

EASTERN SIERRA AREA AGENCY ON AGING

--Meeting of the ADVISORY COUNCIL--

Wednesday, April 26, 2017 - 10:00 a.m.-noon

In person meeting at

Bishop Care Center

151 Pioneer Lane

Bishop, CA 93514

AGENDA

For meeting information call (760) 873-3305

All members of the public are encouraged to participate in the discussion of any item on the agenda. You will be allowed to speak about each item before the Council takes action on it. Any member of the public may also make comments during the scheduled "Public Comment" period on this agenda concerning any subject related to the ESAAA Advisory Council.

1. Call to Order

ACTION/DISCUSSION SESSION

2. Introductions of Advisory Council members and staff

3. Public Comment

4. Approval of minutes from February 1, 2017 meeting - ACTION

Chairperson will: 1) request a motion and a second; 2) ask for discussion; 3) call for the vote.

5. Staff Reports –

A. Keri Oney: Program Report for PSA 16 (Inyo and Mono Counties)

B. Use of an alternate for Board of Supervisor appointee – discussion and possible motion to allow use of an alternate for the Inyo County Board appointed member - **POSSIBLE ACTION**

6. Public Hearing on the Annual Update of the Area Plan for PSA 16 (Staff will document comments.)

A. Summary of outreach efforts for input from institutionalized and/or disabled older individuals, and results of outreach surveys

B. Any resulting need for Program Development or Program Coordination? Any major changes that would affect goals and objectives in the 4-Year Plan?

- Substitute the evidenced-based WISE program for Healthy Ideas

C. Review of the Minimum Percentages for Title IIIB program funds which were set a year ago for the 4-Year Plan (See minutes from January 11, 2016 meeting of Advisory Council).

Total funds for Inyo-Mono Counties total just at \$103,000 per year.

Access (Transportation, Assisted Transportation, Case Management, Information and Assistance, Outreach, Comprehensive Assessment, Health, Mental Health, and Public Information) – 50% of the total \$103,000 for Transportation and Assisted Transportation

(1) **In-Home Services** (Personal Care, Homemaker, Chore, Adult Day/Health Care, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting) – 3% of the total \$103,000 for Telephone Reassurance

- (2) **Legal Assistance Required Activities** (Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar) – 10% of the total \$103,000 for all of the listed activities

D. Any other ESAAA planning issues for this hearing?

7. **Suggested 2017 Meeting Dates and Locations – ESAAA Advisory Council**

Wednesday, June 21, 2017 – Mammoth Lakes
Wednesday, October 11, 2017 – Mammoth Lakes

Eastern Sierra Area Agency on Aging Advisory Council Meeting

Mono County Board of Supervisors Meeting Room
452 Old Mammoth Rd., Mammoth Lakes, CA 93514

February 1st, 2017

Minutes

Advisory Council Members Present:

Roger Rasche, Karen Hoodman, Rachel Lober, Marge Erbeck, Phyllis Mikalowsky, Supervisor Mark Tillemans, Harriet Davis-Stines, Cheryl Isbell at Walker Senior Center (via video conferencing)

Other Attendees: *Jean Turner, Paulette Erwin, Keri Oney, Stephanie Tanksley, Kathy Peterson, Mono Supervisor Bob Gardner, Patricia Espinoza (via video-conference at Walker Senior Center)*

1. Call to Order

Chairperson Roger Rasche called the meeting to order at 10:00 a.m.

2. Introduction of Advisory Council members and staff

Each individual announced their name and their role. Quorum was established

3. Welcome New BOS from both counties

The Chairperson welcomed Supervisor Mark Tillemans from Inyo County and Supervisor Bob Gardner from Mono County.

4. Public Comment

Chairperson Roger Rasche invited Public Comment. No public comment was made.

5. Approval of minutes from November 2016-ACTION

Motion to approve was made by Harriet Davis-Stines and seconded by Karen Hoodman. Motion carried unanimously.

6. Staff Reports-

- A.** Keri Oney - Program Report for PSA 16 (Inyo and Mono Counties). Keri Oney introduced herself as the Deputy Director for Aging and Social Service and explained that she would be delivering the Program report at future meetings. Keri reviewed the Program Report, noting that there had been issues regarding data integrity. She pointed out that they are addressing the issue and on February 6th she is having training for staff on data entry so that the State is receiving accurate information. Keri distributed the California Indian Legal Services (CILS) report which includes detailed information concerning where our legal services are being used. Kathy Peterson asked about Walker's numbers in the Program Report. Keri said that she would look at the data and mentioned

that the Council could re-address the way it is broken down. In the future. Keri pointed out the amazing job that our Senior Centers did with the inclement weather and power outages in ensuring that we still provided essential services to our seniors. Supervisor Gardner asked for further explanation of the Program Report. Keri gave the definitions of the various types of services. Supervisor Tillemans then asked how many congregate meals we offer weekly and costs. Jean Turner then explained the ESAAA regulations and what they require. A lengthy discussion followed that covered the ESAAA regulations and how Inyo County supplements the program. Supervisor Tillemans and Jean Turner pointed out that we are the only county in California that has approximately a 50/50 split and how we will continue to take care of our seniors.

- B. Jean Turner- Preparing for Annual Area Plan Update, due May 1, 2017-.
 - 1. No real changes anticipated- membership will be updated
 - 2. Jean asked if the Advisory Council would be interested in doing the Needs Assessment by Long Term Care Facility rather than by community. The LTC Ombudsman, Paulette Erwin, explained that it would be beneficial to quantify how many residents had Medi-Cal before they went to the facility. It would make their transition smoother and less stressful for everyone involved.

7. Suggested Meeting Dates and Location for 2017-ESAAA Advisory Council

Wednesday, April 26, 2017 – Bishop
Wednesday, June 21, 2017 – Mammoth Lakes
Wednesday, October 11, 2017 – Mammoth Lakes

8. Meeting Adjourned

Roger Rasche adjourned the meeting at 11:12 a.m.



ESAAA

PROGRAM SERVICES REPORT FOR INYO AND MONO COUNTIES

FY 16/17

JULY 1, 2016 THROUGH FEBRUARY 28, 2017*

**UNRECONCILED DATA*

ESAAA Services Report

July 1, 2016 through February 28, 2017

Senior Sites and Days Congregate Meals Provided

Big Pine	Monday-Wednesday
Bishop	Monday, Tuesday, Thursday and Friday
Independence	Friday
Lone Pine	Monday-Thursday
Tecopa	Monday-Friday
Walker	Monday-Friday

Services Provided

Service Area:	Congregate Meals		Home Delivered Meals		Non-Registered (Non-Seniors/One-Time Visitors)
	Number Served	Units of Service	Number Served	Units of Service	Units of Service
Big Pine	18	1048	8	892	
Bishop	124	5207	43	4676	
Independence	9	165	17	2210	
Lone Pine	72	3222	56	6750	
Tecopa	46	939	13	1736	
Walker	73	2207	64	6348	
Total	342	12788	201	22612	

Home Delivered Meals Waiting List (Inyo County Only)

-6- as of 4/6/2017

Service Area:	Assisted Transportation		Respite Homemaker	
	Number Served	Units of Service	Number Served	Units of Service
Big Pine	0	0	0	0
Bishop	9	78	3	64
Independence	0	0	0	0
Lone Pine	3	14	0	0
Tecopa	1	2	0	0
Walker	12	84	0	0
Total	25	178	3	64

