX (check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

26. Registry **Units of Service = (1-Match)**
Not Applicable: XX (check)

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

Other – Specify:

Service Category:___ **Units of Service:** [E] **_____ entry required**
Requires PRIOR CDA Approval **Not Applicable: XX (check)**

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

[E] **Entry required**

TITLE V/SCSEP SERVICE UNIT PLAN OBJECTIVES

PSA #22[2]

2005 – 2009 Four 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.

Please list your performance measures in the table below. Each AAA must achieve at least the DOL's minimum required performance measures, unless lower measures have been negotiated and approved by the DOL. AAAs may indicate higher performance measures as well.

Title V/SCSEP

■	■	■	■	■
Fiscal Year (FY)	Goal Number	Objective Number	CDA Authorized Slots	National Authorized Slots (If applicable)
2005-06	2		99	
2006-07				
2007-08				
2008-09				

DOL's Minimum Required Performance Measures

1. Placement Rate – DOL's Minimum Unsubsidized Placement Goal is 25%

FY	**Estimated** Unsubsidized Placement Goal %
2005-06	25%
2006-07	
2007-08	
2008-09	

2. Service Level – DOL's Minimum Service Level is 140%

FY	**Estimated** Service Level %
2005-06	140%
2006-07	
2007-08	
2008-09	

3. Service to the Most in Need – DOL's Minimum Goal to Serve the Most in Need is 68%

FY	**Estimated** % Service to the Most in Need
2005-06	68%
2006-07	
2007-08	
2008-09	

4. Community Service Hours Provided – DOL's Minimum Goal for Community Serve Hours

[2] If not providing Title V, enter PSA number followed by "Not Providing".

Provided is 999,400 hours, which is 91% (approximately 950 hours per authorized slot)

FY	**Estimated** Community Service Hours Provided
2005-06	94,050
2006-07	
2007-08	
2008-09	

5. Employment Retention Rate – DOL's Minimum Employment Retention Rate is 70%

FY	**Estimated** Employment Retention Rate %
2005-06	70%
2006-07	
2007-08	
2008-09	

6. Customer Satisfaction for Employers, Participants, and Host Agencies – DOL's Combined Minimum Customer Satisfaction Rate for Employers, Participants, and Host Agencies is 80%

FY	**Estimated** % Combined Customer Satisfaction Rate
2005-06	80%
2006-07	
2007-08	
2008-09	

7. Earnings Increase –
DOL's Minimum Goal for Earnings Increase 1 is 25% Higher than the Pre-Program Earnings

DOL's Minimum Goal for Earnings Increase 2 is 5% Higher than Earnings Increase 1

FY	**Estimated** Earnings Increase 1	**Estimated** Earnings Increase 2
2005-06	25%	5%
2006-07		
2007-08		
2008-09		

COMMUNITY BASED SERVICES PROGRAMS
SERVICE UNIT PLAN (CBSP) OBJECTIVES:
PSA #22
2005 – 2009 Four 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 ☐

CBSP

Alzheimer's Day Care Resource Center (ADCRC) **Not Applicable: ☐(check)**

■	■
Fiscal Year	Goal Numbers
2005-2006	1, 2
2006-2007	
2007-2008	
2008-2009	

■	■
Fiscal Year	Caregiver Group Support Sessions
2005-2006	60
2006-2007	
2007-2008	
2008-2009	

■	■
Fiscal Year	In-Service Training Sessions
2005-2006	12
2006-2007	
2007-2008	
2008-2009	

■	■
Fiscal Year	Public/Community Education Training Sessions
2005-2006	10
2006-2007	
2007-2008	
2008-2009	

■	■
Fiscal Year	Professional/Intern Educational Training Sessions
2005-2006	108
2006-2007	
2007-2008	
2008-2009	

Brown Bag **Not Applicable: ☐(check)**

■	■
Fiscal Year	Goal Numbers
2005-2006	2
2006-2007	
2007-2008	
2008-2009	

■	■
Fiscal Year	Estimated # of Unduplicated Persons to be Served
2005-2006	1,998
2006-2007	
2007-2008	
2008-2009	

■	■
Fiscal Year	Estimated Pounds of Food to be Distributed
2005-2006	67,840
2006-2007	
2007-2008	
2008-2009	

■	■
Fiscal Year	Estimated # of Volunteers
2005-2006	171
2006-2007	
2007-2008	
2008-2009	

■	■
Fiscal Year	Estimated # of Volunteer Hours
2005-2006	1,500
2006-2007	
2007-2008	
2008-2009	

■	■
Fiscal Year	Estimated # of Distribution Sites
2005-2006	44
2006-2007	
2007-2008	
2008-2009	

(CBSP) Respite Purchase of Services – RPOS **Not Applicable: ☐(check)**

■	■
Fiscal Year	Goal Numbers
2005-2006	2
2006-2007	
2007-2008	
2008-2009	

■	■
Fiscal Year	Respite Hours Purchased
2005-2006	730
2006-2007	
2007-2008	
2008-2009	

■	■
Fiscal Year	Purchase of Service Transportation (# of one-way trips)
2005-2006	N/A
2006-2007	
2007-2008	
2008-2009	

■	■
Fiscal Year	Alzheimer's Day Care Resource Center (# of days)
2005-2006	N/A
2006-2007	
2007-2008	
2008-2009	

Linkages **Not Applicable: ☐(check)**

■	■
Fiscal Year	Goal Numbers
2005-2006	2
2006-2007	
2007-2008	
2008-2009	

■	■
Fiscal Year	Number of Unduplicated Clients Served (Include Targeted Case Management and Handicapped Parking Revenue)
2005-2006	310
2006-2007	
2007-2008	
2008-2009	

■	■
Fiscal Year	Active Monthly Caseload (Include Targeted Case Management and handicapped parking revenue)
2005-2006	105
2006-2007	
2007-2008	
2008-2009	

Senior Companion **Not Applicable: ☐(check)**

■	■
Fiscal Year	Goal Numbers
2005-2006	2
2006-2007	
2007-2008	
2008-2009	

■	■
Fiscal Year	Volunteer Service Years (VSYs)
2005-2006	3
2006-2007	
2007-2008	
2008-2009	

■	■
Fiscal Year	Volunteer Hours
2005-2006	3,132
2006-2007	
2007-2008	
2008-2009	

■	■
Fiscal Year	Senior Volunteers
2005-2006	3
2006-2007	
2007-2008	
2008-2009	

■	■
Fiscal Year	Seniors Served
2005-2006	15
2006-2007	
2007-2008	
2008-2009	

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP) SERVICE UNIT PLAN OBJECTIVES

PSA #22
2005 – 2009 Four Year Planning Period
CCR Article 3, Section 7300 (d)

The Service Unit Plan (SUP) utilizes definitions that can be found at www.aging.ca.gov. After connecting with the home web page, select "AAA Partners," then "Reporting Instructions," then select "HICAP Reporting Instructions as of July 1, 2004." HICAP reporting instructions, forms, and definitions are centralized there.

