
SECTION 1. OLDER AMERICANS ACT ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

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

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

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

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

1. OAA 306(a)(4)(A)(i)(I)

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

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

(II) include proposed methods to achieve the objectives described in (aa) and (bb) above.

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

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

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

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

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

4. OAA 306(a)(4)(A)(iii)
With respect to the fiscal year preceding the fiscal year for which such plan is prepared—
 - (I) identify the number of low-income minority older individuals in the planning and service area;
 - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.

5. OAA 306(a)(4)(B)
Use outreach efforts that —
 - (i) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement; and
 - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

6. OAA 306(a)(4)(C)
Ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

7. OAA 306(a)(5)
Coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

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

9. OAA 306(a)(11)

Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

10. OAA 306(a)(13)(A-E)

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

11. 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.

SECTION TWO: DESCRIPTION OF THE PLANNING AND SERVICE AREA

GOVERNMENT

Alameda County, incorporated on March 25, 1853, comprises 14 incorporated cities and several closely settled unincorporated areas. Each city's locally elected officials govern the incorporated jurisdictions. A five-member Board of Supervisors is the governing body of Alameda County and of several special districts.

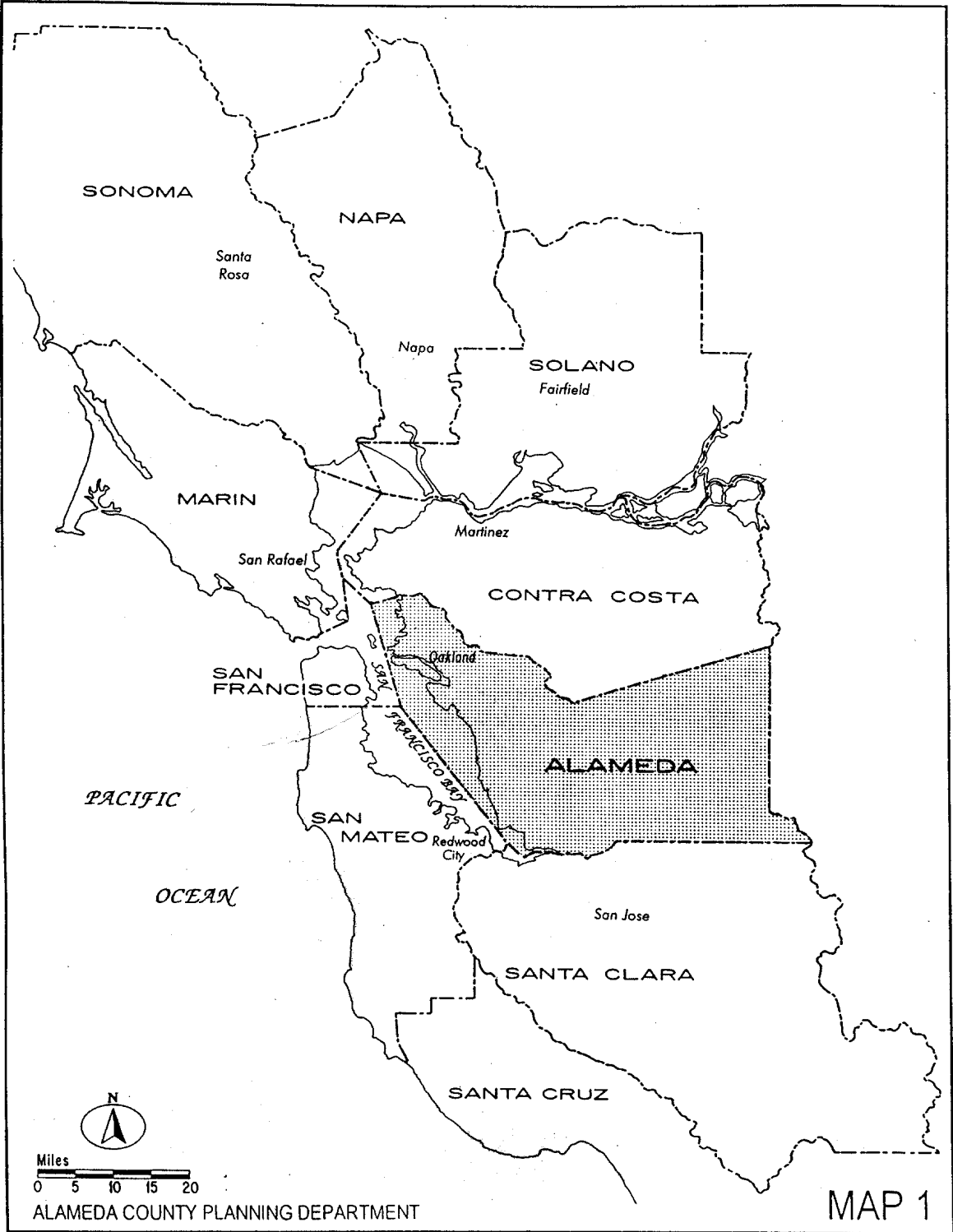
The Board consists of five members, each elected on a nonpartisan basis from a Supervisory District where he or she lives. Terms of office are four years. Alternate elections are held every two years for three supervisors and then for two supervisors.

GENERAL CHARACTERISTICS

Geographically, Alameda County is located on the East side of San Francisco Bay and extends from Berkeley and Albany in the North to Fremont in the South (see Map 1, page 2). Most of the County's population is concentrated in the narrow area between the East Bay Hills and the Bay. East of the East Bay Hills is the greater Livermore Amador Valley area, which is largely residential and suburban in character, but is rapidly urbanizing. Alameda County encompasses a land area of 737.5 square miles, is bounded on the North by Contra Costa County, on the South by Santa Clara County, on the South East corner by Stanislaus County, on the East by San Joaquin County, and on the West by the San Francisco Bay.

The County has a varied geography, with wooded hills, vineyards, streams, and lakes. Elevations in Alameda County range from sea level to 3,817 ft. at Rose Peak in the southern part of the County. The weather is generally characterized by mild winters and cool summers near the bay. The eastern portion of the County is moderately warmer; high temperatures in the Livermore Amador Valley average 90 degrees F in July.

Alameda County offers air, sea, and ground transportation access to the United States and the Pacific Basin. Alameda County has long been the transportation hub of the West because major rail and highway transit terminate at the East Bay after crossing the nation. The City of Oakland is the County's center of transport and distribution. One of the nation's major containerized shipping facilities is located at Oakland's port, an indispensable connection to international market areas. The County is served by one of the world's most advanced and comprehensive transit systems, including the modern Bay Area Rapid Transit (BART) system.



ALAMEDA COUNTY PLANNING DEPARTMENT

MAP 1

The County offers a developed system of higher education and research facilities, diverse cultural advantages, including the Oakland Symphony and Ballet and an extensive network of regional parks. Educational opportunities are available for businesses, individuals and families with numerous public and private educational institutions. Regional parks provide opportunities for a broad array of recreational activities.

There are more than 40,000 acres of accessible parklands that support hiking and riding trails, lakes and beaches for swimming, fishing and boating, and campgrounds. In addition, numerous public and private golf courses are located throughout the County. There are more than 45 live and movie theaters, 40 newspapers, and 45 radio stations. The County is also home to several professional sports clubs and national champions, including the Oakland Raiders football team, the Oakland Athletics (A's) baseball team, and the Golden State Warriors basketball team.

Beside the vast opportunities that can be found within the County, the area lends itself ready access to some of California's most beautiful recreational areas. Lake Tahoe, the North Coast, Napa Valley's wine region and the spectacular Monterey Peninsula are all just a few hours away. The City of San Francisco, one of the world's most popular cities, is just a few miles away.

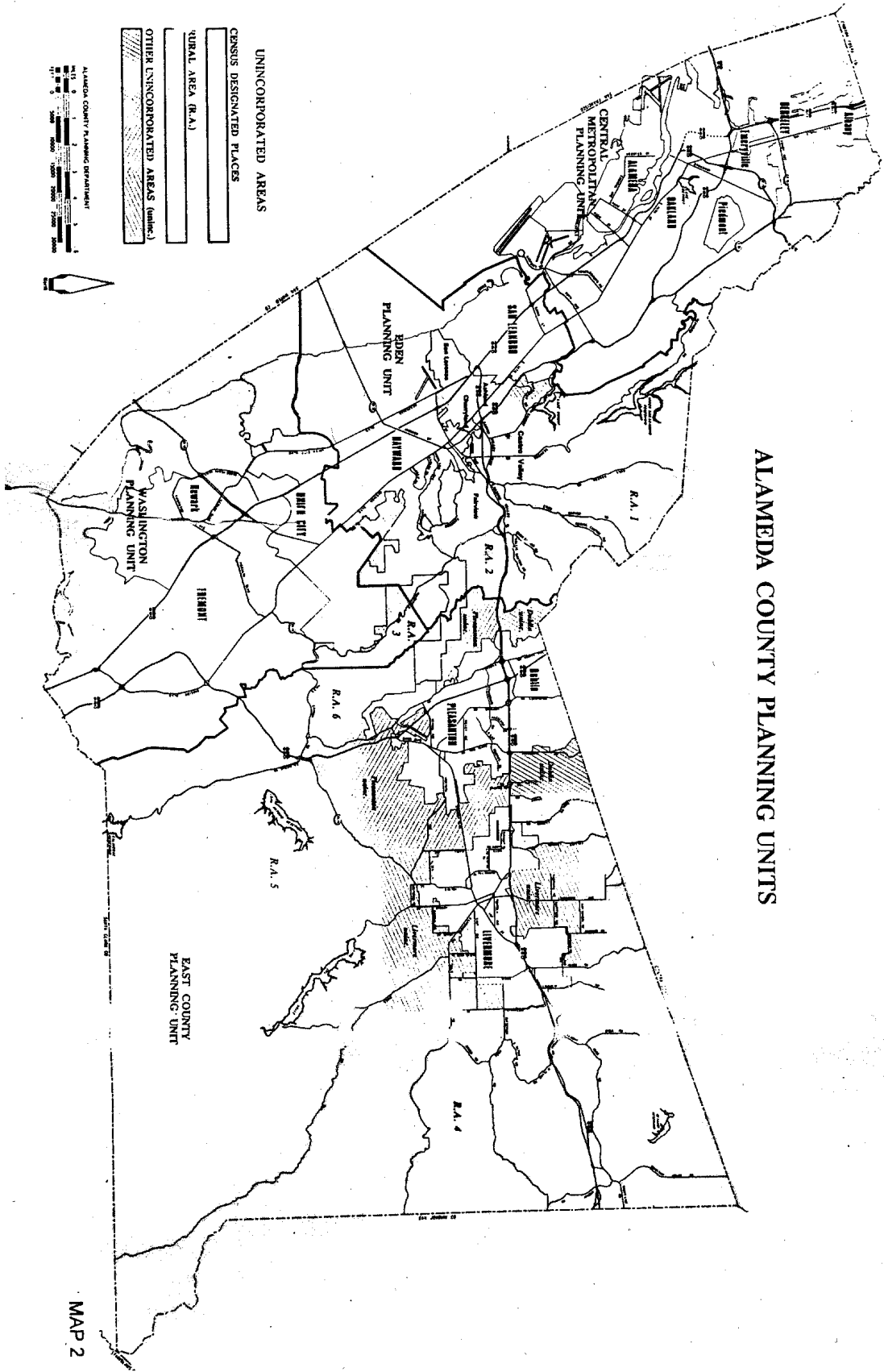
PLANNING UNITS OF THE COUNTY DEFINED

Alameda County is a large County, covering more than 800 square miles, including waterways. The County is divided into four statistical planning units or service areas. The four planning areas are illustrated on Map 2 (see page 4).

The Central Metropolitan Planning Unit refers to the *North County* area between the San Francisco Bay and the Contra Costa border. It is urban in character and is home to nearly half of the County population. The North County area consists of the cities of Alameda, Albany, Berkeley, Oakland, Emeryville and Piedmont.

Most of the populated, unincorporated areas are located in the Eden Planning Unit, or *Central County*. Suburban in character, Central County is that portion of the County between the East Bay hills and the San Francisco Bay. The Central County area includes the cities of San Leandro and Hayward, the unincorporated communities of Castro Valley, San Lorenzo, Fairview, Ashland and Cherryland, and other unincorporated areas.

The Washington Planning Unit or *South County*, commonly referred to as the Tri-Cities, consists of the cities of Fremont, Newark and Union City. The South County area encompasses the area between the San Francisco Bay and the East Bay hills.



MAP 2

The East County Planning Unit or *East County*, includes the cities of Dublin, Livermore, Pleasanton and adjacent unincorporated areas, including the community of Sunol. The East County area encompasses the entire area east of the East Bay hills bounded by Contra Costa, San Joaquin, Santa Clara, and Stanislaus Counties. East County is the largest part of the County in terms of land area and includes much of the hilly terrain of the Diablo Range.

POPULATION

Alameda County's population has grown from a mere 130,197 persons in 1900 to 1.44 million persons in 2000. Within this century, a period of very high population growth for the County was 1900-1910, when the County's population grew by 89 percent. Much of the growth is attributed to the relocation of San Francisco residents and businesses after the 1906 earthquake. Population growth has been slower in subsequent decades. Decades of especially slow growth were during the decades of national depression, 1930-1940 (8 percent), and recession, 1970-1980 (3.2 percent).

The slow growth during the 1970s was due to migration out of the County as well as a net natural decrease (deaths minus births). The migration out of the County during this decade is generally attributable to the national recession and the rapid rise in housing prices in the Bay Area. The net natural decrease during the 1970s was a result of a decline in the number of women of childbearing age as well as a steep decline in the period fertility rate, which is the average number of births per woman over her lifetime.

The population of Alameda County as a percentage of the San Francisco Bay Area's total population had been declining for several decades, but stabilized over the past twenty years (see Table 1, page 6). The less populated San Francisco Bay Area counties experienced higher growth rates than Alameda County after the 1940s.

Since 1980, when Alameda County's population was 1,105,379, the County's population has increased steadily with an average annual growth rate of 1.6%, while the State's population increased rapidly with an annual growth rate of 2.5%. In the 2000 Census, Alameda County had a total population of 1,443,741. Over half of the County's population growth has been the result of natural increase (births minus deaths) and the remainder by net migration (the number of persons who have moved into the county minus the number of persons who have moved out of the county). Net migration has averaged 7,000 persons per year since 1980.

From 1990 to 2000, the population of Alameda County increased by 12.9 percent. In 2000, Alameda County was the twenty-first largest county in the nation, the seventh largest county in the state, and the second largest county in the Bay Area, after Santa Clara County. Alameda County is the seventh most populous county in California, with an estimated 2002 total population of 1,444,656. Only Los Angeles, Orange, San Diego, San Bernardino, Santa Clara, and Riverside Counties have larger populations.

**Table 1
COMPARATIVE POPULATIONS AND GROWTH RATES
1900-2000 AND PROJECTED 2010**

| Year | California Rate of Growth | San Francisco Bay Area ¹ | San Francisco Bay Area Rate of Growth | Alameda County | Alameda County Rate of Growth | Alameda County as Percent of the San Francisco Bay Area |
|------|---------------------------|-------------------------------------|---------------------------------------|----------------|-------------------------------|---|
| 1900 | - | 658,111 | - | 130,197 | - | 19.8% |
| 1910 | 60.1% | 885,708 | 34.6% | 246,131 | 89.0% | 27.8% |
| 1920 | 44.1% | 1,182,893 | 33.6% | 344,177 | 39.8% | 29.1% |
| 1930 | 65.7% | 1,578,009 | 33.4% | 474,883 | 38.0% | 30.1% |
| 1940 | 21.7% | 1,734,308 | 28.9% | 513,011 | 8.0% | 29.6% |
| 1950 | 53.3% | 2,681,322 | 54.6% | 740,315 | 44.3% | 27.6% |
| 1960 | 19.0% | 3,638,939 | 35.7% | 908,209 | 22.7% | 25.0% |
| 1970 | 13.3% | 4,628,199 | 27.2% | 1,071,466 | 18.0% | 23.2% |
| 1980 | 18.5% | 5,179,793 | 11.9% | 1,105,379 | 3.2% | 21.3% |
| 1990 | 25.7% | 6,023,577 | 16.3% | 1,279,182 | 15.7% | 21.2% |
| 2000 | 13.8% | 6,783,760 | 12.6% | 1,443,741 | 12.9% | 21.3% |
| 2010 | 16.7% | 7,539,600 | 11.1% | 1,556,600 | 7.8% | 20.6% |

Source: Alameda County Planning Department, 2000 U.S. Census, California Department of Finance Population Projections

The North County area is the most populous planning unit in the County, consisting of approximately 42 percent of the County population with 608,764 persons in 2000. The Central and South County areas make up approximately 46 percent of the County population with 355,252 and 312,753, respectively. In 2000, the East County area had 166,972 persons, or 11 percent of the County population.

