

Fresno-Madera Area Agency on Aging

2016-2020 Four-Year Area Plan



Priority Access
Collaborate
Nutrition
Supportive
Connection
Independence
Caregiver
Target
Transportation
Empowerment
Community
Resources
Outreach
Dignity
Mobility
Rights
Navigate
Informed
Security

Section 1 Mission Statement



The mission of the Fresno-Madera Area Agency on Aging is to:

- Provide leadership in addressing issues that relate to older adult residents of Fresno and Madera counties;
- Develop community based systems of care to provide services that support independence within California's interdependent society, and protect the quality of life of older adults and individuals with functional impairments; and
- Promote citizen involvement in the planning and delivery of services.



The goals of the Fresno-Madera Area Agency on Aging are to:

- Reduce hunger and increase food security of older adults who are experiencing barriers to good nutrition;
- Maintain the ability of older adults to live independently for as long as possible;
- Address basic needs and rights of older adults who are the most frail and vulnerable to promote aging with dignity and ensure a safe living environment; and
- Empower older adults to make informed decisions and sound choices to increase independence and ensure quality of life through connection to resources.

Section 2

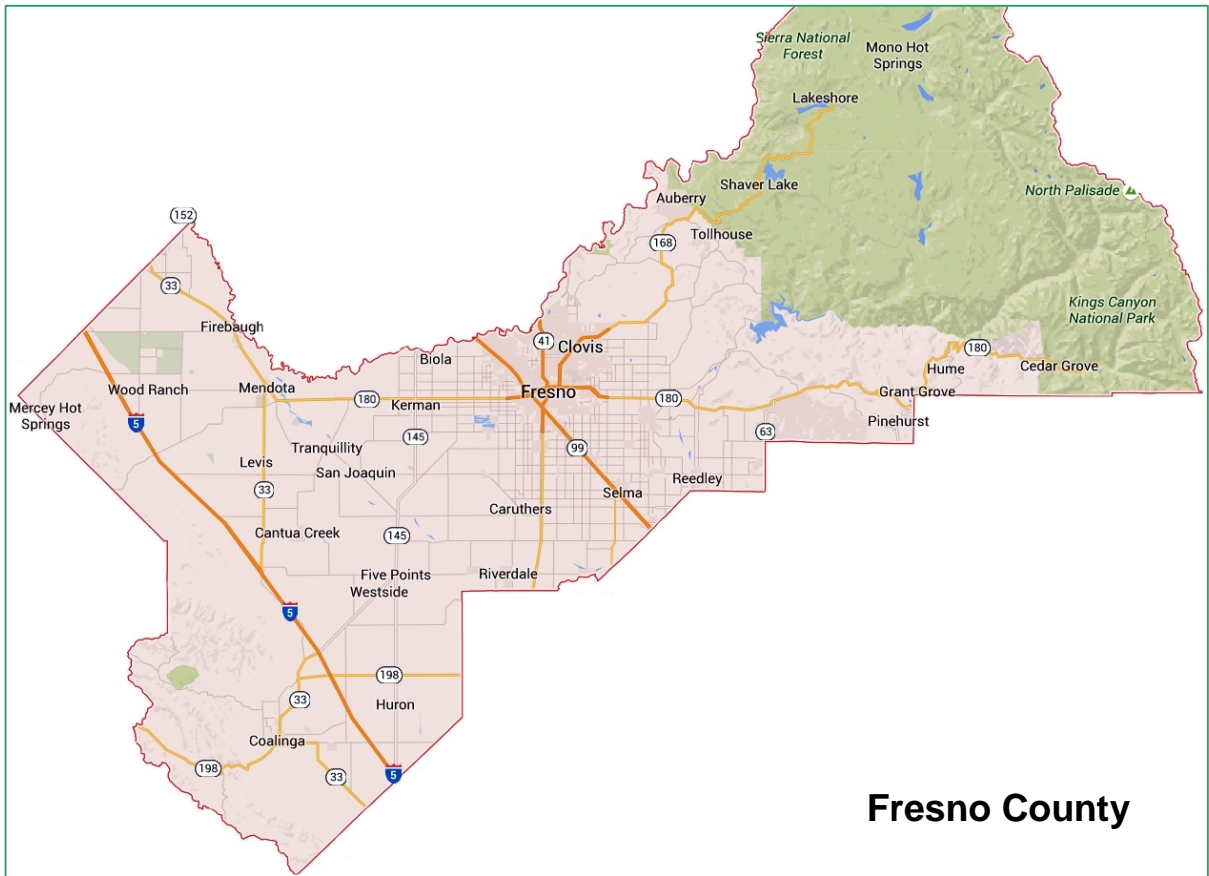
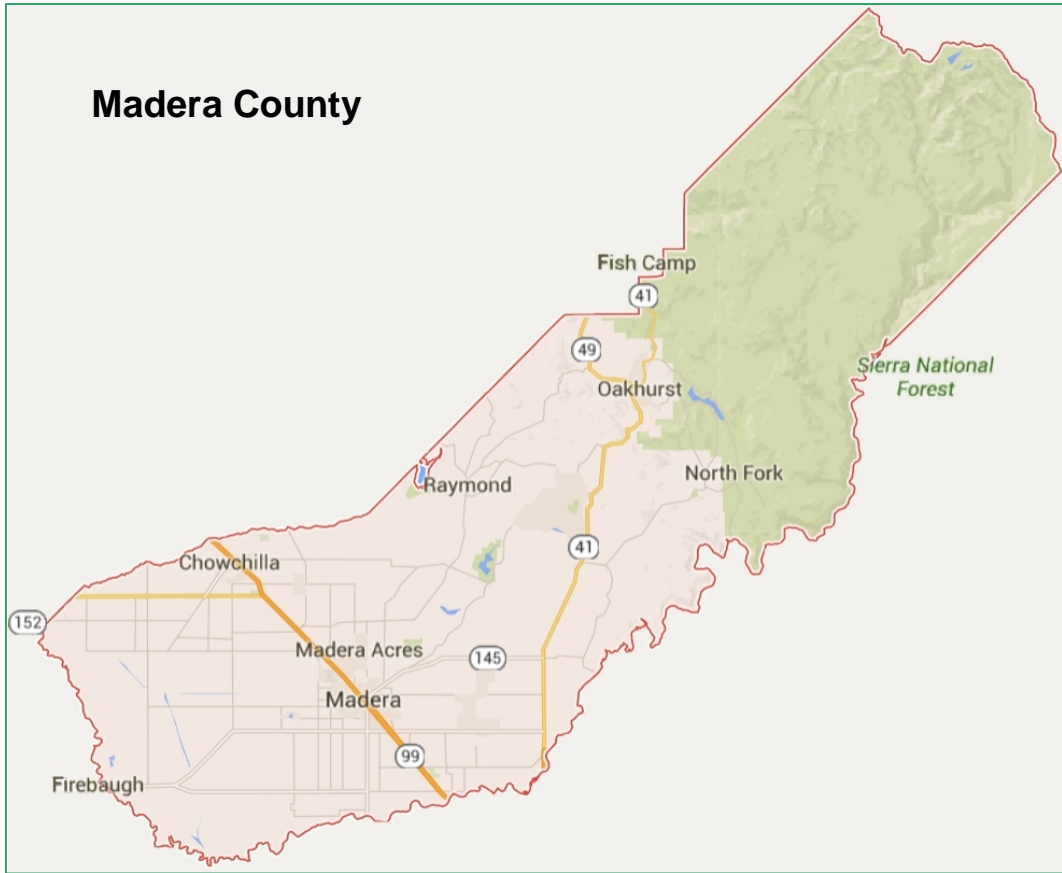
Description of the Planning and Service Area

The Fresno-Madera Area Agency on Aging serves both Fresno and Madera counties. Located in the geographic center of California, the service area reaches from the Sierra Nevada mountain range to the base of the Gabilan mountain range in the west, crossing the expanse of the Central Valley.

Physical Characteristics		
Geography	Fresno County	Madera County
Square Miles	6,011	2,147
Highest Point	14, 248 ft. (North Palisade)	13,157 ft. (Mt. Ritter)
Lowest Point	151 ft. (Firebaugh)	180 ft. (Chowchilla)
Weather	Fresno City	Madera City
Square Miles	113.3	14
Days over 100 degrees in 2014	50	26
Normal Maximum Temperature-July	98.4	96.9
Normal Low Temperature-December	38	36.4
Normal Rainfall	11.5 inches	12.25 inches
Lowest Rainfall Recorded	3.01 inches (2013)	3.8 inches (2013)
Source: National Weather Service		

The north-south expanse of the Agency on Aging's two-county service area stretches 111 miles from the Sierra foothill community of Ahwahnee in Madera County to the San Joaquin Valley city of Coalinga in the southwest corner of Fresno County, while the east-west service area extends 81 miles from Firebaugh, a small agriculture-based community on the valley floor, to Dunlap, just east of Kings Canyon National Park.

Residents of Fresno and Madera counties are accustomed to triple-digit heat in the summer and cold, foggy days in the winter with an occasional deep freeze. Snow typically blankets the Sierra foothill and mountain communities in the winter. Much of the two-county area is located in a historic floodplain, with flash-floods occurring in low-lying areas during periods of heavy rainfall. Mono Winds, fueled by high pressure systems over the Great Basin, at times rush from 50 to more than 100 miles per hour down the western slopes of the Sierra in the October through April period, downing trees, causing power outages, and increasing fire risk.



Earthquake activity is primarily concentrated along the base of the Gabilan Mountains in southwest Fresno County, where in 1983 a 6.7 magnitude earthquake injured 94 people and cost an estimated \$10 million in property damage in Coalinga, and the easternmost areas of Fresno and Madera counties, where the Sierra mountains approach the geologically active Mammoth Lakes region and the Hilton Creek and Hartley Springs fault zones.

There are 14 incorporated cities in Fresno and Madera counties. Fresno is the fifth largest city in California, exceeding Sacramento, Long Beach, and Oakland in population. (California Department of Finance, May 1, 2015)

Demographic Characteristics

Note: Data references are derived from the U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, except as otherwise noted.

Population Estimates of Fresno and Madera Counties and Incorporated Cities				
County	2014 Estimate	2010 Estimate	Difference	Growth Rate
Fresno	965,974	930,450	35,524	3.82%
Madera	154,548	150,865	3,683	2.44%
City	2014 Estimate	2010 Estimate	Difference	Growth Rate
Fresno	515,986	497,030	18,956	3.81%
Clovis	102,189	96,109	6,080	6.33%
Madera	63,605	61,560	2,045	3.32%
Reedley	25,426	24,319	1,107	4.55%
Sanger	24,810	24,324	486	2.00%
Selma	24,283	23,315	968	4.15%
Chowchilla	18,909	18,733	176	0.94%
Coalinga	16,452	18,087	-1,635	-9.04%
Parlier	14,990	14,536	454	3.12%
Kerman	14,394	13,621	773	5.68%
Kingsburg	11,732	11,415	317	2.78%
Mendota	11,412	11,182	230	2.06%
Orange Cove	9,584	9,086	498	5.48%
Firebaugh	8,300	7,602	698	9.18%
Huron	6,806	6,757	49	0.73%
Fowler	6,042	5,655	387	6.84%

Source: U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2014, Released May 2015

Both Fresno and Madera counties experienced steady population growth from April 2010 to July 2014. The nine-percent decrease in Coalinga's population during this period was primarily due to the State's closure of the Claremont Custody Center in 2011, which housed 570 inmates and employed 100 people. Firebaugh experienced over 9% growth in the same period, which may be attributable to increased harvesting and food processing activities in the summer months.

Employment				
Employment by Industry	Fresno County	% of Fresno County Total	Madera County	% of Madera County Total
Civilian Employed Population, Age 16+	367,392		52,544	
Educational Services, & Health Care & Social Assistance	85,448	23.3%	9,983	19.0%
Retail Trade	39,967	10.9%	5,340	10.2%
Agriculture, Forestry, Fishing & Hunting, & Mining	37,906	10.3%	10,895	20.7%
Professional, Scientific, & Management, & Administrative & Waste Management Services	31,104	8.4%	3,346	6.4%
Arts, Entertainment, & Recreation, & Accommodation & Food Services	31,787	8.7%	3,734	7.1%
Manufacturing	26,361	7.2%	4,244	8.1%
Public Administration	21,840	5.9%	3,103	5.9%
Construction	19,715	5.4%	3,034	5.8%
Finance & Insurance, & Real Estate & Rental & Leasing	18,547	5.0%	1,893	3.6%
Transportation & Warehousing, & Utilities	17,707	4.8%	2,633	5.0%
Other Services, Except Public Administration	17,530	4.8%	2,312	4.4%
Wholesale Trade	14,769	4.0%	1,145	2.2%
Information	4,811	1.3%	882	1.7%
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates (Table DP03, Selected Economic Characteristics)				

The U.S. Census Bureau’s five year estimates for 2010-2014 show educational services, health care, and social assistance account for nearly 24% of occupations in Fresno County—more than retail trade and agriculture/forestry/fishing and hunting/mining combined. More than 20% of occupations in Madera County are in agriculture/forestry/fishing and hunting/mining, followed by 19% in educational services, health care, and social assistance and 10.2% in retail trade.

Education						
Population Group	Fresno County		Madera County		California	
Population Age 25+	562,708		93,891		24,865,866	
Less than 9 th Grade Education	88,345	15.7%	17,370	18.5%	2,511,452	10.1%
9 th to 12 th Grade, No Diploma	62,461	11.1%	11,267	12%	2,088,733	8.4%
High School Graduate/GED	127,735	22.7%	22,158	23.6%	5,147,234	20.7%
Some College, No Degree	129,986	23.1%	22,909	24.4%	5,470,491	22.0%
Associate’s Degree	45,017	8.0%	7,511	8.0%	1,939,538	7.8%
Bachelor’s Degree	73,715	13.1%	8,826	9.4%	4,873,710	19.6%
Graduate or Professional Degree	36,013	6.4%	3,850	4.1%	2,834,709	11.4%
Population Age 45 to 64	208,781		35,281		9,559,075	
High School Graduate/GED	152,828	73.2%	25,579	72.5%	7,819,323	81.8%
Bachelor’s Degree or Higher	43,009	20.6%	5,539	15.7%	2,944,195	30.8%
Population Age 65 +	100,564		18,425		4,617,907	
High School Graduate/GED	69,791	69.4%	13,266	72%	3,597,350	77.9%
Bachelor’s Degree or Higher	19,409	19.3%	2,837	15.4%	1,297,632	28.1%
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates (Table S1501, Educational Attainment)						

In Fresno and Madera counties, there are more residents age 25 and older who do not have a high school diploma than those who have obtained a diploma or GED as their highest level of education. Both counties slightly exceed the State’s percentage of the population age 25 and older who have obtained an Associate’s Degree; however, this age group trails behind the State percentage of Bachelor’s Degree recipients by 6.5 percentage points in Fresno County and 10.2 percentage points in Madera County. The number of graduate or professional degree holders age 25 and older in Fresno County is

five percentage points lower than the State level of 11.4%, while Madera County is 7.3 percentage points lower than the State. The high school graduation/GED completion rate for California residents age 65 and older is 77.9%; Fresno County trails the State level by 8.5 percentage points, and Madera County by 5.9 percentage points. Fresno and Madera counties also fall behind the State rate of 28.1% for residents age 65 and older who have obtained a Bachelor's Degree or higher level of education; Fresno County is 8.8 percentage points lower, and Madera County is 12.7 percentage points lower.

2016 Demographic Projections						
Population Group	Fresno County		Madera County		Total	
Population Age 60+	164,643		30,213		194,856	
% of Total		84.5%		15.5%		
Low Income	24,000	14.6%	3,670	12.1%	27,670	14.2%
Minority	76,624	46.5%	10,947	36.2%	87,571	44.9%
Non-Minority	88,019	53.5%	19,266	63.8%	107,285	55.1%
Lives Alone	30,030	18.2%	4,050	13.4%	34,080	17.5%
Geographically Isolated	18,289	11.1%	11,935	39.5%	30,224	15.5%
Non-English Speaking	10,920	6.6%	1,580	5.2%	12,500	6.4%
Medi-Cal Eligible	40,877	24.8%	5,302	17.5%	46,179	23.7%
Age 65+ SSI/SSP	16,007		1,767		17,774	
Age 75+	48,228		9,227		57,455	
Source: 2016 California Department of Aging Demographic Projections						

Of the 194,856 individuals age 60 and older in Fresno and Madera counties, 84.5% (164,643) are Fresno County residents and 15.5% (30,213) reside in Madera County.

As compared to Madera County, Fresno County has higher proportions of older adults who have low income (2.5% higher); are minorities (10.3% higher); live alone (4.8% higher); do not speak English (1.4% higher); and are eligible for Medi-Cal (7.3% higher). Madera County, as compared to Fresno County, has a higher proportion of older adults who are geographically isolated (28.4% higher). (2016 California Department of Aging Demographic Projections)

Language					
Fresno County: Language Spoken at Home for Population Age 5+ (869,231)					
Language	Population	% of Total	Language	Population	% of Total
English	487,163	56.05%	African Languages	875	.10%
Spanish or Spanish Creole	291,173	33.50%	French (including Patois, Cajon)	796	.09%
Hmong	25,415	2.92%	Italian	769	.09%
Other Indic Languages	13,447	1.55%	Other Slavic Languages	685	.08%
Laotian	6,066	.70%	Thai	650	.07%
Tagalog	6,046	.70%	Urdu	626	.07%
Chinese	4,839	.56%	Gujarati	624	.07%
Mon-Khmer, Cambodian	4,796	.55%	Scandinavian Languages	427	0.05%
Armenian	4,535	.52%	Other West Germanic Languages	388	0.04%
Arabic	3,436	.40%	Other & Unspecified Languages	334	0.04%
Vietnamese	2,898	.33%	Other Indo-European languages	271	0.03%
Hindi	1,545	.18%	Greek	236	0.03%
Russian	1,507	.17%	Other Native North American languages	233	0.03%
German	1,499	.17%	Hebrew	128	0.01%
Persian	1,390	.16%	Polish	86	0.01%
Japanese	1,370	.16%	Serbo-Croatian	85	0.01%
Other Pacific Island Languages	1,337	.15%	Hungarian	84	0.01%
Korean	1,296	.15%	Yiddish	57	0.01%
Portuguese or Portuguese Creole	1,052	.12%	French Creole	33	0.004%
Other Asian Languages	1,013	.12%	Navajo	20	0.002%
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, Table B16001, Language Spoken at Home By Ability to Speak English for the Population 5 Years and Over)					

Over one-third of Fresno County's population age 5 and older speaks Spanish at home; of these, 44.5% (129,603) speak English less than very well. The Hmong Language, which includes the Hmong Daw (White Hmong) and Hmong Njua (Green/Blue Hmong)

dialects, is spoken in nearly three percent of Fresno County homes; 45.2% of these individuals (11,486) speak English less than very well.

Language					
Madera County: Language Spoken at Home for Population Age 5+ (140,664)					
Language	Population	% of Total	Language	Population	% of Total
English	78,816	56.03%	Other Native North American Languages	68	0.05%
Spanish or Spanish Creole	57,278	40.72%	African Languages	65	0.05%
Other Indic Languages	1,415	1.01%	Korean	59	0.04%
Tagalog	347	0.25%	Other West Germanic Languages	59	0.04%
Arabic	342	0.24%	Scandinavian Languages	56	0.04%
Other Pacific Island Languages	313	0.22%	Greek	54	0.04%
Chinese	217	0.15%	Laotian	51	0.04%
Japanese	186	0.13%	Hungarian	37	0.03%
Other and Unspecified Languages	178	0.13%	Vietnamese	25	0.02%
Russian	146	0.10%	Mon-Khmer, Cambodian	19	0.01%
Urdu	133	0.09%	Other Slavic Languages	19	0.01%
Portuguese or Portuguese Creole	130	0.09%	Hebrew	15	0.01%
Hmong	126	0.09%	Other Indo-European Languages	14	0.01%
French (incl. Patois, Cajun)	100	0.07%	Persian	12	0.01%
German	99	0.07%	Other Asian languages	10	0.01%
Armenian	93	0.07%	Polish	8	0.01%
Italian	91	0.06%	Navajo	5	0.004%
French Creole	78	0.06%			
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, Table B16001, Language Spoken at Home By Ability to Speak English for the Population 5 Years and Over)					

Nearly 41% of Madera County's population age 5 and older speaks Spanish at home; of these, 42.2% (24,190) speak English less than very well. Other Indic languages, such as

Punjabi, Bengali, and Marathi, are spoken in over one percent of Madera County homes; 56.7% of these individuals (802) speak English less than very well.

Included in the Other Native North American Languages are two languages classified as critically endangered: Mono, for which there remain approximately 40 speakers of the Western Mono dialect in North Fork, Auberry, Tollhouse, and Dunlop; and the Kings River Yokuts, with six speakers remaining east of Fresno. The Valley Yokuts language is classified as severely endangered with an estimated 30 speakers; this language encompasses the Chukchansi dialect spoken in the Sierra foothills of Madera and Fresno counties, as well as two dialects, Tachi and Yowlumne, primarily spoken in neighboring Kings and Tulare counties. (*UNESCO Atlas of the World's Languages in Danger*, www.unesco.org/languages-atlas, accessed March 22, 2016)

Language				
Population Age 65 and Older That Speaks a Language Other than English				
Language	Fresno County		Madera County	
Spanish	22,940		3,790	
Speak English "very well"	9,910	43.2%	1,633	43.1%
Speak English less than "very well"	13,030	56.8%	2,157	56.9%
*Other Indo-European Languages	5,695		546	
Speak English "very well"	2,437	42.8%	236	43.2%
Speak English less than "very well"	3,258	57.2%	310	56.8%
Asian and Pacific Islander Languages	5,592		202	
Speak English "very well"	1,398	25%	86	42.6%
Speak English less than "very well"	4,194	75%	116	57.4%
Other Languages	568		54	
Speak English "very well"	303	53.3%	31	57.4%
Speak English less than "very well"	265	46.7%	23	42.6%
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, Table S1601, Language Spoken at Home				

*Other Indo-European Languages includes most languages of Europe and the Indic languages of India, i.e. Germanic, Scandinavian, Romance, Slavic, Indic, Celtic, Greek, Baltic, and Iranian Languages.

The U.S. Census Bureau estimates that 23,352 residents of Fresno and Madera counties who are age 65 and older speak English less than “very well.” Of these, 65% (15,186) speak Spanish, 15.3% (3,568) speak other Indo-European languages, 18.5% (4,310) speak Asian and Pacific Islander languages, and 1.2% (288) speak other languages.

Age, Race, and Ethnicity				
Age	Fresno County		Madera County	
All Ages	948,844		152,452	
Age 62 and over	125,852	13.3%	22,868	15.0%
Age 65 and over	100,564	10.6%	18,425	12.1%
Age 55 to 59 Years	50,041	5.3%	8,872	5.8%
Age 60 to 64 Years	44,125	4.7%	7,684	5.0%
Age 65 to 74 Years	55,379	5.8%	10,728	7.0%
Age 75 to 84 Years	30,364	3.2%	5,721	3.8%
Age 85 and over	14,821	1.6%	1,976	1.3%
Race				
White	587,505	61.9%	130,043	85.3%
Black or African American	57,682	6.1%	6,643	4.4%
American Indian & Alaska Native	21,735	2.3%	4,242	2.8%
Asian	104,664	11%	4,170	2.7%
Native Hawaiian & Other Pacific Islander	4,238	0.4%	460	0.3%
Some Other Race	215,729	22.7%	12,197	8.0%
Ethnicity				
Hispanic or Latino	485,914	51.2%	84,009	55.1%
Not Hispanic or Latino	462,930	48.8%	68,443	44.9%
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates (Table DP05, Demographic and Housing Estimates)				

The U.S. Census Bureau estimates that the ethnic composition of the entire population of Fresno and Madera counties is now predominantly Hispanic, with 51.2% of Fresno County residents and 55.1% of Madera County residents identifying as Hispanic. Madera County has a much higher percentage of residents identifying as White (85.3%) than Fresno County (61.9%). Fresno County has the second-largest Hmong population in the nation; the U.S. Census 2010 reported 31,771 Fresno Metropolitan Area residents as Hmong. (Only 148 Madera-Chowchilla Metropolitan Area residents were reported as Hmong.)

Projected Number of Adults Age 60 and Over by Race/Ethnicity and County						
Race/Ethnicity	2016 Projections - Age 60+			2020 Projections - Age 60+		
	2016 Madera County	2016 Fresno County	2016 PSA 14 Total	2020 Madera County	2020 Fresno County	2020 PSA 14 Total
White	19,315	88,064	107,379	21,632	94,580	116,212
Black	910	6,914	7,824	1,070	8,999	10,069
American Indian	556	1,320	1,876	647	1,516	2,163
Asian	745	14,618	15,363	800	17,587	18,387
Native Hawaiian	75	190	265	82	243	325
Hispanic	8,326	51,831	60,157	10,471	64,687	75,158
Two or More Races	556	1,933	2,489	642	2,260	2,902
Total Age 60+	30,483	164,870	195,353	35,344	189,872	225,216
Source: State of California, Department of Finance, Report P-2: State and County Population Projections by Race/Ethnicity and Age (5-year groups), 2010-2060 (as of July 1), December 15, 2014						

The racial and ethnic composition of older adults in Fresno and Madera counties is shifting. The State of California Department of Finance estimates that 55% of the age 60 and older population in 2016 are White; this percentage is expected to decline to 51.6% by the year 2020. The Hispanic older adult population is projected to increase from 30.8% in 2016 to 33.4% in 2020, while the number of Black older adults will increase from 4% to 4.5% and the number of Asian older adults will increase from 7.9% to 8.2% in the same period. The percentage of older adults in 2016 and 2020 who are American Indian, Native Hawaiian, or two or more races remains the same, with American Indians at 1%, Native Hawaiians at 0.1%, and two or more races at 1.3%.