The related funding is reported in the HICAP Budget. Indicate the estimated service performance units provided with federal and state HICAP funds.

HICAP Services

References to Plan Goal(s) and Objective(s) related to HICAP Services without Legal Services Component

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	9,805	1,2	
2006-2007			
2007-2008			
2008-2009			

1. HICAP Budget without HICAP Legal Services Budget

Fiscal Year	**Estimated** State & Federal Budget Amount
2005-06	$355,450
2006-07	$
2007-08	$
2008-09	$

2. Community Education

Fiscal Year	Estimated # of Interactive Presentations in SFY. Unit of Service = (1 Presentation)
2005-06	126
2006-07	
2007-08	
2008-09	

3. Community Education

Fiscal Year	# of Attendees reached at Interactive Presentations in SFY. Unit of Service = (1 Attendee Reached)
2005-06	6,853
2006-07	
2007-08	
2008-09	

4. Counseling

Fiscal Year	**Estimated** # of Clients Counseled in SFY. Unit of Service = (1 Client Counseled)
2005-06	2,636
2006-07	
2007-08	
2008-09	

5. Counselors

Fiscal Year	**Estimated #** of Registered Counselors for SFY. Unit of Service = (1 Unduplicated Registered Counselor)
2005-06	58
2006-07	
2007-08	
2008-09	

6. Counselors

Fiscal Year	**Estimated #** of Volunteer Registered Counselors for SFY. Unit of Service = (1 Volunteer Registered Counselor)
2005-06	44
2006-07	
2007-08	
2008-09	

7. Counselors

Fiscal Year	**Estimated** # of Active Counselors for SFY. Unit of Service = (1 Unduplicated Active Counselor)
2005-06	50
2006-07	
2007-08	
2008-09	

8. Counselors

Fiscal Year	**Estimated** # of Volunteer Active Counselors for SFY. Unit of Service = (1 Unduplicated Volunteer Active Counselor)
2005-06	38
2006-07	
2007-08	
2008-09	

HICAP Legal Services (if funded and available through HICAP)
References to Plan Goal(s) and Objective(s) related to HICAP Legal Services Component

■	1	2	3
Fiscal Year	**Proposed** Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	277	2	
2006-2007			
2007-2008			
2008-2009			

9. HICAP Legal Services Budget Only

Fiscal Year	Estimated State & Federal Budget Amount
2005-06	$15,000
2006-07	$
2007-08	$
2008-09	$

10. Clients

Fiscal Year	**Estimated** Clients Served for SFY Unit of Service = (1 Client Served)
2005-06	24
2006-07	
2007-08	
2008-09	

11. Representation

Fiscal Year	**Estimated** Hours of Legal Representation for SFY. Unit of Service = (1 Hour of Legal Representation)
2005-06	96
2006-07	
2007-08	
2008-09	

12. Representation

Fiscal Year	**Estimated** Hours of Legal Backup Support to Staff for SFY. Unit of Service = (1 Hour of Legal Backup Support)
2005-06	157
2006-07	
2007-08	
2008-09	

APPENDIX IA - PSA #22

NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

CCR Article 3, Section 7320 (a) (b)

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 direct services below, check box☐.

Check applicable services	Check each applicable Fiscal Year(s)
Title III B ☒Information and Assistance	☒FY 2005-06 ☒FY 06-07 ☒FY 07-08 ☒FY 08-09
Title III B ☐Case Management	☐FY 2005-06 ☐FY 06-07 ☐FY 07-08 ☐FY 08-09
Title III B ☐Program Development	☐FY 2005-06 ☐FY 06-07 ☐FY 07-08 ☐FY 08-09
☒Coordination	☒FY 2005-06 ☒FY 06-07 ☒FY 07-08 ☒FY 08-09
Title III D ☒Disease Prevention and Health Promotion	☒FY 2005-06 ☒FY 06-07 ☒FY 07-08 ☒FY 08-09
Title III E ☐Outreach to Caregivers	☐FY 2005-06 ☐FY 06-07 ☐FY 07-08 ☐FY 08-09
Title III E ☒Information and Assistance to Caregivers	☒FY 2005-06 ☒FY 06-07 ☒FY 07-08 ☒FY 08-09
Title III E ☐Comprehensive Assessment of Caregivers	☐FY 2005-06 ☐FY 06-07 ☐FY 07-08 ☐FY 08-09
Title III E ☐Case Management for Caregivers	☐FY 2005-06 ☐FY 06-07 ☐FY 07-08 ☐FY 08-09
Title VII b ☐Prevention of Elder Abuse, Neglect, and Exploitation	☐FY 2005-06 ☐FY 06-07 ☐FY 07-08 ☐FY 08-09

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

The Office on Aging (OoA) operates a state-of-the-art call center with the capacity to directly

connect callers with referral agencies. The OoA toll-free number has been widely marketed in Orange County, and OoA is increasingly recognized by service agencies and the general public as the single point of entry for information on programs and services for older adults, their families and caregivers. OoA will continue to target services to those having the greatest social and economic need, including ethnic minorities, frail elderly and/or disabled, and low-income older adults; through cooperative efforts with the Interagency Committee on Aging, coalitions serving targeted populations, and others in the aging network.

The OoA health educator has developed a well established network of contacts with a broad spectrum of direct service providers in Orange County, including those addressing the needs of individuals having the greatest social and economic need, ethnic minorities, frail elderly and/or disabled. The health educator promotes physical activity by maintaining and communicating with a list of senior exercise venues and instructors; provides health information at health fairs, speaking presentations, and through the media; works with the contracted nutritionist to educate seniors at nutrition sites; and collaborates with other stakeholders to promote senior home and driving safety.