Service Area:	Respite Personal Care		Caregiver Assessment/Counseling	
	Number Served	Units of Service	Number Served	Units of Service
Big Pine	0	0	0	0
Bishop	3	23	2	6
Independence	0	0	0	0
Lone Pine	0	0	0	0
Tecopa	0	0	0	0
Walker	0	0	0	0
Total	3	23	2	6

**Non Registered Services
(Services Not Tracked to Specific Client)**

Type of Service	Units of Service Provided
Transportation (Bus Passes – Distributed out of Lone Pine, Bishop and Walker)	2917
Nutrition Education	636
Information and Assistance	555
Telephone Reassurance (See Below)	Pending
Healthy IDEAS (See Below)	Pending

**Telephone Reassurance – ___ # of clients and Healthy IDEAS – ___ # of clients*

Long Term Care Ombudsman Services

Activities Provided	QTR1 Units	QTR2 Units	QTR3 Units	QTR4 Units	YTD Units
Skilled Nursing Facility (SNF) Visits* Residential Care Facilities for Elderly (RCFE) Visits*	29	16	Pending		45
Information and Referral	32	44	Pending		76
Facility Consultation	13	10	Pending		23
Community Education	1	2	Pending		3
Facility Staff Training	4	0	Pending		4
Resident Council Facilitation	7	8	Pending		15
Ombudsman Training	1	0	Pending		1
Witness Advance Directives	4	6	Pending		10
Complaint Investigation and Resolution at SNF**	13	16	Pending		29
Complaint Investigation and Resolution at RCFE**	2	3	Pending		5
Work with Media	0	0	Pending		0

* Non-Complaint Related Visits – State Minimum Requirement is 1 Visit Per Quarter

** Each Investigation averages 3-4 Visits to Facility with First Response Occurring Within Two Days

Contracted Services

Legal Services

Date Range	Legal Services		YTD-Units
	Unduplicated Count for Quarter	Total Cases Closed in Quarter	
July 1, 2016 through September 30, 2016			
			YTD-Units
	Total Units of Service for Quarter (1 hour)	Requested	Pending
October 1, 2016 through December 31, 2016			
	Total Units of Service for Quarter (1 hour)	Requested	Pending
January 1, 2017 through March 31, 2017			
	Total Units of Service for Quarter (1 hour)	Requested	Pending
April 1, 2017 through June 30, 2017			
	Total Units of Service for Quarter (1 hour)		

Types of Activities Offered at Senior Sites

Bingo
Birthday Recognitions
Theme Activities (e.g. Valentines, St. Patrick's...)
Exercise
AARP Tax Assistance
Blood Pressure Checks
Wii Bowling
Scrabble
Educational Activities
Movie Mondays
Crafts
Commodities Distribution
Medi-Cal Managed Care Outreach
Cal Fresh Outreach
Computer/Internet Access
Nutrition Education
Prevention Activities

Report Prepared By:
Keri Oney
Inyo County HHS, Aging Services

Eastern Sierra Area Agency on Aging Advisory Council Meeting

Inyo County Health and Human Services
920 N. Main Street
Bishop, CA

January 11th, 2016

Minutes

Advisory Council Members Present: Roger Rasche, Rachel Lober, Cheryl Isbell, Matt Kingsley, Marge Erbeck, Karen Hoodman, Harriet Davis, JoAnn Poncho
Other Attendees: Jean Turner, Marilyn Mann, Kathy Peterson, Melissa Best-Baker, Keri Oney, Paulette Erwin, Krista Cooper, Stephanie Tanksley, Fred Stump, Jesse Isbell

1. Call to Order

Chairperson Roger Rasche called the meeting to order.

2. Public Comment

Jean Turner requested that the Administrative Report be moved prior to the welcome. Jean Turner then introduced the three new Advisory Council members JoAnn Poncho of Bishop, Karen Hoodman of Bishop, and Cheryl Isbell of Walker.

3. Welcome and Introductions

Chairperson Rasche welcomed those in attendance and introductions were made.

4. Approval of minutes from September 28, 2015 meeting

Motion to approve was made by Marge Erbeck, seconded by Rachel Lober to approve the minutes from September 28, 2015 meeting. Motion carried unanimously.

5. Review and Approval of Amendment #2 to the Standard Contract Agreement in which the source of the Ombudsman funding is corrected to show Public Health Licensing & Certification (PH L & C) and renaming Ombudsman Penalties Citation SDF to Ombudsman State Health Facilities (SHF) Cit. Penalties – ACTION

Motion to approve was made by Matt Kingsley, seconded by Harriet Davis. Chairman Roger Rasche asked for discussion. After a discussion about one time money, how it is distributed, and how it adds hours to the Ombudsman Program, the motion was carried unanimously.

6. Program Report for PSA 16 (Inyo and Mono Counties)

Marilyn Mann distributed and reviewed the Program Report, noting that it is unreconciled, preliminary numbers that are not finalized for the state report. It was noted that new supervisor Rebecca Houle would be starting in Lone Pine this week. An

official thank-you was given to Allison Khron for stepping into the position temporarily while it was being filled. Kathy Peterson gave an update on the Mono County senior sites, stating that P. Espinoza is acting as site coordinator at Antelope Valley.

7. Program Report from Ombudsman

Paulette Erwin reported on the closure of the Southern Inyo Hospital Skilled Nursing Facility (SNF) in Lone Pine. Paulette discussed her role prior to the closure of the SNF. She disclosed her involvement as Ombudsman in giving the residents and their family's information regarding tools to help find other facilities. Questions were asked regarding state involvement. Jean Turner then thanked Paulette for her hard work during the transition with the SNF. After much discussion regarding the many issues with Southern Inyo Hospital and the SNF, many members wished to express the importance of having a SNF in that area. Jean Turner and Matt Kingsley wanted to note the importance of having a SNF in the Lone Pine area for our large aging community in the Eastern Sierra Community.

8. Review of Results of Needs Assessment for Upcoming 4-Year Plan

Keri Oney distributed the results of the Needs Assessment. The results consisted of a dual county aggregate as well as results broken down by community. There were 284 total responses. Jean Turner highlighted that the responses were almost double from the last Needs Assessment. Keri Oney discussed the distribution methods used to get the Assessment out to the communities. Jean Turner noted the change required by the state to include a question regarding the legal needs of the senior community. A discussion arose regarding how income level is used to prioritize services.

9. Review of Utilization Trends for Congregate and Home-Delivered Meals- ACTION

Keri Oney distributed a document showing three-year trends of utilization of Transportation services, Congregate Meals and Home Delivered Meals in each Inyo and Mono Counties. This information helps determine the split between Inyo and Mono Counties, which is to be reviewed at the next meeting. There was discussion about the data having some errors. Keri Oney and analyst team will look at all of the raw data for the past 3 years and assure the correct data is being reported. After a lengthy discussion on the utilization trends and the differences in past years vs. current year it was decided the Melissa Best-Baker would look at the budget in regards to donations and see if there have been any changes reflecting the new charge for meals; a report will be made on this at the April meeting.