Selected Economic Characteristics				
	Fresno County		Madera County	
Population	948,844		152,452	
Population Age 65+	100,564	10.6%	18,425	12.1%
Percentage of People Age 65+ With Income Below Federal Poverty Level		12.5%		11.7%
Total Households	292,550		42,723	
Median Household Income	\$45,201		\$45,490	
Mean Household Income	\$63,045		\$60,120	
*Households with Social Security Income	75,928	26.0%	14,147	33.1%
Mean Social Security Income	\$16,325		\$17,469	
*Households with Retirement Income	44,848	15.3%	8,276	19.4%
Mean Retirement Income	\$25,354		\$25,587	
*Households with Supplemental Security Income	25,420	8.7%	3,147	7.4%
Mean Supplemental Security Income	\$9,888		\$9,065	
*Households with Cash Public Assistance Income	24,000	8.2%	2,471	5.8%
Mean Cash Public Assistance Income	\$5,077		\$5,383	
Households with Food Stamp/SNAP Benefits in the Past 12 Months	56,911	19.5%	7,595	17.8%
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, Table DP03, Selected Economic Characteristics				

*Social Security income includes not only Social Security pensions and survivor benefits, but also railroad retirement insurance checks and permanent disability insurance payments (prior to deductions for medical insurance). Retirement Income includes regular income from pensions and retirement plans, such as IRA, ROTH IRA, 401(k), and 403(b) plans, as well as disability pension income. Supplemental Security Income (SSI) is government income provided for aged, blind, or disabled individuals with low income. Cash Public Assistance Income includes General Assistance and Temporary Assistance to Needy Families.

Individuals age 65 and older (118,989) comprise 10.8% of the population of Fresno and Madera counties; of these, 12.4% (14,800) have income below the federal poverty level.

Nearly 20% of Fresno and Madera county households participate in the Supplemental Nutrition Assistance Program (SNAP), known as CalFresh in California. The California Department of Social Services reports that 24.1% of households receiving CalFresh have earnings, and that the average CalFresh allotment per household is \$304 per month.

Selected Housing Characteristics				
	Fresno County		Madera County	
Average Household Size	3.18		3.37	
Occupied Housing Units	292,550		42,723	
Owner Occupied Housing Units	155,487	53.1%	25,930	60.7%
Renter Occupied Housing Units	137,063	46.9%	16,793	39.3%
No Vehicles Available	27,018	9.2%	2,863	6.7%
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, Table DP04, Selected Housing Characteristics				

In both Fresno and Madera counties, more households are occupied by owners than renters; however, there is only a 6.2% difference between the number of owner-occupied units (53.1%) and renter-occupied units (46.9%) in Fresno County. An estimated 8.9% of households (29,881) in the two-county area do not have access to a vehicle.

Grandparents				
	Fresno County		Madera County	
Number of grandparents living with own grandchildren under 18 years	30,304		4,728	
Responsible for grandchildren	9,537	31.5%	1,758	37.2%
Female	6,107	64.0%	1,003	57.1%
Married	6,607	69.3%	1,260	71.7%
Years Responsible for Grandchildren				
Less Than 1 Year	1,912	6.3%	494	10.4%
1 or 2 Years	2,845	9.4%	499	10.6%
3 or 4 Years	1,292	4.3%	323	6.8%
5 or More Years	3,488	11.5%	442	9.3%
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, Table DP02, Selected Social Characteristics				

Of the 35,032 grandparents who live in the same household as their grandchildren (under 18 years of age) in Fresno and Madera counties, 32.2% (11,295) are responsible for the basic needs of their grandchildren, including food, shelter, clothing, and day care. Of these grandparents, 62.9% (7,110) are female, and 69.7% are married.

Unique Resources and Constraints Existing Within the Planning and Service Area

Drought

Both Fresno and Madera counties have been classified as areas of Exceptional Drought by the National Drought Mitigation Center. On January 17, 2014, Governor Brown proclaimed a State of Emergency, calling for a 20 percent reduction in water use; in April 2015, the Governor issued an Executive Order that called for a 25% mandatory reduction in urban potable water use statewide between June 2015 and February 2016. California's cities were assigned to eight different conservation tiers using July through September 2014 as the baseline period; the cities of Clovis and Kingsburg were mandated to reduce usage by 36%; Coalinga and Kerman by 32%; Fresno, Madera, and Sanger by 28%; and Reedley by 24%. (California Environmental Protection Agency, State Water Resources Control Board, June 2015–January 2016 Cumulative Savings and Compliance Dataset, February 25, 2016)

Decreased availability of surface water, and the increased demand for groundwater, has caused areas of the Central Valley to sink up to two inches per month, placing homes and infrastructure such as highways, bridges, canals, and pipelines at risk. A 14" subsidence bowl between Huron and Kettleman City has caused a 1.3 mile section of the California aqueduct to sink from 8 to 13 inches. Subsidence of up to 8 inches has been recorded along a longer stretch of the aqueduct near Cantua Creek. (*Subsidence in the Central Valley, California*, Tom G. Farr, Cathleen Jones, Zhen Liu, NASA Jet Propulsion Laboratory, California Institute of Technology, August 19, 2015)

In 2014, the Governor's Drought Task Force formed a Less than 15 Connections work group to establish data collection of water outages for households that rely on private wells or upon creeks or other surface water reported water. From July 2014 through December 10, 2015, for water systems with less than 15 household connections, 179 outages were reported for Fresno County households and 233 for Madera County households. (State of California, Household Water Supply Shortage Reporting System, <https://mydrywatersupply.water.ca.gov/report/publicpage>, accessed March 14, 2016.)

Many agriculturally based communities, such as Mendota and Firebaugh, have experienced a steep economic downturn as fields are increasingly left idle, residents are left without jobs, and local businesses see their customer base dwindle. Residents of the small farming community of Cantua Creek, unable to afford a steep rate increase to bring the tap water up to drinking standard, rely on bottled water.

Dry forests and diseased trees fueled multiple fires, requiring evacuation of many residents, pets, and livestock. Oakhurst was hit particularly hard. In September of 2014, the Courtney Fire in Oakhurst destroyed 30 residences and damaged four. In August of 2015, the Junction Fire cut a swatch through the middle of Oakhurst, destroying 47 structures and burning 612 acres. In June of 2015, the Corrine Fire burned 920 acres, with many North Fork residents evacuated, while the Sky Fire, located in the Sierra National Forest north of Oakhurst, burned 500 acres and forced evacuation of residences

and campgrounds south of Yosemite National Park. The Rough Fire in July 2015 burned 151,623 acres, blanketing Sierra foothill and southern Fresno County communities in smoke. The Willow Fire followed in July of 2015, burning 5,702 acres and forcing evacuations in the Bass Lake area and North Fork's Cascadel Woods neighborhood.

El Nino storms during the winter of 2015-2016 raised hopes for less stringent controls on water supply. On March 17, 2016, the California Department of Water Resources announced plans to grant 45 percent of water delivery requests from the 29 agencies that depend upon allocations from the State Water Project, an increase over 20 percent allocations in 2015 and 5 percent in 2014. (*California SWP Will Deliver Most Water Since Drought Began*, Amy Quinton, Capital Public Radio, Sacramento, March 17, 2016) The State Water Project supplies water for 20 million consumers and irrigates more than 600,000 acres. (California Department of Water Resources, <http://www.water.ca.gov/swp/cvp.cfm>, accessed March 18, 2016)

The U.S. Bureau of Reclamation's Central Valley Project, which supplies drinking water to nearly 2 million consumers and irrigates more than 3 million acres of farmland, and had zero allocations in 2014 and 2015, announced on March 18, 2016 that it would release 30 percent of contract allocations to its 250 contractors in 2016. The allocations were not across the board; while users north of the Sacramento-San Joaquin Delta were allocated 100 percent of their contracted water deliveries, western San Joaquin Valley agricultural water service contractors were allocated only 5 percent of their contracted supply, and the Friant Division on the east side of Fresno County was allocated 30 percent. (*Some Central Valley farmers face severe water shortages despite easing drought*, Ryan Sabalow and Dale Kasler, The Sacramento Bee, April 1, 2016)

On April 14, 2016, the National Weather Service Climate Prediction Center issued an El Nino/Southern Oscillation Alert, predicting a 70% chance of a dry La Nina weather pattern in the U.S. Southwest by October 2016.

Poverty

The Fresno Metropolitan Area has the highest concentration of poverty of all California metropolitan areas among Black, Non-Hispanic White, and Hispanic residents, and ranks no lower than eighth in poverty concentration among these populations nationwide.

Highest Concentrations of Poverty in United States				
Black				
<u>Rank</u>	<u>Metropolitan Area</u>	<u>2000</u>	<u>2005-2009</u>	<u>2009-2013</u>
1	Syracuse, NY	43.4	48.3	65.2
2	Detroit-Livonia-Dearborn, MI	17.3	41.4	57.6
3	Toledo, OH	18.7	43.4	54.5
4	Rochester, NY	34.2	43.5	51.5
5	Fresno, CA	42.8	28.1	51.4
6	Buffalo-Niagara Falls, NY	30.8	31.8	46.4
7	Cleveland-Elyria-Mentor, OH	26.7	36.7	45.5
8	Gary, IN	22.2	30.1	45.2
Non-Hispanic White				
1	McAllen-Edinburg-Mission, TX	36.9	37.2	38.6
2	Detroit-Livonia-Dearborn, MI	6.3	18.1	33.0
3	Poughkeepsie-Newburgh-Middletown, NY	25.4	38.0	31.5
4	Toledo, OH	6.4	16.7	23.0
5	Syracuse, NY	8.9	15.0	21.5
6	Fresno, CA	13.2	9.5	19.6
7	Akron, OH	7.1	15.4	19.3
8	Bakersfield-Delano, CA	6.4	4.5	19.3
Hispanic				
1	Syracuse, NY	49.3	38.4	62.2
2	Philadelphia, PA	53.7	45.9	54.0
3	McAllen-Edinburg-Mission, TX	61.4	53.8	51.8
4	Detroit-Livonia-Dearborn, MI	8.8	34.9	51.1
5	Springfield, MA	42.9	39.5	49.3
6	Rochester, NY	32.3	34.6	45.7
7	Milwaukee-Waukesha-West Allis, WI	5.3	22.7	43.2
8	Fresno, CA	31.9	28.5	43.0
Source: <i>Architecture of Segregation – Civil Unrest, the Concentration of Poverty, and Public Policy</i> , Pau. A. Jargowsky; The Century Foundation; US Census 2000, 2005-2009 American Community Survey, 2009-2013 American Community Survey				

The federal poverty guidelines established by the U.S. Department of Health and Human Services for 2016 were \$11,880 for an individual and \$16,020 for a two-person household. Eligibility for many federal programs is based upon these income levels, or multiples of these levels, including:

- Supplemental Nutrition Assistance Program (SNAP, a.k.a. CalFresh, food stamps);
- Medicare Prescription Drug Coverage (subsidized portion only);
- Low-Income Home Energy Assistance Program (LIHEAP);
- Senior Community Service Employment Program;
- Community Health Centers;
- Migrant Health Centers;
- Weatherization Assistance for Low-Income Persons;
- Low Income Taxpayer Clinics;
- Foster Grandparent Program;
- Senior Companion Program;
- Legal Services for the Poor; and
- AIDS Drug Assistance Program.

The federal poverty guidelines are the same throughout the lower 48 states, regardless of local costs for housing, health care, food, transportation, and other basic needs. The Elder Economic Security Standard™ Index incorporates these variables to determine the amount of income an older adult needs to meet basic expenses in each California county.

This index indicates that in 2013, an older adult renting a one-bedroom apartment in Fresno County needed an annual income of \$20,328 to meet basic needs, an amount that is 176.9% of the 2013 federal poverty guidelines. In Madera County, the same individual would need \$28,452, or 183.4% of the 2013 federal poverty guidelines, to meet basic needs.

**Elder Economic Security Standard™ Index
Fresno County – 2013**

	Elder Person			Elder Couple		
	Homeowner without a Mortgage	Renter	Homeowner with a Mortgage	Homeowner without a Mortgage	Renter	Homeowner with a Mortgage
Basic Monthly Expenses						
Housing	\$404	\$723	\$1,249	\$404	\$723	\$1,249
Health Care	\$247	\$247	\$247	\$494	\$494	\$494
Food	\$262	\$262	\$262	\$486	\$486	\$486
Transportation	\$233	\$233	\$233	\$326	\$326	\$326
Miscellaneous	\$229	\$229	\$229	\$342	\$342	\$342
Total	\$1,375	\$1,694	\$2,220	\$2,052	\$2,371	\$2,897
Annual Income Needed to Meet Basic Needs	\$16,500	\$20,328	\$26,640	\$24,624	\$28,452	\$34,764
2013 Federal Poverty Guidelines	\$11,490	\$11,490	\$11,490	\$15,510	\$15,510	\$15,510
Difference	\$5,010	\$8,838	\$15,150	\$9,114	\$12,942	\$19,254
Annual Income Needed as % of Federal Poverty Guidelines	143.6%	176.9%	231.9%	158.8%	183.4%	224.1%
*Annual SSI/SSP Income Gap	(\$6,103)	(\$9,931)	(\$16,243)	(\$7,078)	(\$10,906)	(\$17,218)
Annual Median Social Security Payment	\$10,000	\$10,000	\$10,000	\$20,000	\$20,000	\$20,000
**Annual Social Security Income Gap	(\$6,500)	(\$10,328)	(\$16,640)	(\$4,624)	(\$8,452)	(\$14,764)

*SSI/SSP Payment Maximum minus Annual Income Needed to Meet Basic Needs

**Average Social Security Payment minus Annual Income Needed to Meet Basic Needs

Source: 2013 Elder Economic Security Standard™ Index, UCLA Center for Health Policy Research, Insight Center for Community Economic Development, and Wider Opportunities for Women

**Elder Economic Security Standard™ Index
Madera County - 2013**

	Elder Person			Elder Couple		
	Homeowner without a Mortgage	Renter	Homeowner with a Mortgage	Homeowner without a Mortgage	Renter	Homeowner with a Mortgage
Basic Monthly Expenses						
Housing	\$421	\$667	\$1,449	\$421	\$667	\$1,449
Health Care	\$247	\$247	\$247	\$494	\$494	\$494
Food	\$254	\$254	\$254	\$471	\$471	\$471
Transportation	\$233	\$233	\$233	\$326	\$326	\$326
Miscellaneous	\$231	\$231	\$231	\$343	\$343	\$343
Total	\$1,386	\$1,632	\$2,414	\$2,055	\$2,301	\$3,083
Annual Income Needed to Meet Basic Needs	\$16,632	\$19,584	\$28,968	\$24,660	\$27,612	\$36,996
2013 Federal Poverty Guidelines	\$11,490	\$11,490	\$11,490	\$15,510	\$15,510	\$15,510
Difference	\$5,142	\$8,094	\$17,478	\$9,150	\$12,102	\$21,486
Annual Income Needed as % of Federal Poverty Guidelines	144.8%	170.4%	252.1%	159.0%	178.0%	238.5%
*Annual SSI/SSP Income Gap	(\$6,235)	(\$9,187)	(\$18,571)	(\$7,114)	(\$10,066)	(\$19,450)
Annual Median Social Security Payment	\$9,400	\$9,400	\$9,400	\$18,100	\$18,100	\$18,100
**Annual Social Security Income Gap	(\$7,232)	(\$10,184)	(\$19,568)	(\$6,560)	(\$9,512)	(\$18,896)

*SSI/SSP Payment Maximum minus Annual Income Needed to Meet Basic Needs

**Average Social Security Payment minus Annual Income Needed to Meet Basic Needs

Source: 2013 Elder Economic Security Standard™ Index, UCLA Center for Health Policy Research, Insight Center for Community Economic Development, and Wider Opportunities for Women

Wages			
Mean Hourly Wage	Fresno Metropolitan Statistical Area	Madera-Chowchilla Metropolitan Statistical Area	California
All Occupations	\$20.28	\$20.42	\$25.91
Personal Care and Service	\$11.83	\$11.24	\$12.93
Healthcare Support	\$13.92	\$14.37	\$16.32
Source: U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment and Wages in Fresno, May 2014, and Occupational Employment and Wages in Madera-Chowchilla, May 2014			

Mean hourly wages in the Fresno Metropolitan Statistical Area (MSA) and the Madera-Chowchilla MSA fall below the State average of \$25.91; workers in the Fresno MSA earn 78.3% of the State average, while workers in the Madera-Chowchilla MSA earn 78.8% of the State average. Personal Care and Service occupations, which include in-home services that make it possible for many older adults to retain their independence, pay \$1.10 less per hour in the Fresno MSA than the State mean hourly wage, and \$1.69 less per hour in the Madera-Chowchilla MSA. The mean hourly wage for Healthcare Support positions in the Fresno MSA is \$2.40 less than the State average; in the Madera-Chowchilla MSA, these positions pay \$1.95 less per hour than the State average.

Unemployment			
Unemployment Rate	Fresno Metropolitan Statistical Area	Madera Metropolitan Statistical Area	California
December 2015	10.3%	11.4%	5.9%
July 2015	9.5%	.8%	6.1%
December 2014	11.2%	10.1%	6.9%
Source: U.S. Department of Labor, Bureau of Labor Statistics			

In 2010, Fresno County's unemployment rate reached 16.7% and Madera County's rate soared to 17.3%. Over the past five years, unemployment rates have declined to 10.3% in the Fresno MSA and 11.4% in the Madera MSA; however, in December 2015, the Fresno MSA's unemployment rate (10.3%) was 74.6% higher than the State average (5.9), and the Madera MSA's unemployment rate (11.4%) was nearly double (93.2%) that of the State.

Crime

During 2014, in the city of Fresno alone, there were 47 homicides; 1,501 aggravated assaults, 781 robberies, and 53 reported rapes. Fresno Police Chief Jerry Dyer reported a 28% increase in shootings in 2015 over 2014, which he attributed to “increasingly reckless and dangerous gang members.” (*Fresno police ask for public’s help in finding 5 most wanted suspects*, The Fresno Bee, February 2, 2016)

Clovis has 59% more residents than Madera, but in 2014, Madera had nearly double the number of violent crimes than Clovis. Although the cities of Reedley, Selma, and Sanger are similar in population, Reedley had 136% more aggravated assaults than Sanger and 43% more than Selma in 2014. Coalinga and Chowchilla have similar populations, yet Coalinga had 39% more aggravated assaults in 2014.

Mendota and Kingsburg have nearly the same number of residents; however, in 2014, Mendota’s violent crime rate was over double that of Kingsburg. Despite Firebaugh’s smaller population, in 2014 the city had more aggravated assault and rape offenses than the larger communities of Mendota, Kerman, Kingsburg, and Orange Cove.

Year 2014 Violent Crime Offenses				Type of Violent Crime			
City	Population	Violent crime offenses	Offenses as % of Population	Murder and non-negligent manslaughter	Rape	Robbery	Aggravated assault
Firebaugh	8,238	75	0.91%	0	13	2	60
Fowler	6,032	49	0.81%	0	3	4	42
Reedley	25,186	199	0.79%	0	7	20	172
Parlier	14,948	116	0.78%	1	8	8	99
Coalinga	16,445	121	0.74%	0	5	6	110
Madera	63,495	415	0.65%	6	15	72	322
Selma	24,404	154	0.63%	0	14	20	120
Mendota	11,480	72	0.63%	0	1	15	56
Chowchilla	17,079	89	0.52%	0	1	9	79
Fresno	513,187	2,382	0.46%	47	53	781	1,501
Sanger	24,771	97	0.39%	0	12	12	73
Kingsburg	11,762	34	0.29%	0	4	5	25
Kerman	14,538	38	0.26%	0	6	7	25
Clovis	100,705	216	0.21%	1	28	48	139
Orange Cove	9,704	10	0.10%	0	4	1	5

Source: Federal Bureau of Investigation, Crime in the United States 2014, Table 8, Offenses Known to Law Enforcement

In 2014, Fresno’s population was 47% larger than that of the 14 other incorporated cities of Fresno and Madera counties combined, but had 182% more arsons, 156% more motor vehicle thefts, 139% more larcenies/thefts, and 87% more burglaries than these cities combined.

Selma had 114% more property crime in 2014 than Reedley, and 79% more than Sanger, despite the similar population of the three cities. Chowchilla had only 3.9% more residents than Coalinga in 2014, yet had 78% more burglaries, while Coalinga had 28% more larcenies/thefts.

Parlier had only 2.8% more residents than Kerman in 2014, yet its property crime rate was over double that of Kerman. Kingsburg and Mendota are similar in population, yet in 2014, Kingsburg had over double the number of burglaries than Kerman, while Mendota had 34% more motor vehicle thefts.

Firebaugh had more property crime than the more heavily populated cities of Mendota, Parlier, and Orange Cove.

Year 2014 Property Crime Offenses				Type of Property Crime			
City	Population	Property crime offenses	Offenses as % of Population	Burglary	Larceny-theft	Motor vehicle theft	Arson
Fresno	513,187	21,101	4.1%	4,721	13,277	3,103	259
Selma	24,404	986	4.0%	225	552	209	1
Firebaugh	8,238	299	3.6%	79	157	63	6
Kerman	14,538	458	3.2%	132	255	71	0
Clovis	100,705	3,064	3.0%	791	2,065	208	12
Madera	63,495	1,686	2.7%	472	1,007	207	12
Kingsburg	11,762	318	2.7%	88	174	56	3
Fowler	6,032	158	2.6%	55	79	24	2
Mendota	11,480	287	2.5%	43	169	75	22
Sanger	24,771	549	2.2%	168	319	62	3
Chowchilla	17,079	332	1.9%	139	160	33	5
Coalinga	16,445	315	1.9%	78	204	33	11
Reedley	25,186	460	1.8%	142	236	82	4
Parlier	14,948	234	1.6%	65	139	30	8
Orange Cove	9,704	151	1.6%	44	48	59	3

Source: Federal Bureau of Investigation, Crime in the United States 2014, Table 8, Offenses Known to Law Enforcement

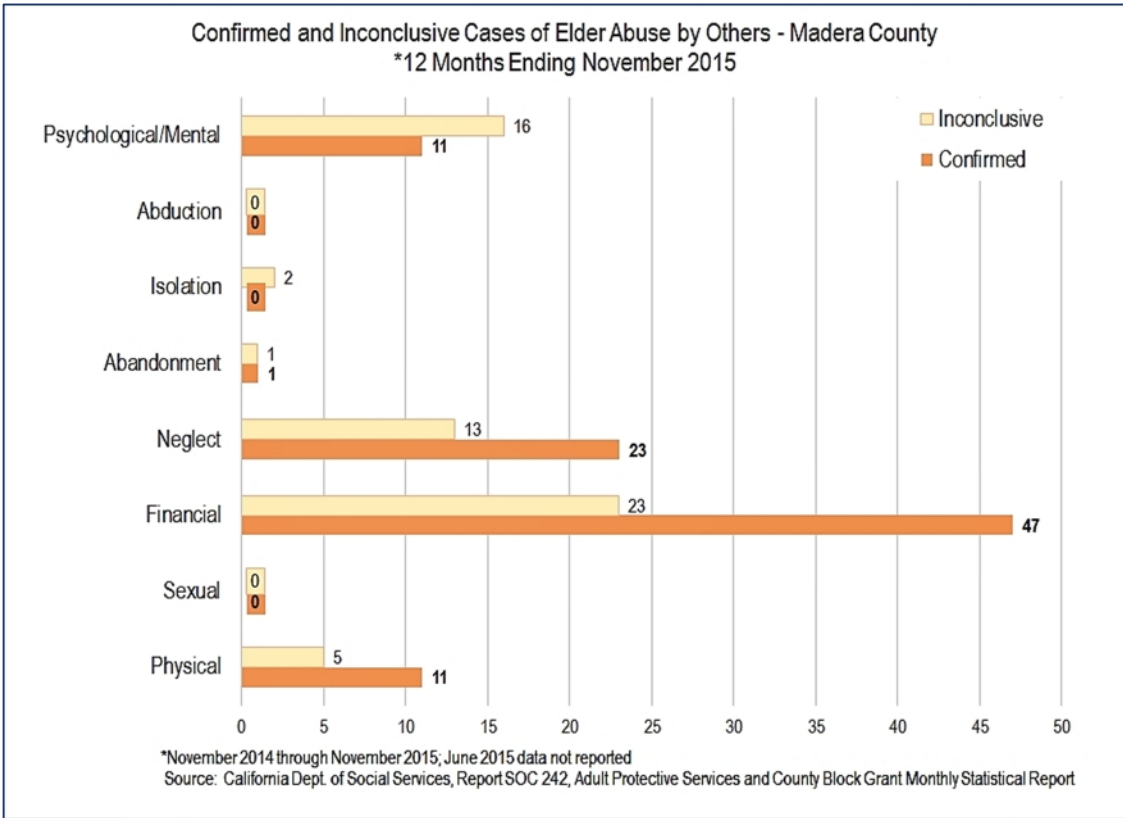
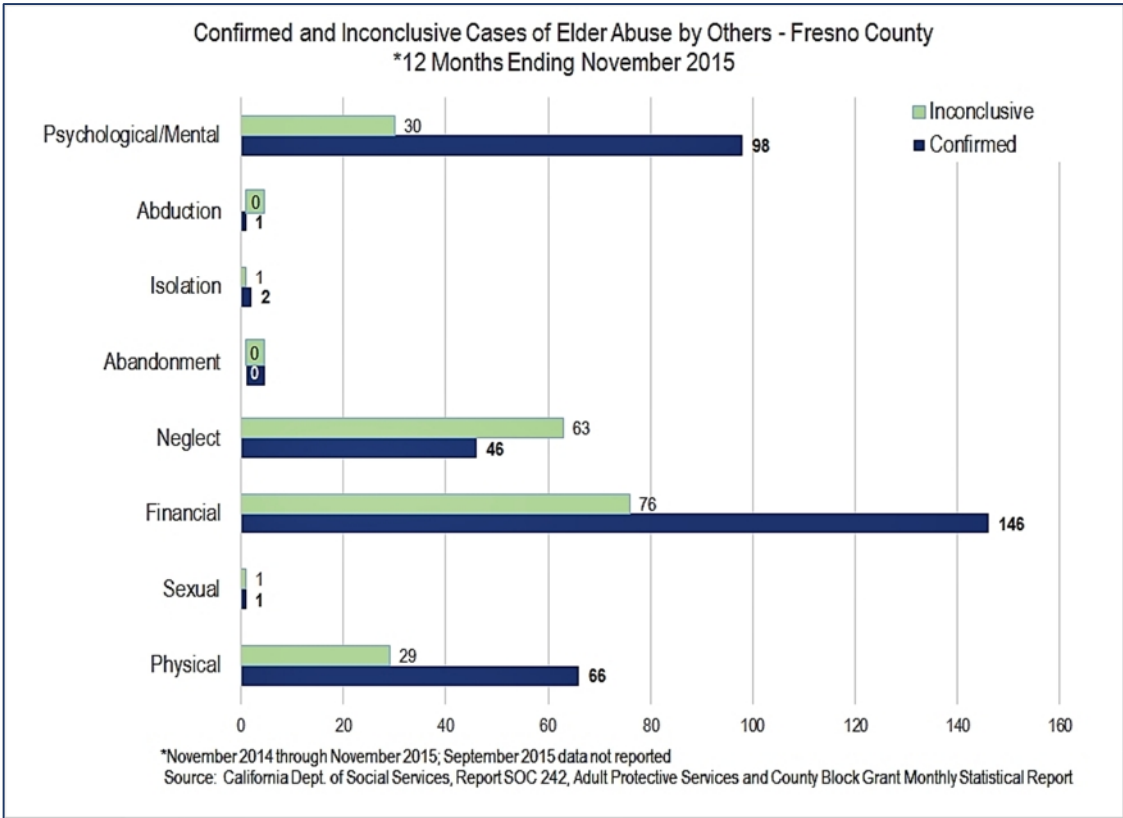
Hate crimes against older adults who are members of minority groups and the LGBT community impact the ability of these individuals to feel safe in their communities. On the afternoon of January 1, 2016, a 68-year old Sikh man was stabbed to death at his place of employment, a convenience store on West Shields Avenue in Fresno. (*Hate crime not ruled out in Fresno slaying of Sikh store clerk*, Jim Guy, The Fresno Bee, January 6, 2016) One week earlier, during an incident on Shields Avenue west of Highway 99 in Fresno, a 63-year old Sikh man, standing on a sidewalk waiting for a ride to work, was verbally harassed by two males in a truck; as he crossed the street to get away from them, the driver placed the truck in reverse and hit the victim; the victim was then beaten. In May 2013, an 82-year old Sikh man was beaten outside the Nanaksar Sikh Temple in south Fresno. (*Fresno police investigate beating of Sikh man as hate crime*, Troy Pope, The Fresno Bee, December 27, 2015) On July 23, 2015, a 66-year old transgender woman was stabbed in the neck and bled to death on Blackstone Avenue in central Fresno. (*Transgender Community Believes Recent Homicide To Be Hate Crime*, Lucero Benitez, KSEE.com, July 25, 2015)

Elder Abuse

In the November 2014 through November 2015 period, Adult Protective Services in Fresno and Madera counties reported receipt of 2,149 elder abuse allegations. Of the 453 confirmed cases of elder abuse perpetrated by others, most were due to financial abuse (193), followed by psychological/ mental abuse (109), physical abuse (77), and neglect (69). Eight older adults were provided with emergency shelter to ensure their safety. In addition, there were 375 confirmed cases of elder self-neglect, with most attributed to health and safety hazards (214 cases); other cases involved neglect of medical care (81), neglect of physical care (45), neglect of financial affairs (23), and malnutrition/ dehydration (12).