The population of Central County grew rapidly between 1940 and 1960, while South and East County started to grow rapidly in the 1950s. The County population increased sharply when the influx of workers was drawn by the World War II industries in the 1940s. The proximity to the WWII industries in North County and the availability of new homes prompted Central County's rapid population increase in the 1940s.

The suburbanization of the South and East County areas occurred after the close of the war when federal residential loan policies created an incentive for residential construction. During the 1970s,

¹The nine counties are Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma.

the populations of South and East County increased while the population growth in the North and Central County areas slowed. Between 1970 and 1980, the population of the County as a whole grew very slowly, at 3.2%. The residential growth centers shifted from the west to the less densely populated south and central areas, which is largely a continuation of general trends.

While the County grew by nearly 16 percent, several cities grew at much faster rates between 1980 and 1990. During the same period, the cities of Dublin, Emeryville and Pleasanton showed the largest percent gains with 72.5 percent, 54.6 percent, and 44.4 percent, respectively. Berkeley was the only city that experienced a percent decrease in population of 0.58 between 1980 and 1990. The population decreases experienced in the unincorporated areas are largely attributed to annexations of unincorporated areas by the cities.

The Association of Bay Area Governments (ABAG) projects that Alameda County's population will grow by 21 percent between 1990 and 2010. In terms of percent increase, the East County area will grow the fastest, followed by South County. East County cities are anticipated to develop large planned developments and have the greater potential to develop, compared to the rest of the County. From 1990 to 2000, East County cities experienced the largest percentage of growth of any cities in the County; Pleasanton -- 25.9 percent; Dublin -- 29 percent; and Livermore -- 29.3 percent.

POPULATION CHARACTERISTICS

Alameda County is one of the most ethnically diverse areas in the nation. According to the 2000 Census, the County's non-White population is 52.2 percent of the total County population. Asian/Pacific Islanders make up the largest minority group (21%) followed by Hispanics (19%), Blacks (14.9%), and American Indian/Alaska Native persons (.6%).

Clearly, the County continues to act as a magnet for immigrants. This trend reflects the dramatic increases among the Asian and Hispanic populations. The County's Asian and Pacific Islander population more than doubled since 1980, while the County's Hispanic population increased by 39 percent. During the same period, rates of growth for the County's White, Black, American Indian, Eskimo and Aleut populations were substantially lower: 19 percent for American Indian, Eskimo and Aleut, 13 percent for Blacks, and 3 percent for Whites. According to the California Department of Finance, the non "White" racial groups will make up 59 percent of the County's population by 2010 (see Table 2, page 8). The California Department of Finance's projected racial distribution for the next ten years is based on the continuation of past trends.

Table 2
2000, 2010 AND 2020 (PROJECTED)
RACIAL AND ETHNIC DISTRIBUTION, ALAMEDA COUNTY

| | 2000 | 2010 | 2020 |
|---------------------------------|------------------|------------------|------------------|
| White, non Hispanic | 41% | 28.7% | 24.4% |
| Black, non Hispanic | 14.6% | 12% | 10.7% |
| Asian / Pacific Islander | 21.8% | 30.3% | 32.4% |
| Hispanic | 19.2% | 28.7% | 28% |
| Other, non Hispanic* | 3.3% | 4% | 4% |
| TOTAL | 1,451,109 | 1,651,164 | 1,864,145 |

*Other includes: American Indian, the Census categories "other" and "multirace"

Note: This report assumes a continuation of recent migration trends by race.

Source: California Department of Finance, Population by race/ethnicity estimates to 2050.

In 1990, the most racially diverse region in the County was North County. Blacks were the largest minority group followed by Asian/Pacific Islanders. The region also had the highest number of Asian groups in the County with Chinese being the predominant group. Compared to the other planning areas, Central County had the highest percentage of persons of Hispanic origin. Next to the Hispanic Origin group, the Asian/Pacific Islander group made up the largest minority group in this planning area. Unlike North County, the Filipinos were the predominant Asian group with only a few Asian groups making up the remainder. In South County, Asian/Pacific Islanders were the largest minority group. There was a more even distribution within the Asian/Pacific Islander groups in this planning area; most notably with a smaller proportion of Chinese. The Hispanic Origin group, the second largest minority group in this planning area, had the highest percentage of Mexicans compared to the other planning areas in the County. East County had the largest percentage of Whites compared to the other planning areas in the County. Persons of Hispanic Origin were the largest minority group followed by the Asian/Pacific Islander group. The percentage of minorities was small; however, the diversity within each group was higher than in the Central and South County areas.

The median age of the County's population was 34.5 in 2000. This compares to the statewide median age of 33.3. The persons under 18 years of age made up 24.6% of the total population, 65.2% were in the 18 to 64 age range, and 10.2% were over 65. Piedmont was the only city with a median age over 40. Populations with the youngest median ages such as Newark (33.1) and Union City (32.8), have high proportions of the population under the age of 18 and low proportions over age 65. A proportionally higher number of seniors live in San Leandro (16.0 percent) and San Lorenzo (16.5 percent). The County's population is almost evenly divided between males and females. The age distribution for each sex is similar except that there tends to be more females than males in the age groups above age 65.

In Alameda County, 63.2 percent speak only English at home while 14.3 percent speak Spanish at home, 15.2 percent speak an Asian or Pacific Islander language and 7.3 percent speak some other language at home. However, only 8.5 percent of the population does not speak English at all or does not speak it well. Although much of the County is ethnically mixed, there is a smaller proportion of persons that speak a language other than English in Castro Valley and the East County cities.

The majority of Alameda County's population lives in family households (77.7 percent). A family household is one in which related individuals live together. Non-family households are households with single individuals or non-related individuals living together. About 20.4% of the population lives in this type of household. The remainder of the population lives in group quarters, 1.9 percent. Of the group quarters population, 18.8 percent were living in nursing homes, 20.7 percent in college dormitories, 22.2 percent in correctional institutions and 9.5 percent in military quarters.

INCOME

With a 1999 per capita income of \$26,680, Alameda County residents rank seventh in the State. The County has consistently ranked in the top ten in the State with an annual average real growth of 1.35 percent since 1980. Alameda County median household income in 1999 was \$55,946, up from \$46,795 in 1997. Alameda County ranks ninth in median household income in the State of California in 1999.

SENIOR POPULATION

For planning purposes, the Alameda County Area Agency on Aging has adopted the Alameda County Planning Department's four statistical planning units, renaming them as North County, Central County, South County, and East County, which correspond respectively to the Central Metropolitan, Eden, Washington, and East County planning units mentioned above. This planning configuration fits well with the way in which agencies have developed regionally around primary metropolitan areas, and the natural coordination, which occurs among agencies that operate in close proximity to one another.

Characteristics of Alameda County's 60+ populations have been organized for presentation using demographic tables. With the exception of figures for low-income minorities, shown in Table 7 (page 14), all data have been separated into the four planning units; much of the demographic information has been collected and organized for the purpose of supplying figures for the Alameda County Funding Formula.

Tables 3 and 4 (see pages 11 and 12 respectively) present total 60+ population growth trends from 1970 to 2000. Overall, Alameda County has experienced a 39% increase in 60+ populations since 1970 (140,667 persons 60+, and 195,249 in 2000).

A population projection from the California Department of Finance stated that Alameda County had in 2001, a total population of 1,479,100. The California Department of Finance also projects that in 2001 the 60+ population of Alameda County will be at 210,376 or 14.2 percent. These projections suggest an overall increase in the 60+ population of 73% since 1960.

An additional projection states that Alameda County will have a senior population of 588,354 by the year 2040 (Table 5, page 12). If this projection is accurate, the next 40 years will bring a 201%

increase in the senior population of Alameda County, compared with the 62% increase experienced over the last 40 years.

Changes in population from 1970-2000 by city within the four planning units are shown in Table 3, page 11. Census data for 1960 appears in Table 4, page 12. In 1960, nearly 80% of the County's senior population lived in North County, about 20% in Central, South and East County. The 2000 Census reflected a significant shift in the 60+ population, with 44% residing in North County, 56% in Central, South and East County. Examination of Census data by ten-year increments over the 40-year period reveals the dramatic changes, which have occurred. The senior population of South County has grown by 387% in the past 30 years, while the older population of North County has decreased by 14%.

Tables 6 and 7 present an analysis of age cohorts within the 60+ population, 62+, 65+, 60-74, 75+, and 85+ by planning unit. This data shows that North County seniors tend to be older than in other parts of the County, with 47% over age 75, compared with 31% in Central, 15% in South, and 7% in East County planning units.

Table 3
60+ POPULATION, ALAMEDA COUNTY
1970-1980-1990-2000

| AREA | 1970 | 1980 | 1990 | 2000 | % CHANGE 1990-2000 | % CHANGE 1980-2000 | % CHANGE 1970-2000 |
|-----------------|----------------|----------------|----------------|----------------|--------------------------|--------------------------|--------------------------|
| NORTH | | | | | | | |
| Alameda | 8,794 | 10,795 | 11,934 | 12,291 | 3% | 14% | 40% |
| Albany | * | 3,074 | 2,646 | 2,267 | -14% | -26% | ** |
| Berkeley | 17,296 | 14,661 | 14,320 | 13,879 | -3% | -5% | -20% |
| Emeryville | * | 505 | 747 | 922 | 23% | 82% | ** |
| Oakland | 64,422 | 60,341 | 58,182 | 54,256 | -7% | -10% | -16% |
| Piedmont | * | 2,117 | 2,057 | 1,959 | -1% | -1% | ** |
| Remainder | 5,652 | 1,249 | 0 | * | ** | ** | ** |
| SUBTOTAL | 98,164 | 92,742 | 89,886 | 86,183 | -4% | -8% | -14% |
| CENTRAL | | | | | | | |
| Ashland | * | 2,665 | 2,678 | 2,452 | -1% | 1% | ** |
| Castro Valley | 4,825 | 7,852 | 9,727 | 10,557 | 9% | 34% | 119% |
| Cherryland | * | * | 1,740 | 1,713 | 0% | ** | ** |
| Fairview | * | * | 1,259 | 1,491 | 18% | ** | ** |
| Hayward | 7,370 | 12,409 | 16,525 | 18,596 | 13% | 50% | 152% |
| San Leandro | 10,355 | 15,426 | 16,962 | 15,690 | -1% | 0% | 52% |
| San Lorenzo | * | 3,340 | 4,531 | 4,287 | -1% | 28% | ** |
| Remainder | 7,726 | 2,523 | 1,021 | * | ** | ** | ** |
| SUBTOTAL | 30,276 | 44,215 | 54,443 | 55,177 | 1% | 25% | 82% |
| SOUTH | | | | | | | |
| Fremont | 5,309 | 10,513 | 17,037 | 23,749 | 39% | 126% | 347% |
| Newark | 947 | 1,701 | 3,163 | 4,889 | 55% | 187% | 416% |
| Union City | * | 3,124 | 5,378 | 7,712 | 43% | 147% | ** |
| Remainder | 1,250 | 207 | 1 | * | ** | ** | ** |
| SUBTOTAL | 7,506 | 15,545 | 25,579 | 36,609 | 42% | 135% | 387% |
| EAST | | | | | | | |
| Dublin | * | 653 | 1,259 | 2,156 | 71% | 230% | ** |
| Livermore | 2,732 | 4,178 | 5,724 | 7,819 | 37% | 87% | 186% |
| Pleasanton | * | 2,478 | 4,090 | 6,963 | 70% | 181% | ** |
| Remainder | 1,989 | 803 | 1,117 | * | ** | ** | ** |
| SUBTOTAL | 4,721 | 8,112 | 12,190 | 17,280 | 42% | 112% | 266% |
| TOTAL | 140,667 | 160,614 | 182,098 | 195,249 | 7% | 21% | 39% |

* Census data not available by specific city or census designated place. Residents are accounted for under the Remainder category

**Insufficient data to calculate percentage

**Table 4
60+ POPULATION DISTRIBUTION, ALAMEDA COUNTY
1960-1970-1980-1990-2000**

| AREA | 1960 | | 1970 | | 1980 | | 1990 | | 2000 | |
|---------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|
| | NUMBER | % OF TOTAL | NUMBER | % OF TOTAL | NUMBER | % OF TOTAL | NUMBER | % OF TOTAL | NUMBER | % OF TOTAL |
| NORTH | 95,632 | 79% | 98,164 | 70% | 92,742 | 58% | 89,886 | 49% | 86,183 | 44% |
| CENTRAL | 19,541 | 16% | 30,276 | 22% | 44,215 | 28% | 54,443 | 30% | 55,177 | 28% |
| SOUTH | 3,707 | 3% | 7,506 | 5% | 15,545 | 10% | 25,579 | 14% | 36,609 | 19% |
| EAST | 2,917 | 2% | 4,721 | 3% | 8,112 | 5% | 12,190 | 7% | 17,280 | 9% |
| TOTAL | 121,797 | 100% | 140,667 | 100% | 160,614 | 100% | 182,098 | 100% | 195,249 | 100% |

**Table 5
OLDER POPULATION, ALAMEDA COUNTY
TRENDS BY TWO AGE COHORTS, 1990-2040**

| | 1990 CENSUS | 2000 CENSUS | 2010 ESTIMATE* | 2020 ESTIMATE* | 2030 ESTIMATE* | 2040 ESTIMATE* |
|--------------|-------------|-------------|----------------|----------------|----------------|----------------|
| AGE 60-74 | 125,589 | 124,245 | 175,304 | 264,113 | 310,466 | 311,828 |
| AGE 75-100 | 56,509 | 71,004 | 75,130 | 97,686 | 174,637 | 276,526 |
| TOTAL 60+ | 182,098 | 195,249 | 250,434 | 361,799 | 485,103 | 588,354 |
| % AGE 60-74 | 69% | 63% | 70% | 73% | 64% | 53% |
| % AGE 75-100 | 31% | 37% | 30% | 27% | 36% | 47% |

*California Department of Finance Population Estimates, December 1998 Series

Table 7 (page 14) includes an analysis of the proportion of seniors to the general population for each planning unit. The Central County area contains the highest concentration of seniors in Alameda County, with 16% of the population aged 60 and over.

Table 8 (page 14) summarizes numbers of persons 60+ who are at or below 100% and 125% of poverty by race and Hispanic origin. These figures show older persons of minority ethnicity as twice to three times as likely to be living at or near poverty as non-minority persons. 39,800 Alameda County seniors (20%) are living in or near poverty.