10. Setting of Minimum Percentages for Upcoming 4 Year Plan

Jean Turner distributed and reviewed the minimum percentages for Title III B funds in the last 4 year plan, pointing out the specific areas that percentages had to be set for. She also highlighted the fact that the percentages are minimums, therefore, did not

need to total 100%. After a long discussion the group realized the need for a higher allowance in Assisted Transportation. Because of this realization the group recommended that Access be set at a 50% minimum, In-Home Services be set at 3%, and Legal be set at 10%. The motion to approve was made by Harriet Davis and seconded by Margaret Erbeck. The motion was carried unanimously.

11. Next meeting dates and locations

By consensus, the group agreed that the next meeting will be held on April 11th, 2016, in Bishop, at a long term care facility. July 13th and October 26th were chosen as the following two meetings to be held in Mono County.

12. Meeting Adjourned

The Chairperson adjourned the meeting at 11:50 a.m.

DRAFT

**EASTERN SIERRA AREA AGENCY ON AGING
(ESAAA)
for
PLANNING & SERVICE AREA (PSA) 16**

2017-2018 AREA PLAN UPDATE

*Submitted by
The Eastern Sierra Area Agency on Aging Program
of the
Inyo County Health and Human Services Department
163 May Street
Bishop, CA 93514
760 873-3305*

*Inyo County Board of Supervisors/ESAAA Governing Board Chairperson Mark Tillemans
ESAAA Advisory Council Chairperson Roger Rasche
ESAAA Director Jean Turner
jturner@inyocounty.us*

**EASTERN SIERRA AREA AGENCY ON AGING (ESAAA)
AREA PLAN UPDATE FOR 2017-2018**

AREA PLAN UPDATE (APU) CHECKLIST

PSA 16

Check one: **FY 17-18** **FY 18-19** **FY 19-20**

Use for APUs only

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included
	➤ <i>Update/Submit A) through I) ANNUALLY:</i>	
n/a	A) Transmittal Letter- (requires <i>hard copy with original ink signatures or official signature stamp-no photocopies</i>)	<input checked="" type="checkbox"/>
n/a	B) APU- (submit entire APU electronically only)	<input checked="" type="checkbox"/>
2, 3, or 4	C) Estimate- of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>
7	D) Public Hearings- that will be conducted	<input checked="" type="checkbox"/>
n/a	E) Annual Budget	<input type="checkbox"/>
9	F) Title IIIB/VIIA Long-Term Care Ombudsman Objectives	<input checked="" type="checkbox"/>
9	G) Title VIIA Elder Abuse Prevention Objectives	<input checked="" type="checkbox"/>
10	H) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes	<input checked="" type="checkbox"/>
18	I) Legal Assistance	<input checked="" type="checkbox"/>
	➤ <i>Update/Submit the following only if there has been a CHANGE or the section was not included in the 2016-2020 Area Plan:</i>	Mark Changed/Not Changed (C or N/C)
		C N/C
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/> <input type="checkbox"/>
5	Needs Assessment	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	AP Narrative Objectives:	
9	• System-Building and Administration	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	• Title IIIB-Funded Programs	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	• Title IIIB-Transportation	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	• Title IIIC-1	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	• Title IIIC-2	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	• Title IIID	<input checked="" type="checkbox"/> <input type="checkbox"/>
20	• Title IIIE-Family Caregiver Support Program	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	• Title V-SCSEP Program	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/> <input checked="" type="checkbox"/>
12	Disaster Preparedness	<input type="checkbox"/> <input checked="" type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/> <input checked="" type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input type="checkbox"/> <input checked="" type="checkbox"/>
16	Governing Board	<input type="checkbox"/> <input checked="" type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/> <input type="checkbox"/>
21	Organizational Chart(s)	<input checked="" type="checkbox"/> <input type="checkbox"/>

TRANSMITTAL LETTER

2016-2020 Four Year Area Plan/ Annual Update

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

AAA Name: Eastern Sierra Area Agency on Aging

PSA 16

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

1. Mark Tillemans
(Type Name)

Signature: Governing Board Chair¹

Date

2. Roger Rasche
(Type Name)

Signature: Advisory Council Chair

Date

3. Jean Turner
(Type Name)

Signature: Area Agency Director

Date

¹ Original signatures or official signature stamps are required.

SECTION 1. MISSION STATEMENT

At a minimum, the mission statement must include the following:

“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.”

SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA)

SECTION 3. DESCRIPTION OF THE AREA AGENCY ON AGING (AAA)

SECTION 4. PLANNING PROCESS / ESTABLISHING PRIORITIES

SECTION 5 - NEEDS ASSESSMENT

Attachment A is an aggregate view of the Needs Assessment administered in February through March 2017 in our three long-term care facilities in PSA 16. Results indicate that, of the thirty (30) total residents completing the Needs Assessment, almost two-thirds indicated that their move to a facility was precipitated by a change in personal health and/or mobility concerns. Almost that same number reported the lack of use of any prior long-term care services prior to moving to a facility, and only a very few had used any other aging or social services available in local communities. Almost half of the respondents indicated that they were aware of the long-term care services in their communities, and about one-third report having long-term care insurance.

SECTION 6. TARGETING

SECTION 7. PUBLIC HEARINGS

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English?² Yes or No	Was hearing held at a Long-Term Care Facility?³ Yes or No
2016-17	April 13, 2016	Sterling Heights, 369 E. Pine St., Bishop, CA 93514	17	no	yes
2017-18	April 26, 2017	Bishop Care Center 151 Pioneer Lane Bishop, CA 93514		no	yes
2018-19					
2019-20					

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

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

Input was solicited for the Area Plan via insertion of a request for feedback in home-delivered meals for homebound individuals. A Public Hearing was held in April of 2016, and again in April of 2017 to receive input. Both Public Hearings were held in long-term care residential facilities to facilitate input from institutionalized or disabled individuals.

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

Yes. Go to question #3

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

3. Summarize the comments received concerning proposed expenditures for PD and/or C
A review of the Wellness Initiative for Senior Education (WISE) Program was presented as an alternative evidence-based program for III D services, in lieu of Healthy Ideas.

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

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

(Fill in discussion from Public Hearing here.)

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

Yes. Go to question #5

No, Explain:

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

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

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

SECTION 8 - IDENTIFICATION OF PRIORITIES

PSA 16

The only anticipated change in this section is a change in administrative staff. The ESAAA Director is retiring on June 30, 2017. A new Director will be appointed by the Governing Board, and that information can be updated with both the Advisory Council and with the California Department of Aging as soon as the appointment is made.

SECTION 9 - AREA PLAN NARRATIVE GOALS AND OBJECTIVES

PSA _____

Goal #1

Goal: Promote positive physical and mental health outcomes for the aging population and their caregivers.

Rationale: Most of our aging population concur that remaining in their own home is of major importance. Ensuring that the physical and mental well-being needs of our senior population are being addressed help to facilitate this outcome. Issues related to meeting the basic nutritional needs of seniors, as well as addressing access to health care services were identified as high priorities during the ESAAA needs assessment.