Type of Facility	Fresno County	Madera County
Licensed Skilled Nursing Facilities	33	6
Licensed Residential Care Facilities for the Elderly	170	8
Source: California Department of Public Health, Consumer Information System (hfcis.cdph.ca.gov)		

From July 1, 2014 through June 30, 2015, the Long-Term Care Ombudsman Program for Fresno and Madera counties conducted 154 visits to skilled nursing facilities and 694 visits to residential care facilities for the elderly. The program received 1,012 complaints from, or on behalf of, residents of these facilities, with a complaint resolution rate of 91%. In addition, the program provided individuals with 726 instances of information and consultation that were unrelated to complaints.



Health

In its *State of the Air* 2014 and 2015 reports, the American Lung Association named the Fresno-Madera Metropolitan Area as the most polluted in the country for both short-term and year-round particle pollution. The 2015 report ranks the Fresno-Madera Metropolitan Area as fourth in the nation for ozone pollution.

Air Pollution – 2011-2013 Weighted Average	Fresno County	Madera County
High Ozone Days: Unhealthy for Sensitive Groups	172	88
High Ozone Days: Unhealthy	20	5
High Ozone Days: Very Unhealthy	1	0
High Particle Pollution Days: Unhealthy for Sensitive Groups	87	58
High Particle Pollution Days: Unhealthy	36	19
Source: American Lung Association, State of the Air 2015		

The San Joaquin Valley Air Pollution Control District defines Sensitive Groups for ozone pollution as people with lung disease, children, older adults, and people who are active outdoors; for particle pollution, people with heart or lung disease, older adults, and children are considered Sensitive Groups.

At-Risk Groups for Lung Diseases	Fresno County	% of Fresno County Population	Madera County	% of Madera County Population
Age 65 & Over	103,705	10.9%	19,064	12.5%
Adult Asthma	58,765	6.2%	9,561	6.3%
Cardio-Vascular Disease	43,282	4.5%	7,460	4.9%
Chronic Obstructive Pulmonary Disease	30,120	3.2%	5,096	3.3%
Diabetes	65,253	6.8%	11,157	7.3%
Poverty	268,773	28.1%	33,974	22.3%
Total Population	955,272		152,389	
Source: American Lung Association, State of the Air 2015				

The American Lung Association has designated individuals age 65 and older as an at-risk group for lung diseases; with additional at-risk factors, including poverty, diabetes, asthma, and/or cardio-vascular disease, the impact of ozone and particle pollution is compounded.

Health Outcomes Rankings Among 57 California Counties & Selected Components			
1 = Highest Ranking 57 = Lowest Ranking	Fresno County	Madera County	California
Health Outcomes Ranking	49	46	
Length of Life Ranking	35	34	
Premature death	6,784	6,703	5,295
Quality of Life Ranking	54	52	
Poor or fair health	23%	31%	18%
Poor physical health days	4.2	4.3	3.7
Poor mental health days	3.7	4.6	3.6
Health Factors Ranking	54	45	
Health Behaviors Ranking	46	36	
Adult smoking	14%	14%	13%
Adult obesity	29%	28%	23%
Food environment index	6.5	6.8	7.5
Physical inactivity	18%	20%	17%
Access to exercise opportunities	77%	78%	93%
Excessive drinking	18%	15%	17%
Clinical Care Ranking	43	46	
Primary care physicians	1,562:1	2,175:1	1,294:1
Dentists	1,796:1	2,309:1	1,291:1
Mental health providers	409:1	815:1	376:1
Preventable hospital stays	53	49	45
Diabetic monitoring	82%	85%	81%
Mammography screening	59.9%	60.4%	59.3%
Social & Economic Factors Ranking	56	46	
High school graduation	83%	86%	83%
Some college	51.1%	42.3%	61.7%
Unemployment	12.9%	11.4%	8.9%
Violent crime	543	521	425
Injury deaths	53	61	46
Physical Environment Ranking	42	50	
Air pollution - particulate matter	9.6	9.9	9.3
Drinking water violations	3%	7%	3%
Source: 2015 County Health Rankings, University of Wisconsin Population Health Institute, School of Medicine and Public Health and the Robert Wood Johnson Foundation, Accessed online on 12/7/2015 at www.countyhealthrankings.org			

California county health rankings conducted for 57 counties placed Fresno County at 49 and Madera County at 46, with 1 being the highest and 57 the lowest ranking. The greatest negative variances between the State and Fresno and Madera counties' health outcomes were for premature death; access to exercise opportunities; the number of primary care physicians, dentists, and mental health providers; completion of some college; violent crime, and, in Madera County, injury deaths and drinking water violations. Fresno and Madera counties ranked more favorably than the State average for the Food Environment Index; on a scale of 1 to 10, with 1 being the highest and 10 the lowest, Fresno County ranked 6.5 and Madera County ranked 6.8 as compared to the State average of 7.5. Madera County ranked slightly better (15%) than the State average (17%) for Excessive Drinking. (*2015 County Health Rankings*, University of Wisconsin Population Health Institute, School of Medicine and Public Health and the Robert Wood Johnson Foundation)

In the 2015 Gallup-Healthways Well-Being Index, Fresno was ranked as the city having the third-lowest access to medicine among the index's 190 ranked communities. With 1 being the highest rank and 190 the lowest, Fresno ranked 162 in Community (liking where you live, feeling safe, and having pride in your community); 150 in Social (having supportive relationships and love in your life); and 145 in Financial (managing your economic life to reduce stress and increase security). Conversely, Fresno ranked 18 in Purpose (liking what you do each day and being motivated to achieve your goals) and 58 in Physical (having good health and enough energy to get things done daily). Overall, Fresno ranked 86 out of the 190 communities.

While the Gallup-Healthways 2014 Well-Being Index assigned California a low obesity rate (fourth-lowest in obesity among the 50 states), Fresno's scale tilted to the right with an obesity ranking of 72 among of the nation's 100 highest-populated metropolitan areas.

The Centers for Disease Control and Prevention reports that Alzheimer's disease is the sixth leading cause of death in the country. The U.S. Median rate for individuals age 65 or older who are living with Alzheimer's disease or dementia is 10.3%; the Fresno County rate is 12.8% and the Madera County rate is 11.7%. The U.S. Median death rate for Alzheimer's disease is 27.3 per 100,000; the rate for Fresno County is 29.9 and the rate for Madera County is 35.7. (Centers for Disease Control and Prevention, Community Health Status Indicators, wwwn.cdc.gov/communityhealth accessed March 21, 2016)

Research conducted by the UCLA Center for Policy Research on 40,000 adult residents of California indicates that statewide, 55% of California adults have either prediabetes or diabetes. This study estimates that 49% of Fresno County and 45% of Madera County adults are in prediabetes or undiagnosed, and that 8% of Fresno County and 12% of Madera County adults have diabetes. When broken down by age group, 68% of Fresno County and 63% of Madera County adults age 55-69 have prediabetes, as compared to 60% of Californians in the same age range. For those age 70 or older, the prediabetes rate is 65% in Fresno County and 49% in Madera County, as compared to 59% in California. The study recommends enactment of state and local policies that reduce consumption of added sugars, requiring public and private insurance reimbursement of diabetes prevention programs, and increased funding for diabetes prevention efforts.

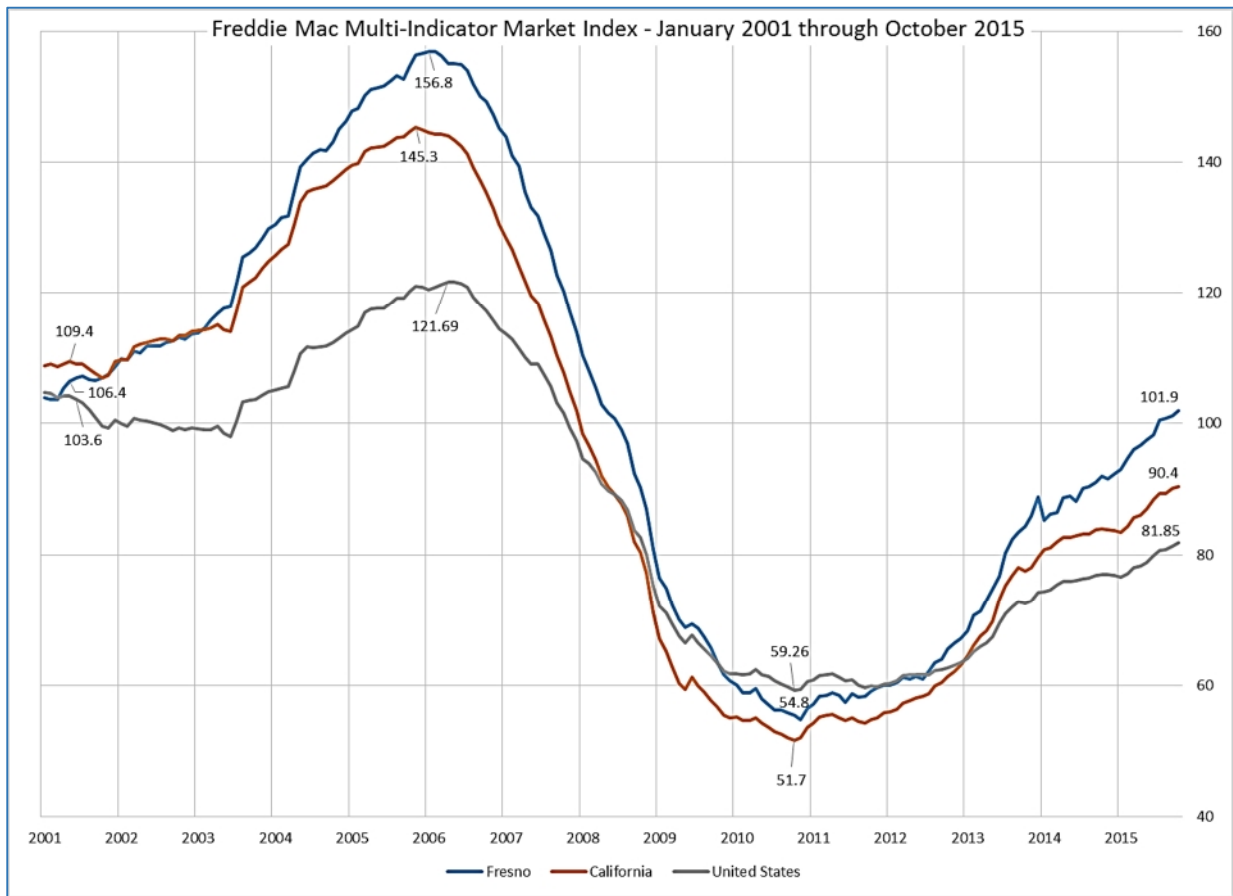
California Prediabetes Rates by Age Group, Race, and Ethnicity					
Race & Ethnicity	18-39	40-54	55-69	70+	All Adults
American Indian	38%	52%	65%	70%	51%
White	29%	49%	63%	61%	48%
Asian	31%	45%	53%	58%	42%
African-American	38%	56%	61%	57%	50%
Pacific Islander	43%	54%	76%	53%	55%
Multi-Racial	37%	51%	58%	52%	45%
Latino	36%	51%	55%	51%	44%
California	33%	49%	60%	59%	46%
Fresno County	37%	45%	68%	65%	49%
Madera County	32%	55%	63%	49%	45%
Source: <i>Prediabetes in California: Nearly Half of California Adults on Path to Diabetes</i> , Susan H. Babey, PhD, Joelle Wolstein, PhD, MPP, MA, Allison L. Diamant, MD, MSHS, Harold Goldstein, March 10, 2016					

A study conducted in 2013 found the highest priority health needs to address in a four-county area encompassing Fresno and Madera counties were Access to Care, Diabetes, Poverty, and Education, and found Access to Care, Obesity, Overweight/Physical Activity, and Mental Health to be the priority health indicators. The same study interviewed public health directors in the four-county study area, and found their factors of concern were high rates of chronic conditions, particularly diabetes and asthma; isolated communities based on geography or language barriers; lack of access to care; poor economic climate; and limited attention to social determinants of health. Concerns of hospital facility executives in the four counties were also determined through interviews; their concerns included high rates of chronic conditions, particularly diabetes and asthma; poor mental health resources; poor economic conditions; high rates of uninsured; shortage of primary care providers; and high need for cross-cultural medical

staff. The study also noted that while the national ratio of physicians per 1,000 residents is 118.20, Madera County's rate is 61 per 1,000 residents and Fresno County's rate is 105 per 1,000 residents. (*Community Health Needs Assessment, Fresno, Kings, Madera and Tulare Counties*, March 2013, Hospital Council of Northern and Central California)

Housing

As of October 2015, the Fresno Metropolitan Area ranked 101.9, the highest of U.S. metropolitan areas, on the Freddie Mac Multi-Indicator Market Index. The index gauges the housing market using four components: purchase applications; payment to income; current on mortgage; and employment. Fresno's top ranking was primarily attributed to a 28.63% increase in purchase applications as compared to October 2014, along with slight increases in employment and the number of mortgage payments kept current. The Fresno Metropolitan Area last saw a 101-102 ranking in the index in the April-May of 2008. For older adults, the increased stability of the housing market could make it viable to sell their homes and move to housing that has accessibility features, is easier to maintain, is closer to family and friends, and closer to medical centers. For their caregivers, the increase in home market values may enable them to come out from "under water" on their mortgages and make home improvements that increase accessibility.



The March 2016 Public Review Draft of the 2015-2023 Housing Element of the City of Fresno’s General Plan notes that 20 percent of individuals on the waiting list for rent-subsidized housing (Housing Choice vouchers) are seniors. One development alone, Oak Park Senior Villas, has a 200-name waiting list for its 64 low-income units. The Housing Element also notes that the Housing Choice program is “extremely oversubscribed” and is not currently accepting new applicants.

The April 2015 Public Review Draft of the 2016-2024 Housing Element of the City of Madera’s General Plan notes that in 2015, there were waiting lists for all eight of the City of Madera’s senior housing developments; these developments total 412 units, of which 72 are designated as public housing. In total, as of December 2014, the Housing Authority of the City of Madera operated 244 public housing units, for which there were 1,287 households on the waiting list, and administered 791 Housing Choice Vouchers, for which there were 1,106 households on the waiting list.

Other Indicators

Walkability

Walk Score® rates the walkability of communities based upon factors including walking distance to nearby amenities, population density, block length, and intersection density. Six cities in Fresno and Madera counties were ranked as follows:

City	Walk Score®	<u>Walk Score® Ranges</u>	
Reedley	46	90-100	Walker’s Paradise: Daily errands do not require a car.
Selma	44	70-89	Very Walkable: Most errands can be accomplished on foot.
Fresno	42	50-69	Somewhat Walkable: Some errands can be accomplished on foot.
Madera	40	25-49	Car-Dependent: Most errands require a car.
Clovis	34	0-24	Car-Dependent: Almost all errands require a car.
Chowchilla	23		
Source: www.walkscore.com/CA accessed January 14, 2016			

Factors such as heat, pollution, and crime are not factored into the Walk Score®. Even if Fresno and Madera county communities ranked higher, with amenities within walking distance, older adults may not be able to safely walk in areas of high crime, on days of high heat, on days with high ozone, and/or days with high particle pollution.

Telephone Service

Nationwide, in the January-June 2015 period, an estimated 19.3% of individuals age 65 and over have foregone landline telephone service and rely solely on wireless service, as compared to 10.5% in the January-June 2012 period. (*Wireless Substitution: Early Release of Estimates from the National Health Interview Survey, January-June 2015*, released December 2015)

Internet Usage

Information released by the U.S. Census Bureau in March 2016 indicates that 69.2% of households in the Madera and 71.5% of households in the Fresno metropolitan areas use high-speed internet; the rate for California is 80% and the United States is 79.1%. Nationwide, 59.2% of households age 64 and older use high-speed internet. (*Measuring America, A Digital Nation*, U.S. Census Bureau, 2014 American Community Survey, March 23, 2016)

In the twelve months from April 1, 2015 through March 31, 2016, Google Analytics show that the Agency on Aging's Web site, fmaaa.org, had 8,186 visitors who conducted 10,894 sessions; 73.2% were new visitors to the site.

The Service System Within the Planning and Service Area

The Fresno-Madera Area Agency on Aging's base for service provision is its office in central Fresno. Points of entry into the Agency on Aging's service system include:

- Agency on Aging Information and Assistance: Individual inquiries to the Agency on Aging on programs and services are handled primarily via telephone, but also in response to e-mail inquiries forwarded from the Agency's Web site and walk-in inquiries at the Agency's office.
 - Information and Assistance staff identify each contact's need for services and provide appropriate referrals to internal programs, contracted service providers, and/or other organizations that can assist the individual.
 - Information and Assistance staff prepares internal referral forms for Individuals in need of the Agency on Aging's case management and, for Fresno residents, home-delivered meals programs. Individuals are added to waiting lists and contacted by the Agency as openings occur to schedule an in-home assessment. Individuals who meet eligibility requirements are enrolled in case management and/or home-delivered meals program.
 - Case management clients are connected to services through their Agency on Aging case manager on an ongoing basis.
 - Home-delivered meals program participants are connected to resources through their Agency on Aging program coordinator.
- Agency on Aging's Contracted Service Providers: Individuals can access the following contracted services directly through the service provider:
 - Congregate Nutrition Program: Site coordinators at 28 congregate nutrition meal sites.
 - Home-Delivered Meals Program (outside of Fresno city): Site coordinator at congregate nutrition meal site.
 - Transportation: Site coordinator at three congregate nutrition meal sites in Fresno (Mary Ella Brown, Mosqueda, and Ted C. Wills Community Centers); City of Madera (transit passes).
 - Legal Assistance: Central California Legal Services.
 - Health Insurance Counseling and Advocacy Program, Long-Term Care Ombudsman Program, Family Caregiver Support Program: Valley Caregiver Resource Center.

- Adult Day Care: City of Madera, Valley Caregiver Resource Center.
- Senior Community Service Employment Program: SER-Jobs for Progress, Inc., San Joaquin Valley.
- Agency on Aging Outreach: The Agency on Aging arranges and staffs resource fairs and participates in community events, promoting not only the Agency's programs and services but also those of contracted service providers and community-based organizations that serve older adults and family caregivers. During one-on-one interaction with event attendees, Agency staff provides program literature that best addresses the individual's expressed needs and interests, providing them with resources to connect to services.
- Agency on Aging Community Education: Agency staff conducts presentations for both end-users of services and those who interact with end-users. For example, the Agency routinely participates in orientation sessions for new In-Home Supportive Service caregivers.
- Referrals: Requests for service are generated by other organizations on behalf of an older individual or family caregiver. Referral sources include social workers from Fresno and Madera County In-Home Supportive Services, social workers from other organizations, hospital discharge planners, and physicians. Informal referrals are generated from community-based organizations, such as Catholic Charities-Diocese of Fresno, Community Action Partnership-Madera County, and United Way.

Significant Programs for Older Adults Outside of the Agency on Aging Network

The Fresno-Madera Area Agency on Aging, a joint powers agency, operates independently of its joint power authorities, and thus is not part of city or county government departments or operations.

In-Home Supportive Services departments of Fresno and Madera counties are two of the most significant programs outside of the Agency on Aging network, providing case management and in-home care for older individuals with low income and individuals with disabilities who need assistance to remain living in a home environment. Madera County's In-Home Supportive Services program served 2,084 individuals in July 2015 alone, providing the aged, blind, or disabled with in-home personal care and assistance with everyday chores. (Madera County Department of Social Services Client Profile, Annual Report to the Board of Supervisors, October 2015)

The Fresno Housing Authority and the Housing Authority of the City of Madera assist older adults with low-income through provision of public housing and the Housing Choice Voucher Program (a.k.a. Section 8).

The Fresno County Department of Behavioral Health served 22,535 individuals in fiscal year 2014-2015; of these, 1,153 (5.3%) were age 60 or older. (Fresno County Department of Behavioral Health MHSA Three-Year Plan, FY 14/15, FY 15/16, FY 16/17 approved September 22, 2015)

During fiscal year 2013-2014, the Madera County Department of Behavioral Health Services (BHS) served 3,482 individuals; of these 242 (7%) were age 60 or older. (Madera County Behavioral Health Services Mental Services Act Three Year Plan, Fiscal Years 2014-2017, released February 20, 2015) Madera County BHS has established two Community Outreach and Wellness Centers, Mountain Wellness Center in Oakhurst and Hope House in Madera, providing support, classes, and resources for residents at risk for development of mental health illness.

Veterans Service Offices located in Fresno and Madera counties assist veterans with obtaining medical care, pensions, aid and attendance benefits, housebound benefits, life insurance, specially adapted housing, and other important services and benefits.

The Veterans Administration Central California Health System operates the Fresno Medical Center (a.k.a. Veterans Hospital), serving six Central Valley counties including Fresno and Madera counties. In addition to providing hospital services and outpatient care, special services are offered, such as respite care and visual impairment services for veterans declared legally blind. The System also provides a community-based outpatient clinic in Oakhurst for veterans residing in the rural Sierra foothill communities.

The 300-bed Veterans Home of California–Fresno opened in October 2013, providing veterans with assisted living and skilled nursing care along with on-site services such as a general store, banking, a barbershop, and outdoor recreational activities.

The Community Food Bank in Fresno distributes food through its Neighborhood Market Program, targeting areas of low income in Fresno and Madera counties; its Mobile Pantry Program, targeting rural residents of both counties; and the USDA Emergency Food Assistance Program through partner agencies such as churches and community centers in Fresno County. Community Food Bank also conducts outreach and provides enrollment assistance for the CalFresh Program.

Three programs of the Corporation for National and Community Service are offered locally. The Senior Companion Program is administered by Catholic Charities-Diocese of Fresno; Fresno EOC operates the Foster Grandparents Program; and HandsOn Central California administers the Retired Senior Volunteer Program (RSVP). In 2015, RSVP launched its Angel Tree Program, connecting isolated older adults with caring volunteers via telephone on a regular schedule to ensure their well-being, provide socialization, and provide referrals to resources as needed.

A Program for All-Inclusive Care for the Elderly (PACE) began operations in downtown Fresno in 2014. The program receives funding from Medicare and Medi-Cal to provide participants with a single source for medical care, dental care, vision care, medication, social services, assistance with activities of daily living, rehabilitative services, meals and nutrition counseling, transportation, and recreation. Participants must be age 55 and older, meet the level of care requirements for skilled nursing, and live within certain zip codes in Fresno.

In addition to the Agency on Aging's subcontract with SER-Jobs for Progress for administration of the Senior Community Service Employment Program, AARP also offers the program from the Manchester Mall in central Fresno.

The Senior Awareness and Fall Education (SAFE) – Central Valley Coalition provides low-cost comprehensive balance screening and recommendations for reducing falls and increasing balance and strength for older adults. SAFE, operated by the College of Health and Human Services at Fresno State University, offers a FallProof class for older adults, as well as an eight-week program at the Gait, Balance, and Mobility Center where graduate physical therapy students and faculty develop an individualized treatment plan.

Through a partnership with the Fresno County Public Law Library, Central California Legal Services (CCLS) offers a half-day conservatorship clinic the fourth Thursday of each month, and through an additional partnership with the Superior Court of California, County of Fresno, a half-day guardianship clinic the first and third Friday of each month. CCLS also partners with the San Joaquin College of Law Alumni Association to offer Senior Citizens Law Day annually, providing free legal services including assistance with simple wills, power of attorney, and advance health care directives.

Resources for Independence-Central Valley (RICV) provides programs for individuals with disabilities. RICV is the lead organization for the California Community Transitions Project, which helps individuals with disabilities relocate from a skilled nursing facility to independent living. RICV's housing program provides apartment referrals, home modification resources, homeowners and renters assistance, and landlord/tenant advocacy for individuals with disabilities. RICV offers a state of the art assistive

technology lab, American Sign Language interpretation, a peer support group, and disability-related information and referral. RICV recently launched *Freedom to Ride*, a free travel training program that educates older adults and persons with disabilities on how to use the Fresno Area Express bus system safely and confidently.