APPENDIX IB - PSA #22

REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES
Older Americans Act, Section 307(a)(8)
CCR Article 3, Section 7320(c), W& I Code Section 9533(f)

If an AAA plans to provide direct services **other** than those specified in Appendix IA, **a separate Appendix IB 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 the direct services, check box ☐.

Identify Service Category: Title III B Information and Assistance

Check applicable funding source: **X** III B ☐III C-1 ☐III C-2 ☐III E ☐VIIa ☐CBSP

Basis of Request for Waiver:

X 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)

X FY 2005-06 **X** FY 2006-07 **X** FY 2007-08 **X** FY 2008-09

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.

The Office on Aging (OoA) operates a state-of-the-art call center with the capacity to directly connect callers with referral agencies. The OoA toll-free number has been widely marketed in Orange County, and OoA is increasingly recognized by service agencies and the general public as a single point of entry for information on programs and services for older adults. OoA will continue to target services to those having the greatest social and economic need, including ethnic minorities, frail elderly and/or disabled, and low-income older adults.

APPENDIX IB - PSA #22

REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES
Older Americans Act, Section 307(a)(8)
CCR Article 3, Section 7320(c), W& I Code Section 9533(f)

If an AAA plans to provide direct services **othe**r than those specified in Appendix IA, **a separate Appendix IB 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 the direct services, check box ☐.

Identify Service Category: Title III B Coordination

Check applicable funding source: **X** III B ☐III C-1 ☐III C-2 ☐III E ☐VIIa ☐CBSP

Basis of Request for Waiver:

X 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)

X FY 2005-06 **X** FY 2006-07 **X** FY 2007-08 **X** FY 2008-09

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.

In FY 2005-06, the Office on Aging will begin preliminary research which will provide a foundation for the production of a 2020 Strategic Plan for services to older adults in Orange County. This will be a multi-year project involving a wide range of stakeholders. The purpose of the 2020 Plan is to provide the Office on Aging, the Senior Citizens Advisory Council, other county departments serving older adults, the Board of Supervisors, and city governments with information to assist them in planning services for the greatly increased number of older adults in the county by the year 2020 and beyond.

APPENDIX IB - PSA #22

REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES
Older Americans Act, Section 307(a)(8)
CCR Article 3, Section 7320(c), W& I Code Section 9533(f)

If an AAA plans to provide direct services **othe**r than those specified in Appendix IA, **a separate Appendix IB 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 the direct services, check box ☐.

Identify Service Category: Title III D Disease Prevention/ Health Promotion

Check applicable funding source: **X** III D ☐III C-1 ☐III C-2 ☐III E ☐VIIa ☐CBSP

Basis of Request for Waiver:

X 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)

X FY 2005-06 **X** FY 2006-07 **X** FY 2007-08 **X** FY 2008-09

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.

The OoA health educator has developed a well established network of contacts with a broad spectrum of direct service providers in Orange County, including those addressing the needs of individuals having the greatest social and economic need, ethnic minorities, frail elderly and/or disabled. The health educator promotes physical activity by maintaining and communicating with a list of senior exercise venues and instructors; provides health information at health fairs, speaking presentations, and through the media; works with the contracted nutritionist to educate seniors at nutrition sites; and collaborates with other stakeholders to promote senior home and driving safety.

APPENDIX IB - PSA #22

REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES
Older Americans Act, Section 307(a)(8)
CCR Article 3, Section 7320(c), W& I Code Section 9533(f)

If an AAA plans to provide direct services **othe**r than those specified in Appendix IA, **a separate Appendix IB 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 the direct services, check box ☐.

Identify Service Category: Title III E Information & Assistance to Caregivers

Check applicable funding source: IIIB ☐III C-1 ☐III C-2 **X** III E ☐VIIa ☐CBSP

Basis of Request for Waiver:

X 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)

X FY 2005-06 **X** FY 2006-07 **X** FY 2007-08 **X** FY 2008-09

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.

The OoA operates a state-of-the-art call center with the capacity to directly connect callers with referral agencies. The OoA toll-free number has been widely marketed in Orange County, and OoA is increasingly recognized by service agencies and the general public as a single point of entry for information on programs and services for older adults and caregivers. OoA will continue to target services to those having the greatest social and economic need, including ethnic minorities, frail elderly and/or disabled, and low-income older adults.

APPENDIX II – PSA #22

Check each applicable planning cycle:

☒FY 2005-06 ☐FY 2006-07 ☐FY 2007-08 ☐FY 2008-09

PUBLIC HEARINGS
Conducted for the 2005-2009 Planning Period

CCR Article 3, Section 7302(a)(10) and Section 7308

Date	Location	Number Attending	Area Plan presented with Translator:[3] Yes/No	Hearing Held at Long-Term Care Facility:[4] Yes/No
2/23/05	Lakeview Senior Center	50	No	No
	20 Lake Street			
	Irvine, CA			

All of the items below 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. Surveys in multiple languages were given to homebound individuals and caregivers by contracted service providers. Surveys were given to agencies serving persons with disabilities. Service providers collaborated on the composition of the survey tools, to assure that clients would have opportunity to express themselves.

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 (check only if PD and C funding is not being used)
   ☐ No If No, Explain:

3. Summarize the comments received concerning proposed expenditures for PD and C, if applicable.
   Those in attendance supported the use of Title III funds for the purposes of program development or coordination, and were willing for OoA to dedicate more funds to these initiatives than OoA had budgeted.

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? *(See Appendix V)*

   ☒Yes
   ☐No If No, Explain:

5. Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services. (*See Appendix V)*
   There was some concern that the percentages did not add up to 100 percent; once that was explained to their satisfaction, there were no further comments.

6. Summarize other major issues discussed or raised at the public hearings.
   N/A

7. List major changes in the Area Plan resulting from input by attendees at the hearings. None.

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[17] A Translator is not required unless the AAA determines that a significant number of attendees require translation services.