Objectives:	Projected Start and End Dates	Title III B Funded PD or C	Update Status
1.1 ESAAA staff will coordinate with area service providers to conduct regular quarterly meeting of providers of aging services including the LTC Ombudsman, law enforcement and the District Attorney, to ensure that identified at-risk seniors are connected to appropriate resources, as well as trends or gaps are identified and steps taken to adequately address these issues within the community.	July 2016 – June 2020 and Ongoing		No Change: Adult Multi-Disciplinary meetings occur on a quarterly basis with quarterly outreach to service providers.
1.2 ESAAA staff will coordinate with the LTC Ombudsman and the County-based Social Services programs to ensure that training is provided to individuals, professionals, paraprofessionals and volunteers who provide services to the aging and dependent adult populations on the identification, prevention and treatment of elder abuse, neglect and exploitation on an annual basis. The continuum of training will ensure earlier identification and intervention of abuse and neglect.	July 2016 – June 2020 and Ongoing		No Change: The Long Term Ombudsman, which is housed in ESAAA, works in coordination with other County-based social service programs to ensure training and education is provided on the identification and reporting of abuse/neglect. Entities receiving training in 2016-2017 included, but were not limited to CASA program, Bishop Tribal Elders, and local Long Term Care programs.
1.3 ESAAA staff will coordinate with the County-based Social Services programs, law enforcement, and other aging services providers to provide relevant training in regards to issues impacting the safety of seniors, including, but not limited to financial abuse, self-neglect, and effective	July 2016 – June 2020 and Ongoing		No Change: The Long Term Ombudsman, which is housed in ESAAA, works in coordination with other County-based social service programs to ensure training needs are met. Training brought to the community or scheduled to occur within 2016-

interventions.			2017 include Adult Abuse, Neglect and Exploitation, Elder and Dependent Adult Abuse Investigations, and Aging Assessment and Case planning.
1.4 ESAAA staff will coordinate with Behavioral Health Staff to provide training to aging services employees on issues related to recognizing mild to moderate depression, substance use or medication mismanagement in an effort to support early detection and intervention.	July 2016 – June 2020 and Ongoing		No Change Training is provided on a quarterly basis.
1.5 ESAAA staff will coordinate with Behavioral Health Staff and nutrition program staff to issue a quarterly newsletter focused on the wellness. Aging issues related to nutrition education to overall emotional and physical wellbeing will be provided.	July 2016 – June 2020 and Ongoing		No Change. A quarterly newsletter that combines physical and emotional wellness information with nutrition education continues to provide valuable information to the senior population as well as the ESAAA site staff.
1.6 ESAAA staff will coordinate with County-based aging and social service programs to ensure that home-based services designed to support the aging population to stay safely in their own home are available.	July 2016 – June 2020 and Ongoing		No Change. ESAAA provides outreach and dissemination of information to social service and aging services staff throughout the PSA regarding the available resources such as telephone reassurance and respite homemaker/personal care services. Additionally, referral information is provided to residents regarding non-ESAAA programs that provide home-based services such as IHSS.
1.7 ESAAA staff will maintain congregate meal sites, providing basic nutrition services, as well as a resource for socialization and information in an effort to support physical and emotional wellness.	July 2016 – June 2020 and Ongoing		No Change. Congregate meal sites are maintained in 6 locations within the service area, ensuring five day a week access is maintained throughout the PSA.
1.8 ESAAA staff will ensure home delivered nutrition services are available to the frail and isolated aging population.	July 2016 – June 2020 and Ongoing		No Change. HDM services are maintained throughout the PSA.
1.9 ESAAA staff will coordinate with Behavioral Health nursing staff to provide Healthy IDEAS, an evidence-based tool that meets the Administration of Community Living requirements, in an	July 2016 – 2017(Healthy IDEAS) June 2017 -		Change. As a result of staffing turnover and difficulty in recruitment of nursing staff to provide the support needed to implement

<p>effort to identify persons with lower level depression symptoms and provide intervention services.</p>	<p>2020 and Ongoing (WISE)</p>	<p>Healty IDEAS, ESAAA has identified an alternative evidence-based program for implementation within the PSA. Healthy IDEAS will continue to be administered in the northern area of the PSA through programming in Mono County, but Inyo County HHS staff, including ESAAA staff in Inyo County will be provided training in the Wellness Initiative for Senior Education (WISE) curriculum. WISE, a curriculum listed on SAMHSA’s National Registry of Evidence-based Programs and Practices, is a wellness and prevention program targeting older adults. The six-lesson curriculum helps celebrate healthy lifestyle choices by providing education on topics including medication misuse and management, stress management, depression and substance abuse.</p>
<p>1.10 ESAAA, in coordination with aging and social services programs, will ensure caregivers are connected to supportive services.</p>	<p>July 2016 – June 2020 and Ongoing</p>	<p>No Change. ESAAA continues to provide information and assistance to caregivers, ensuring they are connected to available resources as appropriate.</p>
<p>1.11 ESAAA’s LTC Ombudsman will actively monitor the ability of local long term care facilities, in context of affiliation with poorly funded rural hospitals, to remain viable in their ability to provide quality care to area residents.</p>	<p>July 2016 – June 2020 and Ongoing</p>	<p>No Change. The LTC Ombudsman, located within the ESAAA program, continues to monitor the LTC programs, including those associated with area hospitals.</p>
<p>1.12 ESAAA, in coordination with aging and social services programs, will identify isolated, home-bound aging persons who could benefit from regular and routine contact to ensure their general health and well-being needs are being met.</p>	<p>July 2016 – June 2020 and Ongoing</p>	<p>No Change. ESAAA continues to work in coordination with the contracted provider in Mono County, as well as the social service programs in both counties to ensure that isolated, home-bound aging persons in need of services are identified and connected to resources.</p>

Goal #2

<p>Goal: Maintain a minimum level of access to services, including health care services and local support services to the aging population throughout our communities.</p>			
<p>Rationale: Communities throughout both Inyo and Mono counties are isolated from many support services, including access to primary health care services, pharmacies and grocery vendors. Specialized care is often not locally available, requiring our older adults to travel to urban areas in southern California, as well as southern and northern Nevada. This issue continues to be identified as one of the highest priorities for our aging population across both counties.</p>			
<p>Objectives:</p>	<p>Projected Start and End Dates</p>	<p>Title III B Funded PD or C</p>	<p>Update Status</p>
<p>2.1 ESAAA staff will coordinate with County-Based social service programs, such as IHSS to address the caregiving and transportation needs of seniors in an effort to promote access to health care services, both locally and out of the area.</p>	<p>July 2016 – June 2020</p>		<p>No Change: Coordination of caregiving and transportation needs occurs on a regular basis.</p>
<p>2.2 ESAAA will coordinate with county and city agencies, as well as community based agencies to identify additional resources to support access to medical and other support services.</p>	<p>July 2016 – June 2020 and Ongoing</p>		<p>No Change: ESAAA staff regularly participate in efforts to address access issues for seniors living in the service area, including participation in the Local Transit Commission.</p>
<p>2.3 ESAAA staff will coordinate with other service organizations to ensure that a continuum of services are available and will provide information and assistance services to ensure access to information is readily available to the aging population.</p>	<p>July 2016 – June 2020 and Ongoing</p>		<p>No Change: Updated information regarding resources is maintained in order to ensure seniors have access to appropriate service and resource information.</p>
			<p>No Change: Referrals are made as appropriate to the HICAP provider.</p>
			<p>No Change: ESAAA staff regularly coordinate with the Advisory Council and Governing Board to ensure that issues</p>