The Deaf and Hard of Hearing Service Center provides information and referral for the deaf and hard of hearing community, interpreting, counseling, job development and placement, independent living skills instruction, and advocacy for equal access to all services and programs in the community. Services for the Deaf-Blind community include case management, a support group, and training for support service providers. Offers classes in American Sign Language, Deaf and Hard of Hearing Wellness and Independence workshops.

The Valley Center for the Blind offers one-on-one instruction on independent living skills; counseling for individuals grieving the loss of vision; computer skills and assistive technology (i.e. screen readers, scanners, braille translation programs) training; and classes in adaptive techniques for low vision.

The Picayune Rancheria of the Chukchansi Indians, based in Coarsegold, offers a hot meal program for members of any federally recognized tribe who are age 55 or older, homebound, and reside in Coarsegold, Oakhurst, Ahwahnee, or Bass Lake. The Rancheria also provides an Elders Food Card and utility assistance for elders. The Chukchansi Indian Housing Authority provides housing assistance for tribal members, including rental assistance, low-rent housing, and home rehabilitation programs.

The North Fork Rancheria of Mono Indians provides home-delivered meals for tribal citizens age 60 or older who reside within 35 miles of North Fork or the tribal property near Highway 99 north of Madera. The Rancheria operates a Tribal Transit Program providing weekday transportation for medical appointments and other essential services within in a 50-mile radius of North Fork. The Rancheria's Indian Housing Authority offers rental units for tribal members with low income, a housing rehabilitation program, and emergency rental assistance.

The Big Sandy Rancheria, based in Auberry, offers rental assistance and a housing rehabilitation program for tribal members residing in Fresno, Madera, and Kings counties. The Rancheria also offers weekday transportation for tribal members for medical and other appointments.

The Sierra Tribal Consortium operates a residential alcohol and drug abuse treatment and recovery program for tribal members at The Turtle Lodge in Fresno, and three months of outpatient counseling following treatment.

The Central California Nikkei Foundation operates the Nikkei Service Center in Fresno, providing Japanese-American elders with weekday hot lunches, transportation to and from the center, information and referral, escort services for medical appointments, and translation/interpretation.

In February of 2015, the City of Fresno, County of Fresno, Fresno Housing Authority, Poverello House, WestCare California, and Community Conversations launched the Fresno Multi-Agency Access Program (MAP Point). Through MAP Point, individuals with housing, substance abuse, physical health, or mental illness challenges are connected to supportive services when they visit a participating organization's MAP Point. A navigator completes the initial assessment, provides an immediate connection to services, and transitions the individual to a case manager at the appropriate agency for development of a long-term plan.

The Fresno Madera Continuum of Care (FMCOCC), a group of 19 organizations, helps individuals transition from homelessness to independent or supportive permanent housing, and provides access for these individuals to education, health and mental health services, employment training, and life skills development. The Fresno Housing Authority, Fresno EOC, Community Action Partnership-Madera County, Turning Point Central California, City of Clovis, County of Fresno, Marjaree Mason Center, Poverello House, and Wings Fresno, a faith-based ministry for homeless advocacy, are among the FMCOCC's member organizations.

United Way operates a 211 Call Center in Fresno County, open 24 hours a day, seven days a week. Call center staff provide the public with information and referral in multiple languages to community-based services, including food, shelter, housing, health, employment, legal, transportation, and many other programs. On April 18, 2016, United Way Fresno and Madera Counties launched *Mission: United*, providing specialized information and referral for veterans. United Way is working with the Public Utilities Commission to expand the 211 Call Center to Madera County in 2016.

The Madera County Sheriff's Office offers *Elder Orphans*, a free automated calling program that calls participants at regular, pre-established intervals. The participant presses "1" if they are okay, and "2" if they have an emergency, which connects them to 911. If there is no answer, the Sheriff's Office conducts a welfare check at the home.

The Osher Lifelong Learning Institute at Fresno State University offers adults age 50 and older a lecture series, short courses (i.e., iPhone and Android skills, Tai Chi, Creativity for Life), and field trips (i.e. Monterey Bay Whale Watching, Los Angeles County Museum of Art). The Fresno Adult School offers an array of recreational classes with a 50-70% fee discount, primarily through its Manchester Center facility at the Manchester Mall in Central Fresno; dance and exercise, computer and smartphone, painting, and sewing classes are currently offered. Clovis Adult Education's Older Adult program for persons age 50 and older offers exercise, balance, computer, art, and quilting classes.

Support groups are offered by many organizations in Fresno and Madera Counties, and are increasingly offered online. A sampling of available support groups are listed in the table below.

Type of Support Group	Organization	Community
Addiction	Al-Anon (for friends and family of problem drinkers)	Throughout Fresno & Madera counties
	Alcoholics Anonymous	
	Narcotics Anonymous	
ALS	ALS Association	Fresno
Alzheimer's	Alzheimer's Association	Fresno, Clovis, Kerman
	Optimal Hospice	Fresno
	UCSF Fresno Alzheimer's & Memory Center	Fresno
	Valley Caregiver Resource Center	Fresno, Madera, Oakhurst
Amputee	St. Agnes Medical Center	Fresno
COPD/Breathing Problems	Better Breathers	Oakhurst
Cancer	American Cancer Society	Fresno
	California Cancer Associates	Fresno
	Community Medical Centers-California Cancer Center	Fresno
Brain Tumor	St. Agnes Medical Center	Fresno
Breast Cancer	Sisterhood of Survivors www.sisterhoodofsurvivors.org	Online
	Survive: bcsupport.org	Online
	St. Agnes Medical Center	Fresno
Leukemia, Lymphoma, Myeloma	Leukemia & Lymphoma Society	Fresno
Multiple Myeloma	St. Agnes Medical Center	Fresno
Prostrate Cancer	Community Medical Centers-California Cancer Center	Fresno
	Urology Associates of Central California	Fresno
Caregiver	Alzheimer's Association	Fresno
	Family Caregiver Alliance: caregiver.org	Online
	UCSF Fresno Alzheimer's & Memory Center	Fresno
	Valley Caregiver Resource Center	Fresno, Madera
Deaf Blind	Deaf & Hard of Hearing Service Center	Fresno
Domestic Violence	Marjaree Mason Center	Fresno
	S.M.A.R.T. Center	Selma

Type of Support Group	Organization	Community
Grief and Loss	Fresno Survivors of Suicide Loss	Fresno
	GriefShare	Fresno, Clovis, Coarsegold, Kerman, Oakhurst
	Hinds Hospice Center for Grief & Healing	Fresno
	St. Agnes Medical Center	Fresno
	Optimal Hospice Care	Fresno, Madera
	Peoples Church	Fresno
Heart Patients	Mended Hearts Chapter 092	Fresno
HIV/AIDS	The Living Room at WestCare	Fresno
	Positive Life	Fresno
Lesbian, Gay, Bisexual, Transgender (LGBT)		
LGBT+ Social Group	Holistic Cultural & Education Wellness Center	Fresno
LGBT Alcoholics Anonymous	Alcoholics Anonymous	Fresno
LGBT Caring Community (Caregivers)	Family Caregiver Alliance: caregiver.org	Online
LGBT Support Groups for Survivors	National LGBT Cancer Network http://cancer-network.org	Online
PFLAG	Parents, Families, and Friends of Lesbians and Gays (PFLAG)	Fresno, Oakhurst
Queer & Transgender People of Color	Queer & Transgender People of Color	Fresno
Transgender	Trans-e-motion	Fresno
Mental Illness	National Alliance on Mental Illness	Fresno
Multiple Sclerosis	Multiple Sclerosis Society	Fresno, Clovis
Ostomy	St. Agnes Medical Center	Fresno
Parkinson's	Greater Fresno Parkinson's Support Group	Fresno
Stroke	Stroke Association	Fresno
Weight Loss	Overeaters Anonymous	Fresno, Clovis
	Take Off Pounds Sensibly (TOPS)	Fresno, Clovis, Madera, Oakhurst, Squaw Valley

Public Transportation options for older adults in Fresno and Madera counties include:

Fresno-Clovis Metropolitan Area

Fixed Route

- Fresno Area Express (FAX)
- Clovis Stageline

Curb to Curb

- Handyride (Fresno)
- Clovis Round Up

Rural Areas with Local Service and Regularly Scheduled Trips to Fresno

- Auberry Transit (Sierra foothill communities)
- Coalinga Transit
- Huron Transit
- Orange Cove Transit (Orange Cove, Reedley, Parlier Sanger)
- Southeast Transit (Kingsburg, Selma Fowler)
- Westside Transit (Firebaugh, Mendota, Kerman)

Rural Areas with Local Service Only

- | | |
|------------------------------------|---|
| • Del Rey Transit | • Mendota Transit |
| • Firebaugh Transit | • Parlier Transit |
| • Firebaugh-Mendota Transit | • Reedley Transit |
| • Fowler Transit | • Sanger Transit |
| • Kerman Transit | • Selma Transit |
| • Kingsburg Transit | • San Joaquin Transit (San Joaquin, Tranquility, Cantua Creek, Halfway, El Porvenir, Three Rocks) |
| • Laton Transit (Laton to Hanford) | |

Fresno county residents age 70 and older can take advantage of the Fresno Council of Government's Taxi-Scrip program, which provides a \$20 value booklet of taxi coupons for \$5. Eligible individuals can purchase up to five booklets each month, and can use the scrip with participating taxi services 24 hours a day, seven days a week.

Madera County

The City of Madera provides fixed-route service (Madera Area Express) and curb-to-curb service (Dial-A-Ride) within the city; there are no age or disability requirements for using Dial-A-Ride.

Madera County Connection (MCC) operates three fixed routes in Madera County, all originating from downtown Madera. The Eastern Madera County route serves Yosemite Lakes Park, Coarsegold, Oakhurst, Bass Lake, North Fork, and Madera Ranchos. The second route provides transportation for Fairmead and Chowchilla, while the third route serves the valley communities of Eastin-Arcola, Ripperdan, and La Vina.

Community Action Partnership of Madera County (CAP-MC) operates the Senior Citizen Bus in the mountain communities of Ahwahnee, Bass, Lake, Coarsegold, and Oakhurst, providing transportation for individuals age 60 and older and individuals with disabilities to medical appointments, congregate nutrition meal sites, and shopping centers. CAP-MC also operates the Medical Escort Bus for residents for residents of Ahwahnee, Bass Lake, Coarsegold, North Fork, Oakhurst, and Raymond.

Section 3

Description of the Area Agency on Aging

Background

The U.S. Department of Health and Human Services provides Older Americans Act funds to state and territorial governments for provision of community based nutrition, elder rights, family caregiver, health promotion, employment, and supportive services. The State of California administers distribution of these funds, as well as Older Californians Act funds, to the state's 33 Planning and Service Areas (PSA) via each PSA's Area Agency on Aging.

The Fresno-Madera Area Agency on Aging (Agency on Aging) is the lead agency in identifying and addressing the needs of older adults and their caregivers in PSA 14, and serves as a hub for dissemination of information, resources, and services. The Agency on Aging administers Older Americans Act and Older Californians Act funds at the local level.

The Agency on Aging was established in 1980 as a Joint Powers Authority (JPA), with Fresno County, Madera County, and the City of Fresno designated as the joint power entities. As a special district of local government, the Agency on Aging is a separate entity through which its member organizations collaborate to maximize resources and ensure coordinated and efficient provision of services.

The Agency on Aging's Governing Board is comprised of 15 dedicated community leaders. An elected official from each of the three JPA member organizations serves on the governing board, with four additional members appointed by each member entity. In addition to county supervisors and a city council member, board members include individuals with expertise in the fields of business, health care, social services, law enforcement, and non-profit management. The governing board reviews and approves the Agency on Aging's area plans, budgets, service provider contracts, and policies, and oversees the Agency on Aging's executive director position.

The 21-member Agency on Aging Advisory Council consists of seven representatives from each of the JPA member organizations. Council members are appointed by the Agency on Aging Governing Board, and bring to the table the spectrum of interests of older adults from their home communities. The council informs the Agency on Aging on issues pertinent to development, administration, and implementation of the area plan, and advocates on behalf of older individuals.

Community Focal Points

The term “focal point” means a facility established to encourage the maximum collocation and coordination of services for older individuals. (United States Code, Title 42, Section 3002(27))

The Fresno-Madera Area Agency on Aging, located in central Fresno, is the primary community focal point for older adult services in the service area. The Agency is collocated on the Sierra Resource Campus, a group of buildings in central Fresno that formerly served as a medical center. The largest building, the Senior Resource Center, is operated by the Agency on Aging and houses the following organizations:

- Fresno County Adult Protective Services;
- James Rowland Crime Victim Assistance Center;
- Fresno County Aged, Blind and Disabled Medi-Cal;
- Fresno County In-Home Supportive Services Public Authority;
- Fresno County Older Adult Mental Health Clinic; and
- Fresno County Services for Seniors Library.

Other buildings on the Sierra Resource Campus are operated by the FMAAA Foundation, and are occupied by:

- Fresno-Madera Area Agency on Aging;
- Fresno County In-Home Supportive Services;
- Valley Caregiver Resource Center, which operates the OASIS Adult Day Care Center, the Health Insurance Counseling and Advocacy Program, and the Long-Term Care Ombudsman Program, and co-operates the Family Caregiver Support Program with the Agency on Aging; and
- Fresno Healthy Communities Access Partners.

An additional 22 senior and community centers in 19 communities located throughout Fresno and Madera counties serve as local focal points where older adults and adults with disabilities can access information on available resources, activities, and services. (See Section 11, Community Focal Points)

Services Offered Directly by the Agency on Aging

Calls to the state's toll-free Senior Information Line (800-510-2020) that originate in Fresno or Madera County are routed to the Agency on Aging's Information and Assistance staff for handling. Walk-in inquiries from the public are also addressed, as well as an increasing number of e-mail inquiries generated by visits to the Agency on Aging's Web site, www.fmaaa.org.

Agency on Aging staff use an InfoVan to conduct outreach through Fresno and Madera counties, informing individuals of programs for older adults, adults with disabilities, and family caregivers at local events, medical facilities, and housing communities, as well as hard to reach venues such as migrant farm camps, rural clinics, and refugee centers.

The Congregate Nutrition program, which provides older adults with a nutritionally balanced meal and an opportunity for socialization, is administered through site management contracts with 17 service providers at 26 meal sites. The program is strongly supported by volunteers.

The Home-Delivered Meals program is provided for older adults who are confined to their homes and unable to prepare adequate meals.

Through nutrition education provided by the Agency on Aging for participants of the Congregate Nutrition and Home-Delivered Meals programs, older adults learn healthy eating habits, obtain information on understanding food labels, and receive assistance with managing nutritional choices for diabetes and other health conditions.

The Agency provides Case Management for unpaid family caregivers experiencing times of extreme difficulty in order to stabilize their situation and maintain their caregiving role.

Needs of older persons who are most at risk of losing their independence are addressed through the Multipurpose Senior Service Program (MSSP). The Agency on Aging's care managers arrange and monitor individualized health and psychosocial care plans for Medi-Cal eligible individuals aged 65 and over who qualify for nursing home placement but wish to remain in their homes.

The Linkages program serves older individuals who are experiencing difficulties completing their activities of daily living, are at risk for institutionalization, and are not eligible for other care management programs. Provision of case management and other supportive services, such as homemaker and chore services, help increase the Linkages client's level of independence.

Programs and Services Subcontracted by the Agency on Aging

Adult Day Care centers provide a safe and supportive environment where older adults with Alzheimer's disease or related dementias or brain impairments engage in meaningful social, physical, and mental activities, while caregivers of these individuals are able to maintain employment, run errands, and attend to their own needs. The Agency on Aging provides funding for two such centers: Valley Caregiver Resource Center's OASIS program located on the Sierra Resource Campus in Fresno, and the Madera Adult Day Care and Respite Center operated by the City of Madera.

Older adults with low income are able to resolve landlord/tenant disputes, obtain assistance with arranging for guardianship of their grandchildren, prepare simple wills, prepare advanced health care directives and durable power of attorney documents, halt unfair debt collection attempts, and resolve other legal issues with information and representation provided by Central California Legal Services (CCLS). CCLS enhances work performed by multilingual legal staff members with the services of pro bono attorneys and college interns. CCLS also provides education to the professional community and the public on recognizing and reporting physical, sexual, and psychological abuse of elders, including neglect, abandonment, and financial or material exploitation.

The Health Insurance Counseling and Advocacy Program (HICAP), administered by Valley Caregiver Resource Center, empowers individuals to choose the insurance program that best meets their needs. HICAP staff and trained state-registered volunteers conduct individual counseling sessions on topics including Medicare programs, retiree or employer group health insurance, long term care insurance, and other health coverage issues, and assist with appealing denials of Medicare coverage. The program's speakers bureau is popular with community organizations, senior and community centers, and residential facilities for older adults.

The Long-Term Care Ombudsman Program, administered by Valley Caregiver Resource Center, provides a voice for residents of skilled nursing and residential care facilities. Trained and certified volunteers serve as ombudsmen, investigating and resolving complaints, such as the quality of care and elder abuse. Ombudsmen also witness advance health care directives and property transfers, and advocate for the rights of residents.

The Agency on Aging co-administers the Family Caregiver Support Program with Valley Caregiver Resource Center, which offers community education, support groups, counseling, respite, and other key services for individuals who provide unpaid care for family members.

The Fresno Economic Opportunities Commission (EOC) provides door-to-door transportation in lift-equipped vehicles to and from three congregate nutrition meal sites in Fresno. Older residents residing within Madera city limits are provided with both fixed-route and curb-to-curb service in lift-equipped vehicles to congregate nutrition meal sites,

grocery stores, medical facilities, and other places where older adults conduct business and socialize.

The Senior Community Service Employment Program, administered by SER-Jobs for Progress, Inc., provides occupational training, work experience, and job placement assistance for older adults in retail, food service, clerical, janitorial, and groundskeeper positions. Businesses and nonprofit organizations alike benefit from services conducted by program enrollees.

Powerful Tools for Caregivers, administered by Valley Caregiver Resource Center, offers older adults who care for a family member with a six-week program to help them take care of their own needs, reduce stress, understand emotions, improve communication, and make effective caregiving decisions. Powerful Tools for Caregivers is an evidence-based program that meets the federal Administration on Aging's highest-level criteria for Health Promotion activities.

Section 4

The Planning Process and Establishing Priorities

Assessing the needs of the older adult population and planning for provision of services to meet these needs is an ongoing process involving formal and informal gathering and analysis of data, public input, and guidance from individuals who are actively engaged in providing services and leadership to this constituency.

The community leaders who serve as members of the Agency on Aging Governing Board continually inform and guide the Agency on Aging's planning process. Members of the Agency on Aging Advisory Council provide ongoing input to the Agency on Aging on activities and issues affecting older adults in their communities, as well as those they encounter while conducting presentations and participating in activities throughout Fresno and Madera counties.

Utilization of services provided by the Agency on Aging and its service providers is tracked in a database. Reports generated from this data, as well as program waiting lists, aid the Agency on Aging in identifying trends and determining which services are in greatest demand.

A review and analysis of data collected by other organizations also feeds into the planning process. For example, the U.S. Census Bureau, the State of California Department of Finance, the Center for Health Policy Research at the University of California, Los Angeles, and numerous other sources and studies are cited throughout this document.

The Agency on Aging develops and administers surveys to obtain data that is not readily available from other sources. A copy of the Needs Assessment Survey conducted in 2015 and 2016 is included in Section 5, Needs Assessment.

Agency on Aging staff members participate in civic and professional activities to stay abreast of issues and needs of the older adult constituency, as well as to advocate on their behalf. The Agency on Aging is represented on the Social Services Transportation Advisory Council for Fresno County and the Better Blackstone Stakeholders Advisory Committee, and regularly reviews agendas and minutes of city and county governments to identify advocacy opportunities.

The Agency on Aging's Nutrition staff convenes quarterly meetings with congregate nutrition meal site coordinators, who share successes, challenges, and ideas for service provision. The Agency on Aging Administration and Finance staff obtains input from each contracted service provider to develop objectives and service unit plans for the Area Plan and subsequent updates. Additional feedback on service provision is obtained from service providers as part of the contract monitoring process, as well as through ongoing dialogue with program managers and review of provider newsletters and Web sites.

In addition, the Agency on Aging's Information and Assistance staff continually interact with veterans, family caregivers, migrant farm workers, law enforcement personnel, first

responders, refugees, visitors to medical facilities and flu clinics, residents of apartment complexes and mobile home parks for older adults, and many other individuals during the course of conducting outreach and responding to requests for information. These one-on-one contacts provide a “true north,” albeit non-scientific, orientation for determining the focus of needs and services.

The Agency on Aging convenes public hearings each year to present information and obtain public comments on the development and content of the Area Plan and subsequent annual updates. Any comments received are evaluated and, wherever possible, incorporated into the final version of the Area Plan.

Section 5 Needs Assessment

Agency on Aging Survey of Older Adult Needs

The Fresno-Madera Area Agency on Aging designed and implemented a survey of older adults and family caregivers focusing on nine key areas: Demographics, ways of connecting, home and neighborhood, activities, concerns, nutrition, mobility, consumer and legal issues, and quality of life. The survey was translated into Spanish, and both English and Spanish versions were programmed to collect data online using Google forms. The English and Spanish versions were posted on the Agency's Web site, fmaaa.org. Flyers, in English and Spanish, were disseminated throughout Fresno and Madera counties to promote the online survey, both physically by staff and Advisory Council members and via e-mail to service providers and community partners. Hard copies of the surveys were also distributed to congregate nutrition sites and at Agency on Aging outreach events, and returned surveys were manually entered into the online survey tool. In the four months from September 8, 2015 through January 12, 2016, a total of 296 surveys were completed. Results were downloaded to an Excel spreadsheet and responses were tabulated for each of the 45 questions.

Demographics

- 82.7% of respondents were age 60 or older; of these, 33.7% were age 60-69, 28.2% were age 70-79, and 20.7% were age 80 or older.
- 40.4% identified their ethnicity as Hispanic/Latino. Race was reported as 68.6% White, 15.2% Other, 6% Black, 3.9% Asian, 3.5% American Indian/Alaska Native, and Multiple Race 2.8%.
- 31.7% of respondents reported annual income of \$11,770 or less, while 35.1% had income of \$30,000 or more. 18.5% had an annual income range of \$11,770-\$19,999, and 14.7% reported income of \$20,000-\$29,999.
- 12.3% of respondents had an 8th grade education; 33.6% obtained a high school diploma or GED. 17.9% completed a two year degree, while 27.2% obtained a four year or post graduate degree.
- English was the predominant primary language of respondents (75.1%), followed by Spanish at 21.8%. Other reported languages included American Sign Language (1.7%), Armenian (1%), and Chinese (0.3%).

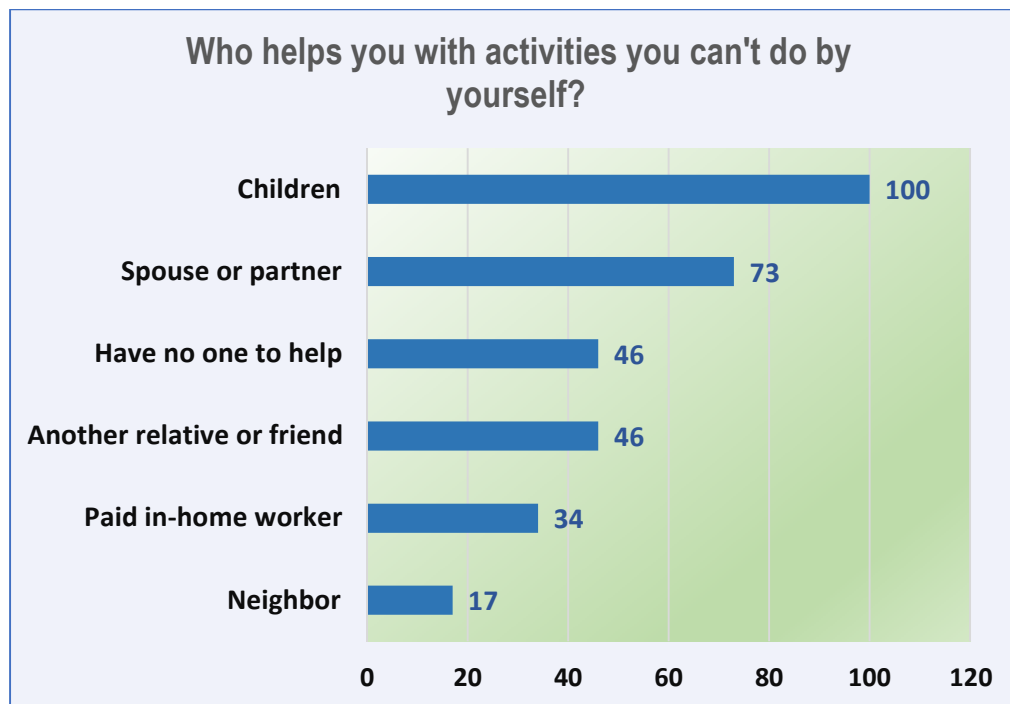
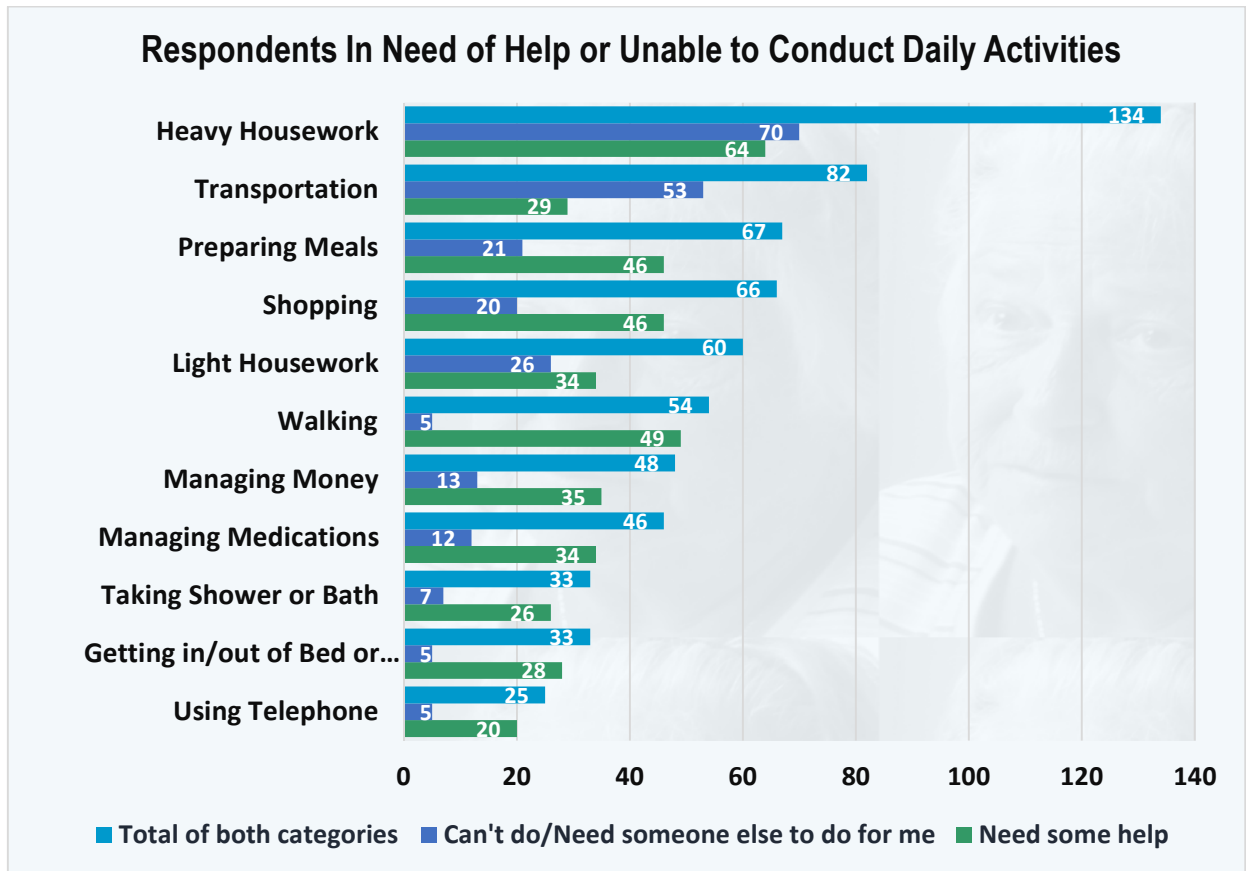
Ways of Connecting

- 53.1% of respondents use a computer, and 49.1% send and receive e-mail.
- Respondents find out the latest news from television (82.4%), newspaper (46.8%), radio (33.8 %), and/or the Internet (28.2%).
- Friends or relatives are the primary source for obtaining information on services (56.9%), followed by the Internet (41.6%), phone directory/yellow pages (37%), senior center staff (27%), the Agency on Aging (10.7%), and/or the library (5.3%).