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

APPENDIX III – PSA #22

Check each applicable planning cycle:

☒2005-09 ☐FY 2006-07 ☐FY 2007-08 ☐FY 2008-09

GOVERNING BOARD

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

Number of Members on the Board: 5

Names/Titles of Officers:	**Term in Office Expires:**
The governing board for the Orange County Office on Aging is	
the Orange County Board of Supervisors.	
Bill Campbell, Chair	January 2008
Thomas Wilson	January 2007
Lou Correa	January 2009
Chris Norby	January 2007
James Silva	January 2007

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

APPENDIX IV – PSA #22

Check each applicable planning cycle:

☒2005-09 ☐FY 2006-07 ☐FY 2007-08 ☐FY 2008-09

ADVISORY COUNCIL

45 Code of Federal Regulations (CFR), Section 1321.57
CCR Article 3, Section 7302 (a) (12)

Total Council Membership (including vacancies) 40
Number of Council Members 60+ 37

	% of PSA's 60+Population	% on Advisory Council
Race/Ethnic Composition		
White	74.8	83.7
Hispanic	11.1	2.7
Black	0.7	0
Asian/Pacific Islander	11.6	10.8
Native American/Alaskan Native	0.2	0
Other	1.5	2.7

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.
To protect the privacy of the members of the Advisory Council, this personal information will not be included in this public document, but will be provided to CDA separately.

	Yes	No
Low Income Representative	☒	☐
Disabled Representative	☒	☐
Supportive Services Provider Representative	☒	☐
Health Care Provider Representative	☒	☐
Local Elected Officials	☒	☐
Individuals with Leadership Experience in the Private and Voluntary Sectors	☒	☐

Explain any "No" answer. ____

Briefly describe the process designated by the local governing board to appoint Advisory Council members. The Board of Supervisors appoints twelve members, the California League of Cities appoints ten members, and the Council itself appoints the remaining eighteen members. All members appointed by the Board of Supervisors and by the California League of Cities, Orange County Division, shall serve at the pleasure of the appointing body except that the Board of Supervisors, by majority vote, may reject appointment by any authority. Service beyond a two-year term shall be considered by the appointing authority at the end of each two-year term. A member who has not been reappointed or replaced at the termination date of appointment shall serve as a member until reappointed or replaced unless the appointing authority rules otherwise.

Senior Citizens Advisory Council Roster

Appointed By		Last Name	First Name	Committee Assignments	Begin Term	End Term
1	1st District Supervisor L. Correa	Cohen	Shirley	Transportation Nutrition	01/01/02	12/31/05
2	1st District Supervisor L. Correa	**VACANT**	**VACANT**			
3	2nd District Supervisor J. Silva	VACANT	VACANT			
4	2nd District Supervisor J. Silva	White	Richard PAST CHAIR	EXECUTIVE, Legislative	01/01/03	12/31/05
5	3rd District Supervisor B. Campbell	Falco	Joe	Transportation	01/01/00	12/31/05
6	3rd District Supervisor B. Campbell	Myhre	Lee	Housing, Transportation	01/01/02	12/31/04
7	4th District Supervisor C. Norby	DeWitte	Conrad J.	Housing, Legislative	01/01/03	12/31/05
8	4th District Supervisor C. Norby	Mitchell	Yvonne	Health, Transportation	01/01/04	12/31/05
9	5th District Supervisor T. Wilson	Ross, Ed.D.	Brenda	Housing	01/01/03	12/31/04
10	5th District Supervisor T. Wilson	Ring	Robert	Housing	01/01/03	12/31/04
11	BOS Chair; One Year Only	Baumann	Cy	Housing, Executive (Committee Chair)	01/01/04	12/31/04
12	BOS Chair; One Year Only	Dickinson	Norman	Transportation RESIGNED	01/01/04	12/31/04
13	League of CA Cities 1st District OC	Meade	Jerry	Legislative, CSL Assy. Member	02/20/03	12/31/06
14	League of CA Cities 1st District OC	Hester	Sandy	Health, Transportation	01/01/03	12/31/06
15	League of CA Cities 2nd District OC	Bauer	Ralph		01/16/03	12/31/04
16	League of CA Cities 2nd District OC	Dotson	Harry		01/01/03	12/31/06
17	League of CA Cities 3rd District OC	Nannes	Goldie		03/10/05	12/31/06
18	League of CA Cities 3rd District OC	Boucher	Roland	Legislative, Past CSL Member	01/01/03	12/31/06
19	League of CA Cities 4th District OC	**VACANT**	**VACANT**			
20	League of CA Cities 4th District OC	Jensen	Madeline Rae	Transportation Legislative	06/12/03	12/31/06
21	League of CA Cities 5th District OC	McCullogh	Kathryn		03/10/05	12/31/06
22	League of CA Cities 5th District OC	Bertino	Larry		3/10/05	12/31/06

Appointed By		Last Name	First Name	Committee Assignments	Begin Term	End Term
23	Senior Citizens Advisory Council	Bernard	William	Legislative, Housing	01/01/02	12/31/05
24	Senior Citizens Advisory Council	Boyce	Anna **TREASURER**	EXECUTIVE, Legislative	01/01/02	12/31/05
25	Senior Citizens Advisory Council	Agor	Vince **ASSISTANT TREASURER**	Legislative, CSL Assembly Member	01/01/02	12/31/05
26	Senior Citizens Advisory Council	Erman	Dee **CHAIR**	EXECUTIVE, Legislative, CSL Senator	01/01/02	12/31/05
27	Senior Citizens Advisory Council	Layng	Geofrey	Transportation	01/01/03	12/31/04
28	Senior Citizens Advisory Council	Bouer	Robert (Bob)	Legislative, CSL Senate Member	11/12/04	12/31/05
29	Senior Citizens Advisory Council	Levy	Jim	Legislative, CSL Senate Member	01/01/03	12/31/04
30	Senior Citizens Advisory Council	Mac Donald	Lila	Housing	01/01/03	12/31/04
31	Senior Citizens Advisory Council	Murray	Thomas **PAST CHAIR**	EXECUTIVE, Transportation	01/01/03	12/31/04
32	Senior Citizens Advisory Council	Nedom	Clarence	Legislative	01/01/03	12/31/04
34	Senior Citizens Advisory Council	Pascuzzo	Anna	Nutrition	01/01/02	12/31/05
35	Senior Citizens Advisory Council	Quader	Najma	Health	01/01/03	12/31/04
36	Senior Citizens Advisory Council	Uno	Roy	Health	01/01/03	12/31/04
37	Senior Citizens Advisory Council	Sun	Frank	Transportation	01/01/03	12/31/04
38	Senior Citizens Advisory Council	Van Nostrand	Frank (SSA)		***	***
39	Senior Citizens Advisory Council	Paez	Patricia **AT LARGE**	EXECUTIVE Health, Housing	04/11/03	12/31/04
40	Senior Citizens Advisory Council	Welch	Denise **VICE CHAIR**	Transportation (Chair) EXECUTIVE	01/01/02	12/31/05