Table 6
OLDER POPULATION, 62+ & 65+,
BY ALAMEDA COUNTY PLANNING REGION, 2000

| AREA | 62+ | 65+ |
|-----------------------|----------------|----------------|
| <i>NORTH</i> | | |
| Alameda | 11,100 | 9,605 |
| Albany | 2,045 | 1,819 |
| Berkeley | 12,310 | 10,484 |
| Emeryville | 805 | 671 |
| Oakland | 48,899 | 41,788 |
| Piedmont | 1,747 | 1,481 |
| SUBTOTAL | 76,906 | 65,848 |
| <i>CENTRAL</i> | | |
| Ashland | 2,202 | 1,895 |
| Castro Valley | 9,630 | 8,395 |
| Cherryland | 1,549 | 1,313 |
| Fairview | 1,319 | 1,115 |
| Hayward | 16,713 | 14,227 |
| San Leandro | 14,404 | 12,688 |
| San Lorenzo | 3,940 | 3,504 |
| Remainder | 396 | 326 |
| SUBTOTAL | 50,153 | 43,463 |
| <i>SOUTH</i> | | |
| Fremont | 20,884 | 16,967 |
| Newark | 4,181 | 3,324 |
| Union City | 6,717 | 5,436 |
| SUBTOTAL | 31,782 | 25,727 |
| <i>EAST</i> | | |
| Dublin | 1,812 | 1,381 |
| Livermore | 6,780 | 5,516 |
| Pleasanton | 6,013 | 4,838 |
| Remainder | 981 | 818 |
| SUBTOTAL | 15,586 | 12,553 |
| COUNTY TOTAL | 174,427 | 147,591 |

Table 7

**ANALYSIS OF OLDER POPULATION BY ALAMEDA COUNTY PLANNING AREA
PERCENTAGES BY AGE COHORTS AND PERCENTAGE 60+ OF TOTAL
2000 CENSUS**

| AREA | TOTAL POPULATION | 60+ POPULATION | AGE 60-74 | AGE 75+ | AGE 75-84 | AGE 85+ |
|---------|------------------|----------------|--------------|--------------|--------------|-------------|
| NORTH | 608,764 | 86,183 (14%) | 52,091 (61%) | 33,483 (39%) | 24,100 (28%) | 9,383 (11%) |
| CENTRAL | 350,529 | 55,177 (16%) | 32,903 (60%) | 22,578 (41%) | 16,860 (30%) | 5,717 (10%) |
| SOUTH | 312,753 | 36,609 (12%) | 25,725 (71%) | 10,625 (29%) | 8,176 (22%) | 2,449 (7%) |
| EAST | 171,695 | 17,280 (10%) | 12,638 (73%) | 5,206 (30%) | 3,933 (23%) | 1,274 (7%) |

Table 8

**PERSONS 60+ AT OR BELOW 100% AND 125% OF POVERTY,
BY RACE AND HISPANIC ORIGIN, ALAMEDA COUNTY
2000 CENSUS, TABLES 82, 88, 90**

| RACE | 60+ POPULATION | <= 100% OF POVERTY | <= 125% OF POVERTY |
|------------------------------------|----------------|--------------------|--------------------|
| White | 108,167 | 5,315 (5%) | 8,620 (8%) |
| Black | 27,852 | 4,415 (16%) | 6,895 (25%) |
| American Indian/ Alaskan Native | 501 | 90 (18%) | 135 (27%) |
| Asian/ Pacific Islander | 36,458 | 3,565 (10%) | 5,790 (16%) |
| Other | 4,071 | 430 (11%) | 770 (19%) |
| Total 60+ | 195,249 | 15,270 (8%) | 24,530 (12%) |
| Hispanic or Latin* | 18,200 | 1,455 (8%) | 2,320 (15%) |

* Persons of Hispanic Origin may be of any race.

SERVICE SYSTEM

With nearly 400 separate agencies, both public and private, providing health and social services for seniors, Alameda County enjoys a full array of essential services. There are 15 general care hospitals located throughout Alameda County, two of which are County-operated. The Alameda County Area Agency on Aging manages subcontracts with 39 individual agencies for the provision of Title III, Title V, Title VII, Community Based Service Programs (CBSP) and County General Fund services.

In an era of rapidly shrinking public funding coupled with an expanding target population needing services, community and County agencies are increasingly compelled to form new collaborative partnerships. The resulting coalitions range from ad hoc arrangements to time-limited task forces, to fully staffed, formal entities who are working to establish sustainable (mostly non-public) funding and services.

SECTION 3: DESCRIPTION OF THE AREA AGENCY ON AGING

The Alameda County Area Agency on Aging is an organizational entity within the Department of Adult and Aging Services, a Department of the Alameda County Social Services Agency. The County Board of Supervisors serves as the Area Agency's governing body. One of the strengths of being part of a County government is the numerous resources that the County infrastructure offers in support of the Area Agency on Aging. The Area Agency on Aging is supported by Federal, State and County General Fund dollars. The Area Agency on Aging must work diligently to maintain its advocacy and leadership role within a bureaucratic, government agency.

The Board of Supervisors and Area Agency staff are assisted and guided by the Advisory Commission on Aging, a 21-member body composed primarily of elder Alameda County residents. Commissioners are appointed to four-year terms by the Board of Supervisors and/or the Alameda County Mayors' Conference. The Advisory Commission has four standing committees: Executive, Health and Safety, Legislative Advocacy and Public Relations.

The creation in 1993 of the Department of Adult and Aging Services was the result of an agency-wide program audit, conducted in 1991, and Focus Groups, which were convened in 1992. Under the leadership of the AAA Director, divisions within the Department include the Area Agency on Aging, In-Home Supportive Services, the Public Authority for In Home Supportive Services, Adult Protective Services, Public Guardian, Veterans Services, Long Term Care and the Qualified Medicare Beneficiary Unit. The Department co-located and moved to its current location in November 2003. Policy is developed by senior management, in a collegial fashion under the leadership of the Director of the Department.

The Alameda County Area Agency on Aging understands and sees itself as the primary agent and focal point for change that sustains a life free from need and isolation for all older Alameda County residents. It is through our leadership in the community and collaboration with many partners, that our community-based system of care provides services which support independence, protects the quality of life of Alameda County elders and persons with disabilities and promotes consumer and family involvement in the planning and delivery of services. The goals and objectives set forth in this plan exemplify the leadership role of the Area Agency on Aging.

Area Agency on Aging staff consist of 1 Director, 1 Assistant Director, 4 Program/Financial Specialists, 1 Senior Nutritionist, 1 Fiscal Officer, 1 Social Worker, 1 Accounting Specialist, 1 Information and Referral Worker, six Ombudsman personnel and two clerical staff.

SECTION 4: MISSION STATEMENT

CORE MISSION STATEMENT OF ALL CALIFORNIA AREA AGENCIES ON AGING

California Area Agencies on Aging work together to develop best practices, share information that impact our service delivery system, and advocate for the well-being of elders and other functionally impaired adults.

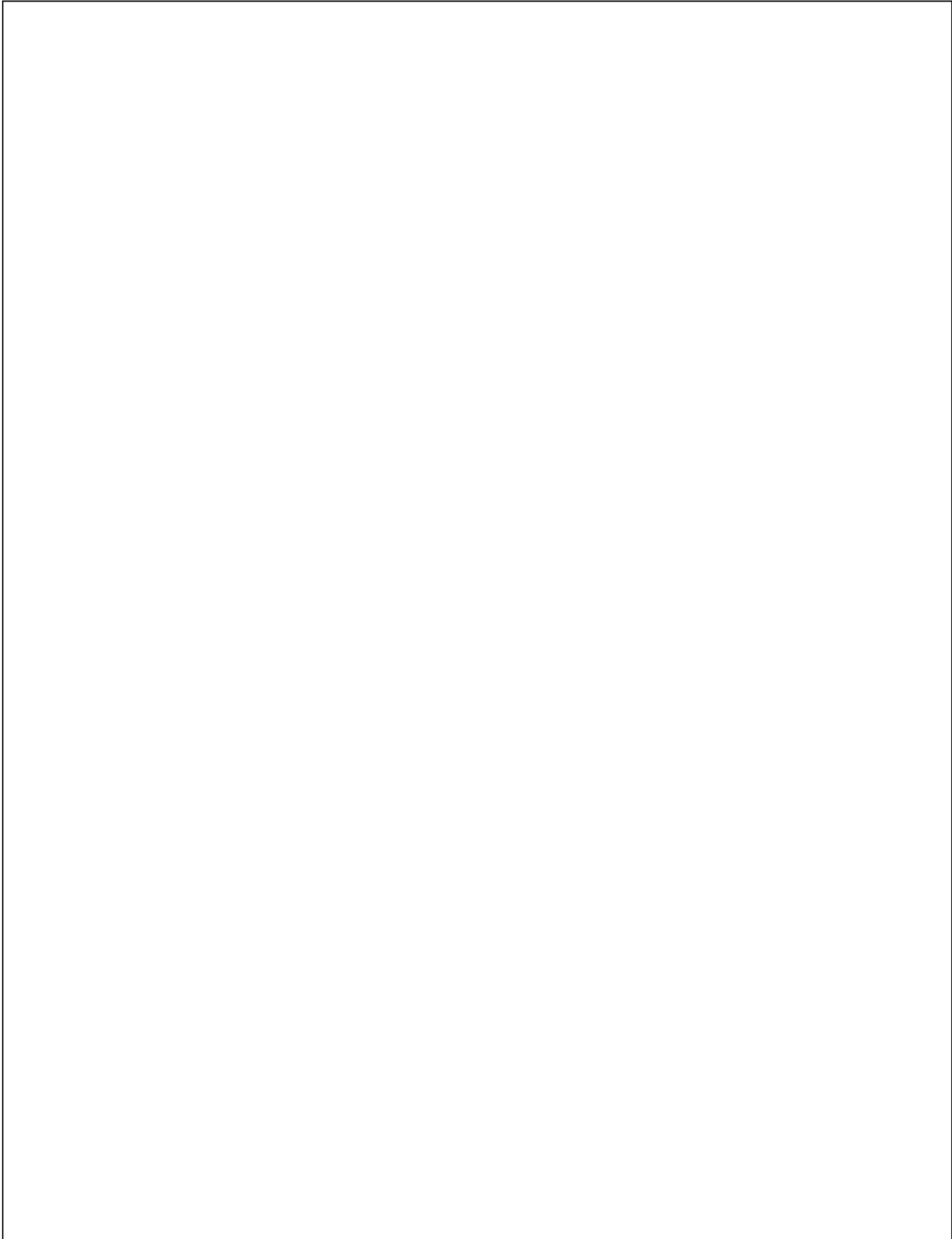
As such, all California Area Agencies on Aging share a common, core Mission Statement:

To provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.

The Alameda County Area Agency on Aging also has its own particular Mission Statement that articulates our role:

The Alameda County Area Agency on Aging is the primary agent for change that ensures and sustains a life free from need and isolation for all older Alameda County residents. Through leadership and collaboration, our community-based system of care will provide services, which support independence, protect the quality of life of older Californians and persons with functional impairments, and promote senior and family involvement in the planning and delivery of services.

SECTION 5: ORGANIZATIONAL CHART



SECTION 6 - ESTABLISHING PRIORITIES

PUBLIC INPUT AND THE PLANNING PROCESS

Since planning is an ongoing process, staff of the Area Agency on Aging continually takes time to assess and evaluate their endeavors and make modifications to their program development and coordination activities. Additionally, the mission and vision of the agency were closely scrutinized and refined by staff as we began the Request for Proposals (RFP) process in the Fall of 2004. A three-part needs assessment was conducted by the Area Agency on Aging and included a statistically representative sample of all planning areas and surveyed 2.3% of the population aged 55 and above.

The Alameda County Area Agency on Aging actively sought the opinions and wisdom of elders in the composition of our Area Plan for 2005-2009. Educational presentations were delivered during the regular meetings of the Advisory Commission on Aging to provide information on the planning process, the funding formula and needs assessment process. The public participated by providing feedback and guidance in the formulation of the needs assessment plan. The result was an unprecedented completion of nearly 5,000 needs assessment with 4,603 valid responses. The two other components of the needs assessment – focus groups and key informant surveys- were equally successful. A Public Hearing on the Area Plan was held in April 2005 and discussions of the plan were carried out as part of the focus group activities.

The agenda for the Public Hearing was designed by Area Agency on Aging staff, with the AAA Assistant Director facilitating the process. Members of the staff conducted particular parts of the Public Hearings. Staff of the Area Agency led presentations on:

- Purpose of the Public Hearing
- Needs Assessment Activities
- Estimated Budget for FY 2005-2006 & Adequate Proportion for National Priority Services
- Request for Proposals Process
- Area Plan Goals
- Targeting
- Program Development and Coordination Activities

At the end of the presentations, input from the public was solicited. Attendees voiced their concerns about numerous issues affecting Alameda County seniors. Service providers addressed the importance of providing preventive health and wellness services to elders and were especially concerned about the issues of housing, and caregiving. There was general consensus among the group regarding funding for senior services, most participants expressed concern that decisions about funding at the state and federal level were made without input and that the community needed to work to better advocate for the needs of seniors. There was also interest and discussion on isolated and homebound seniors. Gay, Lesbian and/or Transgender elders were seen to be particularly at risk for difficulties relating to isolation, caregiving and finances. Finally, of interest to the group was planning for the “baby boom” seniors and the anticipated population boom in the county.

One of the goals of the Area Agency on Aging is to educate and inform the community about issues that affect elders. Whether it is through the advocacy efforts of our Advisory

Commission on Aging or the widespread distribution and reception of our *Senior Update* newsletter, the Area Agency on Aging seeks to educate and inform the community about senior service needs.

The RFP that the Area Agency on Aging developed for 2005-2009 addressed the need to reduce duplication of services and to improve the quality of services. A greater emphasis was placed on program outcomes and the value of services offered within the PSA. The RFP also re-examined the Caregiver Support program and established standard units of service and service definitions and any duplication of services between funding streams was eliminated. In these times of shrinking government resources, the Area Agency on Aging must assure that critical services reach as many deserving elders as possible.

SECTION 7: NEEDS ASSESSMENT

In preparation for the 2005-2009 planning cycle, the Area Agency underwent a 3-part needs assessment. The Needs Assessment included a Senior Survey to evaluate the day to day needs of seniors, Focus Groups to uncover anecdotal data on issues already identified as critical and a Key Informant Survey- designed to gather opinions from the perspective of providers and policy makers. The goal of the needs assessment was to gather information regarding the daily functioning and needs of seniors and to gather demographic, functional and infrastructure information that would help shape the goals, objectives and targeting for the funding cycle.

SENIOR SURVEY

The first phase of the Needs Assessment was the Senior Survey. The goal of the survey was to gather information from Alameda County Seniors on the issues that they face on a daily basis including topics such as housing, crime, finances, health, access to care etc. The surveys were provided in 8 languages (English, Farsi, Chinese, Tagalog, Amheric, Spanish, Korean and Vietnamese) and distributed through the public libraries, mass mailing, senior centers, community centers, faith-based organizations and other agencies serving seniors. Special emphasis was placed on minority seniors by enlisting the cooperation of our ethnic providers in assisting and encouraging seniors to complete the survey. The Advisory Commission on Aging participated in the survey by “adopting” senior centers in their area of residence, hand delivering surveys to the facilities and giving presentations on the purpose of the Area Agency’s needs assessment. The survey was also posted on the Alameda County Social Services website and the Network of Care website.

Findings:

The Area Agency on Aging collected nearly 5,000 surveys. Some respondents failed to complete critical demographic information (age, ethnicity, region) and were removed from the sample. The remaining 4,603 respondents represent 2.3 percent of the planning area senior population. The sample showed notable inconsistencies when compared to US Census data for the region. North county was over represented (+12%) in the sample and there was an under representation overall of Hispanic/ Latino respondents. The survey was well received among ethnic seniors with 36% of the respondents identifying a primary language other than English and 56% identifying themselves as ethnic minorities. The largest reporting age group was seniors aged 75-84 years (37%).

Table 1
AGE

| | Countywide | North Co. | South Co. | East Co. | Central Co. |
|-------------|-------------------|------------------|------------------|-----------------|--------------------|
| 55-59 years | 8% | 10% | 5% | 0.5% | 6% |
| 60-64 years | 10% | 12% | 7% | 10% | 6% |
| 65-74 years | 29% | 29% | 31% | 30% | 28% |
| 75-84 years | 37% | 34% | 42% | 41% | 43% |
| 85+ years | 16% | 15% | 15% | 19% | 17% |

Source: AAA Needs Assessment 2005

Table 2
PRIMARY LANGUAGE

| | Countywide | North | South | East | Central |
|---------------------------|-------------------|--------------|--------------|-------------|----------------|
| Amharic | 2% | 2% | 2% | 0.2% | 0 |
| Asian languages | 25% | 40% | 17% | 4% | 8% |
| Farsi and/or Pashto | 2% | 0.2% | 16% | 0.5% | 0 |
| Spanish | 3% | 4% | 2% | 1% | 2% |
| English | 63% | 51% | 57% | 91% | 86% |
| Bilingual (English+other) | 3% | 2% | 5% | 2% | 1% |
| Other languages | 1% | 1% | 1% | 2% | 2% |

Source: AAA Needs Assessment 2005

Table 3
ETHNICITY

| | Countywide | North | South | East | Central |
|------------------------|-------------------|--------------|--------------|-------------|----------------|
| Hispanic/Latino | 7% | 5% | 7% | 6% | 9% |
| White Non-Hispanic | 44% | 26% | 44% | 86% | 74% |
| Black/African American | 14% | 22% | 5% | 1% | 2% |
| Afghan | 2% | 0 | 16% | 0 | 0 |
| Cambodian | 2% | 3% | 1% | 0.2% | 3% |
| Chinese | 10% | 14% | 10% | 2% | 5% |
| Filipino | 4% | 5% | 7% | 0.7% | 2% |
| Japanese | 2% | 2% | 5% | 0.7% | 3% |
| Korean | 2% | 3% | 0 | 1% | 0.3% |
| Lao/Mien | 3% | 5% | 1% | 0.2% | 0.2% |
| Vietnamese | 8% | 13% | 0.5% | 0.2% | 0.3% |
| Other | 2% | 2% | 3% | 2% | 1% |

Source: AAA Needs Assessment 2005

ISSUES FACING SENIORS

Respondents were asked to identify the level of difficulty that they had in managing 17 key issues impacting quality of life. On average, 59% of respondents indicated that they did not have problems with a given issue, 22% reported minor problems and 18% reported serious problems. The items most often identified as minor issues included Crime (29%), Household Chores (38%), Legal Affairs (28%), Accidents in the Home and Money to Live On (26%). Seniors reporting serious problems with issues identified Transportation (26%) and Health Care (25%) as significant serious concerns. Caring for either a minor child (23%) or an adult (25%) combine to create the most significant serious concern facing seniors – Caregiving.