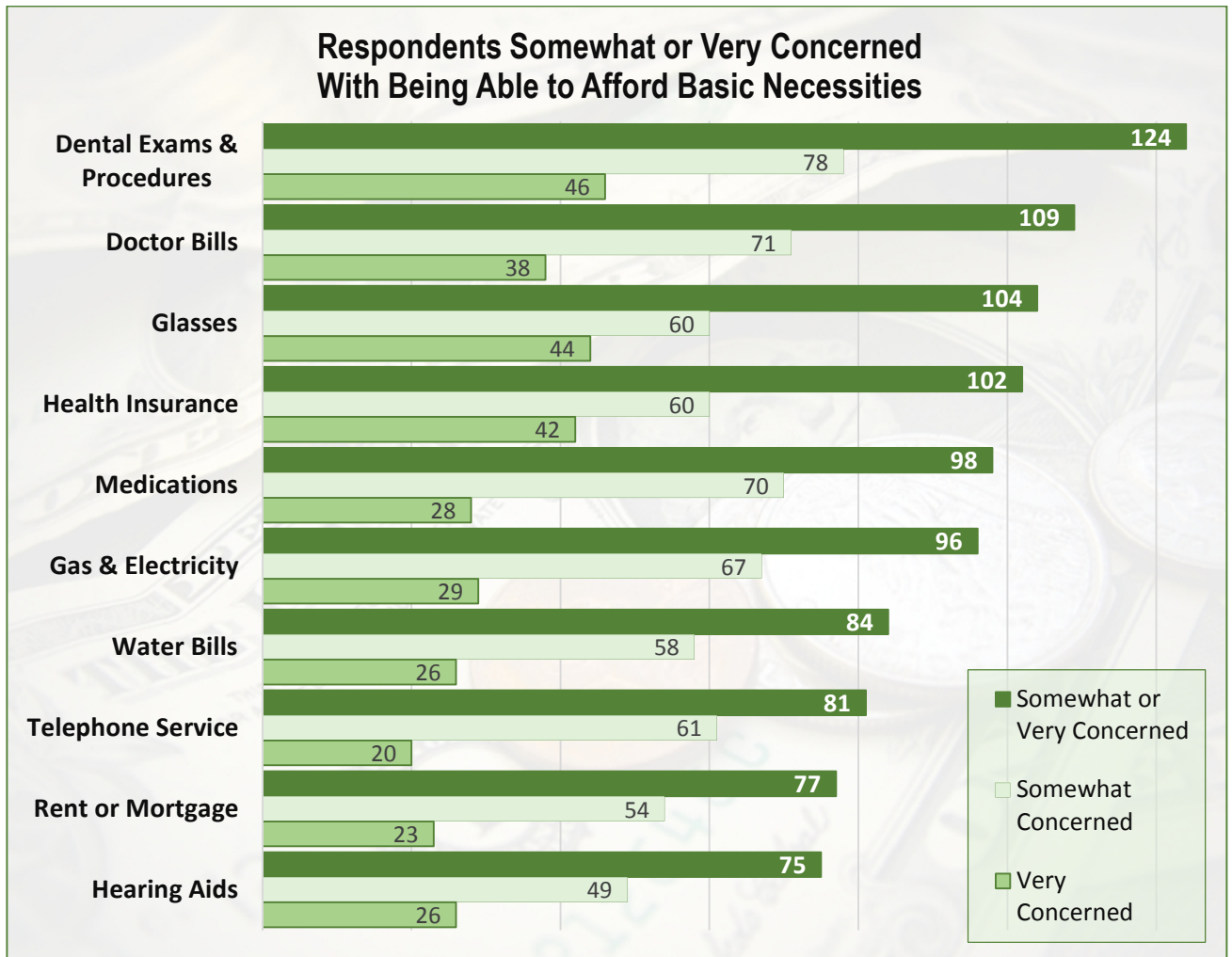
Home and Neighborhood

- Fresno County residents comprised 83.7% of the respondents, while 16.3% were Madera County residents.
- Residents of 24 communities completed surveys, of which 46.9% reside in the city of Fresno, 10.5% in Madera, 7.8% in Clovis, 6.1% in Selma, and the remainder in 20 other communities.
- 12.1% of respondents do not feel safe from crime inside their home, and 20.8% do not feel safe from crime when they go outdoors in their neighborhood.
- 33% of respondents live alone, while 36.5% live with their spouse or partner. Another 7.6% live with adult children and their spouse or partner, and 15.6% live with their adult children. 7% live with another relative, a friend, or a roommate.
- 74.1% of respondents live in a house or condominium, 16.6% in an apartment, 6.6% in a mobile home, and 1.7% in an assisted living or board and care home.
- 63.4% of respondents need help with home repairs, and 42.5% need help with yard work. 39.6% need home modifications, including grab bars (24.6%), ramps (8.2%), and/or wider doorways, lower counters, and/or other home modifications (6.7%).

Activities



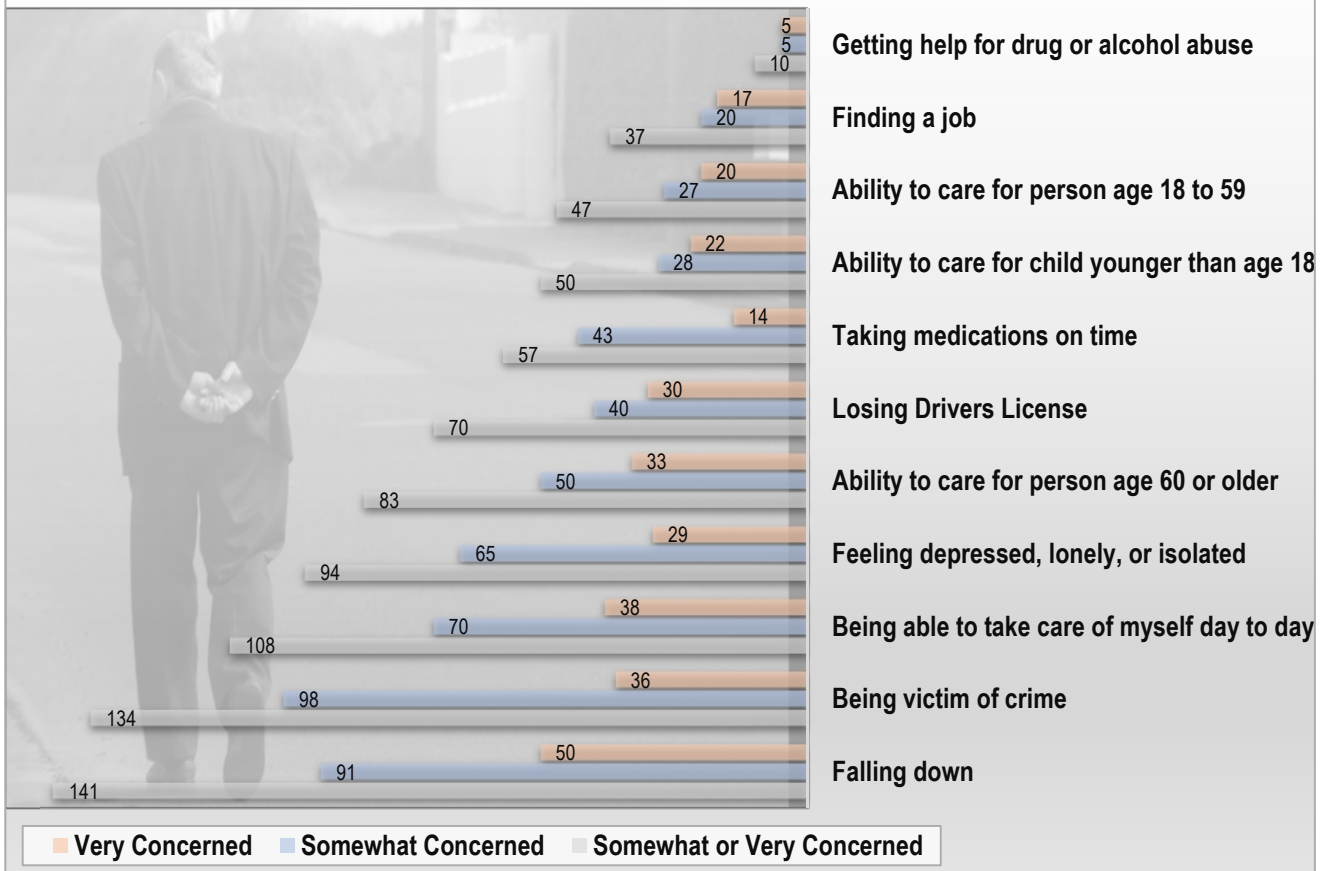
Concerns



All top five concerns are health related. Adults enrolling in Medicare at age 65 are often surprised to find that routine dental and vision care services are not covered by their new insurance plan.

In the year 2013, 39.4% of individuals age 65 or older had not visited a dentist in the past year. (*National Center for Health Statistics. Health, United States, 2014: With Special Feature on Adults Aged 55-64*, Hyattsville, MD, 2015) The American Foundation for the Blind's *Special Report on Aging and Vision Loss* reports that compared to the 18-44 age group, Americans 65-74 years of age are twice as likely and those age 75 or older are nearly three times as likely to report vision loss. (<http://www.afb.org/info/blindness-statistics/adults/special-report-on-aging-and-vision-loss/235> accessed March 21, 2016) In 2016, the Medicare Part A hospital insurance deductible is \$1,288 for each benefit period; coinsurance liability after 60 days runs \$322 per day for up to 90 days, and then \$644 per day for a maximum of 60 days in a lifetime. For Part B medical insurance, the premium runs from \$104.90 up to \$389.80 per month, and the deductible is \$166 per year. Medicare beneficiaries are liable for 20% of Medicare-approved Part B services. Medicare Part D prescription drug coverage deductibles and co-payments vary by plan.

Respondents Somewhat or Very Concerned - Specific Situations



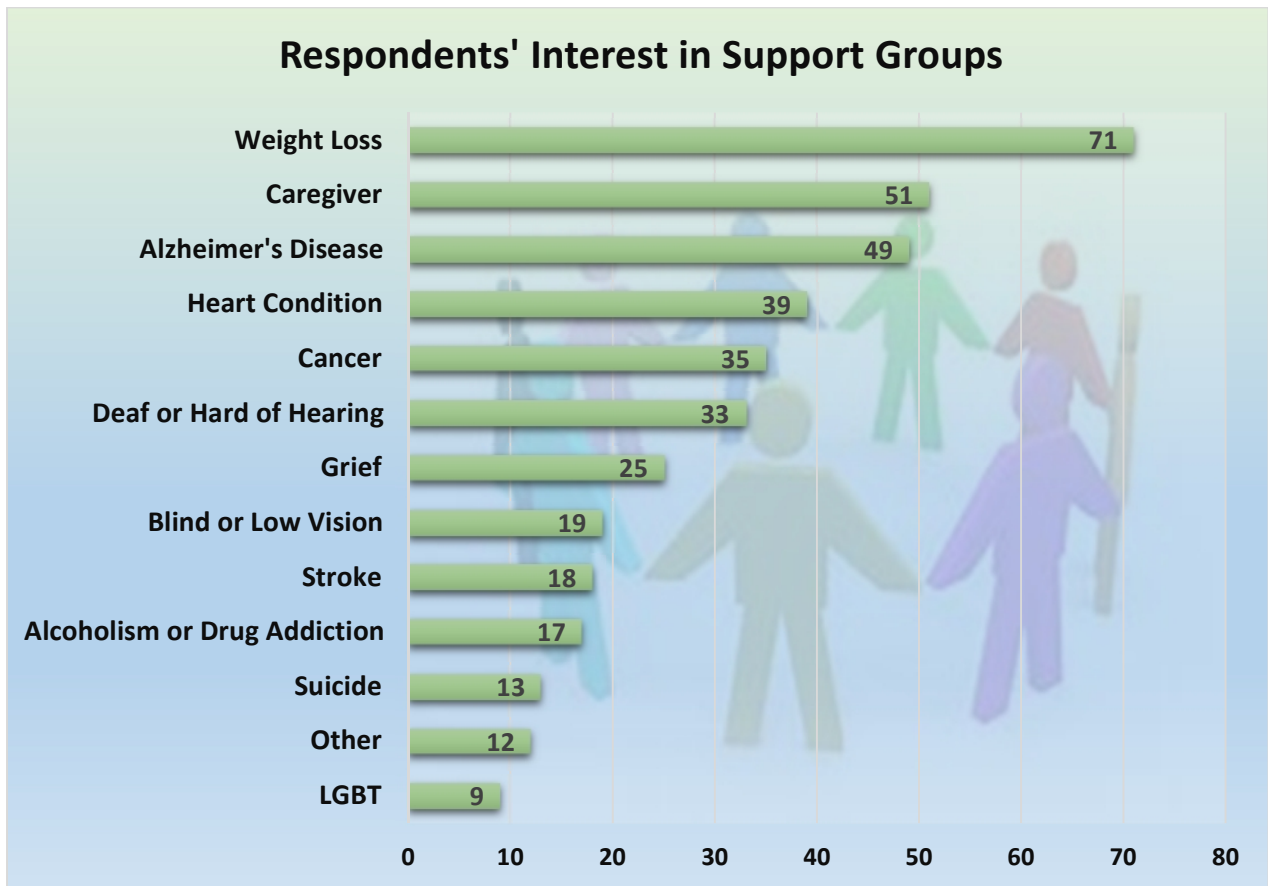
Most respondents indicated they were concerned about falling down. According to the Centers for Disease Control and Prevention, 2.5 million older adults are treated for fall injuries in the emergency room each year, more than 95% of hip fractures are caused by falling, and falls are the most common cause of traumatic brain injuries. (www.cdc.gov/homeandrecreationalafety/falls/adultfalls, accessed March 29, 2016)

In addition to the general public's fears of property crime and violent crime, older adults also contend with falling victim to a host of scams, telemarketing fraud, and abuse at the hands of their own children or caregivers. The National Center on Elder Abuse reports that older adults experiencing elder abuse have a 300% higher mortality risk than those who have not experienced abuse. (www.ncea.aoa.gov/Library/Data/index.aspx#impact, accessed March 29, 2016)

The ability to conduct activities of daily living—dressing, bathing, grooming, using the toilet, eating, walking, and getting in and out of bed—largely determines whether an older adult can continue to live independently. Those without family support, and those who do not qualify for In-Home Supportive Services, may not have the financial resources to pay for in-home assistance with activities of daily living and/or chores, meal preparation, shopping, and transportation to medical appointments.

Depression, loneliness, and isolation are experienced by many older adults who have lost their partners and friends; are experiencing poor health, or caring for another with poor health; are struggling with limited income; and many other challenges. Studies have shown that social isolation increases the risks of cognitive decline and negative behaviors including smoking and heavy drinking, as well as an increased risk of institutionalization and all-cause mortality. (*A Review of Social Isolation*, Nicholas R. Nicholson, *The Journal of Primary Prevention*, 2012;33(2-3):137-152)

For many, providing care for an older adult friend or family member translates into financial insecurity, as the caregiver finds it necessary to reduce work hours, take a leave of absence, or leave the work force prior to building up adequate Social Security and/or retirement income for their own retirement. In addition, caregivers are paying over \$5,500 per year in out-of-pocket expenses related to care provision. Caregivers who continue to work while providing care have a higher risk of fair or poor health than their non-caregiving coworkers. (*The MetLife Study of Caregiving Costs to Working Caregivers*, MetLife Mature Market Institute, June 2011)



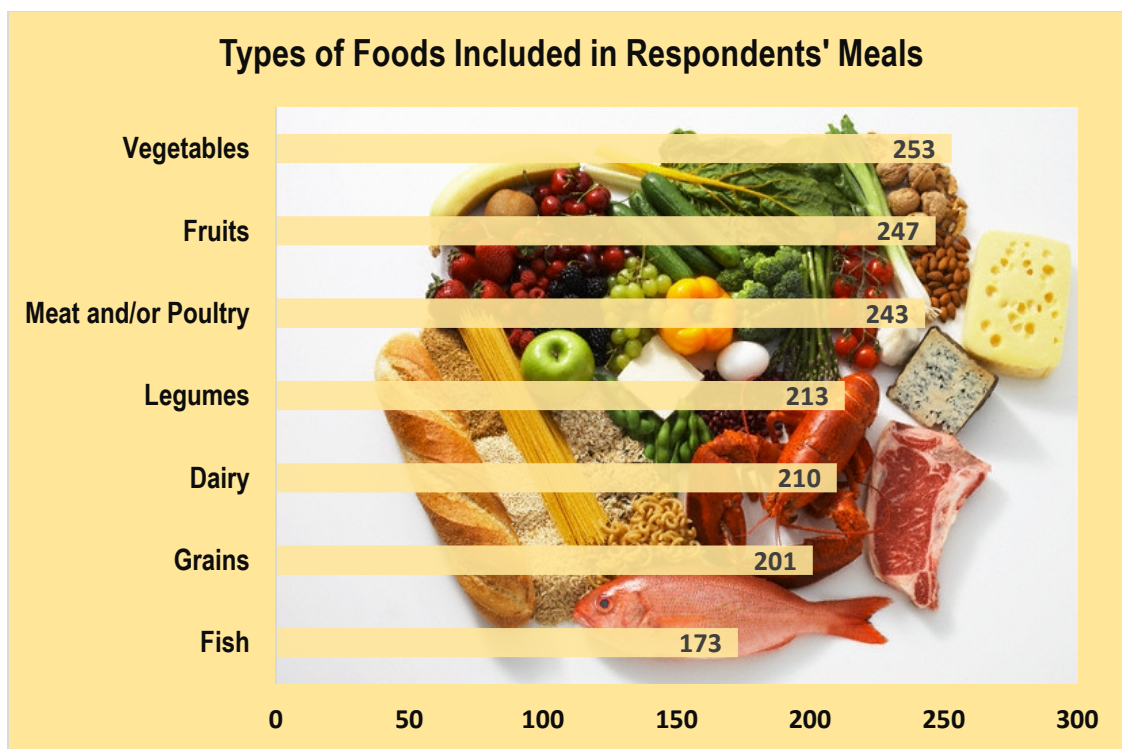
Respondents were most interested in support groups for weight loss. The Gallup-Healthways Well-Being Index found the U.S. adult obesity rate climbed from 25.5% in 2015 to 28% in 2015. The correlation of obesity to increased risk of diabetes, high blood pressure, and cardiovascular diseases is well known; studies are now finding that cognitive abilities, including executive function, memory, and processing speed, are also

affected. (*The Impact of Obesity and Exercise on Cognitive Aging*, John S.Y. Chan, Jin H. Yan, and V. Gregory Payne, *Frontiers in Aging Neuroscience*, December 20, 2013)

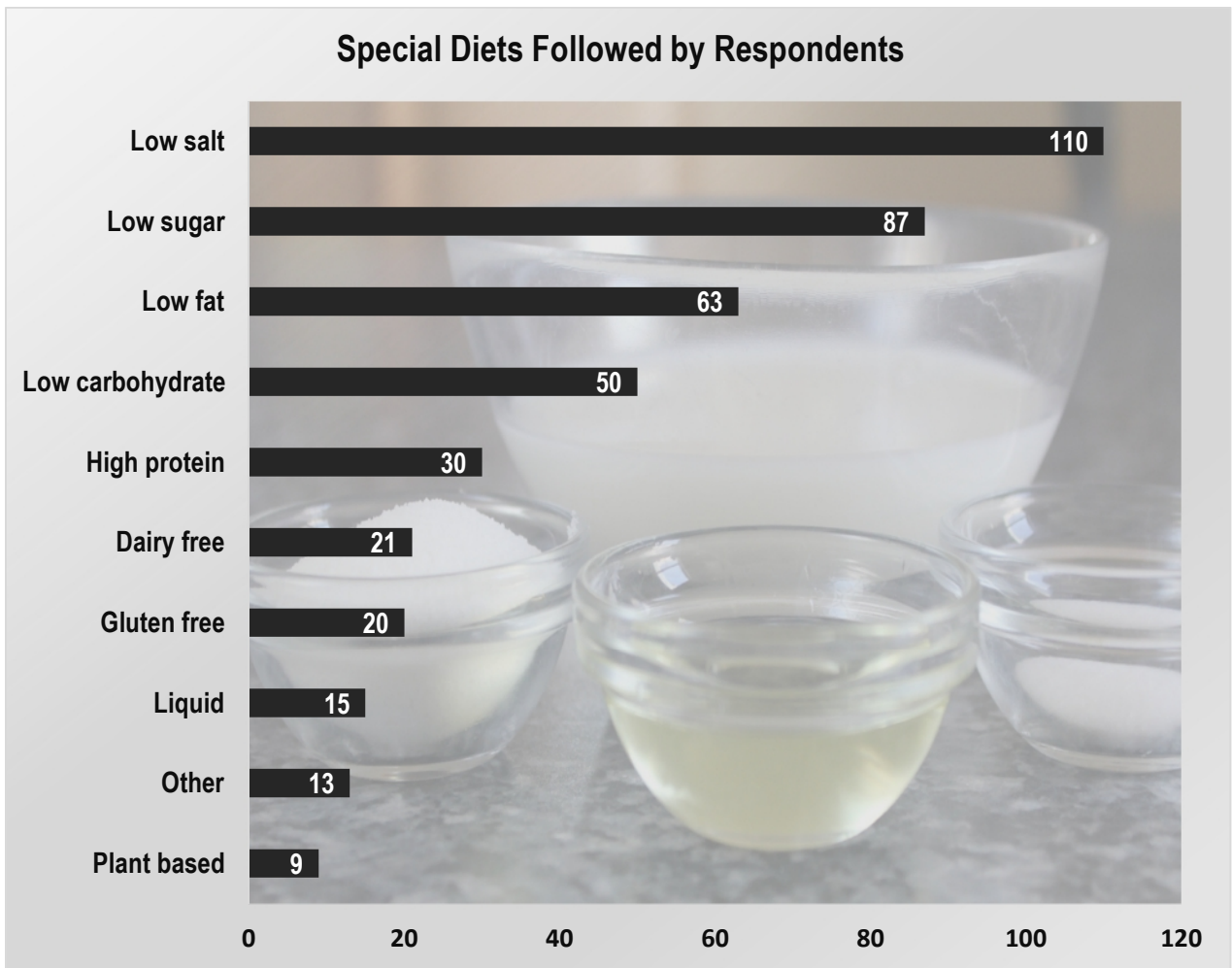
The number of respondents interested in support groups for caregiving and for Alzheimer’s disease was nearly equal. Caregivers who feel overwhelmed with providing around the clock care often find their stress is reduced by talking with others in the same situation. Alzheimer’s support groups can help those in the early stages of the disease to cope, while support groups for their caregivers can provide insight on appropriate care and techniques as the disease progresses.

A diagnosis of a heart condition or cancer can be life-changing. Coronary disease is the leading cause of death among individuals older than 65 (488,156 deaths in 2013) with cancer close behind (407,558 deaths in 2013). (*National Center for Health Statistics. Health, United States, 2014: With Special Feature on Adults Aged 55–64*, Hyattsville, MD, 2015) Support groups for older persons with these conditions and their caregivers can help further lifestyle changes and improve the quality of life for all involved.