APPENDIX V – PSA #22

Check each applicable planning cycle:

☒2005-09 FY 2006-07 FY 2007-08 FY 2008-09

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 funds[5] 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 FY05-06 through FY08-09:

Access:

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

05-06 48% 06-07 48% 07-08 48% 08-09 48%

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,

05-06 11% 06-07 11% 07-08 11% 08-09 11%

Legal Assistance:

05-06 12% 06-07 12% 07-08 12% 08-09 12%

1. Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. These adequate proportion levels reflect needs assessment findings, available resources, and discussion at the public hearing. No suggestions were made at the public hearing to warrant changes in the adequate proportion allocations.

2. ☐ Appendix V 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. The Notice of Public Hearing is on file; however no change was proposed.

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. A recording of the public hearing is on file at the Office on Aging.

[14] Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman.

APPENDIX VI – PSA #22

Check each applicable planning cycle:

☒2005-09 ☐FY 2006-07 ☐FY 2007-08 ☐FY 2008-09

COMMUNITY FOCAL POINTS LIST

CCR Article 3, Section 7302(a)(14)

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.

See following pages.

COMMUNITY FOCAL POINTS LIST FOR ORANGE COUNTY

ANAHEIM

ANAHEIM INDEPENDENCIA
10841 Garza
Anaheim, CA 92804

ANAHEIM SENIOR CITIZENS CENTER
250 East Center Street
Anaheim, CA 92805

WEST ANAHEIM SENIOR CENTER
2271 West Crescent
Anaheim, CA 92801

ORANGE COUNTY JAPANESE-AMERICAN ASSOCIATION
505 South Villa Real #103
Anaheim Hills, CA 92807

BREA

BREA SENIOR CITIZENS CENTER
500 South Sievers Street
Brea, CA 92821

BUENA PARK

BUENA PARK SENIOR CENTER
8150 Knott Avenue
Buena Park, CA 90620

COSTA MESA

COSTA MESA SENIOR CENTER
695 West 19th Street
Costa Mesa, CA 92627

JEWISH COMMUNITY CENTER
250 East Baker Street
Costa Mesa, CA 92626

CYPRESS

CYPRESS COMMUNITY CENTER
9031 Grindlay
Cypress, CA 90630

DANA POINT

DANA POINT SENIOR CENTER
34052 Del Obispo Road
Dana Point, CA 92629

FOUNTAIN VALLEY

HUMAN SERVICES DEPARTMENT SENIOR CITIZENS CLUB
16400 Brookhurst
Fountain Valley, CA 92708

SO. CAL. INDIAN CENTER, INC.
10175 Slater Avenue
Suite 150
Fountain Valley, CA 92708

FULLERTON

FULLERTON SENIOR MULTI-SERVICE CENTER
340 West Commonwealth
Fullerton, CA 92832

MAPLE SENIOR CENTER
701 South Lemon
Fullerton, CA 92832

GARDEN GROVE

SAINT ANSELM'S COMMUNITY CENTER
13091 Galway Street
Garden Grove, CA 92844

H. LOUIS LAKE SENIOR CENTER
11300 Stanford Avenue
Garden Grove, CA 92840

ORANGE COUNTY KOREAN-AMERICAN ASSN.
9888 Garden Grove Boulevard
Garden Grove, CA 92844

HUNTINGTON BEACH

MICHAEL E. RODGERS SENIOR CENTER
1706 Orange Avenue
Huntington Beach, CA 92648

LAGUNA NIGUEL

SEA COUNTRY COMMUNITY CENTER
24602 Aliso Creek Road
Laguna Niguel, CA 92677

IRVINE

IRVINE COMMUNITY SERVICES
LAKEVIEW SENIOR CENTER
20 Lake
Irvine, CA 92604

RANCHO SENIOR CENTER
3 Sandburg Way
Irvine, CA 92612

LA HABRA

LA HABRA COMMUNITY CENTER
101 West La Habra Boulevard
La Habra, CA 90631

LA PALMA

LA PALMA RECREATION DEPT.
SENIOR CITIZENS CLUB
7821 Walker Street
La Palma, CA 90623

LAGUNA BEACH

LAGUNA BEACH ASSISTANCE LEAGUE
SENIOR FRIENDSHIP CLUB
547 Catalina
Laguna Beach, CA 92651

LAGUNA BEACH SENIOR CENTER
384 Legion Street
Laguna Beach, CA 92651

LAGUNA HILLS/ LAGUNA WOODS

FLORENCE SYLVESTER SR. CENTER
23721 Moulton Parkway
Laguna Hills, CA 92653

ORANGE COMMUNITY CENTER
170 South Olive Street
Orange, CA 92866
Senior Club Headquarters

PLACENTIA

PLACENTIA SENIOR CITIZENS CENTER
143 South Bradford
Placentia, CA 92870

LAKE FOREST

LAKE FOREST SENIOR SCENE
25550 Commerce Centre Drive
Lake Forest, CA 92630

LOS ALAMITOS

LOS ALAMITOS RECREATION
DEPARTMENT SENIOR CITIZENS CLUB
10911 Oak Street
Los Alamitos, CA 90720

MIDWAY CITY

MIDWAY CITY COMMUNITY
AND FAMILY RESOURCE CENTER
14900 Park Lane
Midway City, CA 92655

MISSION VIEJO

NORMAN P. MURRAY COMMUNITY
SENIOR CENTER
24932 Veterans Way
Mission Viejo, CA 92692