Table 4
ISSUES FACING SENIORS

| ISSUES FACING SENIORS | No problem | | Minor problem | | Serious problem | |
|---|-------------------|-------|----------------------|-------|------------------------|-------|
| Crime | 52% | 2,394 | 29% | 1,335 | 19% | 875 |
| Employment | 68% | 3,130 | 12% | 552 | 20% | 921 |
| Energy/Utilities | 67% | 3,084 | 23% | 1,059 | 10% | 460 |
| Obtaining Information about Services/Benefits | 54% | 2,486 | 25% | 1,151 | 21% | 967 |
| Receiving Services/Benefits | 66% | 3,038 | 21% | 967 | 13% | 598 |
| Health Care | 53% | 2,440 | 22% | 1,013 | 25% | 1,151 |
| Housing | 77% | 3,544 | 12% | 552 | 11% | 506 |
| Legal Affairs | 63% | 2,900 | 28% | 1,289 | 9% | 414 |
| Loneliness | 54% | 2,486 | 24% | 1,105 | 22% | 1,013 |
| Money to Live On | 51% | 2,348 | 26% | 1,197 | 23% | 1,059 |
| Nutrition/Food | 61% | 2,808 | 31% | 1,427 | 8% | 368 |
| Taking Care of a Minor Child | 71% | 3,268 | 6% | 276 | 23% | 1,059 |
| Taking Care of an Adult | 63% | 2,900 | 11% | 506 | 25% | 1,151 |
| Transportation | 52% | 2,394 | 22% | 1,013 | 26% | 1,197 |
| Household Chores | 47% | 2,163 | 38% | 1,749 | 15% | 690 |
| Isolation | 59% | 2,716 | 19% | 875 | 22% | 1,013 |
| Accidents in the Home | 55% | 2,532 | 26% | 1,197 | 19% | 875 |

Source: AAA Needs Assessment 2005

DAY TO DAY FUNCTIONING

Respondents were asked to provide information on their level of difficulty with the Activities of Daily Living and the Instrumental Activities of Daily Living. The activity most often rated as difficult was doing heavy housework (71%), followed by walking (52%), doing light housework (49%), shopping for personal items (48%), transportation ability (48%), and preparing meals (44%).

**Table 5
ACTIVITIES OF DAILY LIVING (ADL)**

| Activities of Daily Living | No Difficulty | Minor Difficulty | Serious Difficulty | Unable to Do |
|-----------------------------------|---------------|------------------|--------------------|--------------|
| Eating | 90% | 8% | 1% | <1% |
| Bathing | 68% | 16% | 13% | 3% |
| Dressing/Undressing | 72% | 22% | 4% | 2% |
| Walking | 48% | 27% | 22% | 3% |
| Getting In and Out of Bed | 75% | 18% | 5% | 2% |
| Getting to the Bathroom | 71% | 15% | 12% | 2% |
| Preparing Meals | 56% | 18% | 10% | 16% |
| Shopping for Personal Items | 52% | 18% | 11% | 19% |
| Medication Management | 65% | 23% | 7% | 5% |
| Managing Money | 67% | 15% | 5% | 13% |
| Using the Telephone | 72% | 12% | 12% | 3% |
| Doing Heavy Housework | 29% | 25% | 17% | 29% |
| Doing Light Housework | 51% | 21% | 19% | 9% |
| Transportation Ability | 52% | 17% | 9% | 21% |

Source: AAA Needs Assessment 2005

The Area Agency was particularly interested in those respondents who identified difficulty in one or more areas and also indicated that they had no one to assist them. The chart below identifies respondents who indicated having “no one” to help with daily activities. The most startling finding is that more than half of all respondents who identified bathing, getting to the bathroom and managing money as serious issues had no one to provide support around these needs.

**Table 6
HELP WITH ACTIVITIES OF DAILY LIVING**

| Help with ADL's & IADL's | Seniors Unable to manage or having serious difficulties | Number of seniors who have NO help | Percent of seniors who have NO help |
|-------------------------------------|--|---|--|
| Eating | 46 | 12 | 26% |
| Bathing | 736 | 427 | 58% |
| Dressing/Undressing | 276 | 41 | 15% |
| Walking | 1151 | 345 | 30% |
| Getting In and Out of Bed | 322 | 97 | 30% |
| Getting to the Bathroom | 644 | 445 | 69% |
| Preparing Meals | 1197 | 503 | 42% |
| Shopping for Personal Items | 1381 | 124 | 9% |
| Medication Management | 552 | 83 | 15% |
| Managing Money | 829 | 464 | 56% |
| Using the Telephone | 690 | 159 | 23% |
| Doing Heavy Housework | 2117 | 339 | 16% |
| Doing Light Housework | 1289 | 180 | 14% |
| Transportation Ability | 1381 | 180 | 13% |

Other findings:

- Respondents who were married were just as likely to report loneliness as a significant issue as those who lived alone.
- Married respondents appeared to have better access to services than unmarried seniors.
- 17 languages were identified as the primary language.
- 25% of respondents identified one of 8 Asian languages as their primary language
- 16% of respondents from South County identified Farsi or Pashto as their primary language.

The AAA Senior Survey generated nearly 5000 responses with a total of 286 data elements. Our initial analysis provided critical information for targeting but a more detailed analysis is warranted. The survey revealed only subtle shifts in the identified needs of seniors but did reveal the nature of diversity in Alameda County. The AAA will utilize graduate interns and the Agency’s data team for continued analysis and complete needs assessment results will be reported in the 05-06 Area Plan

Update.

FOCUS GROUPS

The second phase of the needs assessment was the facilitation of 6 focus groups with 10-20 participants each. Focus groups provided primarily anecdotal data by allowing seniors to interact with each other in sharing their experiences regarding the selected topics. Seniors were encouraged to speak from their own experiences and to feel free to represent the interests and experiences of other seniors that they knew. The topics of the focus groups were developed from issues identified through our Information and Assistance calls and from feedback from the Advisory Commission on Aging. The key topics included Transportation and Housing. A discussion of the topics typically covered in the public hearings (area plan, needs assessment, targeting and adequate proportions) was covered in each focus group. The outcomes of these discussions are included in the public hearing transcripts. Focus groups were held at senior centers in all four regions of the county.

Housing

Participants in the Housing focus group for South County were primarily homeowners concerned with remaining safely in their homes. The group participants identified financial abuse as a significant concern, especially in the maintenance and repair of their home. One participant who did not reside in her own home discussed home safety as well, identifying the difficulty with landlords when modifications to the home are requested (grab bars, banister repair etc.). Several seniors felt that they did not know what resources were available, were unsure of who to trust. One senior reported being routinely overcharged for services. Three participants were afraid to allow people into their home to do the work. Two seniors suggested a “better business bureau” agency that catered to “senior friendly” services.

Discussions of alternative housing arrangements revealed that seniors were unwilling to consider shared housing situations for fear that they would become the caregiver of someone who became disabled. Every group participant expressed this sentiment across all regions of the county. Participants were also reluctant to move in with family members, and were especially opposed to “imposing” on their children. Participants welcomed the idea of supported housing and more structured care if necessary. Surprisingly, seniors felt no particular aversion to nursing home or other institutional care but all feared that a lack of resources would take away their ability to choose the type of housing that they would have as they aged. Lower income seniors in the North County focus groups were more adverse to institutional care. Seniors felt that aging safely in place was their goal but felt that they would use the financial resource of their home to pay for out of home care if that became necessary.

All participants, regardless of housing arrangement felt that mobile home parks were a viable alternative but quickly being replaced with high cost housing. The majority viewed housing developments as less than accessible, feeling that what developers propose for low income seniors in order to gain local approval rarely results in truly “low income” housing.

Transportation

Participants in the transportation focus groups discussed issues with the various transportation resources. In areas with well-developed transportation systems, such as North County, the issues were quality control, training and customer service. North county residents of the city of Emeryville

reported receiving excellent free transportation provided by local businesses in the form of a shuttle. This service is often linked to public transportation hubs (BART station, bus hub) and allows seniors to travel between senior housing and other services. Residents of South, Central and East county expressed far greater satisfaction with the services offered but felt that the transportation schedules between systems needed to be better coordinated. Residents of Central County identified issues with lack of service between facilities serving seniors (senior center, senior housing, medical facility and shopping).

A.C. Transit Bus Service – Senior’s felt a lack of safety on public transportation especially the lack of security on the bus. One participant felt that the lack of security support lead to the drivers’ failure to enforce seating rules regarding disabled passengers. Another participant remarked on the decline in “customer service” in areas where security is a significant concern (bus lines that travel through high crime areas). Sensitivity to senior needs was another area of concern. Many seniors reported being yelled at for moving too slowly and having buses pass them on the street when it was clear that that they would take a long time to board (wheelchairs, crutches etc.) Two participants felt that the new buses were more difficult for seniors to negotiate.

B.A.R.T. – The Bay Area Rapid Transit service is a fixed rail train system serving several Alameda and Contra Costa County cities. BART received high marks for timeliness, cleanliness and overall efficiency. Senior’s felt that BART, while efficient, does not often get you to your location. With limited stops, transfers to AC Transit, taxi, Paratransit or some other shuttle are necessary. Residents of Emeryville pointed out that BART does not serve their city and that several Alameda County cities are also not served by the system – several participants suggested that service integration should be a goal between BART and other transit providers. Two participants, one from Central County and the other from North County, indicated that BART station is often a transportation hub for many providers and should be staffed to assist travelers in making connections.

East Bay Paratransit received, by far, the most criticism of all transportation services. All seniors had a story to tell of being stranded, late or otherwise seriously impacted by the poor scheduling services of the program. Seniors reported difficulty understanding the difference between services such as “door to door” vs. “curb to curb” and felt that the drivers should have the flexibility in all services to respond to the needs of the passenger. Some reported using a less supportive service and then being left without transportation service when they become injured or ill. Seniors reported that the services for disabled passengers differed from region to region and that travel across regions was difficult to arrange. The cost of the service was not a concern in any region of the county.

Participants felt that the most difficult type of transportation was emergency or short notice transportation, usually around medical appointments. The seniors also indicated that travel across regions and between transportation services was extremely difficult.

KEY INFORMANT SURVEY

Every provider in our aging network was invited to participate in the key informant survey. The survey questioned participants in several areas regarding the “state of the network”. Respondents were asked to comment on what they felt were the most critical needs, the highest risk populations and specific barriers that exist that work to prevent elders from receiving the services and support that they need. Twenty-seven service providers responded to the survey. They consistently gave

very well reasoned responses to each question. Providers represented a range of senior service backgrounds including nutrition, social services, legal advocacy, senior center administrators, residential care facility administrators, Ombudsman and ethnic providers.

RESULTS FROM THE KEY INFORMANT QUESTIONNAIRE

Most Critical Unmet Needs – Fifty-six percent of the key informants surveyed identified housing as the most critical unmet need facing seniors. Nearly half of all respondents (41%) also named transportation as a critical need. Many responses identified those aspects that impact access to service, including case management (26%), language and cultural isolation (11%), health care costs (15%) and childcare for grandparent caregivers (7%). Specific services that were identified included health care (26%), in home care (22%), socialization (19%) and dental care (11%).

Effectiveness of Service Response– Key informants were asked to critique the effectiveness of services and their response to senior needs. 30% of the respondents sited inadequate funding. Nearly half of the respondents identified the need to integrate services (19%) and to improve communication between services (19%). Nineteen percent described one or more Area Agency funded services as “outstanding”. Overall, the participants felt that services were effective and that increased volume was necessary.

Those at Greatest Risk- When asked to identify those populations at greatest risk, key informants named several subgroups. The commonalities between these groups were the issues that put them at risk. All respondents identified isolated seniors (100%) as a population at greatest risk. Groups of seniors specifically named to this subgroup included those recently discharged from a hospital or nursing facility, homebound, culturally and linguistically isolated and lesbian/gay/transgender seniors. Low-income seniors (37%) were also identified as having a high risk as were the frail elderly (26%). Some respondents were specific in distinguishing the need of “near poor” seniors whose incomes are just enough to disqualify them for some services.

Barriers

Nutrition – Key informants who responded to this questioned identified the lack of knowledge about services (50%) and the cost of a meal (46%) as the primary barriers to seniors receiving meal services. Participants also named funding cuts to meal programs (25%) and transportation (29%) as having a significant impact on how seniors participate in the programs. Poor food quality (17%) and/or a need for more ethnic meals and meal service (25%) were identified as barriers. Finally, 25% of the respondents identified that seniors felt that participating in a meal program was a source of shame or stigma.

Medical – The cost of medical care (67%) was an overwhelming barrier to seniors seeking services. Respondents discussed the shortage of medical providers accepting Medi-Cal or other insurances, high co-pays/ share of cost and a large number of seniors without medical insurance of any kind. Participants also noted that seniors had difficulty with insensitivity on the part of the medical provider (8%), lack of provider expertise in aging (19%), multiple care providers or had increased difficulty negotiating care when there were mental health, cognitive or issues of dementia involved (12%). Sixteen percent of the respondents identified language or cultural barriers to receiving medical care.

Social Services – Fifty-nine percent of the respondents indicated that a lack of knowledge of

available services was a primary barrier to elders receiving social services. About half as many (30%) indicated that a lack of available services was a primary barrier. Twenty-two percent identified the need for multilingual services or transportation (15%) as significant barriers. Several key informants noted that shame and fear of losing independence (26%) has a significant impact on a senior's willingness to access social services.

Mental Health - Respondents identified that the most significant barriers to mental health services were the lack of knowledge about resources (33%), the lack of appropriate providers with expertise in senior issues (33%) and stigma, shame or cultural beliefs regarding mental health services (30%). Some respondents indicated that some seniors appear to be in denial regarding their need for services (30%) but that behavior may be a function of shame, stigma or cultural beliefs.

Spiritual and Religious Services – Sixty-three percent of the respondents identified transportation as the key barrier to seniors access to spiritual or religious services. Lack of accessibility and disability issues were reported by 22% of the respondents and 19% identified isolated seniors as having difficulty in accessing services. Only one respondent felt that language, mental health issues or the availability of services were barriers to service.

Socialization – Transportation was identified most often (56%) as a barrier to services, however the issue of appropriateness of services (41%) was spread among several responses. Fifteen percent of the respondents felt that seniors did not participate in services because they did not “fit in”. Nineteen percent identified cultural and language barriers. In addition, 7% of the respondents felt that some programs had a stigma attached to them that made services unattractive – specifically named were senior centers. Finally, cost (26%) was identified as a significant barrier to senior participation in social activities and socialization services.

Improving Support for Informal Caregivers – The participants identified two components to improving services and support to this population. The first and most obvious solution was to provide more respite and adult day care services (44%). The most agreed upon method for doing that was to increase funding (22%) for these services. Respondents also felt that increasing the availability of support groups (37%), counseling (30%) and education and information to caregivers would greatly improve their access to services. The services themselves were held in high regard with two participants suggesting an increase in linguistically and culturally competent services.