Nutrition



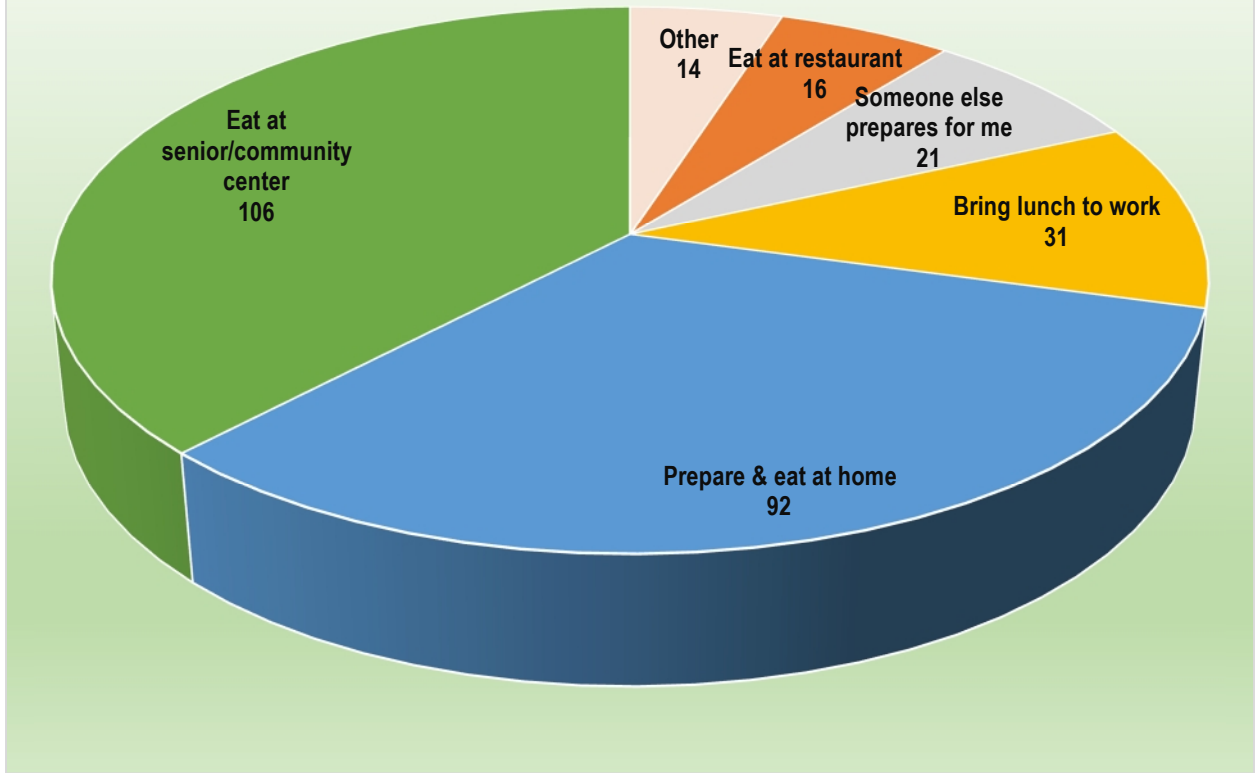
Respondents indicated they included vegetables, fruits, and meat/poultry in their meals more frequently than legumes, dairy, and grains. Fish was least frequently included in meals.



Respondents most frequently indicated they are on a low salt diet, and a large number indicated they are on low sugar diets. Diets low in fat and low in carbohydrates were the next most popular. Specialized diets were followed by a small number of respondents, including high protein, dairy free, gluten free, liquid, plant based, and other diets.

- When asked “Is there anything keeping you from eating healthy food,” 77.8% of respondents answered, “No, I eat healthy food.”
 - 15.7% answered “I don’t have enough income to buy healthy food.”
 - 4.6% answered “I’m unable to prepare a meal for myself.”
 - 3.8% answered “I can’t get to the grocery store.”
 - 2.3% answered “There is no grocery store in my neighborhood.”
 - 2.3% answered “The grocery store doesn’t sell the healthy food I need.”

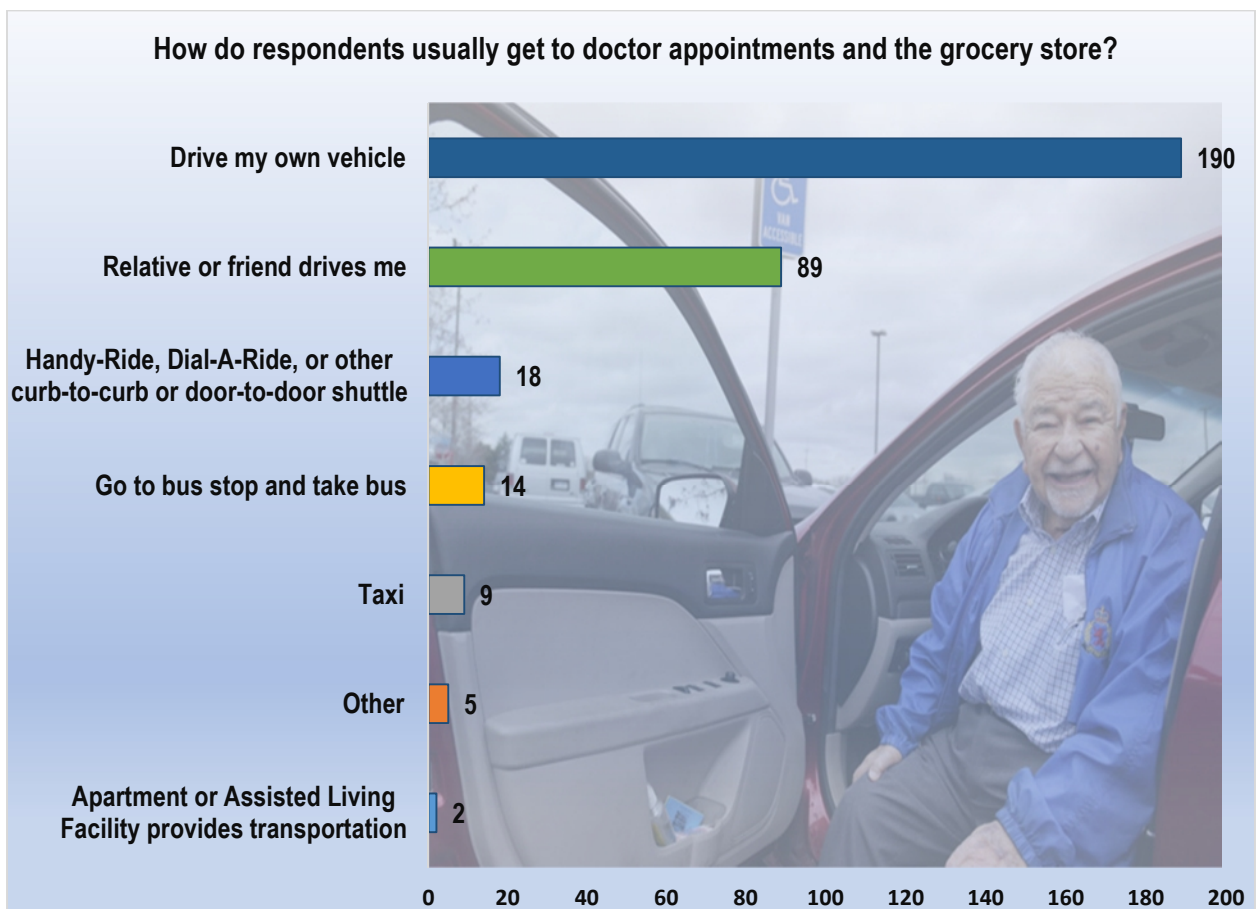
On a typical day, what do respondents do for lunch?



Many of the surveys were completed by Congregate Nutrition program participants at their meal site, which is reflected in the majority of respondents stating that on a typical day, they eat their lunch at a senior/community center. The next-largest group of respondents indicated that they prepare and eat their lunch at home, or bring their lunch to work. Only 21 respondents indicated that someone else prepares their lunch for them, while 16 typically eat lunch at a restaurant. Several of the respondents indicating “Other” stated that they skip lunch or have a snack.

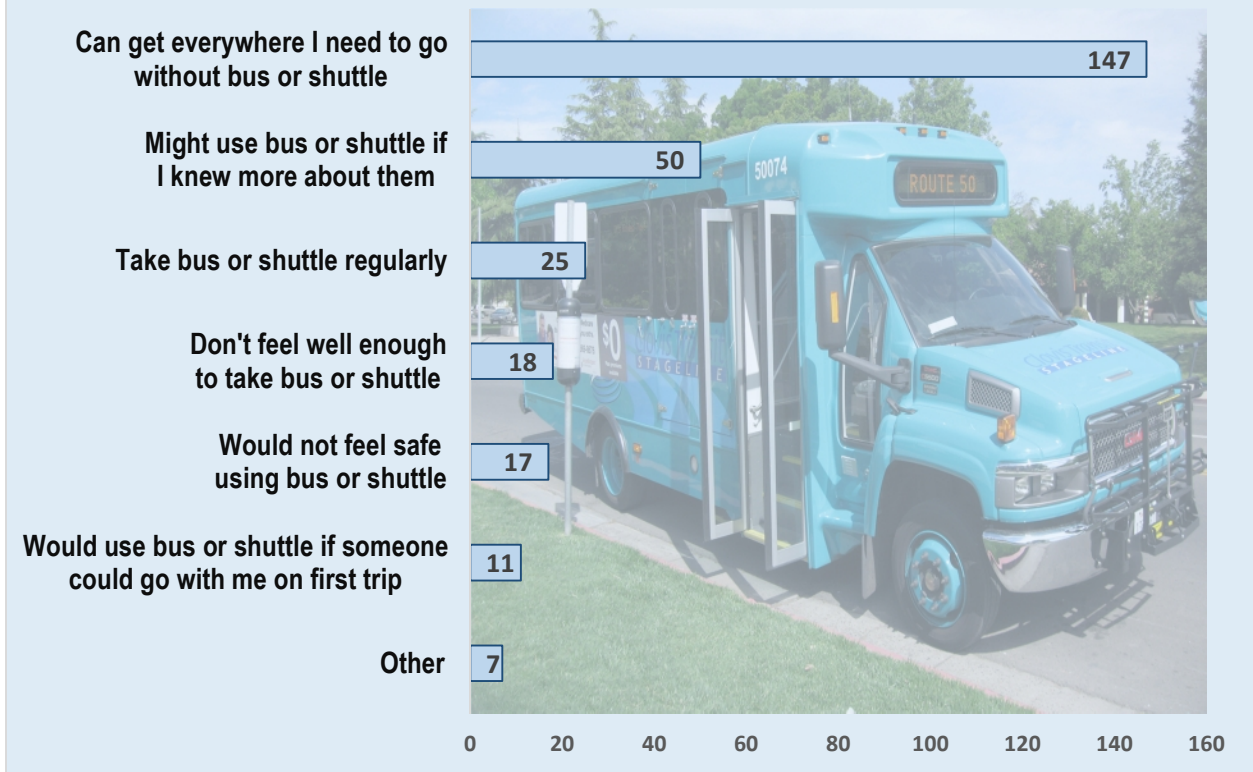
Mobility

- When asked “What does it take for you to be mobile,” 70% of respondents answered, “I can walk with no help.”
 - 17.2% answered “I can walk with a cane.”
 - 17.2% answered “I can walk with a walker.”
 - 6% answered “I use a wheelchair.”
 - 3.4% answered “I use a mobility scooter.”



- In the past year, 11.5% of respondents missed medical appointments, were unable to get groceries, or unable to pick up medications because they did not have transportation.
- In the past year, 15.1% of respondents were unable to visit with friends or family, unable to attend religious services, or unable to do the things they enjoy because they did not have transportation.
- 73% of respondents have never taken the bus or used a shuttle like Handy-Ride, Dial-A-Ride, or Round-Up.

How Respondents Feel About Taking the Bus or Using a Shuttle like Handy Ride, Dial-A-Ride, or Round-Up



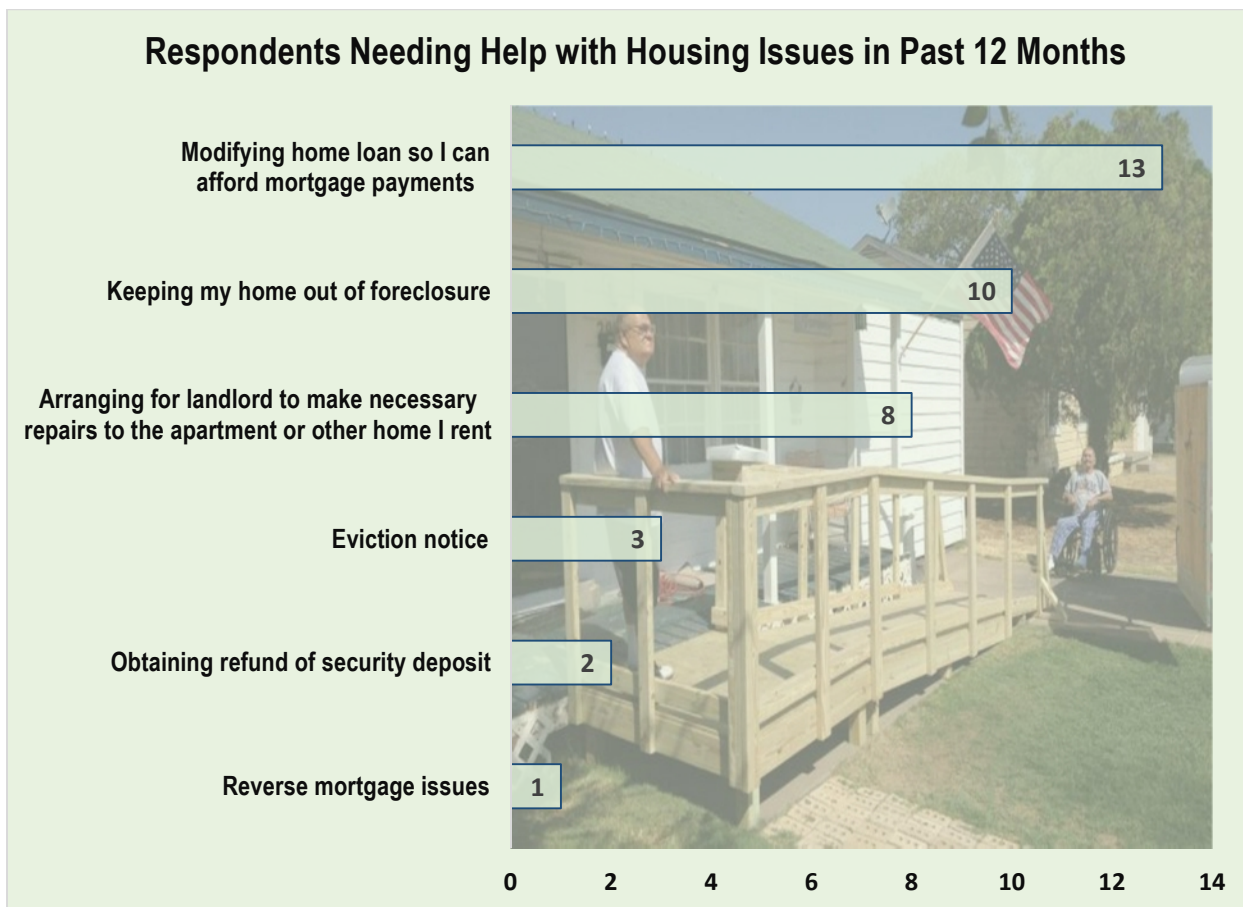
The majority of respondents indicated they can get everywhere they need to go without a bus or shuttle; only 25 indicated they take a bus or shuttle regularly.

The potential for increased public transit and paratransit use is indicated by the 50 respondents who might use a bus or shuttle if they knew more about them, and the 11 respondents who would use a bus or shuttle if someone could go with them on their first trip.

Poor health (18) and safety concerns (17) were reasons given for not using the bus or shuttle.

The Fresno County Public Transportation Gap Analysis and Service Coordination Plan released in September 2014 noted, “One might assume that households with persons who are 65 or older would have more challenges and find that they could not always get to where they needed to go because of a lack of transportation. However, there is no relationship. There is however relationship between the presence of persons 85 or older in the household and the ability to get where one needs to go. Of that group with persons 85 or older in the household, a total of 61% say they often find they are unable to go with a need to go because of the lack of transportation or that sometimes they are unable to do so.”

Consumer and Legal Issues

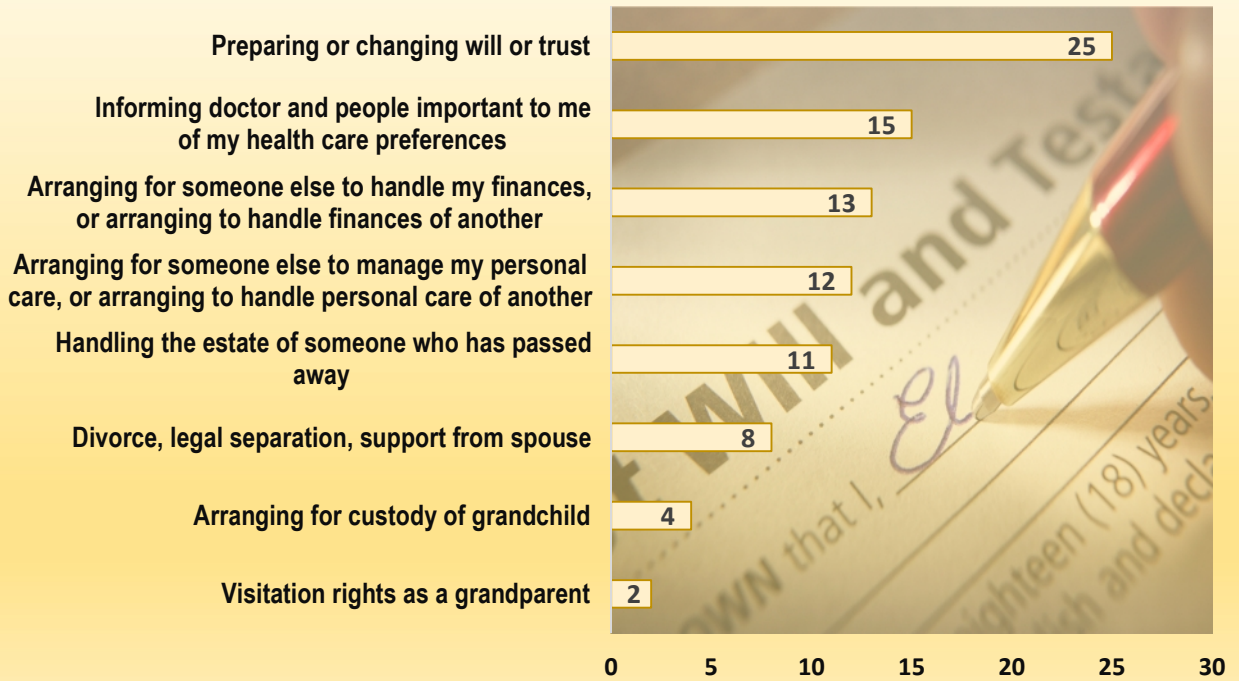


A small number of respondents indicated the need for assistance with housing issues, with the largest numbers (13) needing help with modifying a home loan, keeping a home out of foreclosure (10), and arranging for a landlord to make necessary repairs (8).

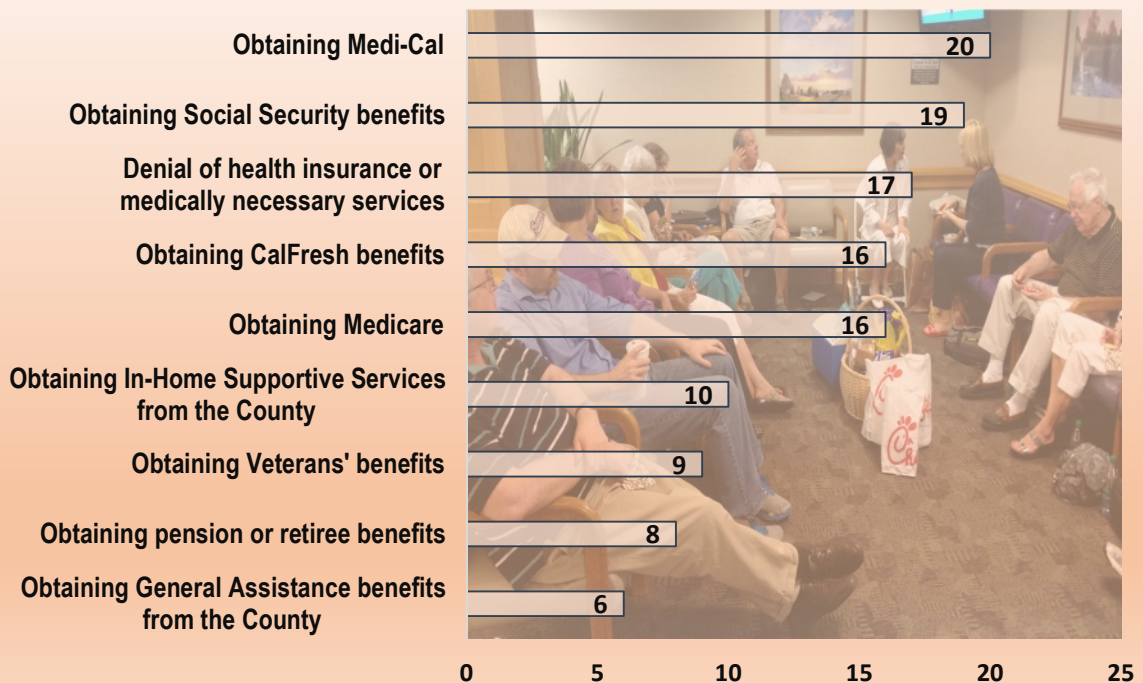
Respondents Needing Help with Consumer or Debt Issues In the Past 12 Months	
Issues with Debt Collectors	21
Contracts or Warranties	8
Filing for Bankruptcy	5

In November 2014, the Consumer Financial Protection Bureau reported over one-third of complaints received from older consumers were related to debt collection. Complaints included collection calls on medical bills covered by insurance, debts of deceased family members, and debts of other parties with the same name, as well as threats of arrest, criminal prosecution, garnishing of benefit checks, and use of offensive language.

Respondents Needing Help With Family or Estate Issues in Past 12 Months



Respondents Needing Help with Benefits or Insurance Issues in Past 12 Months



Respondents Needing Help Establishing Legal Status In the Past 12 Months	
Citizenship	4
Immigration	3
Naturalization	1

The small number of respondents answering questions regarding family or estate issues, benefits or insurance issues, and the need for help establishing legal status does not allow for a conclusive determination of need and priority; however, the answers do provide a glimpse into the challenges facing older adults as they attempt to navigate the legal system and government programs.

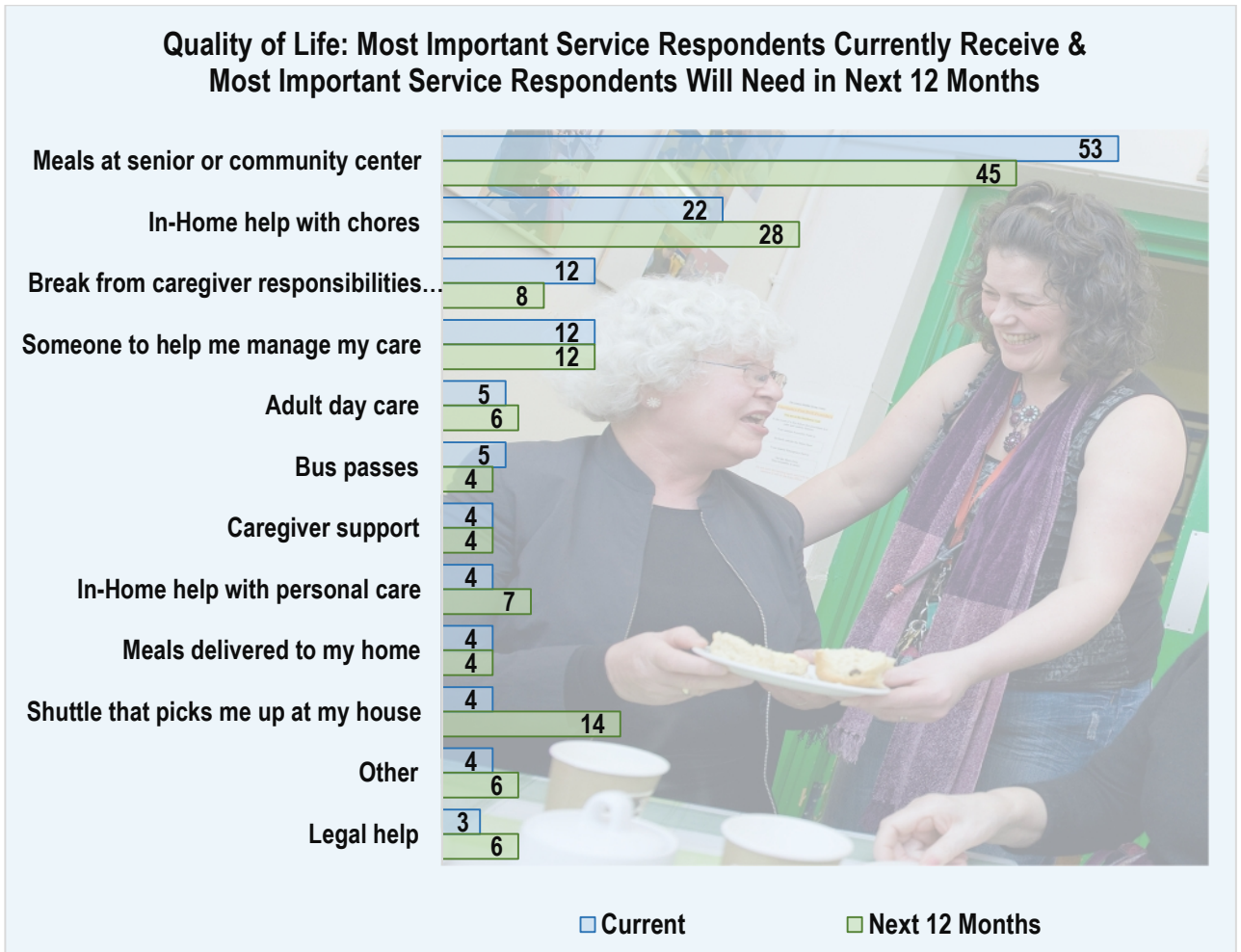
Respondents Needing Help with the Way They, or an Older Adult Family Member or Friend, Were Treated In the Past 12 Months	
Verbal assaults, threats, or humiliation	14
Illegal or improper use of a person's funds, property, or assets	6
Not allowed to see family members or friends	5
Use of physical force that could result in bodily injury, physical pain, or impairment	5
Deserted at a public location, such as a shopping center, or at a hospital or nursing facility	4
Not provided with necessary care, such as food, water, clothing, shelter, personal hygiene, medicine, comfort, or personal safety	3
Other: Teasing in public places, elder abuse at work	2
Sexual contact that is unwanted, or sexual contact with person incapable of giving consent	1