NEWPORT BEACH

NEWPORT OASIS SENIOR CENTER
800 Marguerite Avenue
Corona del Mar, CA 92625

ORANGE

NORTH ORANGE SENIOR CENTER
1001 East Lincoln Avenue
Orange, CA 92865

FRIENDLY CENTER
Killefer Park
147 West Rose Avenue
Orange, CA 92867

Hope Community Center (Vietnamese)
1538 Century Boulevard
Santa Ana, CA 92703

SEAL BEACH

SEAL BEACH SENIOR CENTER
211 8th Street
Seal Beach, CA 90740

SAN CLEMENTE

SAN CLEMENTE SENIOR CENTER
242 Avenida Del Mar
San Clemente, CA 92672

SAN JUAN CAPISTRANO

SAN JUAN COMMUNITY CENTER
25925 Camino Del Avion
San Juan Capistrano, CA 92675

SANTA ANA

ASIAN AMERICAN SENIOR CITIZENS SERVICE CENTER
301 West Civic Center Drive
Santa Ana, CA 92701

SANTA ANA SENIOR CENTER
424 West 3rd Street
Santa Ana, CA 92701

SOUTHWEST SENIOR CENTER
2201 West McFadden
Santa Ana, CA 92704

VIETNAMESE COMMUNITY OF OC
1618 W. 1st St.
Santa Ana, CA 92703

NORTH SEAL BEACH SENIOR CENTER
3333 St. Cloud Drive
Seal Beach, CA 90740

STANTON

STANTON SENIOR CITIZENS CLUB
7800 Katella Avenue
Stanton, CA 90680

TUSTIN

TUSTIN SENIOR CITIZENS CENTER
200 South "C" Street
Tustin, CA 92780

WESTMINSTER

ABRAZAR SENIOR CENTER
7101 Wyoming
Westminster, CA 92683

WESTMINSTER SENIOR CITIZENS MULTI-PURPOSE CENTER
8200 Westminster Boulevard
Westminster, CA 92683

YORBA LINDA

YORBA LINDA REC. DEPT. SENIOR CITIZENS CENTER
4501 Casa Loma Avenue
Yorba Linda, CA 92886

APPENDIX VII – PSA #22

Check each applicable planning cycle:

X 2005-09 ☐FY 2006-07 ☐FY 2007-08 ☐FY 2008-09

MULTIPURPOSE SENIOR CENTER (MPSC)
ACQUISITION[6] AND[7] CONSTRUCTION COMPLIANCE REVIEW
CCR Title 22, Article 3, Section 7302(a) (15)
(This has a 20-year tracking requirement.)

XX 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 MM/DD/YY Begin	Ends	Compliance Verification (State Use Only)
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

[6] 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.
[7] Construction is defined as building a new facility, including the costs of land acquisition, architectural and engineering fees, or making modifications to, or in connection with an existing facility, which more than doubles the square footage of that original facility and all physical improvements.

APPENDIX VIII – PSA #22

Check each applicable planning cycle:

☒2005-09 ☐FY 2006-07 ☐FY 2007-08 ☐FY 2008-09

FAMILY CAREGIVER SUPPORT PROGRAM
Notice of Intent for Non-Expenditure of Funds
Older Americans Act Section 373 (b)

Based on review of current family caregiver support needs and services, does the AAA **intend** to fund the following federal support service(s)?
Check ☐YES or ☐NO for each of the services identified below.

Support Service

Service Information ☒YES ☐NO
(Information to caregivers about available services)

Access ☒YES ☐NO
(Assistance to caregivers in gaining access to services)

Caregiver Support Services ☒YES ☐NO

Respite ☒YES ☐NO
(Respite care to enable caregivers to be temporarily relieved from their care giving responsibilities)

Supplemental Services ☒YES ☐NO
(Supplemental services, on a limited basis, to complement the care provided by the caregivers)

Justification: For any of the five support services the AAA does not intend to fund, explain why each service will not be funded and how each service is being addressed in the PSA: __

APPENDIX X – PSA #22

Check each applicable planning cycle:
☒FY 2005-09 ☐FY 2005-06 ☐FY 2006-07 ☐FY 2007-08 ☐FY 2008-09

Legal Assistance[i]

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

1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title III B requirements. The mission of PSA 22 as it relates to Legal Services is to support the Senior Citizens Legal Advocacy Program (SCLAP) by providing Title III B funds to augment the funding level of the program so that Orange County older adults in the greatest social and economic need will be provided with access to legal services.

2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? A minimum of 12% of Title III B funding will be allocated to Legal Services.

3. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discussion: The Legal Aid Society of Orange County (LASOC) provides free legal services to Orange County older adults primarily through the Senior Citizens Legal Advocacy Program (SCLAP). Seniors typically request direct assistance by calling LASOC's Legal Hotline or visiting one of the 17 senior centers that SCLAP visits monthly. In accordance with the terms of the Older Americans Act, LASOC targets resources toward low-income and minority seniors, as well as to elderly persons who are frail, disabled and/or at risk of significant loss or harm. While consultation is provided to all seniors eligible for services, SCLAP seeks to provide the greatest level of assistance to those who face the most serious legal problems and who would otherwise be left without legal help. SCLAP endeavors to reach target populations in a variety of ways. Through the use of the Hotline (which is staffed by English, Spanish, and Vietnamese speakers), a senior with even limited English proficiency can call and request services over the phone in their native language. LASOC has several attorneys who are fluent in Spanish, as well as a Vietnamese-speaking attorney. SCLAP has never had to turn a client away because of language issues.

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

Fiscal Year	# Legal Services Providers
2005-2006	1
2006-2007	1
2007-2008	1
2008-2009	1

5. What methods of outreach are providers using? Discuss: LASOC/SCLAP does outreach with the senior centers, health fairs and local events that their target population is likely to attend. They regularly supply senior centers with fliers and press releases to increase awareness about their services. In addition, SCLAP is undertaking a new

[i] For information related to Legal Services, contact Chisorom Okwuosa at 916 327-6849 or COkwuosa@aging.ca.gov

videoconferencing project in which seniors at the Mission Viejo Senior Center can sit down at a computer and consult face to face with a Hotline operator regarding their legal matter. There are plans to expand this successful program to senior centers in Midway City and Fullerton. Countywide coverage is also facilitated through the delivery of community education presentations before groups based in a variety of regions throughout the county.