			impacting underserved seniors are identified and addressed as appropriate.	
2.4 ESAAA staff will coordinate with and ensure appropriate referrals are made to HICAP in order to help seniors address their medical coverage issues and remove any barriers to health care services.	July 2016 – June 2020 and Ongoing		No Change: Updated information regarding resources is maintained in order to ensure seniors have access to appropriate service and resource information.	
			No Change: Referrals are made as appropriate to the HICAP provider.	
			No Change: ESAAA staff regularly coordinate with the Advisory Council and Governing Board to ensure that issues impacting underserved seniors are identified and addressed as appropriate.	
2.5 ESAAA staff will coordinate with the Governing Board and the Advisory Council to monitor the needs of our aging population throughout the planning area and assess the available opportunities to reach those who are underserved.	July 2016 – June 2020 and Ongoing		No Change: Updated information regarding resources is maintained in order to ensure seniors have access to appropriate service and resource information.	
			No Change: Referrals are made as	

			appropriate to the HICAP provider.
			No Change: ESAAA staff regularly coordinate with the Advisory Council and Governing Board to ensure that issues impacting underserved seniors are identified and addressed as appropriate.
2.6 ESAAA staff will monitor changing state and federal policies and will coordinate with the Governing Board and Advisory Council to ensure issues related to adequate access to health care and support services remain a focus of policymakers.	July 2016 – June 2020 and Ongoing		No Change: ESAAA staff monitor policies at all levels and keep the Advisory Council and Governing Board apprised of those issues that may impact the senior population and will conduct direct advocacy with policymakers as directed by the Governing Board.

Goal #3

Goal: Strengthen the service delivery system to proactively address unmet needs.			
Rationale: Both Inyo and Mono Counties have aging populations living in areas that are isolated from the primary service delivery systems. In general, the aging population throughout the entire region has limited access to the wide range of medical and support services found in larger communities. Ensuring adequate information and referral services are available to all community members and actively identifying methods to fill gaps in services continues to be identified as an area of focus throughout the planning area.			
Objectives:	Projected Start and End Dates	Title III B Funded PD or C	Update Status
3.1 ESAAA staff will identify resources to meet identified needs in both the private and public sectors, ensuring that the resources are updated at least annually.	July 2016 – June 2020 and Ongoing		No Change: Efforts to identify both public and private resources continue.
			No Change: ESAAA staff utilize local media resources and direct distribution methods to educate seniors, caregivers and community members about available

			resources.
			No Change: ESAAA continues to maintain resource information and utilize multiple distribution modes.
3.2 ESAAA staff will utilize public information mechanisms to ensure that the aging population, their caregivers and service providers are aware of the resources available to meet identified needs.	July 2016 – June 2020 and Ongoing		No Change: Efforts to identify both public and private resources continue.
			No Change: ESAAA staff utilize local media resources and direct distribution methods to educate seniors, caregivers and community members about available resources.
			No Change: ESAAA continues to maintain resource information and utilize multiple distribution modes.
3.3 ESAAA staff will maintain resource information and disseminate information through multiple distribution modes, including web-based access.	July 2016 – June 2020 and Ongoing		No Change: Efforts to identify both public and private resources continue.
			No Change: ESAAA staff utilize local media resources and direct distribution methods to educate seniors, caregivers and community members about available resources.
			No Change: ESAAA continues to maintain resource information and utilize multiple distribution modes.

**TITLE III/VIIA SERVICE UNIT PLAN OBJECTIVES
CCR Article 3, Section 7300(d)**

1. Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	-0-	-0-	
2017-2018	-0-	-0-	
2018-2019	-0-	-0-	
2019-2020	-0-	-0-	

2. Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	-0-	-0-	
2017-2018	-0-	-0-	
2018-2019	-0-	-0-	
2019-2020	-0-	-0-	

3. Chore (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	-0-	-0-	
2017-2018	-0-	-0-	
2018-2019	-0-	-0-	
2019-2020	-0-	-0-	

4. Home-Delivered Meal

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	40,000	1	

2017-2018	Same	Same	
2018-2019	Same	Same	
2019-2020	Same	Same	

5. Adult Day/ Health Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	-0-	-0-	
2017-2018	-0-	-0-	
2018-2019	-0-	-0-	
2019-2020	-0-	-0-	

6. Case Management (Access)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	-0-	-0-	
2017-2018	-0-	-0-	
2018-2019	-0-	-0-	
2019-2020	-0-	-0-	

7. Assisted Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	200	1,2	
2017-2018	Same	Same	
2018-2019	Same	Same	
2019-2020	Same	Same	

8. Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	18,000	1,2	

2017-2018	Same	Same	
2018-2019	Same	Same	
2019-2020	Same	Same	

9. Nutrition Counseling

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	10	1	
2017-2018	Same	Same	
2018-2019	Same	Same	
2019-2020	Same	Same	

10. Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	3,000	1,2	
2017-2018	Same	Same	
2018-2019	Same	Same	
2019-2020	Same	Same	

11. Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	100	1,2	
2017-2018	Same	Same	
2018-2019	Same	Same	
2019-2020	Same	Same	

12. Nutrition Education

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	2,400	1	
2017-2018	Same	Same	

2018-2019	Same	Same	
2019-2020	Same	Same	

13. Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	800	1,2,3	
2017-2018	Same	Same	
2018-2019	Same	Same	
2019-2020	Same	Same	

14. Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	-0-	-0-	
2017-2018	-0-	-0-	
2018-2019	-0-	-0-	
2019-2020	-0-	-0-	

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

Other Supportive Service Category Telephone Reassurance (InHome)

Unit of Service 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	120	1	
2017-2018	Same	Same	
2018-2019	Same	Same	
2019-2020	Same	Same	

16. Title IIID/ Disease Prevention and Health Promotion

Unit of Service = 1 Contact (Healthy IDEAS) 1 session per participant (WISE)

Service Activities: Healthy IDEAS (2016-2017) Wellness Initiative for Senior Education (WISE) (2017-2020)

- **Title IIID/ Disease Prevention and Health Promotion:** Enter required program goal and objective numbers in the Title III D Service Plan Objective Table below:

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2016-2017	25	1	1.9
2017-2018	30	Same	Same
2018-2019	60	Same	Same
2019-2020	Same	Same	Same

TITLE IIIB and Title VIIA:

LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

2016–2020 Four-Year Planning Cycle

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

Measures and Targets:

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

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

<p>1. FY 2014-2015 Baseline Resolution Rate: Number of complaints resolved <u>70</u> + Number of partially resolved complaints <u>1</u> divided by the Total Number of Complaints Received <u>86</u> = Baseline Resolution Rate <u>83</u>% FY 2016-17 Target Resolution Rate <u>90</u>%</p>
<p>2. FY 2015-2016 Baseline Resolution Rate: Number of complaints resolved <u>69</u> + Number of partially resolved complaints <u>11</u> divided by the Total Number of Complaints Received <u>104</u> = Baseline Resolution Rate <u>77</u>% FY 2017-18 Target Resolution Rate <u>90</u>%</p>
<p>3. FY 2016-2017 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2018-19 Target Resolution Rate _____%</p>
<p>4. FY 2017-2018 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2019-20 Target Resolution Rate _____%</p>