Respondents Experiencing Discrimination in the Past 12 Months	
Discrimination when trying to get a job or promotion	16
Discrimination when seeking medical treatment	11
Discrimination when trying to rent a place to live	7
Discrimination when seeking social services	5
Other (<i>Harassed to retire due to age, at senior or community center (3), need to have City disability rules, retail store, utilities, vans used by senior center for field trips don't accommodate wheelchairs</i>)	8

Respondents Answers: If you experienced discrimination in the past 12 months, why do you think you were treated unfairly?				
Age	24		Nationality	7
Gender	10		Physical Disability	11
Language	6		Race or Ethnicity	16
Marital Status	1		Religion or Beliefs	2
Mental Disability	2		Sexual Orientation or Gender Identity	1
Other (<i>Political views, I don't speak Spanish, because I am deaf, convenience of my employer, convicted felon, credit, type of medical insurance I have, finding an interpreter</i>)				8

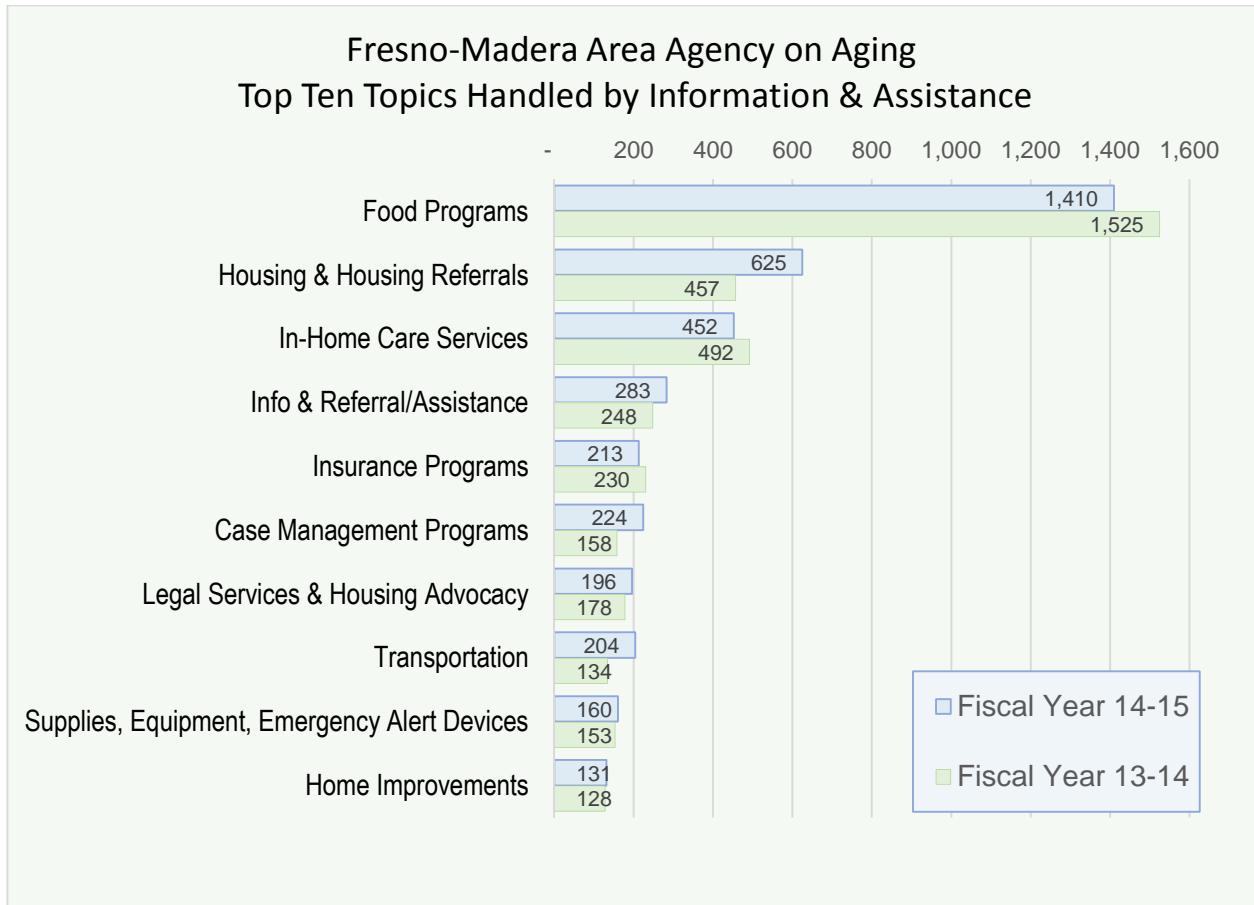
Respondents completing hard copy of the survey may not have been comfortable disclosing this information; however, even a small number of individuals indicating experience with elder abuse and discrimination is cause for concern.

Quality of Life

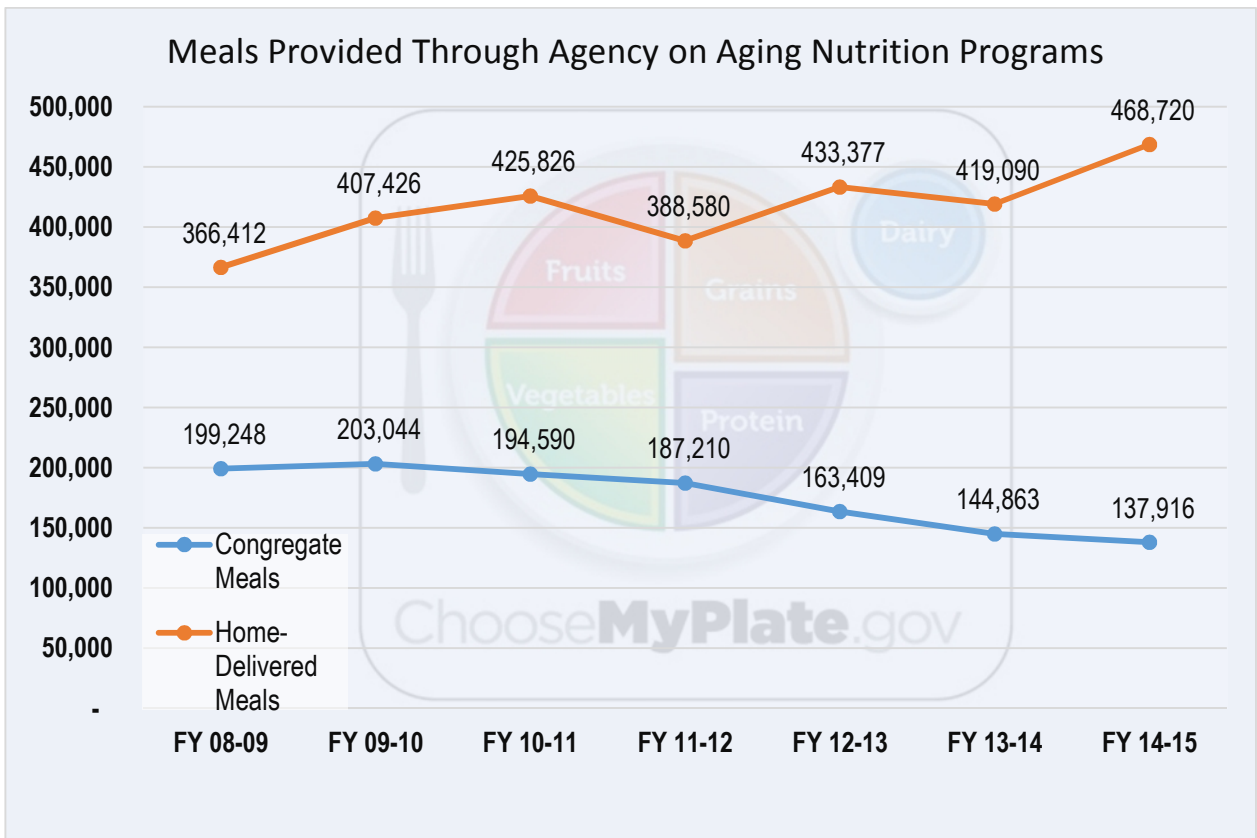


- 16 respondents are on a waiting list for services; and reported these services as follows:
 - Benefits
 - Seeing a doctor (need interpreter and doctors won't pay for one)
 - Cardiology
 - Senior paint program from City of Fresno
 - Electrical chair
 - To live at St. Agnes
 - Housing assistance
 - Utility reduction for oxygen equipment
 - HUD
 - VA reimbursement for ambulance transportation
 - Low income housing
 - Meals on Wheels
 - Medical
 - Section 8

In-House Data Relevant to Needs Assessment



Food program inquiries are primarily related to home-delivered meals. Requests for housing and housing referrals are typically for lists of rental communities for older adults, particularly those that are rent-subsidized, and placement assistance for residential care and long-term care facilities. Callers requesting help in the home are referred to In-Home Supportive Services if determined to meet initial eligibility criteria, or provided with referrals to private-pay in-home care providers; many callers have remarked that they are unable to afford this service. Information and referral/assistance inquiries are usually simple requests for a phone number or redirecting callers who reside outside of Fresno and Madera counties and are looking for their local Agency on Aging. Insurance program inquiries are most often related to Medicare; those requiring more than basic information are referred to the Health Insurance Counseling and Advocacy Program (HICAP). Case management inquiries are often from social workers and other professionals, as well as from family members calling on behalf of their relative. Legal services and housing advocacy inquiries are often related to landlord-tenant issues. Callers requesting transportation information typically need transportation to a medical appointment and are not well enough to use curb-to-curb para-transit. Callers looking for supplies and equipment most often are in need of wheelchairs. Requests for home improvements are usually for roofing, house painting, and plumbing repairs.



In the seven year period from July 1, 2008 through June 30, 2015, the total number of meals provided through the Agency on Aging’s congregate nutrition and home-delivered meals programs combined increased by 7.2%. The number of home-delivered meals increased by 27.9% during this period, while the meals served at senior and community centers decreased by 30.8%. During 2015, the wait time for enrollment in the home-delivered meals program ranged from six-to-nine months.

The decreasing number of congregate meals served is due to a number of factors. During the recession, decreased property taxes left several cities with difficult choices in service reductions; for some, this meant reduced staffing and closure of community centers that served as congregate nutrition meal sites. During fiscal year 2008-2009, 40 sites hosted the congregate nutrition program; as of March 2016, 26 sites remain. Many of the remaining centers reduced hours and activities, thus drawing fewer participants to the meal program. As the Greatest Generation ages into their 80s and 90s, many lose their mobility and transition to home-delivered meals. Individuals in their 60s are working more years than previous generations, and those not in the work force are not flocking to senior centers for meals or social opportunities.

Additional Information From Other Organizations Relevant to Needs Assessment

In preparation for the 2015 White House Conference on Aging (WHCOA), listening sessions, regional forums, and a Web site provided avenues for gathering input from older adults, caregivers, community leaders, and aging policy experts. Four common themes from these activities were identified in the 2015 WHCOA Final Report released on December 29, 2015:

Retirement Security: In addition to concerns with the future of Social Security, the decline of pension plans, and the instability of investments, participants expressed the need for more opportunities for lifetime income options and for ensuring there are opportunities to continue working beyond the traditional retirement age.

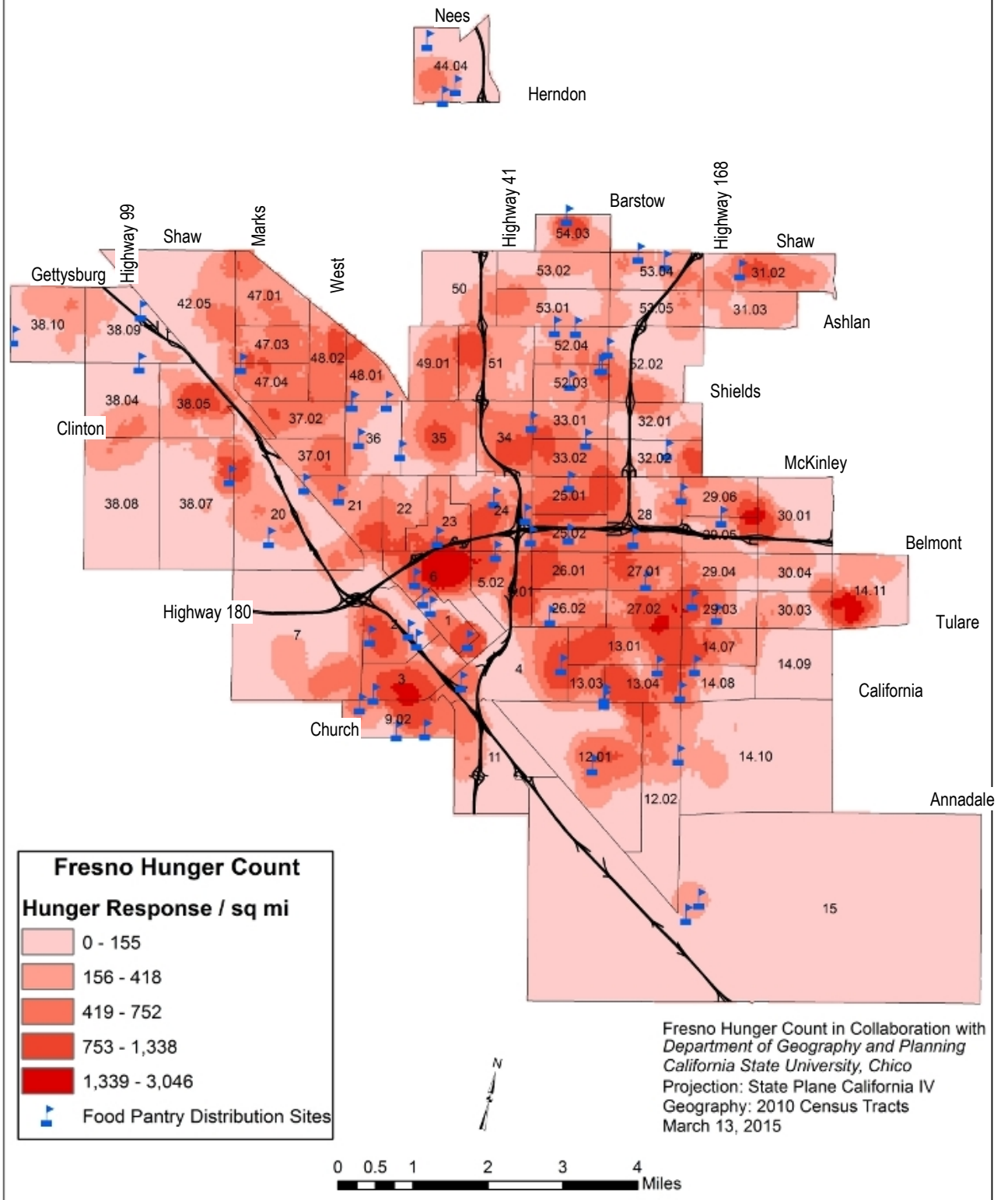
Healthy Aging: Participants expressed the need for a culture change to remove stereotypes of aging as a time of disability and disease to a time of promise and possibility, and to shift views of older adults as a drain on the economy to a resource for solving society's problems. Participants also recognized the benefits of continued social engagement, including a sense of purpose and reduction of social isolation. The need for age-friendly communities was identified, including access to accessible and affordable housing and transportation, preventive health services, nutrition, outdoor recreation and outlets for physical activity, cognitive and behavioral health services, and participation in the arts. Targeted outreach to diverse groups was identified as a need to ensure cross-cultural access to healthy activities.

Long-Term Services and Supports: The 2015 WHCOA Final Report states, "Perhaps more than any other issue, *the need to support informal caregivers arose in all of four priority issue areas and in all of our public engagement from coast to coast.*" In addition to addressing the emotional and financial needs of information caregivers and provision of respite relief and training, the need to build a direct-care workforce through improved work standards, training, and compensation was identified. Participants also expressed the need to increase home and community based service options for older adults for all levels of income and functional needs; a crucial need for care coordination across care settings; and an emphasis on cultural preferences and language accessibility.

Elder Justice: Input on elder justice included the need to prevent elder abuse before it happens, and to provide a coordinated response when abuse occurs, with the key priorities being public education and awareness, training and collaboration across sectors, and increased research on elder abuse.

In 2014, Fresno Hunger Count conducted a survey of neighborhoods with a median income of 200% or less of the federal poverty level; the subsequent report found that 51% of 42,137 households surveyed reported experiencing food shortages.

Fresno Hunger Count: Surveyed Census Tracts 2014



The California Department of Social Services reported a 76% increase in the number of Fresno County residents age 60 and older and a 74.6% increase in Madera County residents age 60 and older receiving CalFresh benefits in July 2015 as compared to July 2013.

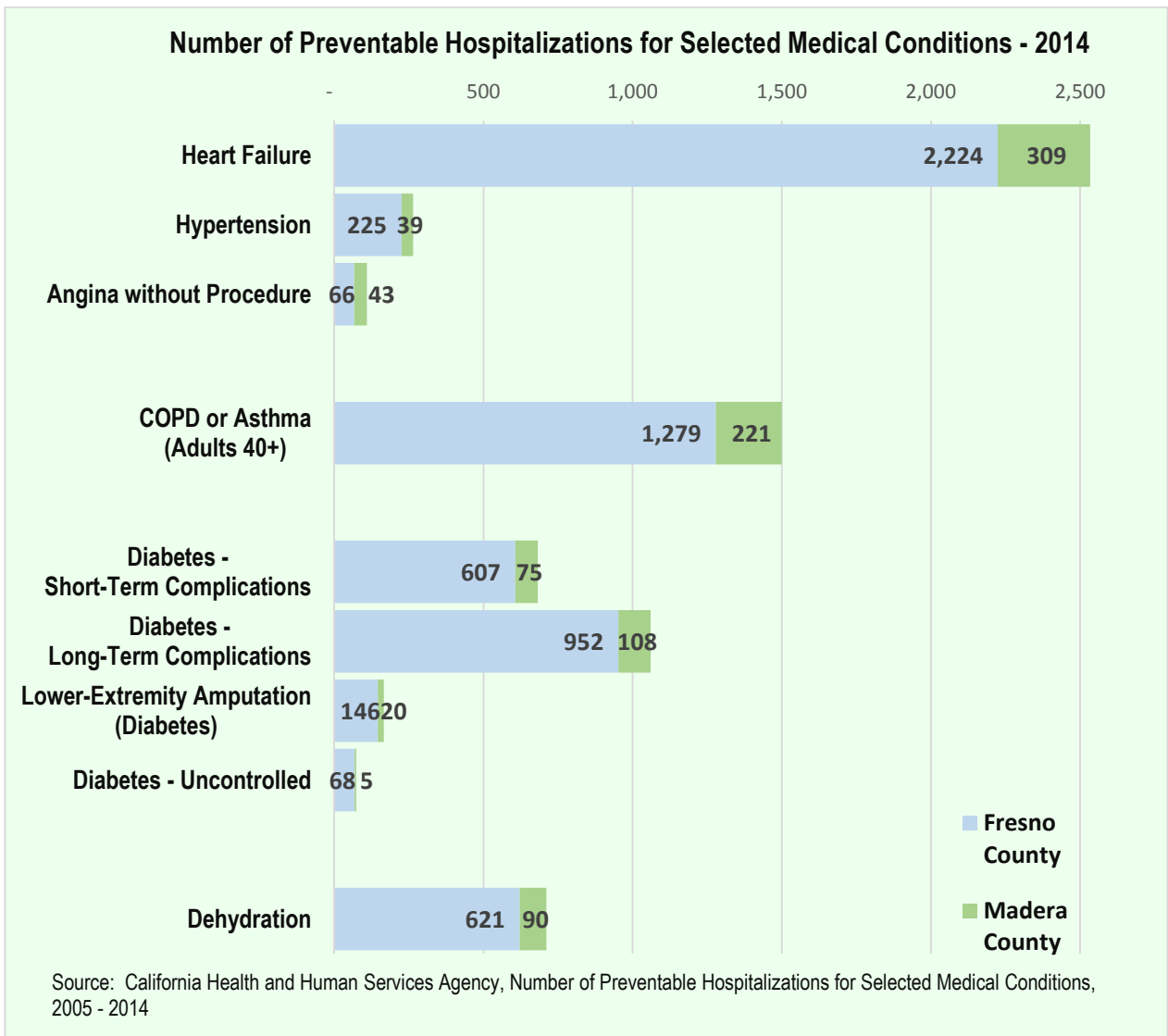
Fresno County	July 2013	July 2015	% Increase
Population Age 60+	147,191	158,747	7.9%
CalFresh Recipients Age 60+	5,364	9,438	76.0%
% of Population Age 60+ Receiving CalFresh	3.6%	5.9%	2.3%

Madera County	July 2013	July 2015	% Increase
Population Age 60+	26,873	28,993	7.9%
CalFresh Recipients Age 60+	619	1,081	74.6%
% of Population Age 60+ Receiving CalFresh	2.3%	3.7%	1.4%

Source: California Department of Social Services, CalFresh County Data Dashboard, July-September 2015 (www.cdss.ca.gov/research/PG3575.htm)

“For a wide array of health outcomes, food insecure seniors are worse-off than food secure seniors. Namely, they are 50 percent more likely to be diabetic, twice as likely to report fair or poor general health, three times more likely to suffer from depression, 30 percent more likely to report at least one ADL limitation, 14 percent more likely to have high blood pressure, nearly 60 percent more likely to have congestive heart failure or experienced a heart attack, and twice as likely to report having gum disease or have asthma.”

(The Health Consequences of Senior Hunger in the United States: Evidence from the 1999-2010 NHANES, Prepared for the National Foundation to End Senior Hunger, February 2014, Professor James P. Ziliak, Professor Craig Gundersen)



The California Health and Human Services Agency reports that 2,533 hospital stays by Fresno and Madera county residents for heart failure in 2014 could have been prevented, as well as 1,981 diabetes-related stays, 1,500 COPD or asthma related hospitalizations, 711 hospital stays for dehydration, 264 hospitalizations for hypertension, and 109 stays due to angina that did not result in a procedure.

In June 2015, the AARP Public Policy Institute and the National Alliance for Caregiving released *Caregiving in the U.S. 2015*, a research report based upon a survey of 1,248 caregivers providing unpaid care to an adult relative or friend. The findings include the following:

- 25% of caregivers report it is very difficult to get affordable services that would help with their care in the care recipient's community.
- Only 15% of caregivers have used respite services.
- 84% of caregivers indicated they could use more information or help with caregiving topics; of these, 42% need help keeping the care recipient safe at home; 42% need help with managing emotional/physical stress; 22% need help with making end of life decisions; 12% need help with managing challenging behaviors; 11% need help with managing incontinence/toileting problems, and 5% need help finding educational materials in a language other than English.
- Caregivers provide care an average of 24.4 hours per week; 23% provide care for 41 or more hours per week.
- 23% of caregivers found at least some difficulty in coordinating care among their care recipient's providers.
- Of the 59% of caregivers providing assistance with activities of daily living (ADLs), 43% help with getting in and out of beds and chairs; 32% help with getting dressed; 27% help with getting to and from the toilet; 23% help with bathing or showering; 23% help with feeding; and 16% deal with incontinence or diapers.
- 20% of caregivers who perform one or two (ADLs) for their care recipient report their own health has gotten worse; this rate increases to 28% for caregivers performing 3 to 5 ADLs, and 41% for caregivers performing all 6 ADLs.
- One in four caregivers performing ADLs report it is difficult to assist their care recipient with ADLs.
- One in five caregivers report a high level of physical strain as a result of their caregiving duties.
- Four in 10 caregivers consider their caregiving situation to be highly stressful.
- 18% of caregivers report experiencing financial strain as a result of providing care.
- Of the seven Instrumental Activities of Daily Living (IADLs), caregivers on average help their care recipient with 4.2 IADLs, of which 78% help with transportation, 76% help with groceries or other shopping, 72% help with housework, 61% help prepare meals, 54% help manage finances; 46% help with giving medications, pills, or injections; and 31% help with arranging outside services.
- 61% of caregivers report that caregiving has had at least one impact or change to their employment situation; of these, 49% go in late, leave early, or take time off; 15% report a leave of absence; 14% report reducing work hours or taking a less demanding position; 7% have received a warning about their performance or attendance; 6% have given up work entirely; 5% have turned down a promotion; 4% retired early; and 3% lost job benefits.

The Genworth *2015 Cost of Care Survey* reports the following median annual rates for community-based and institutional care:

Type of Care	Fresno County	Madera County
Adult Day Health Care	\$19,760	\$7,475
Assisted Living	\$42,000	\$43,950
Homemaker	\$45,646	\$48,048
Home Health Aid	\$45,760	\$48,048
Nursing Home-Semi-Private Room	\$82,673	\$86,505
Nursing Home-Private Room	\$88,695	\$91,250

These rates clearly demonstrate the high cost of institutionalization versus living in a community-based setting with supportive services, and why caring for a relative at home is not only a quality of life decision, but also the only financial option for many families.

Section 6 Targeting

Review of Targeting Priorities Established in the Older Americans Act

The Older Americans Act (OAA) Amendments of 2006 (OAA Section 306(a)(4)(B)) require that Area Agencies on Aging identify individuals eligible for assistance through OAA funded programs, and to inform these individuals and their caretakers of available services, with special emphasis on the following populations:

- Older individuals residing in rural areas;
- Older individuals with greatest economic need (with particular attention to minority individuals with low income and older individuals residing in rural areas);
- Older individuals with greatest social need (with particular attention to minority individuals with low income and older individuals residing in rural areas);
- Older individuals with severe disabilities;
- Older individuals with limited English proficiency;
- Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- Older individuals at risk for institutional placement.

“We don’t have the resources to meet every need. We have to prioritize.”

Diana Dooley,
Secretary, California
Health and Human
Services Agency,
January 7, 2016 on
Stakeholder
Conference Call on the
Governor’s Proposed
Budget for 2016-2017

Locations of Target Populations within Fresno and Madera Counties

Rural Areas

The U.S. Census 2010 has determined that the communities listed below are not part of an urbanized area or part of an urban cluster, and can therefore be considered as rural.