Improving Services for Homebound and Isolated Seniors – Key informants were very straightforward in their response to this service category. They felt that services needed to expand through increased funding (44%), service expansion (22%) and increased respite services (15%). Several participants indicated that growth in the senior population needs to be adequately planned for, that Alameda County is already facing greater demand than services.

Additional Funding- Responses to the request for the prioritization of additional funding were as varied as the key informants themselves. Most respondents identified the services that they themselves provide as the highest priority. For those participants who named more than one prioritized service, increased case management (30%) and affordable housing (33%) were the two top priorities. Noted equally (26%) were transportation, cultural/linguistic services and expansion of the friendly visitor program.

Key Informants provided very well reasoned responses to the survey. Overall, they were satisfied with the level of priority that senior programs are given in Alameda County and felt that, while some

improvements could be made, coordination has improved.

A LOOK AT THE BABY BOOMERS

According to the United States Department of Finance, population estimates the “Baby Boom” generation will significantly change the landscape of senior needs and services. Currently, seniors represent approximately 200,000 persons in the PSA. In the year 2010 that number should rise to over 300,000 seniors. Further, by 2050 when the youngest of the baby boomers will constitute the frail elderly population, the senior population is expected to exceed 631,000 people.

To grasp the impact that such a population surge has on the planning area, we must better understand and anticipate the needs of this group. The demographic group shows remarkable diversity; by the year 2030 White seniors will no longer represent the majority race. In addition to the increased overall population, there is an anticipated surge in the Asian population. In fact, there will be more Asian seniors in the PSA in 2040 than the entire elderly population of Alameda County currently. The challenges of meeting the needs of Asian seniors lie in the cultural and linguistic diversity within the group.

**Table 7
POPULATION PROJECTIONS BY ETHNICITY 2010-2050**

| | White | Hispanic | Asian | Pacific Islander | Black | American Indian | Multirace |
|-------------|--------------|-----------------|--------------|-----------------------------|--------------|----------------------------|------------------|
| 2010 | 131,526 | 45,824 | 104,019 | 2,736 | 38,219 | 3,618 | 7,440 |
| 2020 | 142,304 | 48,970 | 114,342 | 3,074 | 41,016 | 3,810 | 8,283 |
| 2030 | 157,371 | 86,484 | 171,778 | 4,596 | 47,347 | 6,019 | 11,508 |
| 2040 | 153,745 | 135,469 | 223,631 | 5,918 | 48,084 | 7,799 | 13,708 |
| 2050 | 133,851 | 169,350 | 246,883 | 6,867 | 48,536 | 9,379 | 16,129 |

Source: U.S. Department of Finance, 2004

Issues of ethnic diversity, however, paint only part of the picture. The high cost of housing, an already existing housing shortage, a shortage of nursing home and other group care settings coupled with an unrelenting demand on in-home care services tell us that more elders will be at risk for out of home placement and fewer will receive the caregiving support that they need. Alameda County’s In Home Support Services program serves over 12,000 elderly and disabled individuals. The primary purpose of the program is to provide personal care support in order to prevent institutionalization. The program is already stretched beyond its limits and continues to grow at a startling 11% each year – roughly keeping pace with the population boom. Within five years, the program will serve an estimated 18,600 clients. At the current rate of growth, by 2050, the program would be expected to serve over 110,000 seniors and disabled adults. We can anticipate that the needs of the surging population coupled with the increasing cost of living in the area will only serve to force many more into the program. We can also anticipate that the numbers of “near poor” seniors will continue to rise – those seniors were named in the Key Informant Survey as being particularly vulnerable due to their borderline incomes. These seniors are often disqualified for free service and unable to afford to pay for services on their own. Alameda County’s diversity includes family structures and lifestyles that also impact senior needs. The region has a high percentage of “unmarried partners”, households where government or employer benefits afforded to one partner, cannot be expanded to cover the other. Compounding the situation, legal rights for decision making

around health care and financial issues are also impacted – putting these couples at risk as they attempt to negotiate the care of their partner.

**Table 8
Unmarried Partnered Households By Sex**

| | North | South | Central | East |
|---------------------------------------|--------------|--------------|----------------|-------------|
| Total: | 240,758 | 99,511 | 122,610 | 60,487 |
| Unmarried-partner households: | 17,271 | 4,605 | 7,504 | 3,117 |
| Male householder and male partner | 1,675 | 271 | 520 | 138 |
| Male householder and female partner | 6,413 | 2,280 | 3,376 | 1,586 |
| Female householder and female partner | 2,289 | 301 | 529 | 161 |
| Female householder and male partner | 6,894 | 1,753 | 3,079 | 1,232 |
| All other households | 223,487 | 94,906 | 115,106 | 57,370 |

Source: US Census Summary File 3, 2000.

“Baby Boomers” represent two distinct cohorts. The older cohort is closer to retirement and can rely on their personal resources, if any, as well as Social Security. More than half are homeowners and their property value has appreciated greatly over the past 20 years. The younger cohort has a more uncertain financial future. Currently between 40 and 50 years old, these Boomers are still entrenched in the workplace, some are only now considering their financial future, and fewer are homeowners. They are now learning, that the support of Social Security may not be available to cushion their retirement years as they had anticipated.

The Area Agency on Aging will begin its Baby Boomer planning process in partnership with the Tri-Cities Elder Coalition (TCEC) and the City of Fremont. The TCEC and the City of Fremont received planning grants in 2004 from Community Partnerships for Older Adults and the Robert Wood Johnson Foundation to examine the needs of elders in the region and to propose an implementation strategy for the long-term care needs of elders. The Area Agency on Aging participates on this project as part of the Core Leadership team that is responsible for driving the project. The Core Leadership Team is in the process of developing a Baby Boomer survey designed to answer several questions about the needs and dynamics of this diverse population. The Area Agency will share the findings of our senior survey as comparison data and use this information to develop local strategies. The survey, as well as information from existing infrastructure, will assist in charting a plan for growth. The project which is titled, “Planning for the Age Wave in a Culturally Diverse Community” is the first project of its kind and will serve as the first step to countywide planning for this population.

SECTION 8: TARGETING

The Older Americans Act, as amended in 2000, mandates that monies provided by the Act be expended at the local level with particular attention paid to provision of services for special populations. Named in the Act are low-income minority elders, elders in greatest economic need (at or below the federal poverty line), elders in greatest social need (non-economic factors, including physical/mental barriers, language barriers, and cultural, social or geographical isolation), older Native Americans, isolated, abused, neglected, and/or exploited older individuals, frail older persons and their caregivers, older persons residing in rural areas, older persons who are of limited English-speaking ability, older persons with Alzheimer's disease or related disorders and their caregivers, older persons with care giving responsibilities for minor grandchildren, older persons who provide uncompensated care to their adult children with disabilities, and unemployed low-income persons who are 55 years old or older.

The AAA went through an extensive process of involving the community (Advisory Commission members, providers, and senior consumers) in developing an intra-county funding formula that would effectively target dollars to those elders most in need. The final product, approved by the Alameda County Board of Supervisors in December 1995, is presented in Table 9, page 34. Factors used in the intra-county funding formula include 65+ Poverty and SSI, 65+ Functionally Impaired, 65+ with Language Isolation, 60+ Minority and 60+ Rural. Tables 10, 11, 12, 13 and 14 contain the data from the 2000 Census for poverty, disability, language isolation, and ethnicity.

Analysis of Census data for the funding formula affords a clear picture of the location of special populations within the County. The net result of the application of a funding formula which targets 100% of funds to special populations, is that the North County planning unit, with 44% of the senior population is allocated 50% of funds, while Central, South, and East County planning units in which 56% of seniors reside, will be allocated 50% of the funds.

**Table 9
2005-2009 INTRA-COUNTY FUNDING FORMULA**

| Minority 27% | Rural 3% | Low Income 28% | Non Minority 10% | Language Isolation 5% | Functionally Impaired 27% | Allocation | |
|--------------------------------|----------------------------|-------------------------------|--------------------------------|--------------------------------------|--|---------------------|-----------------------|
| 50,634 \$ 833,227 53.58% | 9 \$ 4,606 2.67% | 14982 \$ 968,993 60.09% | 37,619 \$ 198,622 34.49% | 7,539 \$ 148,083 51.42% | 29,589 \$ 743,401 47.81% | \$ 2,896,932 | North County 50% |
| 21,474 \$ 353,374 22.72% | 51 \$ 27,316 15.81% | 5,756 \$ 372,282 23.08% | 36,863 \$ 194,630 33.79% | 3,229 \$ 63,425 22.02% | 17,745 \$ 445,830 28.67% | \$ 1,456,855 | Central County 25% |
| 19,256 \$ 316,874 20.38% | 106 \$ 56,774 32.86% | 3553 \$ 229,798 14.25% | 19,623 \$ 103,606 17.99% | 3,452 \$ 67,805 23.55% | 10,275 \$ 258,152 16.60% | \$ 1,033,009 | South County 17% |
| 3,135 \$ 51,589 3.32% | 157 \$ 84,089 48.67% | 643 \$ 41,587 2.58% | 14,980 \$ 79,092 13.73% | 441 \$ 8,662 3.01% | 4,286 \$ 107,682 6.92% | \$ 372,702 | East County 8% |
| \$1,555,064 | \$172,785 | \$1,612,659 | \$575,950 | \$287,975 | \$1,555,064 | \$ 5,759,498 | |

**Table 10
PERSONS 65+ IN POVERTY, ALAMEDA COUNTY**

| AREA | BELOW FEDERAL POVERTY LEVEL* | RECEIVING SSI** | TOTAL POVERTY BY AREA | % OF TOTAL BY AREA |
|----------------|---|----------------------------|----------------------------------|-------------------------------|
| NORTH | 6,933 | 12,832 | 19,765 | 60.1% |
| CENTRAL | 2695 | 4,921 | 7,616 | 23.1% |
| SOUTH | 1,605 | 3,050 | 4,655 | 14.2% |
| EAST | 306 | 551 | 857 | 2.60% |
| TOTAL | 11,539 | 21,354 | 32,893 | 100% |

Sources:

* 2000 U.S. Census

**Social Security Administration, SSI Data, December 2004

Table 11

**PERSONS 65+ WITH DISABILITIES BY TYPE, ALAMEDA COUNTY
2000 CENSUS (SUMMARY TAPE FILE 3)**

| AREA | SENSORY | PHYSICAL | MENTAL | SELF CARE | GO OUTSIDE HOME | PERCENT |
|----------------------------|---------------|---------------|---------------|---------------|-----------------|---------|
| <i>NORTH</i> | 8,623 | 20,049 | 9,815 | 8,321 | 15,783 | 48% |
| <i>CENTRAL</i> | 5,852 | 11,421 | 4,451 | 3,774 | 9,397 | 28% |
| <i>SOUTH</i> | 3,274 | 7,051 | 2,908 | 2,383 | 5,231 | 16% |
| <i>EAST</i> | 1,531 | 2,996 | 978 | 794 | 1,837 | 7% |
| TOTAL BY LIMITATION | 19,280 | 41,517 | 18,152 | 15,272 | 32,248 | |

**Table 12
PERSONS 65+ WITH LANGUAGE ISOLATION, ALAMEDA COUNTY
2000 CENSUS (SUMMARY TAPE FILE 3)**

| AREA | SPEAKING SPANISH LANGUAGE | SPEAKING ASIAN LANGUAGE | SPEAKING OTHER LANGUAGE | TOTAL BY AREA | % OF TOTAL BY AREA |
|--------------------------|---------------------------|-------------------------|-------------------------|---------------|--------------------|
| <i>NORTH</i> | 816 | 5,840 | 883 | 7,539 | 50% |
| <i>CENTRAL</i> | 910 | 1,445 | 874 | 3,229 | 22% |
| <i>SOUTH</i> | 676 | 3,177 | 0 | 3,853 | 25% |
| <i>EAST</i> | 78 | 168 | 195 | 441 | 3% |
| TOTAL BY LANGUAGE | 2480 | 10,630 | 1952 | 15,062 | 100% |

Table 13

**ETHNICITY OF 60+ POPULATION, ALAMEDA COUNTY
1990 CENSUS, SUMMARY TAPE FILE 2A**

| AREA | TOTAL POPULATION | WHITE | BLACK | AMERICAN INDIAN | ASIAN/PACIFIC ISLANDER | HISPANIC | OTHER | TOTAL MINORITIES % MINORITY | % BY AREA |
|--------------------|------------------|---------|--------|-----------------|------------------------|----------|-------|-----------------------------|-----------|
| NORTH | 89,886 | 46,966 | 26,105 | 247 | 11,355 | 5,111 | 102 | 42,920 48% | 68% |
| CENTRAL | 54,443 | 43,529 | 1,048 | 184 | 3,745 | 5,888 | 49 | 10,914 20% | 17% |
| SOUTH | 25,579 | 17,203 | 429 | 74 | 4,614 | 3,233 | 26 | 8,376 33% | 13% |
| EAST | 12,190 | 10,866 | 102 | 31 | 530 | 658 | 3 | 1,324 11% | 2% |
| TOTAL BY ETHNICITY | 182,098 | 118,564 | 27,684 | 536 | 20,244 | 14,890 | 180 | 63,534 35% | 100% |
| % BY ETHNICITY | 100% | 65.1% | 15.2% | 0.3% | 11.1% | 8.2% | 0.1% | | |

**Table 14
PERCENTAGE OF ETHNIC GROUPS BY PLANNING AREA, ALAMEDA COUNTY
1990 CENSUS, SUMMARY TAPE FILE 2A**

| ETHNICITY | NORTH | CENTRAL | SOUTH | EAST | TOTAL |
|------------------------|-------|---------|-------|------|---------|
| WHITE | 39.6% | 36.7% | 14.5% | 9.2% | 100.0% |
| BLACK | 94.3% | 3.8% | 1.5% | 0.4% | 100.0% |
| AMERICAN INDIAN | 46.1% | 34.3% | 13.8% | 5.8% | 100.0% |
| ASIAN/PACIFIC ISLANDER | 56.1% | 18.5% | 22.8% | 2.6% | 100.0% |
| HISPANIC | 34.3% | 39.5% | 21.7% | 4.4% | 100.0% |
| OTHER | 56.7% | 27.2% | 14.4% | 1.7% | 100.08% |

SECTION 9: PUBLIC HEARING

PSA # 09

PUBLIC HEARINGS

Conducted for the 2009-2012 Planning Period

CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308; OAA 2006 306(a)

| Fiscal Year | Date | Location | Number of Attendees | Presented in languages other than English? ² Yes or No | Was hearing held at a Long-Term Care Facility? ³ Yes or No |
|-------------|---------|--|---------------------|--|--|
| 2009-10 | 4/13/09 | 6955 Foothill, #300, Oakland, CA 94605 | 30 | No | No |
| 2010-11 | | | | | |
| 2011-12 | | | | | |

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

1. Discuss outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals. The AAA's commissioners and staff members were helpful in distributing materials that formulated the area plan and participated in focus groups as part of the last needs assessment.

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

- Yes Not Applicable if PD and C funds are not used
 No, Explain:

3. Summarize the comments received concerning proposed expenditures for PD and C, if applicable. There were no relevant comments.

4. Were all interested parties in the PSA notified of the public hearing and provided the opportunity to testify regarding setting of minimum percentages of Title III B program funds to meet the adequate proportion funding for Priority Services? Yes

Yes No, Explain:

5. Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services. There were not relevant comments, although people were interested in the percent of funding each program received.

6. Summarize other major issues discussed or raised at the public hearings. The public had comment on a number of PD & C Objectives. Comments included support for the effort with the Insight Center for Community Development, with the comment that the objective should focus on needs, rather than poverty. There were questions related to whether the deletion of an objective from the last plan meant that the underlying work or premise would not continue. Specifically, would the AAA's in-kind contribution of office space for nonprofits be discontinued? The answer was that the in-kind contribution would not be jeopardized. The group also discussed objective 3.1 and noted that they hoped that staff could approach individual City Councils. Staff reported that they were already doing so.

List major changes in the Area Plan resulting from input by attendees at the hearings.
There were no major changes.