Program Goals and Objective Numbers: 1

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

1. FY 2014-2015 Baseline: number of Resident Council meetings attended 17
FY 2016-2017 Target: 15

2. FY 2015-2016 Baseline: number of Resident Council meetings attended 15
FY 2017-2018 Target: 15

3. FY 2016-2017 Baseline: number of Resident Council meetings attended _____
FY 2018-2019 Target: _____

4. FY 2017-2018 Baseline: number of Resident Council meetings attended _____
FY 2019-2020 Target: _____

Program Goals and Objective Numbers: 1

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

1. FY 2014-2015 Baseline number of Family Council meetings attended -0-
FY 2016-2017 Target: 2

2. FY 2015-2016 Baseline number of Family Council meetings attended -0-
FY 2017-2018 Target: 1

3. FY 2016-2017 Baseline number of Family Council meetings attended _____
FY 2018-2019 Target: _____

4. FY 2017-2018 Baseline number of Family Council meetings attended _____
FY 2019-2020 Target: _____

Program Goals and Objective Numbers: 1

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

1. FY 2014-2015 Baseline: number of consultations 33
FY 2016-2017 Target: 30

2. FY 2015-2016 Baseline: number of consultations 63
FY 2017-2018 Target: 30

3. FY 2016-2017 Baseline: number of consultations _____
FY 2018-2019 Target: _____

4. FY 2017-2018 Baseline: number of consultations _____
FY 2019-2020 Target: _____

Program Goals and Objective Numbers: 1

E. Information and Consultation to Individuals (AoA Report, Part III.D.5) Count of instances of ombudsman representatives' interactions with residents, family members, friends, and others in the

community for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by: telephone, letter, email, fax, or in person.

1. FY 2014-2015 Baseline: number of consultations <u>49</u> FY 2016-2017 Target: <u>50</u>
2. FY 2015-2016 Baseline: number of consultations <u>194</u> FY 2017-2018 Target: <u>50</u>
3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>1</u>

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

1. FY 2014-2015 Baseline: number of sessions <u>1</u> FY 2016-2017 Target: <u>2</u>
2. FY 2015-2016 Baseline: number of sessions <u>3</u> FY 2017-2018 Target: <u>2</u>
3. FY 2016-2017 Baseline: number of sessions _____ FY 2018-2019 Target: _____
1. FY 2017-2018 Baseline: number of sessions _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>1</u>

G. Systems Advocacy

Systemic Advocacy Effort(s) for the current fiscal year: 2016-2017
 In coordination with Health and Human Services Adult Protective Services division, the LTC Ombudsman will continue to work with local law enforcement to develop better informed strategies for investigating complaints of financial abuse involving persons with dementia or limited capacity.

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

Measures and Targets:

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

1. FY 2014-2015 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>2</u> divided by the total number of Nursing Facilities <u>2</u> = Baseline <u>100%</u> FY 2016-2017 Target: <u>100%</u>
2. FY 2015-2016 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>2</u> divided by the total number of Nursing Facilities <u>2</u> = Baseline <u>100%</u> FY 2017-2018 Target: <u>100%</u>

3. FY 2016-2017 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2018-2019 Target: _____%
4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2019-2020 Target: _____%
Program Goals and Objective Numbers: <u>1</u>

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

1. FY 2014-2015 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>1</u> divided by the total number of RCFEs <u>1</u> = Baseline <u>100%</u> FY 2016-2017 Target: <u>100%</u>
2. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>1</u> divided by the total number of RCFEs <u>1</u> = Baseline <u>100%</u> FY 2017-2018 Target: <u>100%</u>
3. FY 2016-2017 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2018-2019 Target: _____%
4. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2019-2020 Target: _____%
Program Goals and Objective Numbers: _____

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

1. FY 2014-2015 Baseline: <u>1.37</u> FTEs FY 2016-2017 Target: <u>1.37</u> FTEs
2. FY 2015-2016 Baseline: <u>.77</u> FTEs FY 2017-2018 Target: <u>.77</u> FTEs
3. FY 2016-2017 Baseline: _____ FTEs FY 2018-2019 Target: _____ FTEs
4. FY 2016-2017 Baseline: _____ FTEs FY 2019-2020 Target: _____ FTEs
Program Goals and Objective Numbers: <u>1</u>

D. Number of Certified LTC Ombudsman Volunteers (AoA Report Part III. B.2. – Staff and Volunteers)

1. FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers <u>3</u> FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers <u>5</u>

2. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers <u>4</u> FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers <u>5</u>
3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: <u>1</u>

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

Measures and Targets:

The LTC Ombudsman program will continue to ensure staff and volunteers regularly attend NORS Consistency Training provided by the OSLTCO and will monitor the need to upgrade computers as needed to ensure timely and accurate data entry.

**TITLE VIIA ELDER ABUSE PREVENTION
SERVICE UNIT PLAN OBJECTIVES**

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

**TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN
OBJECTIVES**

The agency receiving Title VIIA Elder Abuse Prevention funding is: Inyo County Health and Human Services - ESAAA

Fiscal Year	Total # of Public Education Sessions
2016-2017	-0-
2017-2018	-0-
2018-2019	-0-
2019-2020	-0-

Fiscal Year	Total # of Training Sessions for Professionals
2016-2017	-0-
2017-2018	-0-
2018-2019	-0-
2019-2020	-0-

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2016-2017	-0-
2017-2018	-0-
2018-2019	-0-
2019-2020	-0-

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	-0-
2017-2018	-0-
2018-2019	-0-
2019-2020	-0-

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2016-2017	5,000	Annual Newspaper Publication of “Everyone can do Something to Prevent Elder Abuse” advertisement
2017-2018	Same	Same

2018-2019	Same	Same
2019-2020	Same	Same

Fiscal Year	Total Number of Individuals Served
2016-2017	5000
2017-2018	Same
2018-2019	Same
2019-2020	Same

TITLE IIIE SERVICE UNIT PLAN OBJECTIVES

CCR Article 3, Section 7300(d)

2012–2016 Four-Year Planning Period

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

Direct and/or Contracted IIIE Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
Information Services	# of activities and Total est. audience for above		
2016-2017	# of activities: -0- Total est. audience for above:		
2017-2018	# of activities: -0- Total est. audience for above:		
2018-2019	# of activities: -0- Total est. audience for above:		
2019-2020	# of activities: -0- Total est. audience for above:		
Access Assistance	Total contacts		
2016-2017	-0-		
2017-2018	-0-		
2018-2019	-0-		
2019-2020	-0-		

Access Assistance		Total contacts	
Support Services	Total hours		
2016-2017	15	1	
2017-2018	Same	Same	
2018-2019	Same	Same	
2019-2020	Same	Same	
Respite Care	Total hours		
2016-2017	100	1	
2017-2018	Same	Same	
2018-2019	Same	Same	
2019-2020	Same	Same	
Supplemental Services	Total occurrences		
2016-2017	-0-		
2017-2018	-0-		
2018-2019	-0-		
2019-2020	-0-		

Direct and/or Contracted IIE Services

Grandparent Services Caring for Children	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	# of activities and Total est. audience for above		
2016-2017	# of activities: -0- Total est. audience for above:		
2017-2018	# of activities: -0- Total est. audience for above:		
2018-2019	# of activities: -0- Total est. audience for above:		
2019-2020	# of activities: -0- Total est. audience for above:		

Grandparent Services Caring for Children	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Access Assistance	Total contacts		
2016-2017	-0-		
2017-2018	-0-		
2018-2019	-0-		
2019-2020	-0-		
Support Services	Total hours		
2016-2017	-0-		
2017-2018	-0-		
2018-2019	-0-		
2019-2020	-0-		
Respite Care	Total hours		
2016-2017	-0-		
2017-2018	-0-		
2018-2019	-0-		
2019-2020	-0-		
Supplemental Services	Total occurrences		
2016-2017	-0-		
2017-2018	-0-		
2018-2019	-0-		
2019-2020	-0-		