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

Fiscal Year	Name of Provider	Geographic Region covered
2005-2006	a. Legal Aid Society of Orange County (LASOC) b. c.	a. Orange County b. c.
2006-2007	a. Legal Aid Society of Orange County (LASOC) b. c.	a. Orange County b. c.
2007-2008	a. Legal Aid Society of Orange County (LASOC) b. c.	a. Orange County b. c.
2008-2009	a. Legal Aid Society of Orange County (LASOC) b. c.	a. Orange County b. c.

7. How do older adults access Legal Services in your PSA? Discuss: Seniors typically request direct assistance by calling LASOC's Legal Hotline or visiting one of the 17 senior centers that SCLAP visits monthly. The Office on Aging Information & Assistance program also refers older adults to SCLAP. Legal Aid also offers legal clinics conducted by attorneys in the areas of divorce, bankruptcy, tenant-landlord and small claims matters. In addition, Legal Aid has implemented an I-CAN! project, which allows clients to complete various court forms by answering simple questions on a computer.

8. What are the major legal issues in your PSA? Include new trends of legal problems in your area: Discuss: The substantive legal areas that SCLAP prioritize include income maintenance (such as Social Security and Supplemental Security Income, health (Medi-Cal), housing (including mobile home and board and care issues), consumer matters and elder abuse.

9. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss: As is the case with all services, the greatest barrier remains lack of knowledge that services are available. SCLAP outreach efforts attempt to overcome this barrier.

10. What other organizations or groups does your legal service provider coordinate services with? Discuss: SCLAP has worked with the Information and Assistance unit of Office on Aging, providing in-service training to staff and periodically consulting with the I&A manager on general and specific matters. SCLAP brochures are available to the I&A program. SCLAP has a Memorandum of Understanding with the Long Term Care Ombudsman program, outlining the assistance to be provided from one program to the

other and coordination of services. There is no cost to either program. Nine attorneys volunteer their time with SCLAP. Six of these participate in the State Bar of California's Emeritus Attorney Program, pursuant to which they can have their California Bar dues waived by agreeing to work only for a designated legal service provider without charge. In addition, there are typically a number of law students clerking at any given time. Volunteers are primarily used to assist in the delivery of direct legal services to clients.

PART FIVE - ASSURANCES– PSA# 22

Submit with Four-Year Plan Only
Assurances Required by the Older Americans Act of 1965, as amended in 2000

A. The Area Agency agrees that it shall:

Requirement: OAA 306(a)(2)
Assurance: Provide assurances that an adequate proportion, as required under Section 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, outreach, information and assistance, 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.

Requirement: OAA 306(a)(4)(A)(i)
Assurance: Provide assurances that will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

Requirement: OAA 306(a)(4)(ii)
Assurance: Provide assurances that in each agreement made with a provider of any service under this title, a requirement that such provider:

(A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
(B) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and (C) meet specific objectives established by the AREA AGENCY ON AGING, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area.

Requirement: OAA 306(a)(4)(A)(iii)
Assurance: With respect to the fiscal year preceding the fiscal year for which such plan is prepared:

(A) identify the number of low-income minority older individuals in the planning and service area;
(B) describe the methods used to satisfy the service needs of such minority older individuals; and
(C) provide information on the extent to which the AREA AGENCY ON AGING met the objectives described in clause (a)(4)(A)(i).

Requirement: OAA 306(a)(4)(B)
Assurance: Provide assurances that outreach efforts will identify individuals eligible for assistance under this Act, with special emphasis on:

(A) older individuals residing in rural areas;
(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(D) older individuals with severe disabilities;
(E) older individuals with limited English-speaking ability; and

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

and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

Requirement: OAA 306(a)(4)(C)
Assurance: Provide assurance 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.

Requirement: OAA 306(a)(5)
Assurance: Provide assurances that it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

Requirement: OAA 306(a)(9)
Assurance: Provide assurances that in carrying out the State Long-Term Care Ombudsman Program under Section 307(a)(9), it 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.

Requirement: OAA 306(a)(11)
Assurance: 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, an assurance that 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) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under Title VI; and
(C) an assurance that the area agency on aging will 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.

Requirement: OAA 306(a)(13)(A)
Assurance: Provide assurances that it will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

Requirement: OAA 306(a)(13)(B)
Assurance: Provide assurances that it will disclose to the Assistant Secretary and the State agency:

(A) the identity of each non-governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(B) the nature of such contract or such relationship.

Requirement: OAA 306(a)(13)(C)
Assurance: Provide assurances that it will 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 contracts or such commercial relationships.

Requirement: OAA 306(a)(13)(D)
Assurance: Provide assurances that it will 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 contracts or such relationships.

Requirement: OAA 306(a)(13)(E)
Assurance: Provide assurances that it will, 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.

Requirement: OAA 306(a)(14)
Assurance: Provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the AREA AGENCY ON AGING to carry out a contract or commercial relationship that is not carried out to implement this title.

Requirement: OAA 306(a)(15)
Assurance: Provide assurances that preference in receiving services under this title will not be given by the AREA AGENCY ON AGING to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

Code of Federal Regulations Requirements:

[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 individuals 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 individuals 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 individuals: 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 individuals, 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(a)(b)]

Use the resources made available to the area agency on aging under the OAA to finance those activities necessary to achieve elements of a community-based system set forth in paragraph (b) of section 1321.53. [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. [1321.53(c)]

Assure access from designated focal points to services financed under the Older Americans Act. [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 [1321.53(c)]

Consult with and support the State's Long Term Care Ombudsman Program. [1321.61(b)(4)]

[Not deem any] requirement in Section 1321.61 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. [1321.61(d)]

Assure that individuals age 60 and over 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. [1321.69(a)]

B. The California Department of Aging (CDA) assures through the area agencies on aging:

Requirement: OAA 305(c)(5)
Assurance: That in the case of a state specified in subsection (b)(5), the State agency and area agency on aging shall provide assurance, determined adequate by the State agency, that the area agency 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)
Assurance:

(A) 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;
(B) 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
(C) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

Requirement: OAA 307(a)(11)(A)
Assurance: That AREA AGENCY ON AGING will:

(A) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;
(B) include in any such contract provisions to assure that any recipient of funds under division (A) 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
(C) 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)
Assurance: 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)
Assurance: 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.