SECTION 10: IDENTIFICATION OF PRIORITIES

Prioritization of services is a continual process, some of which occurs passively through agency attrition, and awareness of service effectiveness, some actively, through a deliberate planning process. With a constantly increasing demand for service and modest increases in funds, Area Agencies on Aging face the challenge of assuring the best possible, most carefully targeted, most appropriate to the identified populations, best managed, most accountable services which can be made available for the funds entrusted to them. Administration of Older Americans Act funds require that a balance be struck between recognizing and fulfilling the actual service needs of a planning and service area, and the ever-present reality of grossly inadequate funding.

Historically, the Alameda County Area Agency on Aging has employed a variety of different methods to identify priorities within the planning and service area. Through numerous needs assessments, surveys and interviews, the Area Agency has identified consistent themes over the years. Review of U.S. Census and population estimates identify the presence of targeted populations (75+, Low Income, Minority and Functionally Impaired) within the County. The planning process also takes into consideration the "adequate proportion" of funds spent on National Priority Services (NPS) and other information gleaned from Public Hearings. Analysis of this information, along with an inventory of existing services either being provided or subcontracted by the AAA determine which service categories will ultimately be funded.

In planning for allocation of Title III funds by service category for the 2005-2009 funding cycle, several key factors were considered. Of primary consideration was the knowledge that Alameda County would probably receive minimal new Title III B dollars with which to expand services or to begin new services. Secondly, observation of the above analysis demonstrated that funds are being targeted fairly effectively to programs that serve elders most in need. Thirdly, input at Public Hearings in setting standards for NPS confirmed the need to increase funding to case management.

This identification of priorities leads us directly to the identification of goals and objectives for the Area Agency on Aging.

Table 15

**ALAMEDA COUNTY AREA AGENCY ON AGING
 OLDER AMERICANS ACT, OLDER CALIFORNIANS ACT, USDA, &
 COUNTY GENERAL FUND SERVICES
 FISCAL YEAR 2005-2006**

| PROGRAM CATEGORY | DOLLARS | % OF TOTAL |
|---|---------------------|-------------------|
| ADCRC | \$ 151,460 | 2.8% |
| Adult Day Care | \$ 97,535 | 1.8% |
| Alzheimer's | \$ 73,813 | 1.4% |
| Brown Bag | \$ 22,159 | 0.4% |
| Case Management | \$ 111,744 | 2.0% |
| Community Services/Senior Ctr. Management | \$ 125,501 | 2.3% |
| Congregate Nutrition | \$ 869,909 | 15.9% |
| Health Services | \$ 90,180 | 1.7% |
| HICAP | \$ 215,264 | 3.9% |
| Home Delivered Nutrition | \$ 1,600,095 | 29.3% |
| Homemaker/In-Home Services (Visitor) | \$ 141,096 | 2.6% |
| Preventative Health/Medication Management | \$ 86,157 | 1.6% |
| Caregiver Support | \$ 486,880 | 8.9% |
| Information & Assistance | \$ 87,374 | 1.6% |
| Legal Services | \$ 114,501 | 2.1% |
| Linkages | \$ 228,979 | 4.2% |
| Senior Companion | \$ 21,742 | 0.4% |
| Senior Employment | \$ 207,266 | 3.8% |
| County General Fund | \$ 701,869 | 12.9% |
| VIIB-Elder Abuse Prevention | \$ 21,327 | 0.4% |
| | \$ 5,454,851 | 100.0% |

SECTION 11: GOALS & OBJECTIVES

Goal Number 1 - The Area Agency on Aging will foster and support a comprehensive and coordinated system of home and community-based care.

Rational: Responds to the Area Agency on Aging Mission Statement and Needs Assessment findings that indicate elders and providers see the service delivery system as fractured, incomplete and that elders do not have adequate access to services.

| Objectives | Project Start & End Date | Title IIIB PD or C | Status |
|---|--------------------------|--------------------|--------|
| 1.1 - The AAA will coordinate Information & Assistance Roundtables in order to share information with public and private agencies. The AAA will host 6 sessions, each of which will be attended by approximately 60 people. The AAA will work with subject experts in a variety of areas, including but not limited to physical and mental health, senior programming, legal services, and other issues. | 07/01/2009-06/30/2010 | C | |
| 1.2 - AAA staff and commissioners will work in partnership with the Insight Center for Community Economic Development and <i>Wider Opportunities for Women</i> to coordinate an anti-poverty campaign. The AAA's activities will include public education, advocacy and analysis of the implications for seniors living in economic need in Alameda County. | 07/01/2009-06/30/2010 | PD | |
| 1.3 - The AAA will build the capacity of nutrition programs in Alameda County by partnering with Alameda County Meals on Wheels (an organization not funded by the AAA), private and public organizations to increase support (cash and in-kind) for meal programs. The AAA's assistance will include securing training opportunities for providers (Serve-Safe), developing materials, and assisting with customer satisfaction surveys. | 07/01/2009-06/30/2010 | C | |
| 1.4 - The AAA will work in partnership with the Alameda County Veterans Services Office, Veterans Commission on Aging, and other veterans' organizations to focus attention on issues affecting veterans that are seniors. Activities will include coordination of outreach events, information sharing and collaboration on developing informational materials. | 07/01/2009-06/30/2010 | C | |
| 1.5 - The AAA's Director and Assistant Director will focus attention on coordinating the activities of the AAA within the Adult & Aging department and with other departments within the Social Services department. The AAA Assistant Director will meet regularly with peers from other Social Services departments to order to discuss and develop opportunities for coordinated efforts to enhance services for seniors. | 07/01/2009-06/30/2010 | C | |

| | | | |
|---|-----------------------|----|--|
| <p>1.6 - In order to address the needs of the Lesbian, Gay, Bisexual, and Transgender (LGBT) community, the AAA will: 1) include LGBT friendly materials in its needs assessment activities and resource materials; 2) work in partnership with Lavender Seniors to present training to staff, volunteers and community members on LGBT issues; and 3) provide funding to programs that seek to provide services for LGBT clients.</p> | | C | |
| <p>1.7 - To improve transportation services for Alameda County seniors, the AAA will work with public agencies, transportation commissions, transportation professionals, community-based organizations, and seniors to (1) identify senior transportation issues and resources, and (2) explore partnerships and collaborations and/or other methodologies to improve services and explore the feasibility of integrating existing services.</p> | 07/01/2009-06/30/2010 | C | |
| <p>1.8 - The AAA will identify local and regional governmental and non-profit agencies that are actively involved in disaster planning and will participate in a minimum of four meetings with these organizations to ensure the needs of the senior and physically disabled adult population are considered, included, and coordinated in the disaster planning process. The AAA will also provide informational updates regarding disaster planning, and coordinate its efforts with the Adult & Aging department.</p> | 07/01/2009-06/30/2010 | C | |
| <p>1.9 - The AAA will work with the Volunteer Center of the East Bay and RSVP in order to highlight volunteer opportunities for seniors and to provide volunteer assistance for organizations providing services to seniors.</p> | 07/01/2009-06/30/2010 | C | |
| <p>1.10 - The AAA will focus attention on supporting the fundraising efforts of the community-based organizations with whom it works. The AAA's activities will include: 1) advocacy with other funders; 2) endorsing community based organization's fundraising efforts; 3) and distributing information about funding opportunities. The AAA will seek to develop relationships with corporate partners, with the goal of increasing support for nonprofit organizations serving seniors.</p> | 07/01/2009-06/30/2010 | PD | |
| <p>1.11 - In order to improve the health and wellness of seniors residing in long-term care facilities, the AAA will increase the number of volunteers providing Ombudsman services.</p> | 07/01/2009-06/30/2010 | PD | |
| <p>1.12 - In order to address the growing problem of Elder Abuse, the AAA will provide 12 community education sessions on the topic of elder abuse.</p> | 07/01/2009-06/30/2010 | C | |

| Goal Number 2 - The Area Agency on Aging will provide forums and opportunities to focus on health and wellness issues for elders. | | | |
|---|-------------------------------------|----------------------------|---------------|
| <i>Rational - Responds to the Area Agency on Aging Mission Statement and Needs Assessment findings that indicate elders will benefit by having more information on how to improve their health and nutritional status.</i> | | | |
| Objectives | Project Start & End Date | Title III B PD or C | Status |
| 2.1 - The AAA Senior Nutritionist and AAA staff will work in partnership with Emergency Medical Services, the Department of Public Health, and other government, nonprofit and private sector organizations to enhance the senior injury program. Key deliverables of the program include the following: 1) coordinating an annual Senior Injury Prevention Conference; 2) coordinating implementation of an evidence-based strength and balance program designed to teach instructors how to teach seniors how to prevent injuries through gait and balance activities; and 3) developing instructional materials and resources for Senior Centers and other organizations that are interested in adopting Senior Injury Prevention Programs. | 07/01/2009-06/30/2010 | C | |
| 2.2 - The AAA will provide disease prevention services for seniors in Alameda County by providing outreach and the following services: 1) nutrition education; 2) nutrition counseling; 3) physical fitness; 4) outreach and 5) medication management services; | 07/01/2009-06/30/2010 | | |
| 2.3 - AAA staff, commissioners and community volunteers will organize, solicit and coordinate contributions and in-kind support from the community at large for the annual Holiday Food Drive for hungry elders and adults with disabilities and their families. | 07/01/2009-06/30/2010 | C | |
| 2.4 - AAA staff and commission members will coordinate a Healthy Aging event that will provide information and health screening services to 900 seniors. The AAA will involve private and nonprofit organizations in planning and delivering the program. | 07/01/2009-06/30/2010 | C | |
| 2.5 - AAA staff will promote senior vehicle safety through facilitation and coordination of events that teach seniors how to drive safely. Events will include Car-Fit, a program that teaches seniors how to change the "fit" of their cars and a driver safety awareness program presented by the Highway Patrol. | 07/01/2009-06/30/2010 | C | |
| 2.6 - The AAA will work in partnership with service providers to provide medication management services in individual and group settings. The services will include group presentations as well as personalized consultation regarding management of prescription and nonprescription medications. | 07/01/2009-06/30/2010 | | |
| 2.7 - In order to improve mental health services for seniors in | 07/01/2009- | C | |

Area Plan 2009-2012

| | | | |
|--|------------|--|--|
| Alameda County, the AAA will work with other governmental, private and nonprofit organizations to increase understanding of and support for mental health issues for seniors. The AAA's activities will include working with the Prop. 63 Mental Health Services Act programs. | 06/30/2010 | | |
|--|------------|--|--|

Goal Number 3: The Area Agency on Aging will promote consumer and community participation and responsibility in the planning, delivery, and evaluation of services.

Rational: Relates to the Area Agency on Aging commitment, as expressed in its Mission Statement, to seek the counsel of elders and community members when creating, expanding, implementing, or evaluating services.

| Objectives | Project Start & End Date | Title III B PD or C | Status |
|--|-------------------------------------|----------------------------|---------------|
| 3.1 - AAA staff and commission members will coordinate the celebration of Older Americans by involving the County Board of Supervisors and other elected officials in developing plans for commendation and celebration of Older Americans. | 07/01/2009-06/30/2010 | C | |
| 3.2 - AAA staff and commissioners will work with Board of Supervisors, other elected officials, citizens groups and nonprofits to plan and organize events and forums that benefit seniors. AAA will participate in at least four events per year. | 07/01/2009-06/30/2010 | C | |
| 3.3 - AAA staff will coordinate production of a quarterly newsletter for nonprofit providers and seniors. Staff, Advisory Commission Members, and representatives from private and nonprofit organizations will collect or write articles, develop communication themes, and increase the number of venues (electronic and in hard copy) where the newsletter will be displayed. | 07/01/2009-06/30/2010 | C | |
| 3.4 - The AAA will work in partnership with nonprofit organizations and coalitions to address issues affecting seniors in the county. The AAA's support will include organizations that are a not recipient of AAA funding, but that are involved in emerging and pressing issues affecting seniors, and that are providing services to low-income, minority and disabled populations. The AAA will offer staff and in-kind support, technical assistance, and coordination activities. | 07/01/2009-06/30/2010 | C | |

SECTION 12. SERVICE UNIT PLAN (SUP) OBJECTIVES GUIDELINES

PSA #09

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

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service, as defined in PM 97-02. For services not defined in NAPIS, refer to Division 4000 of the Management Information Systems (MIS) Manual. Report units of service to be provided with **ALL funding sources**.

Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles III B, III C-1, III C-2, III D, VII (a) and VII (b). This SUP does **not** include Title III E services.

**1. Personal Care (In-Home)
hour**

Unit of Service = 1

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

**2. Homemaker
hour**

Unit of Service = 1

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2009-2010 | 24,173 | 1 | |
| 2010-2011 | | | |
| 2011-2012 | | | |

3. Chore hour

Unit of Service = 1

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

4. Adult Day Care/Adult Day Health hour

Unit of Service = 1

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|---------------------------|--------------|-----------------------------------|
| 2009-2010 | 86,922 | 1 | |
| 2010-2011 | | | |
| 2011-2012 | | | |

5. Case Management hour

Unit of Service = 1

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|---------------------------|--------------|-----------------------------------|
| 2009-2010 | 3,491 | 1 | |
| 2010-2011 | | | |
| 2011-2012 | | | |

6. Congregate Meal meal

Unit of Service = 1

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|---------------------------|--------------|-----------------------------------|
| 2009-2010 | 243,464 | 2 | |
| 2010-2011 | | | |
| 2011-2012 | | | |

7. Home-Delivered Meal meal

Unit of Service = 1

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|---------------------------|--------------|-----------------------------------|
| 2009-2010 | 506,469 | 2 | |
| 2010-2011 | | | |
| 2011-2012 | | | |

8. Nutrition Education participant

Unit of Service = 1 session per

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|---------------------------|--------------|-----------------------------------|
| 2009-2010 | 23,008 | 2 | |
| 2010-2011 | | | |
| 2011-2012 | | | |

9. Nutrition Counseling participant

Unit of Service = 1 session per

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

10. Assisted Transportation

Unit of Service = 1 one-way trip

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

**11. Transportation
way trip**

Unit of Service = 1 one-

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

12. Legal Assistance

Unit of Service = 1 hour

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|------------------------------|--------------|-----------------------------------|
| 2009-2010 | 9,605 | 1 | |
| 2010-2011 | | | |
| 2011-2012 | | | |

**13. Information and Assistance
contact**

Unit of Service = 1

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers(if applicable) |
|-------------|------------------------------|--------------|----------------------------------|
| 2009-2010 | 21,085 | 1 | |
| 2010-2011 | | | |
| 2011-2012 | | | |

**14. Outreach
contact**

Unit of Service = 1

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

| | | | |
|-----------|--|--|--|
| 2011-2012 | | | |
|-----------|--|--|--|

NAPIS Service Category 15 – “Other” Title III Services

- In this section, identify **Title III D** services (required); and also identify all **Title III B** services (discretionary) to be funded that were not reported in NAPIS categories 1–14 above. (Identify the specific activity under the Service Category on the “Units of Service” line when applicable)
- Specify what activity constitutes a unit of service (1 hour, 1 session, 1 contact, etc.). (Reference Division 4000 of the MIS Operations Manual, January 1994)
- Each **Title III B** “Other” service must be an approved NAPIS Program 15 service listed on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122). [**Title III B Example:** Service Category: Community Services/Senior Center Support.
Units of Service: 1 hour – Activity Scheduling]

Title III D, Disease Prevention/Health Promotion

- **Service Activity:** Identify the Title III D specific allowable service activity provided. (i.e.: Physical Fitness, Counseling Advocacy, Community Education, Health Screening, Outreach, Therapy, Information, Comprehensive Assessment, Home Security, Equipment, Family Support, Nutrition Education, Nutrition Counseling, Nutrition Screening).
- **Units of Service:** Specify what constitutes a unit of service (i.e.: one participant, one client served, one hour, one presentation, one piece of equipment, one session, one client counseled). (Reference Division 4000 of the MIS Operations Manual, January 1994)
- Insert the number of proposed units of service in the Disease Prevention/Health Promotion and Medication Management tables in the Title III D Service Unit Plan Objectives.
- **Title III D and Medication Management requires a narrative program goal and objective.** The objective should clearly explain the activity that is being provided to fulfill the service unit requirement.
- **Title III D and Medication Management:** Insert the program goal and objective numbers in all Title III D Service Plan Objective Tables