SECTION 17 - ADVISORY COUNCIL

PSA 16

**ADVISORY COUNCIL MEMBERSHIP
2016-2020 Four-Year Planning Cycle**

OAA 2006 306(a)(6)(D)
45 CFR, Section 1321.57
CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies) 9

Number of Council Members over age 60 8

Race/Ethnic Composition	% of PSA's 60+Population	% on Advisory Council
White	<u>64.9%</u>	<u>89%</u>
Hispanic	<u>23.9%</u>	<u>0</u>
Black	<u>1%</u>	<u>0</u>
Asian/Pacific Islander	<u>1%</u>	<u>0</u>
Native American/Alaskan Native	<u>8.5%</u>	<u>11%</u>
Other	<u>.7%</u>	<u>0</u>

Name and Title of Officers:

Office Term Expires:

Roger Rasche, Chairperson	December 2018
Margaret Erbeck, Vice-Chairperson	December 2017
Harriet Davis-Stines	December 2018
Rachel Lober	December 2018
Phyllis Mikalowsky	December 2018
Mark Tillemans	January 2018
Karen Hoodman	December 2017
Cheryl Isbell	December 2017
JoAnn Poncho	December 2017

Name and Title of other members:

Office Term Expires:

(no other members)	

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

	Yes	No	
Low Income Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roger Rasche, Phyllis Mikalowsky, Karen Hoodman, Margaret Erbeck
Disabled Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roger Rasche, Phyllis Mikalowsky
Supportive Services Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cheryl Isbell
Health Care Provider Representative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Family Caregiver Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Phyllis Mikalowsky
Local Elected Officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mark Tillemans
Individuals with Leadership Experience in Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Harriet Davis, Rachel Lober, Cheryl Isbell, JoAnn Poncho

Explain any "No" answer(s): In most recent recruitments, targeted efforts were made to recruit a representative of unfilled categories. Certain categories were successfully filled, but health care provider category received no applicants.

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

Vacant positions will be advertised in local media, and will include targeted outreach to fill unfilled categories of representation, while also working to ensure appropriate geographical representation. Upon the closing of the recruitment, the appointment of Advisory Council members will be placed on the agenda for a public meeting of the Governing Board, at which time the Governing Board will appoint Advisory Council members for designated terms of office. All such meetings at publicly noticed in accordance with Brown Act requirements.

2016-2020 Four-Year Area Planning Cycle

This section must be completed and submitted with the Four-Year Area Plan.

Any changes to this Section must be documented on this form and remitted with Area Plan Updates.⁴

1. The mission of ESAAA's Legal Assistance services is to ensure justice, dignity, health, security, maximum autonomy and independence to older residents by protecting and enforcing the legal rights of individuals and by promoting social change through broad elder rights advocacy. The purpose of Legal Assistance is to deliver high quality, cost-effective services designed to address the unmet legal needs of vulnerable older people throughout the PSA, with the following considerations:
 - Recognition of targeted populations: those in greatest social and economic need, disadvantaged or vulnerable older adults.
 - Recognition that Legal Assistance is part of a continuum of care that must be coordinated with other ESAAA services to economize costs and develop systems for greatest impact.
 - Address all Older Americans Act legal services (caregiver, hotline, IIIB).
 - Empowerment of older persons to secure their own rights.
 - Protection against threat/loss of basic and essential civil rights (e.g., shelter, health care, income, personal and economic security).
 - Consideration of outcomes and target resources to achieve outcomes that make a difference in the lives and well-being of disadvantaged or vulnerable older adults.
 - Balance coordination with local needs and situations.
2. The local Community Needs Assessment respondents ranked their need for legal assistance 4th in prioritization of their needs, behind issues related to access and information. The minimum percentage of Title III B funding thus was set at 10% although the actual funding was set at approximately 20% to approach an adequate proportion of the very limited funding available to serve an area exceeding 13,000 square miles.
3. Specific to legal services, there have been minimal significant changes noted in local needs, although there has been a shift of focus from identifying legal guidance on wills and trusts as a priority to a focus on legal information and guidance on money management, credit card debt and taxes.
4. ESAAA contracts legal services in compliance with CDA requirements and ensures that the contractual agreement includes the expectation that the contractor will use California Statewide Guidelines in the provision of legal services.

⁴ For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or chisorom.okwuosa@aging.ca.gov

5. The PSA 16 service area has limited legal assistance programs outside of the legal services provided privately by local California State Bar members. Information provided by the one legal assistance program, which also has historically been the primary contractor for legal services, has indicated that priority legal issues identified in the ESAAA needs assessment are consistent with the types of requests received by their program.
6. ESAAA identifies the target population in coordination with service providers and consistent with the requirements of CDA and the provisions of the OAA.
7. Specific to legal services, our targeted senior population is low-income and disabled seniors. We will reach seniors through in-person outreach at Senior Centers. Occasionally some Centers will be linked in via videoconferencing to other Centers. Written educational and outreach literature will also be used at congregate meal settings and through home-delivered meals.
8. Legal assistance service providers within PSA 16. The current contracted provider of service is California Indian Legal Services – Senior Legal Service Program.

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

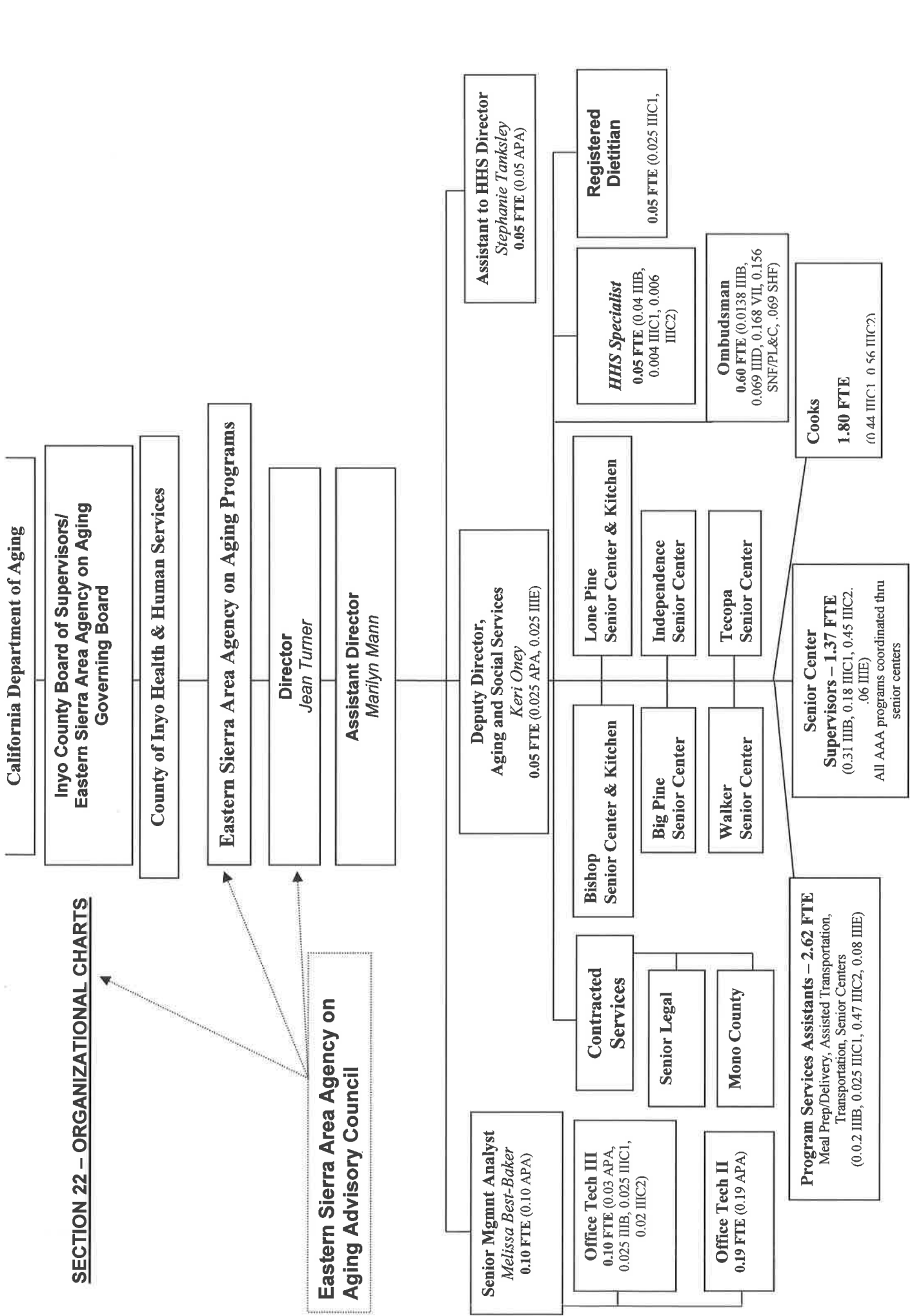
9. PSA 16 does not have a hotline for legal services.
10. Outreach methods will include a combination of written materials provided at congregate meal sites and through home-delivered meals, mailings to family caregivers, and in-person and/or videoconferenced presentations at Senior Centers throughout the PSA.