Requirement: OAA 307(a)(11)(E)
Assurance: That AREA AGENCY ON AGING will 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)
Assurance: Whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for:

(A) public education to identify and prevent abuse of older individuals;
(B) receipt of reports of abuse of older individuals;
(C) 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
(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

Requirement: OAA 307(a)(14)
Assurance: That 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 306(a)(15)
Assurance: Provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title

Requirement: OAA 307(a)(18)
Assurance: That AREA AGENCY ON AGING will 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)
Assurance: 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.

EXHIBIT 1

Senior Citizens Advisory Council Committee Goals for FY 2005-06

Housing Committee

Goal 1 Proactively liaison with SCAC's Legislative Committee to directly and positively impact housing legislation and policy.

Goal 2 Increase the Housing Committee's membership to more effectively increase senior housing advocacy. Promote safe and accessible housing and facilitate the increase of various types of affordable housing.

Goal 3 Continue to work with Housing and Community Services (HCS) to incorporate senior housing concerns into their Notices of Financial Availability.

Legislation Committee

Goal 1 Maintain a bill tracking system.

Goal 2 Use the ASR process to expedite advocacy action.

Goal 3 Maintain a Working relationship with County, State, and National Legislators.

Goal 4 Recommend/prioritize CSL proposals prior to annual session.

Nutrition Committee

Goal 1 Continue to facilitate information sharing, networking, and problem solving sessions related to Meals on Wheels & Home Delivered Meal Providers.

Goal 2 Continue to develop an ongoing plan to educate seniors and professionals who work with seniors about the issues related to senior nutrition and health status.

Goal 3 Continue to promote public policies related to Senior Nutrition which promotes the independence and well being of Orange County Seniors.

Transportation Committee

Goal 1 Provide update of alternate transportation providers for Orange County.

Goal 2 Advocate for improvement of transportation programs for seniors and disabled.

Goal 3 Each transportation committee member will commit to making a roundtrip on a fixed route.

Goal 4 Actively support transportation awareness in each supervisory district in Orange County in 2004.

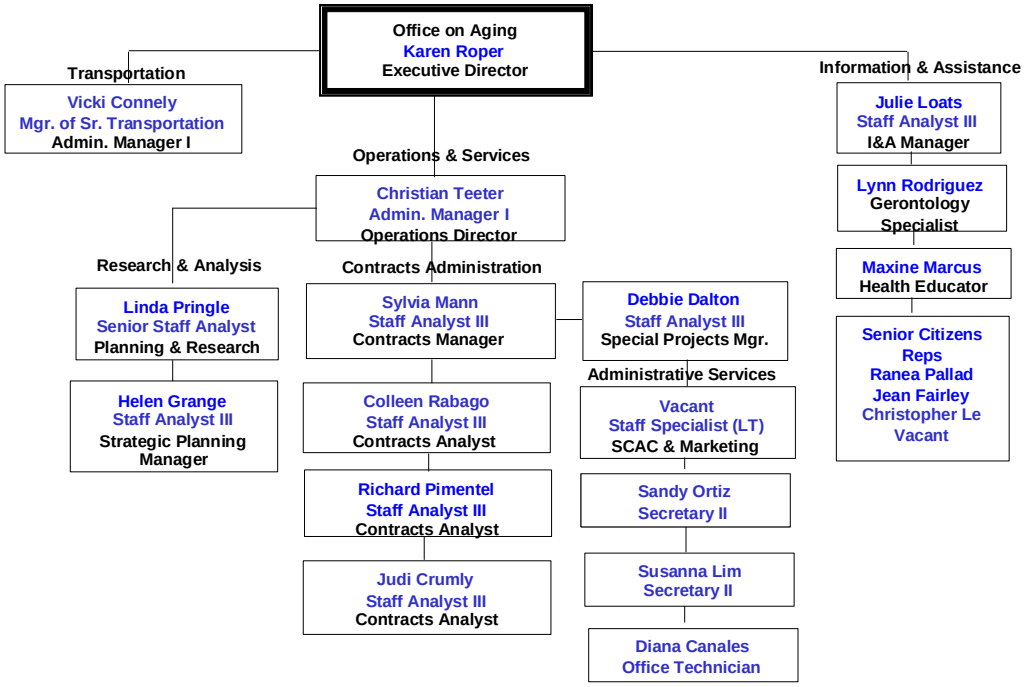
Health Committee

Goal 1 In keeping with the Health Committee's 2005 report entitled, *Health Care Access for Uninsured, Underinsured, and Underserved Seniors in O.C.,* continue to identify, document, and prioritize unmet health needs of seniors and people with disabilities in Orange County.

Goal 2 Monitor and inform seniors about health insurance and prescription drug issues.

Goal 3 Advocate in a timely manner for selected health issues that impact older adults and people with disabilities -- including health care access, prescription drug coverage, transportation, disease prevention/ wellness services, and other health issues – at the local, state, and national levels.

EXHIBIT 2: OFFICE ON AGING ORGANIZATION CHART WITH DETAIL

Name	Title III/VII CBSP	HICAP	Title V	TSR*	Other
Executive Director: Karen Roper	70%			15%	15%
Operations Director: Christian Teeter	70%	5%	5%	20%	
Manager, Senior Transportation: Vicki Connely	10%			90%	
Manager, Information & Assistance: Julie Loats	90%			10%	
Staff Analyst III: Debbie Dalton	100%				
Contracts Analyst: Richard Pimentel	10%			90%	
Contracts Analyst: Colleen Rabago	70%	15%	15%		
Contracts Manager: Sylvia Mann	90%	5%	5%		
Staff Analyst III: Helen Grange	95%			5%	
Senior Staff Analyst: Linda Pringle	95%		5%		
Staff Analyst III: Judi Crumly	100%				
Staff Specialist: (SCAC and Marketing) Vacant	100%				
Senior Citizen Representative: Ranae Pallad	90%			10%	
Senior Citizen Representative: Jean Fairley	80%			20%	
Senior Citizen Representative: Christopher Le	80%			20%	
Senior Citizen Representative: VACANT	80%			20%	
Gerontology Specialist: Lynn Rodriguez	80%			20%	
Health Educator: Maxine Marcus	100%				
Office Technician: Diana Canales	100%				
Secretary II: Susanna Lim	100%				
Secretary II: Sandy Ortiz	100%				

* TSR is Tobacco Settlement Revenue used to fund Senior Non-Emergency Medical Transportation