Title III D, Disease Prevention/Health Promotion

Service Activity: Physical Fitness

Units of Service: Hour

| Fiscal Year | Proposed Units of Service | Program Goal Number | Objective Numbers (required) |
|-------------|---------------------------|---------------------|------------------------------|
| 2009-2010 | 808 | 2 | 2.2 |
| 2010-2011 | | | |

Service Activity: Outreach
Units of Service: 1 client served

| Fiscal Year | Proposed Units of Service | Program Goal Number | Objective Numbers (required) |
|-------------|-------------------------------------|------------------------|------------------------------|
| 2009-2010 | 139 | 2 | 2.2 |
| 2010-2011 | | | |
| 2011-2012 | | | |

Service Activity: Nutrition Education
Units of Service: Presentation

| Fiscal Year | Proposed Units of Service | Program Goal Number | Objective Numbers (required) |
|-------------|-------------------------------------|------------------------|------------------------------|
| 2009-2010 | 371 | 2 | 2.2 |
| 2010-2011 | | | |
| 2011-2012 | | | |

Service Activity: Nutrition Counseling
Units of Service: 1 Client Served

| Fiscal Year | Proposed Units of Service | Program Goal Number | Objective Numbers (required) |
|-------------|-------------------------------------|------------------------|------------------------------|
| 2009-2010 | 190 | 2 | 2.2 |
| 2010-2011 | | | |
| 2011-2012 | | | |

Title III D, Medication Management 4

Service Activity: Medication Management

Units of Service: client

| Fiscal Year | Proposed Units of Service | Program Goal Number | Objective Numbers (required) |
|-------------|-------------------------------------|------------------------|------------------------------|
| 2009-2010 | 576 | 2 | 2.6 |
| 2010-2011 | | | |
| 2011-2012 | | | |

Title III B, Other Supportive Services

Service Category: Health Services Health Screening

Units of Service and Activity (1 Hour)

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2009-2010 | 1,355 | 2 | |
| 2010-2011 | | | |
| 2011-2012 | | | |

Service Category: Health Services Community Education

Units of Service and Activity: (1 Hour)

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2009-2010 | 279 | 2 | |
| 2010-2011 | | | |
| 2011-2012 | | | |

Service Category: Community Services Activity Scheduling

Units of Service and Activity : (1 Hour)

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2009-2010 | 13,039 | | |
| 2010-2011 | | | |
| 2011-2012 | | | |

Service Category: Alzheimer's Day Care

Units of Service and Activity: Hour of Attendance

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|-------------------------------------|--------------|-----------------------------------|
| 2009-2010 | 11,375 | 2 | |
| 2010-2011 | | | |
| 2011-2012 | | | |

Service Category: Community Services Income Support
Units of Service and Activity : (1 Client)

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|------------------------------|--------------|-----------------------------------|
| 2009-2010 | 6,723 | 1 | |
| 2010-2011 | | | |
| 2011-2012 | | | |

Service Category Community Services Translation
Units of Service and Activity : (1 hour)

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|------------------------------|--------------|-----------------------------------|
| 2009-2010 | 1,811 | 1 | |
| 2010-2011 | | | |
| 2011-2012 | | | |

Service Category Community Services Visiting
Units of Service and Activity : (1 hour)

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|------------------------------|--------------|-----------------------------------|
| 2009-2010 | 2,178 | 1 | |
| 2010-2011 | | | |
| 2011-2012 | | | |

Service Category: Senior Center Staff
Units of Service and Activity : (1 staff hour)

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|------------------------------|--------------|-----------------------------------|
| 2009-2010 | 1,728 | 1 | |
| 2010-2011 | | | |
| 2011-2012 | | | |

Service Category: Consumer Programs - Forms Completion
Units of Service and Activity : (1 hour)

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|-------------|------------------------------|--------------|-----------------------------------|
| 2009-2010 | 1,439 | 1 | |
| 2010-2011 | | | |
| 2011-2012 | | | |

TITLE IIIB and Title VIIA:

LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

PSA #09

2009–2012 Three-Year Planning Period

As mandated by the Older Americans Act, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of enhancing the quality of life and care of residents.

Baseline numbers are obtained from the local LTC Ombudsman Program’s FY 2006-2007 National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

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

Complete all Measures and Targets for Outcomes 1-3.

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

Measures and Targets:

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

The average California complaint resolution rate for FY 2006-2007 was 73%.

| |
|--|
| 1. FY 2006-2007 Baseline Resolution Rate: 36.5 368 complaints resolved divided by the 1008 Complaints Received= 36.5% |
| 2. FY 2009-2010 Target: Resolution Rate 45% |
| 3. FY 2010-2011 Target: Resolution Rate ____ % |
| 4. FY 2011-2012 Target: Resolution Rate ____ % |
| Program Goals and Objective Numbers: |

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

| |
|--|
| 1. FY 2006-2007 Baseline: 33 |
| 2. FY 2009-2010 Target: 0 |
| 3. FY 2010-2011 Target: number ____ and % increase ____ or % decrease ____ |
| 4. FY 2011-2012 Target: number ____ and % increase ____ or % decrease ____ |
| Program Goals and Objective Numbers: |

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

| |
|---|
| 1. FY 2006-2007 Baseline: 13 |
| 2. FY 2009-2010 Target: number: 0 (due to funding cuts, cannot meet with Family Councils) |
| 3. FY 2010-2011 Target: :0 ___ and % increase ___ or % decrease ___ |
| 4. FY 2011-2012 Target: number ___ and % increase ___ or % decrease ___ |
| Program Goals and Objective Numbers: |

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

| |
|---|
| 1. FY 2006-2007 Baseline:5 |
| 2. FY 2009-2010 Target: 50 |
| 3. FY 2010-2011 Target: number ___ and % increase ___ or % decrease ___ |
| 4. FY 2011-2012 Target: number ___ and % increase ___ or % decrease ___ |
| Program Goals and Objective Numbers: |

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

| |
|---|
| 1. FY 2006-2007 Baseline: 123 |
| 2. FY 2009-2010 Target: 123 |
| 3. FY 2010-2011 Target: number ___ and % increase ___ or % decrease ___ |
| 4. FY 2011-2012 Target: number ___ and % increase ___ or % decrease ___ |
| Program Goals and Objective Numbers: |

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

| |
|---|
| 1. FY 2006-2007 Baseline: 11 |
| 2. FY 2009-2010 Target: 3 sessions (due to funding cuts) |
| 3. FY 2010-2011 Target: number ___ of sessions and % increase ___ or % decrease ___ |
| 4. FY 2011-2012 Target: number ___ of sessions and % increase ___ or % decrease ___ |
| Program Goals and Objective Numbers: |

G. Systems Advocacy

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

Systemic Advocacy Effort(s)

For fiscal year 2009-2010, the AAA will continue efforts to rebuild the program after the previous contractor, Ombudsman, Inc., closed operations. The AAA is significantly challenged by the severe budget cuts imposed in fiscal year 2007-2008. The AAA will focus attention on staff development and volunteer recruiting.

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

Measures and Targets:

A. Facility Coverage (other than in response to a complaint),

(AoA Report, Part III-D, #6)

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

| |
|---|
| 1. FY 2006-2007 Baseline: Nursing Facilities visited at least once a quarter not in response to a complaint - 60 divided by the number of Nursing Facilities. |
| 2. FY 2009-2010 Target: 0 (due to funding cuts) |
| 3. FY 2010-2011 Target: % increase ___ or % decrease ___ |
| 4. FY 2011-2012 Target: % increase ___ or % decrease ___ |
| Program Goals and Objective Numbers: |

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

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

| |
|--|
| 1. FY 2006-2007 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint: 87 divided by the number of RCFEs ___. |
| 2. FY 2009-2010 Target: 0 (due to funding cuts) |
| 3. FY 2010-2011 Target: % increase ___ or % decrease ___ |
| 4. FY 2011-2012 Target: % increase ___ or % decrease ___ |
| Program Goals and Objective Numbers: |

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

(One FTE generally equates to 40 hours per week or 1,760 hours per year)

Verify number of staff FTEs with Ombudsman Program Coordinator.

| |
|---|
| 1. FY 2006-2007 Baseline: FTEs: 5 |
| 2. FY 2009-2010 Target: 2 (due to funding cuts) |
| 3. FY 2010-2011 Target: number of FTEs ___ and % increase ___ or % decrease ___ |
| 4. FY 2011-2012 Target: number of FTEs ___ and % increase ___ or % decrease ___ |
| Program Goals and Objective Numbers: |

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

Verify numbers of volunteers with Ombudsman Program Coordinator.

| |
|---|
| 1. FY 2006-2007 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2007 30 |
| 2. FY 2009-2010 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2010: 15 |
| 3. FY 2010-2011 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2011 ___ and % increase ___ or % decrease ___ |
| 4. FY 2011-2012 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2012 ___ and % increase ___ or % decrease ___ |
| Program Goals and Objective Numbers: |

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

Measures and Targets:

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

1. FY 2006-2007 Baseline number of NORS Part I, II, III or IV training sessions completed: 1

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

2. FY 2009-2010 Target: number of NORS Part I, II, III or IV training sessions planned 1

3. FY 2010-2011 Target: number of NORS Part I, II, III or IV training sessions planned _____

4. FY 2011-2012 Target: number of NORS Part I, II, III or IV training sessions planned _____

Program Goals and Objective Numbers:

TITLE VIIB ELDER ABUSE PREVENTION

SERVICE UNIT PLAN OBJECTIVES

PSA #09

2009–2012 Three-Year Planning Period

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

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

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

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

TITLE VIIB ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

PSA # _____

2009–2012 Three-Year Planning Period

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

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

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

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

| Fiscal Year | Total # of Educational Products to be Developed | Description of Educational Products |
|-------------|---|-------------------------------------|
| 2009-2010 | | |
| | | |
| | | |
| 2010-2011 | | |
| | | |
| | | |
| 2011-2012 | | |
| | | |
| | | |

| Fiscal Year | Total # of Copies of Educational Materials or Products to be Distributed | Description of Educational Materials or Products |
|-------------|--|--|
| 2009-2010 | | |
| | | |
| | | |
| 2010-2011 | | |
| | | |
| | | |
| 2011-2012 | | |
| | | |

| | | |
|--|--|--|
| | | |
| | | |

TITLE III E SERVICE UNIT PLAN OBJECTIVES

PSA #09

2009–2012 Three-Year Planning Period

CCR Article 3, Section 7300(d)

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

For Direct Services

| CATEGORIES | 1 | 2 | 3 |
|---|--|------------------------------|-----------------------------------|
| Direct III E Family Caregiver Services | <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 | | |
| 2009-2010 | # of activities: Total est. audience for above: | | |
| 2010-2011 | # of activities: Total est. audience for above: | | |
| 2011-2012 | # of activities: Total est. audience for above: | | |
| Access Assistance | Total contacts | | |
| 2009-2010 | | | |
| 2010-2011 | | | |
| 2011-2012 | | | |
| Support Services | Total hours | | |
| 2009-2010 | | | |
| 2010-2011 | | | |
| 2011-2012 | | | |
| Respite Care | Total hours | | |
| 2009-2010 | | | |
| 2010-2011 | | | |
| 2011-2012 | | | |
| Supplemental Services | Total occurrences | | |
| 2009-2010 | | | |
| 2010-2011 | | | |
| 2011-2012 | | | |

| | | | |
|--------------------------------------|-------------------------------------|------------------------------|-----------------------------------|
| Direct III E Grandparent Services | <i>Proposed</i> Units of Service | <i>Required</i> Goal #(s) | <i>Optional</i> Objective #(s) |
| Information Services | # of activities and | | |

Area Plan 2009-2012

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

For Contracted Services

| Contracted III E Family Caregiver Services | <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: | 1 | |
| 2009-2010 | # of activities: 25 Total est. audience for above: 275 | | |
| 2010-2011 | # of activities: Total est. audience for above: | | |
| 2011-2012 | # of activities: Total est. audience for above: | | |
| Access Assistance | Total contacts | | |
| 2009-2010 | 1,682 | 1 | |
| 2010-2011 | | | |
| 2011-2012 | | | |
| Support Services | Total hours | | |
| 2009-2010 | 3,085 | 1 | |
| 2010-2011 | | | |

Area Plan 2009-2012

| | | | |
|-----------------------|--------------------------|---|--|
| 2011-2012 | | | |
| Respite Care | Total hours | | |
| 2009-2010 | 13,274 | 1 | |
| 2010-2011 | | | |
| 2011-2012 | | | |
| Supplemental Services | Total occurrences | | |
| 2009-2010 | 38 | 1 | |
| 2010-2011 | | | |
| 2011-2012 | | | |

Area Plan 2009-2012

| Contracted III E Grandparent Services | Proposed Units of Service | Required Goal #(s) | Optional Objective #(s) |
|--|--|------------------------------|-----------------------------------|
| Information Services | # of activities and Total est. audience for above | | |
| 2009-2010 | # of activities: Total est. audience for above: | | |
| 2010-2011 | # of activities: Total est. audience for above: | | |
| 2011-2012 | # of activities: Total est. audience for above: | | |
| Access Assistance | Total contacts | | |
| 2009-2010 | | | |
| 2010-2011 | | | |
| 2011-2012 | | | |
| Support Services | Total hours | | |
| 2009-2010 | | | |
| 2010-2011 | | | |
| 2011-2012 | | | |
| Respite Care | Total hours | | |
| 2009-2010 | 2,532 | 1 | |
| 2010-2011 | | | |
| 2011-2012 | | | |
| Supplemental Services | Total occurrences | | |
| 2009-2010 | | | |
| 2010-2011 | | | |
| 2011-2012 | | | |

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

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

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

| Fiscal Year (FY) | CDA Authorized Slots | National Grantee Authorized Slots (If applicable) | Objective Numbers (If applicable) |
|------------------|----------------------|---|-----------------------------------|
| 2009-2010 | 19 | | |
| 2010-2011 | | | |
| 2011-2012 | | | |

⁵ If not providing Title V, enter PSA number followed by "Not providing".