11. Geographic regions covered by each provider:

Fiscal Year	Name of Provider	Geographic Region covered
2016-2017	California Indian Legal Services – Senior Legal Services	Inyo and Mono counties
2017-2018	California Indian Legal Services- Senior Legal Services	Inyo and Mono counties
2018-2019		
2019-2020		

12. Older adults will access Legal Assistance Services through local telephone contact to the local Legal Assistance office, and through ESAAA sites and staff.
13. During the last four year planning process, stakeholder Needs Assessment discussions and surveys identified wills and trusts, as well as management of adult children around those same issues as priorities. However, during this four year planning process, a focus on money management, credit card debt and taxes were identified as priority areas and contracted services will be adjusted as needed.
14. As indicated above, the contracted legal service provider has also identified a shift from wills and trusts, although remaining an area of requested guidance, to more fiscal-related issues.
15. Barriers to access for legal assistance within the PSA result from the expansive 13,000+ square miles in the PSA, coupled with the sparse population. These two factors combine to make it difficult for private sector for-profit businesses or health care providers to sustain in the PSA. Therefore much of the specialty care and shopping requires extensive assistance with transportation out of the PSA, and even within the PSA. The prioritization of assistance with access to services left smaller amounts of III B funding available for legal assistance. Therefore, ESAAA will continue to coordinate with legal assistance services to provide videoconferencing capability where possible, in an effort to extend access to legal assistance.

The one legal service provider will be coordinating services with other ESAAA programs, the Ombudsman Coordinator, and with the local bar to ensure a continuum of legal information/services throughout the PSA.



SECTION 22 – ORGANIZATIONAL CHARTS

Eastern Sierra Area Agency on Aging Advisory Council

Administrative (APA) FTE's is 0.445 = \$66,870 in Salaries and Benefits + \$55,507 in other costs (A-87, rent, etc.) for a total of \$122,377, which is covered by the CDA Administrative Allocation of \$61,744 and the required match amount of \$38,509 cash and 23,235 cash and in-kind

SECTION 22 - ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Use outreach efforts that —

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

7. OAA 306(a)(5)

Coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(9)
Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)
Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—
 - (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - (B) to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
 - (C) make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

10. OAA 306(a)(13)(A-E)
 - (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
 - (B) disclose to the Assistant Secretary and the State agency—
 - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (ii) the nature of such contract or such relationship;
 - (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
 - (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
 - (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

11. 306(a)(14)
Not give preference in receiving services to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

Funds received under this title will be used—

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

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

B. Additional Assurances:

Requirement: OAA 305(c)(5)

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

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

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

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

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

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

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

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

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

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

That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

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

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

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

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

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

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

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

Requirement: OAA 307(a)(15)

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

- (A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.
- (B) To designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:
 - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
 - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

Requirement: OAA 307(a)(18)

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

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

Requirement: OAA 307(a)(26)

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

Requirement: OAA 307(a)(27)

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

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

CFR [1321.53(a)(b)]

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

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

- (1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
- (2) Provide a range of options;
- (3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;
- (4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
- (5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;
- (6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
- (7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
- (8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
- (9) Have a unique character which is tailored to the specific nature of the community;
- (10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.61(b)(4)]

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

CFR [1321.61(d)]

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

CFR [1321.69(a)]

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

ATTACHMENT A
Needs Assessment
In Long-Term Care Facilities
-Aggregate Responses-

Eastern Sierra Area Agency on Aging

Needs Assessment for Residents of Long-Term Care Facilities

Aggregate Results

Total: 30

SURVEY COMPLETED BY:

19 RESIDENT

4 FAMILY FRIEND

3 OTHER

1. What caused your move to a nursing home, long-term care or assisted living facility?

19 Changes in my health
17 Mobility concerns

1 Loneliness
5 Other

2. Who made the decision for your move to a facility?

14 I did
10 Doctor

9 Family member
0 Friend

3. Did you use any type of long-term care services prior to moving to this facility?

5 YES

22 NO

If you answered "Yes", which services did you use?

2 In-Home Supportive Services
1 Transportation
3 Other

1 Home Health Care
2 Home-delivered meals

Were you satisfied with the quality of those services you received?

13 YES

4 NO

If no, why not?

2 Inadequate attention to my needs

0 Inadequate quality of

1 Other

Did you know about the long-term care services in your community?

13 YES 14 NO

Could you afford the services you needed?

9 YES 3 NO

4. Do you have long-term care insurance?

9 YES 17 NO

If yes, did it pay for the services that you thought it would?

4 YES 0 NO

5. Do you have family and friends in the area that visit you?

16 YES 4 NO

If yes, how often?

7 DAILY 2 MONTHLY
7 WEEKLY 5 PERIODICALLY

6. Do you know if your facility has a resident council?

28 YES 2 NO

If yes, do you attend the meetings?

21 YES 4 NO

If not, why not?

2 Not Interested 1 Other
0 Too much effort to participate

7. Did you have Medi-Cal prior to becoming a resident of this facility?

14 YES 16 NO

8. Do you know who your Ombudsman is?

21 YES

8 NO

9. Do you know what the Ombudsman does?

21 YES

8 NO

10. Please rate your quality of life (1=Lowest; 10=Highest)

	1- LOWEST		3	6
3	2		3	7
3	3		4	8
1	4		1	9
3	5		5	10- HIGHEST