**COMMUNITY BASED SERVICES PROGRAMS
SERVICE UNIT PLAN (CBSP) OBJECTIVES
PSA #09**

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

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

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

Alzheimer’s Day Care Resource Center

1. Goals and Objectives:

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

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

| Fiscal Year | In-Service Training Sessions |
|-------------|------------------------------|
| 2009-2010 | 6 |
| 2010-2011 | |
| 2011-2012 | |

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

| Fiscal Year | Professional/Intern Educational Training Sessions |
|-------------|---|
| 2009-2010 | 4 |
| 2010-2011 | |
| 2011-2012 | |

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

| Fiscal Year | Caregiver Group Support Sessions |
|-------------|----------------------------------|
| 2009-2010 | 65 |
| 2010-2011 | |
| 2011-2012 | |

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

| Fiscal Year | Public/Community Education Training Sessions |
|-------------|--|
| | |

| | |
|-----------|----|
| 2009-2010 | 20 |
| 2010-2011 | |
| 2011-2012 | |

6. Adult Day Care Attendance (in days)

| | |
|-------------|--------------------|
| Fiscal Year | Days of Attendance |
| 2009-2010 | 11,375 |
| 2010-2011 | |
| 2011-2012 | |

7. List of ADCRC sites in your PSA:

| Name of Center | Street Address (Street, City, Zip Code) |
|---|---|
| 1. Alzheimer's Services of the East Bay | 2320 Channing Way Berkeley, CA 94704 |
| 2. | |
| 3. | |

Brown Bag

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

| | |
|-------------|--|
| Fiscal Year | Estimated # of Unduplicated Persons to be Served |
| 2009-2010 | 1600 |
| 2010-2011 | |
| 2011-2012 | |

| | |
|-------------|--|
| Fiscal Year | Estimated Pounds of Food to be Distributed |
| 2009-2010 | 630,000 |
| 2010-2011 | |
| 2011-2012 | |

| | |
|-------------|---------------------------|
| Fiscal Year | Estimated # of Volunteers |
| 2009-2010 | 300 |
| 2010-2011 | |
| 2011-2012 | |

| | |
|-------------|--------------------------------|
| Fiscal Year | Estimated # of Volunteer Hours |
| 2009-2010 | 15,300 |
| 2010-2011 | |
| 2011-2012 | |

| | |
|-------------|-----------------------------------|
| Fiscal Year | Estimated # of Distribution Sites |
| 2009-2010 | 13 |
| 2010-2011 | |
| 2011-2012 | |

Linkages

1. Goals and Objectives:

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

2. Unduplicated Clients Served

| Fiscal Year | Number of Unduplicated Clients Served (Include Targeted Case Management and Handicapped Parking Revenue) |
|-------------|---|
| 2009-2010 | 93 |
| 2010-2011 | |
| 2011-2012 | |

3. Active Monthly Caseload

| Fiscal Year | Active Monthly Caseload (Include Targeted Case Management and handicapped parking revenue) |
|-------------|---|
| 2009-2010 | 187 |
| 2010-2011 | |
| 2011-2012 | |

Senior Companion

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

| Fiscal Year | Volunteer Service Years (VSYs) |
|-------------|--------------------------------|
| 2009-2010 | 4 |
| 2010-2011 | |
| 2011-2012 | |

| Fiscal Year | Volunteer Hours |
|-------------|-----------------|
| 2009-2010 | 4176 |
| 2010-2011 | |
| 2011-2012 | |

| Fiscal Year | Senior Volunteers |
|-------------|-------------------|
| 2009-2010 | 4 |
| 2010-2011 | |
| 2011-2012 | |

| Fiscal Year | Seniors Served |
|-------------|----------------|
| 2009-2010 | 30 |
| 2010-2011 | |
| 2011-2012 | |

Respite Purchase of Service

| 2009-2010 | | Goal # | Objective # (if applicable): |
|--|---------------|---------------|-------------------------------------|
| Adult Day Care (ADC) | hours: | | |
| Adult Day Health Care (ADHC) | hours: | | |
| Respite In-Home | hours: 820 | 1 | |
| Respite-Out of Home | Hours: | | |
| Skilled Nursing Facility | hours: | | |
| Residential Care Facility | hours: | | |
| Other: | hours: | | |
| Alzheimer's Day Care Resource Center (ADCRC) | days: | | |
| POS Transportation | 1-way trips: | | |
| Other: | #occurrences: | | |

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

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

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

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

IMPORTANT NOTE FOR MULTIPLE PSA HICAPs: If you are a part of a multiple PSA HICAP where two or more AAAs enter into agreement with one “Managing AAA,” then each AAA must enter its equitable share of the estimated performance numbers in the respective SUPs. Please do this in cooperation with the Managing AAA. The Managing AAA has the responsibility of providing the HICAP services in all the covered PSAs in a way that is agreed upon and equitable among the participating parties.

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

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

Section 1. Three Primary HICAP Units of Service

| State Fiscal Year (SFY) | Total Estimated Persons Counseled Per SFY (Unit of Service) | Goal Numbers |
|-------------------------|--|--------------|
| 2009-2010 | 1,394 | 1 |
| 2010-2011 | | |
| 2011-2012 | | |
| State Fiscal Year (SFY) | Total Estimated Number of Attendees Reached in Community Education Per SFY (Unit of Service) | Goal Numbers |
| 2009-2010 | 3,036 | 1 |
| 2010-2011 | | |
| 2011-2012 | | |

| State Fiscal Year (SFY) | Total Estimated Number of Community Education Events Planned per SFY (Unit of Service) | Goal Numbers |
|--------------------------------|---|---------------------|
| 2009-2010 | 121 | 1 |
| 2010-2011 | | |
| 2011-2012 | | |

Section 2. Three HICAP Legal Services Units of Service (if applicable)⁶

| State Fiscal Year (SFY) | Total Estimated Number of Clients Represented Per SFY (Unit of Service) | Goal Numbers |
|--------------------------------|--|---------------------|
| 2009-2010 | 100 | 1 |
| 2010-2011 | | |
| 2011-2012 | | |

| State Fiscal Year (SFY) | Total Estimated Number of Legal Representation Hours Per SFY (Unit of Service) | Goal Numbers |
|--------------------------------|---|---------------------|
| 2009-2010 | 1,000 | 1 |
| 2010-2011 | | |
| 2011-2012 | | |

| State Fiscal Year (SFY) | Total Estimated Number of Program Consultation Hours per SFY (Unit of Service) | Goal Numbers |
|--------------------------------|---|---------------------|
| 2009-2010 | 1,600 | 1 |
| 2010-2011 | | |
| 2011-2012 | | |

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

Section 3. Two HICAP Counselor Measures

| State Fiscal Year (SFY) | Planned Average Number of Registered Counselors for the SFY7 |
|--------------------------------|---|
| 2009-2010 | 30 |
| 2010-2011 | |
| 2011-2012 | |

| State Fiscal Year (SFY) | Planned Average Number of Active Counselors for the SFY8 |
|--------------------------------|---|
| 2009-2010 | 20 |
| 2010-2011 | |
| 2011-2012 | |

Section 4. Eight Federal Performance Benchmark Measures

| Fiscal Year (FY) | 4.1 - Beneficiaries Reached Per 10k Beneficiaries in PSA |
|-------------------------|---|
| 2009-2010 | 780 |
| 2010-2011 | |
| 2011-2012 | |

Note: This includes counseling contacts and community education contacts.

| Fiscal Year (FY) | 4.2 - One-on-One Counseling Per 10k Beneficiaries in PSA |
|-------------------------|---|
| 2009-2010 | 280 |
| 2010-2011 | |
| 2011-2012 | |

| Fiscal Year (FY) | 4.3 - Beneficiaries with Disabilities Contacts Reached Per 10k Beneficiaries with Disabilities in PSA |
|-------------------------|--|
| 2009-2010 | 95 |
| 2010-2011 | |

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

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

| | |
|-----------|--|
| 2011-2012 | |
|-----------|--|

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

| Fiscal Year (FY) | 4.4 - Low Income Contacts Per 10k Low Income Beneficiaries in PSA |
|-------------------------|--|
| 2009-2010 | 100 |
| 2010-2011 | |
| 2011-2012 | |

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

| Fiscal Year (FY) | 4.5 – All Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA |
|-------------------------|--|
| 2009-2010 | 140 |
| 2010-2011 | |
| 2011-2012 | |

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

| Fiscal Year (FY) | 4.6 - Part D Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA |
|-------------------------|---|
| 2009-2010 | 15 |
| 2010-2011 | |
| 2011-2012 | |

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

| Fiscal Year (FY) | 4.7 - Total Counselor FTEs Per 10k Beneficiaries in PSA |
|-------------------------|--|
| 2009-2010 | 46 |
| 2010-2011 | |
| 2011-2012 | |

| Fiscal Year (FY) | 4.8 - Percent of Active Counselors That Participate in Annual Update Trainings |
|-------------------------|---|
| 2009-2010 | 167 |
| 2010-2011 | |
| 2011-2012 | |

SECTION 13: FOCAL POINTS

NORTH COUNTY

Albany Senior Center
846 Masonic
Albany, CA 94706

Oakland Department on Aging
200 Grand Avenue
Oakland, CA 94610

Japanese American Services of the East Bay
2126 Channing Way
Berkeley, CA 94704

North Berkeley Senior Center
1901 Hearst St.
Berkeley, CA 94710

City of Berkeley Senior Programs
2939 Ellis St.
Berkeley, CA 94703

Emeryville senior Center
4321 Salem St.
Emeryville, CA 94608

Mastick Senior Center
1155 Santa Clara Ave.
Alameda, CA 94501

West Berkeley Senior Center
1900 – 6th St.
Berkeley, CA 94709

CENTRAL COUNTY

Hayward Senior Center
22325 N. Main St.
Hayward, CA 94541

Kenneth C. Aitken Senior Center

17800 Redwood Rd.
Castro Valley, CA 94546

SOUTH COUNTY

Fremont Senior Center
40086 Paseo Padre Parkway
Fremont 94538

EAST COUNTY

Dublin Senior Center
7600 Amador Valley Blvd.
Dublin, CA 94568

Pleasanton Department of Parks and Community Services
5353 Sunol Blvd.
Pleasanton, CA 94566

Livermore Senior Services Center
4444 East Avenue
Livermore, CA 94550

SECTION FOURTEEN: PRIORITY SERVICES

PSA #09

2009-2012 Three-Year Planning Cycle

PRIORITY SERVICES:

Funding for Access, In-Home Services, and Legal Assistance

The CCR, Article 3, Section 7312, requires that the AAA allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds⁹ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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

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

09-10 27% 10-11 27% 11-12 27%

In-Home Services:

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

09-10 19% 10-11 19% 11-12 19%

Legal Assistance Required Activities¹⁰:

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

09-10 10% 10-11 10% 11-12 10%

1. Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. The allocation amounts will remain the same as when determined by the previous needs assessment.

¹² Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

¹³ Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

2. This form must be updated if the minimum percentages change from the initial year of the four-year plan.
3. Provide documentation that prior notification of the Area Plan public hearing(s) was provided to all interested parties in the PSA and that the notification indicated that a change was proposed, the proposed change would be discussed at the hearing, and all interested parties would be given an opportunity to testify regarding the change. Initial notification occurred in 05-06. Percentages have not changed since then.
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. There were not proposed changes in funding.

SECTION 15. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

PSA : 09

CCR Article 3, Section 7320 (a)(b) and 42 USC Section 3027(a)(8)(C)

If an AAA plans to directly provide any of the following services, it is required to provide a description of the methods that will be used to assure that target populations throughout the PSA will be served. If not providing any of the direct services below, check this box .

Check applicable direct services

Check each applicable Fiscal Year(s)

Title III B

Information and Assistance

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

Title III B

Case Management

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

Title III B

Outreach

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

Title III B

Program Development

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

Coordination

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

Title III B

Long-Term Care Ombudsman

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

Title III D

Disease Prevention and Health Promotion

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

Title III E - Information Services¹¹

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

Title III E - Access Assistance

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

Title III E - Support Services

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

Title VIII a

Long-Term Care Ombudsman

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

Title VIIB

Prevention of Elder Abuse, Neglect and

¹¹ Refer to PM 08-03 for definitions for the above Title III E categories. If the AAA plans to add in FY 08-09 new direct Title III E Respite Care or Supplemental Services, a separate Section 16 is required for either the Respite Care or Supplemental Service categories. All other FCSP Section 16 submissions on file with CDA will remain applicable for FY 08-09.

Exploitation

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

Describe the methods that will be used to assure that target populations will be served throughout the PSA: The AAA will follow the guidance provided through its needs assessment in order to provide services to targeted populations.

SECTION 17. GOVERNING BOARD

PSA #: 09

2009-2012 Three-Year Area Plan Cycle

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

Number of Members on the Board: _____

Names/Titles of Officers: Term in Office Expires:

| | |
|------------------|------|
| Alice Lai-Bitker | 2010 |
| Scott Haggerty | 2012 |
| Nate Miley | 2012 |
| Gail Steele | 2010 |
| Keith Carson | 2012 |
| | |
| | |
| | |
| | |
| | |

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

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SECTION 18. ADVISORY COUNCIL

PSA #09

ADVISORY COUNCIL MEMBERSHIP

2009-2012 Three-Year Planning Cycle

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

| | | |
|---|----------------------|-------------------------|
| Total Council Membership (include vacancies) | <u>21</u> | |
| Number of Council Members over age 60 | <u>16</u> | |
| | % of PSA's | % on |
| | <u>60+Population</u> | <u>Advisory Council</u> |
| Race/Ethnic Composition | | |
| White | <u>33</u> | <u>34</u> |
| Hispanic | <u>13</u> | <u>6</u> |
| Black | <u>46</u> | <u>50</u> |
| Asian/Pacific Islander | <u>6</u> | _____ |
| Native American/Alaskan Native | <u>0</u> | _____ |
| Other | _____ | _____ |

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

- Names/Titles of officers and date term expires (See attached)
- Names/Titles of other Advisory Council members and date term expires

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

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| Low Income Representative | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Disabled Representative | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Supportive Services Provider Representative | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Health Care Provider Representative | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Local Elected Officials | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Individuals with Leadership Experience in the Private and Voluntary Sectors | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Explain any "No" answer: Because we provide service through contracts with CBO's, there is a conflict with having any recipient that on the commission. Although a number of our commissioners hold appointed positions with local jurisdictions, we do not have any elected officials.

Briefly describe the process designated by the local governing board to appoint Advisory Council members. Commissioners are appointed either by the Board of Supervisors or by the Mayors Commission.

SECTION 19. LEGAL ASSISTANCE

PSA # 09

2009-2012 Three-Year Area Planning Cycle

This section must be completed and submitted with the Three-Year Area Plan. Any changes to this Section must be documented on this form and remitted with Area Plan Updates.12

1. Specific to Legal Services, what is your AAA’s Mission Statement or Purpose Statement? Statement must include Title III B requirements. To ensure the legal rights and entitlements of older persons by providing or securing legal assistance.

2. Based on your local needs assessment, what percentage of Title III B funding is allocated to Legal Services? 2.1%

3. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discussion: The targeted population is people over 60 years of age, low income, disadvantaged, at risk and vulnerable seniors. The contractor provides services to people who cannot afford attorneys and/or cannot negotiate the legal system. The mechanism for reaching this population is partnership and MOU’s with nonprofit agencies, such as Family Support Services of the Bay Area, the Family Justice Center Alliance, Family Bridges, La Clinica de La Raza and public jurisdictions, such as APS and Children and Family Services. We also use community education and receive agency referrals and referrals directly from the courts.

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

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

5. What methods of outreach are providers using? Discuss: Outreach methods include a regular presence in senior centers, collaboration with agencies such as APS, the courts, agency referrals, LAS website, brochures, HICAP, Community Education and the police department. The provider’s collateral material includes multilingual fliers and posters, newsletters, and use of medial contacts to publicize events and services in local newspapers.

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

| Fiscal Year | Name of Provider | Geographic Region covered |
|-------------|---------------------------------|---------------------------|
| 2009-2010 | a. Legal Assistance for Seniors | a. Alameda County |

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

| | | |
|-----------|----------------|----------------|
| 2010-2011 | a. | a. |
| 2011-2012 | a. b. c. | a. b. c. |

7. Discuss how older adults access Legal Services in your PSA: The Legal Service Providers engages in considerable outreach activities, and is supported in this area by the AAA's inclusion of their information in our Information & Referral programs.

8. Discuss the major legal issues in your PSA. Include new trends of legal problems in your area: Major issues include retroactive disenrollment/enrollment requests for the Medicare Advantage plans due to computer mistakes or abusive sales practice; -Part D plan appeals for non-covered or tiered drugs, or other billing problems; and guarantee issue rights for Medi-gap policies

9. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss: There are numerous barriers to accessing service, including senior's reluctance to ask for help, language/cultural barriers, transportation, and funding for the provider. The provider works to overcome these barriers by providing extensive community education and information. The AAA supports this effort through outreach and training on elder abuse issues.

10. What other organizations or groups does your legal service provider coordinate services with? Discuss: Our Legal Services provider has relationships with the AAA, Adult Protective Services, and numerous other nonprofits.

**SECTION 20. MULTIPURPOSE SENIOR CENTER (MPSC)
ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW**

PSA #09

2009-2012 Three-Year Area Planning Cycle

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

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

Yes, Title III B funds have been used for MPSC Acquisition or Construction.

If yes, complete the chart below.

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

| | | | | | | | |
|-------------------|--|--|--|--|--|--|--|
| Name: Address: | | | | | | | |
|-------------------|--|--|--|--|--|--|--|

SECTION 21. FAMILY CAREGIVER SUPPORT PROGRAM

PSA #09

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

2009–2012 Three-Year Planning Cycle

Based on PSA review of current support needs and services for **family caregivers** and **grandparents** (or other older relative of a child), does the AAA **intend** to use Title III E and/or matching FCSP funds to provide each of the following federal Title III E services for both family caregivers and grandparents?

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

FAMILY CAREGIVER SUPPORT PROGRAM for FY 2009-12

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

Area Plan 2009-2012

| | | |
|-----------------------------------|---|--|
| Grandparent Support Services | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Grandparent Respite Care | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Grandparent Supplemental Services | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

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

Justification: For each above service category that is checked "no", explain how it is being addressed within the PSA: The AAA has received permission to extend its current RFP for one year. The reporting of services separately for grandparents is a new requirement that was implemented in fiscal year 08-09. The AAA's current contracts do not have those provisions. We will amend the next RFP accordingly.