Fresno County Rural Communities			
Community	Zip Code	Community	Zip Code
Auberry	93602	Kingsburg	93631
Big Creek	93605	Lakeshore	93634
Biola	93606	Laton	93242
Burrel	93607	Miramonte	93641
Cantua Creek	93608	Mono Hot Springs	93642
Caruthers	93609	Piedra	93649
Del Rey	93616	Prather	93651
Dunlap	93621	Raisin City	93652
Five Points	93624	Shaver Lake	93664
Fowler	93625	Squaw Valley	93675
Friant	93626	Tollhouse	93667
Helm	93627	Tranquility	93668
Hume	93628		

Madera County Rural Communities			
Community	Zip Code	Community	Zip Code
Ahwahnee	93601	O'Neals	93645
Bass Lake	93604	Raymond	93653
Coarsegold	93614	Wishon	93669
North Fork	93643		

Older adults living in rural areas experience barriers such as geographic isolation, social isolation, limited local services, and limited transportation options when trying to access services.

Greatest Economic Need

Fresno County Community / Place	Age 65+ Income Below Federal Poverty Level	Age 65+	Age 65+ Poverty Rate
Fresno	6,357	47,378	13.4%
Clovis	943	11,044	8.5%
Sanger	673	2,632	25.6%
Selma	420	2,666	15.8%
Reedley	229	2,522	9.1%
Parlier	192	807	23.8%
Tranquility	128	225	56.9%
Huron	125	423	29.6%
Mendota	122	606	20.1%
Orange Cove	122	620	19.7%
Kingsburg	113	1,486	7.6%
Kerman	110	1,008	10.9%
Firebaugh	109	507	21.5%
Old Fig Garden	106	926	11.4%
Riverdale	99	296	33.4%
Coalinga	92	1,144	8.0%
Sunnyside	64	972	6.6%
Easton	46	298	15.4%
Tarpey Village	46	559	8.2%
West Park	44	113	38.9%
Tollhouse - 93667	40	328	12.2%
Squaw Valley	38	500	7.6%
Dunlap - 93621	37	111	33.3%
Mayfair	33	371	8.9%
Fowler	25	505	5.0%
Raisin City	25	34	73.5%
Malaga	21	86	24.4%
Minkler	18	258	7.0%
Cantua Creek	17	27	63.0%
Friant	17	119	14.3%
Lanare	17	34	50.0%
Five Points - 93624	9	48	18.8%
Biola	5	87	5.7%
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, Table S1701, Poverty Status in the Past 12 Months			

Madera County Community / Place	Age 65+ Income Below Federal Poverty Level	Age 65+	Age 65+ Poverty Rate
Madera	545	4,808	11.3%
Chowchilla	273	1,503	18.2%
Parkwood	98	211	46.4%
Bonadelle Ranchos – Madera Ranchos	80	1,053	7.6%
North Fork	80	630	12.7%
Ahwahnee	75	636	11.8%
Yosemite Lakes	75	1,000	7.5%
Coarsegold	65	382	17.0%
Madera Acres	58	808	7.2%
Oakhurst	42	601	7.0%
Raymond (93653)	30	333	9.0%
Bass Lake	7	238	2.9%
Fairmead	3	56	5.4%
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, Table S1701, Poverty Status in the Past 12 Months			

When targeting older adults in greatest economic need, both the number of older adults in poverty and the area's poverty rate for older adults must be considered. The areas most affected by elderly poverty—individuals age 65 and older who have income below the federal poverty level—are discussed below.

It is noteworthy that the highest poverty rate for older adults in Madera County is 46.4% (Parkwood), while the rates for four areas in Fresno County range from 50% (Lanare) to 73.5% (Raisin City).

The Parkwood area, on the Valley floor in Madera County, is bordered by Highway 145 on the east, Highway 99 on the West, Avenue 13 on the north, and Avenue 12 on the south. Further north on Highway 99, Chowchilla's elderly poverty rate is 18.2%. Coarsegold, located on Highway 41 in the Sierra foothills and home to the Picayune Rancheria of Chukchansi Indians, has a 17% poverty rate for older adults, while the rate in North Fork, home to the North Fork Rancheria of Mono Indians, is 12.7%. Ahwahnee, located on Highway 49 in the northern Madera County foothills has an 11.8% elderly poverty rate. Within the city of Madera, 545 older adults (11.3%) live in poverty.

In Fresno County, the areas with the highest poverty rates for older adults are Raisin City (73.5%), Cantua Creek (63%), Tranquility (56.9%), and Lanare (50%), all agriculture-based communities in the heart of the Central Valley. The West Park area of Fresno, a 1.8 square mile area in southwest Fresno, has a 38.9% elderly poverty rate. The

communities of Riverdale on the Valley floor and Dunlap in the Sierra foothills are almost equal in elderly poverty (33.4% and 33.3%). Huron in southern Fresno County has an elderly poverty rate of 29.6%. In Sanger, located east of Fresno at the base of the Sierra foothills, 25.6% of older adults live in poverty. Malaga, a small community located just east of Highway 99 and six miles south of Fresno, has a similar poverty rate (24.4%) to Parlier (23.8%), an agricultural city between Reedley and Highway 99, which in 2010 had the highest percentage of Hispanic residents (97.5%) in California. Firebaugh and Mendota, agricultural communities located nine miles apart on Highway 33 in the Central Valley, have elderly poverty rates of 21.5% and 20.1% respectively. Orange Cove, an citrus growing and packing center located 35 miles southeast of Fresno at the base of the Sierra foothills, has a 19.7% elderly poverty rate. In Five Points, an agricultural community located halfway between Highways 5 and 41 in southern Fresno County, the poverty rate for older adults is 18.8%, for which the estimated number is only nine. Selma's rate is 15.8%, and it also has the fourth largest population of older adults (420) living in poverty in Fresno County. Easton, a three-square mile community on Highway 41 and eight miles south of Fresno, has a 15.4% elderly poverty rate. The small community of Friant, east of Fresno by Millerton Lake, has a 14.3% elderly poverty rate, numbering only 17. Within the city of Fresno, 6,357 older adults live in poverty (13.4%).

Older adults with low income are most in need of basic services, including housing, transportation, and food programs. Barriers to accessing these services include waiting lists for low-income housing programs; insufficient income for transportation passes; inability to wait in line for food distributions and/or carry grocery bags on public transit due to medical conditions and/or disabilities; and waiting lists for home-delivered meals programs. Older adults who are homeless have additional barriers, including lack of safe emergency housing, food insecurity, lack of an address for program application forms, and lack of telephone service.

Limited English Proficiency

		Language Spoken at Home by Persons Age 65+ Who Speak English Less Than Very Well			
Fresno County Community / Place	Age 65+ Speak English Less Than Very Well	Spanish	Indo-European	Asian/Pacific Island	Other Language
Fresno	10,529	5,418	1,891	3,042	178
Clovis	1,219	441	297	410	71
Selma	923	674	234	15	
Sanger	914	863	48	3	
Reedley	866	743	15	108	
Parlier	550	550			
Mendota	390	390			
Huron	339	339			
Kerman	311	168	132	11	
Orange Cove	303	291		12	
Fowler	217	111	67	31	8
Kingsburg	213	159	17	37	
Mayfair	127	81		46	
Riverdale	109	109			
Coalinga	96	81		15	
Firebaugh	74	74			
Old Fig Garden	52	37	3	12	
Sunnyside	51	9		42	
Malaga	46	46			
Easton	41	36	5		
Biola	41	41			
Caruthers	33	9	24		
West Park	29	23		6	
Cantua Creek	27	27			

Language Spoken at Home by Persons Age 65+ Who Speak English Less Than Very Well					
Fresno County Community / Place (continued)	Age 65+ Speak English Less Than Very Well	Spanish	Indo-European	Asian/Pacific Island	Other Language
Raisin City	25	25			
Five Points-93624	24	16			8
Lanare	23	23			
Tranquility	20	20			
Auberry	20	7		13	
Laton	17	17			
Tarpey Village	14	14			
Monmouth	11	11			
Squaw Valley	11	11			
Del Rey	2	2			
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, Table S1601, Language Spoken at Home					

Nearly every community in Fresno and Madera counties, with the exception of Sierra foothill and mountain communities, has a large number of residents who speak Spanish. The highest concentration of older adults who speak Spanish and home and speak English less than very well reside in Valley floor communities.

Residents age 65 and older speaking another Indo-European language at home and speaking English less than very well are clustered in Fresno (1,891), Clovis (297), Selma (234), Madera (216), and Kerman (132), with pockets in Fowler (67), Sanger (48), and Caruthers (24).

Individuals age 65 and older who speak an Asian or Pacific Island language at home and speak English less than very well primarily reside in Fresno (3,042), Clovis (410), and Reedley (108), with pockets in Madera Acres (48), the Mayfair (46) and Sunnyside (42) areas of Fresno, Kingsburg (37), Madera (35), and Fowler (31).

A small number of individuals age 65 and older speak other languages and speak English less than very well, primarily in Fresno (178) and Clovis (71), with a small pocket in Ahwahnee (16).

Language Spoken at Home by Persons Age 65+ Who Speak English Less Than Very Well					
Madera County Community / Place	Age 65+ Speak English Less Than Very Well	Spanish	Indo-European	Asian/Pacific Island	Other Language
Madera	1,339	1,088	216	35	1,339
Chowchilla	265	233	17	15	265
Madera Acres	213	165	-	48	213
Parksdale	107	107	-	-	107
Bonadelle Ranchos-Madera Ranchos	45	45	-	-	45
Fairmead	42	37	5	-	42
Parkwood	37	37	-	-	37
Oakhurst	30	30	-	-	30
Yosemite Lakes	23	14	-	9	23
Coarsegold	18	-	18	-	18
Ahwahnee	16	-	-	-	16
North Fork - 93643	8	8	-	-	8
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, Table S1601, Language Spoken at Home					

Individuals with limited English proficiency encounter barriers such as social isolation, difficulty enrolling in programs or services where interpretation/translation resources are not provided, and loss of confidentiality when using family members or friends for interpretation/translation.

Individuals Age 65 and Older with a Disability							
Fresno County		Type of Disability					
Community/Place	Age 65+ with a Disability	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Ambulatory Difficulty	Self-Care Difficulty	Independent Living Difficulty
Fresno	20,652	9,032	4,413	6,314	14,043	5,936	10,507
Clovis	4,131	2,141	733	1,061	2,569	1,027	1,768
Sanger	1,412	748	339	400	874	319	643
Selma	971	335	205	291	784	315	480
Reedley	926	396	97	320	551	220	432
Coalinga	527	236	85	152	349	110	127
Kingsburg	526	187	59	148	345	113	258
Kerman	451	209	43	172	374	156	184
Sunnyside	376	123	73	106	245	69	178
Squaw Valley	337	205	46	54	205	102	128
Old Fig Garden	322	121	67	120	205	40	109
Mendota	306	130	61	99	215	61	116
Fowler	237	59	55	128	177	67	129
Parlier	237	47	62	99	148	60	163
Orange Cove	236	91	73	49	122	77	96
Tarpey Village	227	87	24	26	134	20	87
Firebaugh	199	118	17	17	129	73	80
Mayfair	191	47	39	32	114	0	66
Huron	164	65	80	52	137	25	46
Riverdale	160	89	6	17	119	17	29
Tranquility	144	73	16	16	144	36	36
Auberry	135	53	23	44	62	10	50
Tollhouse-93667	126	74	14	16	58	14	7
Minkler	104	83	17	87	67	21	87
Prather-93651	87	62	0	0	25	0	0
Friant	84	54	10	22	73	28	39
Fort Washington	73	38	0	60	35	0	60
Laton	72	64	21	5	18	0	5
Easton	69	22	20	3	40	10	12
Biola	66	56	41	13	61	61	66
Malaga	62	10	4	14	49	18	21
Del Rey	47	20	5	5	45	9	14
West Park	45	3	24	0	28	17	22

Individuals Age 65 and Older with a Disability							
Fresno County		Type of Disability					
Community/Place	Age 65+ with a Disability	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Ambulatory Difficulty	Self-Care Difficulty	Independent Living Difficulty
Dunlap-93621	37	0	0	0	37	0	0
Shaver Lake	35	15	3	2	8	5	9
Raisin City	28	21	14	11	25	18	18
Monmouth	24	2	6	6	14	3	13
Caruthers	19	19	0	0	0	0	0
Cantua Creek	17	0	0	17	0	0	0
Calwa	15	15	0	0	0	0	0
Hume-93628	14	14	14	14	14	14	14
Big Creek	12	0	10	0	12	0	0
Centerville	8	4	0	0	4	0	0
Five Points-93624	6	2	0	0	4	4	4
Lanare	6	0	6	6	6	6	6

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, Table S1810, Disability Characteristics

The U.S. Census identifies the population with disabilities within six categories:

- Hearing difficulty: Deaf or having serious difficulty hearing.
- Vision difficulty: Blind or having serious difficulty seeing, even when wearing glasses.
- Cognitive difficulty: Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions.
- Ambulatory difficulty: Having serious difficulty walking or climbing stairs.
- Self-care difficulty: Having difficulty bathing or dressing.
- Independent living difficulty: Because of a physical, mental, or emotional problem, having difficulty doing errands alone, such as visiting a doctor's office or shopping.

Individuals who indicate difficulty in one or more of these categories are considered by the U.S. Census to have a disability.

Individuals Age 65 and Older with a Disability							
Madera County		Type of Disability					
Community/Place	Age 65+ with a Disability	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Ambulatory Difficulty	Self-Care Difficulty	Independent Living Difficulty
Madera	2,353	1,135	540	420	1,575	569	905
Chowchilla	889	453	238	239	698	340	386
Bonadelle Ranchos-Madera Ranchos	381	218	54	75	191	57	154
Madera Acres	360	184	170	70	230	104	164
Yosemite Lakes	357	144	74	42	235	104	145
North Fork-93643	355	167	90	110	172	123	147
Ahwahnee	255	149	19	18	136	55	103
Oakhurst	226	99	37	70	149	27	77
Coarsegold	141	111	26	31	69	18	52
Raymond - 93653	123	91	34	20	63	27	45
Parksdale	106	21	22	56	82	29	85
Bass Lake	88	32	0	0	68	0	7
Parkwood	62	42	42	26	41	26	47
Wishon-93669	53	26	18	0	39	0	12
Fairmead	36	9	36	27	31	27	27
Nipinawasssee	34	13	13	21	13	21	13
Rolling Hills	33	17	16	0	7	0	0
O'Neals-93645	11	11	11	11	11	0	0

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, Table S1810, Disability Characteristics

Older adults with disabilities are most at risk for losing their independence and institutionalization. Individuals with vision, cognitive, ambulatory, self-care, and/or independent living difficulties are most in need of services to help them remain living in their homes, such as case management, chore, homemaker, home-delivered meals, and personal/home security. These individuals may also be in need of assisted transportation, including an escort, for medical appointments rather than curb-to-curb paratransit or taxi service.

Caregivers of these individuals are most in need of respite care, adult day care, and the spectrum of services available under the Family Caregiver Support Program.

Individuals with a hearing disability may be in need of interpretation/translation services to access services, such as medical appointments or legal assistance.

Minority Individuals

The U.S. Census Bureau's 2010-2014 American Community Survey provides five-year estimates of race and ethnicity of individuals age 60 and older for the three largest cities in Fresno and Madera counties.

Race and Ethnicity of Individuals Age 60 and Older						
Population Segment	Fresno		Clovis		Madera	
Age 60+	71,279		16,192		7,062	
White	48,684	68.3%	12,937	79.9%	5,332	75.5%
Black	4,990	7%	372	2.3%	254	3.6%
American Indian/ Alaskan Native	428	.6%	194	1.2%	71	1%
Asian	8,055	11.3%	1,393	8.6%	268	3.8%
Native Hawaiian/ Other Pacific Islander	71	.1%	81	.5%	14	.2%
Some Other Race	7,484	10.5%	907	5.6%	855	12.1%
Two or More Races	1,639	2.3%	308	1.9%	268	3.8%
Hispanic Age 60+	18,889	26.5%	2,477	15.3%	3,445	48.8%
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, Table S0102, Population 60 Years and Over in the United States						

The percentages of Fresno, Clovis, and Madera residents age 60 and older indicate:

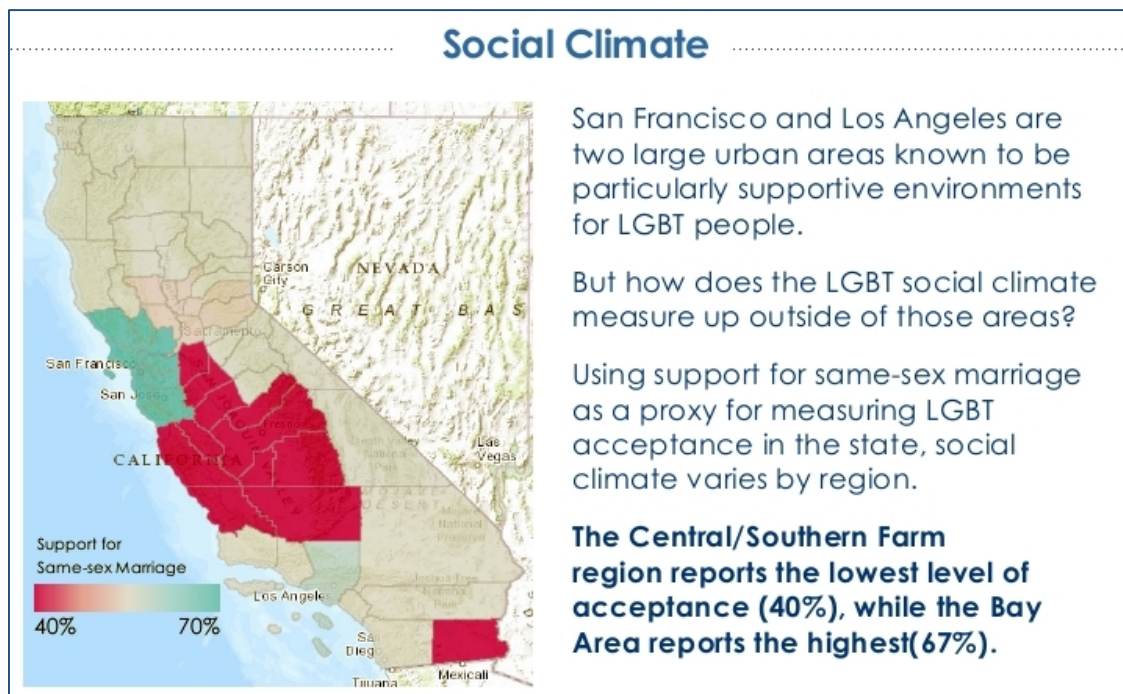
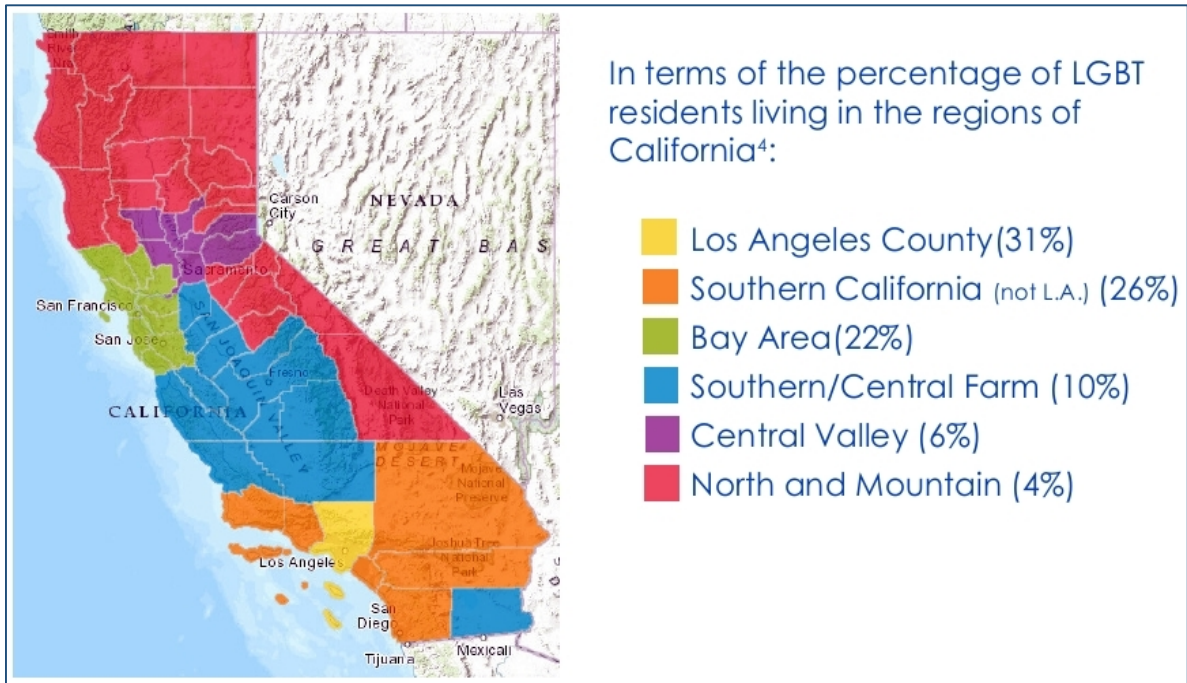
- Hispanic Ethnicity: Madera has three times the percentage of Clovis, and nearly twice that of Fresno.
- Black: Fresno has over three times the percentage than Clovis, and nearly twice the percentage of Madera.
- American Indian/Alaskan Native: Clovis has double the percentage of Fresno, and slightly above that of Madera.
- Asian: Fresno has nearly three times the percentage of Madera, and is 2.7 percentage points higher than Clovis.
- Native Hawaiian/Other Pacific Islander: All three cities have less than one-percent.
- Some Other Race: Madera has over double the percentage of Clovis, while Fresno has 4.9 percentage points more than Clovis.
- Two or More Races: Madera's percentage is double that of Clovis, while Fresno has 1.5 more percentage points than Clovis.

The US Census Bureau's 2010-2014 American Community Survey does not provide race and ethnicity data for individuals age 65 and older who reside in smaller communities; however, the preceding tables for Language Spoken at Home can be used to plan targeting activities for these areas.

Older adults who are minorities and speak a language other than English face the same barriers as older adults with limited English proficiency, including social isolation, difficulty enrolling in programs or services where interpretation/translation resources are not provided, and loss of confidentiality when using family members or friends for interpretation/translation. Older adults who are minorities can also face discrimination when seeking services.

Lesbian, Gay, Bisexual, and Transgender (LGBT) Individuals

According to the Williams Institute, ten percent (133,400) of California's 1,334,000 LGBT residents live in the twelve-county Southern/Central Farm region of California, which encompasses Fresno and Madera counties. This same region has the lowest levels in the state for acceptance of LGBT people (40%) and LGBT college completion (28%). (The LGBT Divide in California: A Look at the Socioeconomic Well-being of LGBT People in California, Angeliki Kastanis, Williams Institute, January 2016):



Older LGBT adults may experience barriers such as social isolation, lack of family support, discrimination when accessing services, fear of harassment or hostility, and fear of hate crimes. Older LGBT partners may also be denied income that heterosexual married partners receive, such as survivor benefits for Social Security and retirement plans, and tax breaks on inheritances.

How Needs of Targeted Population Will Be Addressed

The Agency on Aging will continue to schedule outreach activities targeting older adults most in need of access to services. The tables contained in this section will be used to ensure that communities and areas that have the highest concentrations of older adults who have low income, who speak English less than very well, who have disabilities, and who are members of minority groups, including those in rural areas, are given the highest priority for one-on-one outreach. Opportunities such as food commodity distributions, flu clinic sites, and health and resource fairs in these areas will be identified for outreach activities. Bilingual outreach will be conducted in English and Spanish. The Agency will continue to pursue opportunities to engage with elders at special events for the LGBT population, and to provide referrals to LGBT resources and support groups as needs are identified during all outreach activities and during the course of discussion with Information and Assistance contacts.

Partnerships with community-based organizations that provide services for the targeted groups will continue to be nurtured, with community education provided for staff to increase their knowledge of the Agency on Aging's services and effectively increase cross-referrals between organizations.

The Agency's annual public information campaign will continue to include recording of a radio spot in the Spanish language to be broadcast over a Spanish radio station.

The Agency's Web site, fmaaa.org, will continue to be updated with current program information and events for older adults, and will continue to utilize the Google Translate tool to enable user selection of the displayed language.

The Agency will continue to use a language line to provide visitors and callers to the Agency with interpretation to ensure access to information and services for older adults who do not speak English.

SECTION 7. PUBLIC HEARINGS

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English?¹ Yes or No	Was hearing held at a Long-Term Care Facility?² Yes or No
2016-2017	4/12/16	Fresno-Madera Area Agency on Aging 3837 N. Clark St., Fresno, CA 93726	15	No	No
2017-2018					
2018-2019					
2019-2020					

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

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

A link to the Agency on Aging’s needs assessment survey and both the English and Spanish versions of the flyer publicizing the survey was provided to service providers and community partners, among them the Central Valley Regional Center, the Deaf and Hard of Hearing Center, Resources for Independence-Central Valley, the Fresno Area Express (FAX) ADA Coordinator, Hinds Hospice, Valley Adult Day Health Care, St. Agnes Home Health, Golden Living Center Hy-Lond, OASIS Adult Day Care, the Madera Adult Day Care Center, and the California Armenian Home. A meeting was held with the Long-Term Care Ombudsman program manager on February 29, 2016 to determine objectives for inclusion in this Area Plan. In addition, the agenda for the Area Plan public hearing was posted on the Agency’s Web site, agendas were mailed to all service providers and interested parties, agendas were posted at various locations throughout PSA 14 in accordance with the Ralph M. Brown Act, and the draft Area Plan was posted to the Agency on Aging’s Web site, fmaa.org.

¹ A translator is not required unless the AAA determines a significant number of attendees require translation services.

² AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?
 - Yes. Go to question #3
 - Not applicable, PD and/or C funds are not used. Go to question #4

3. Summarize the comments received concerning proposed expenditures for PD and/or C.
 - Not applicable, PD and/or C funds are not used.

4. Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services.
 - Yes. Go to question #5
 - No, Explain:

5. Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.
 - I would like to have seen more on the housing, and homeless seniors and food. Does the Housing Authority prioritize the waiting list for homeless seniors? It doesn't look like we as an agency are meeting the needs of homeless seniors.
 - I think the homeless problem is very important. The more this agency can do, to at least look into referrals to people who can do nutritionally what it takes to save a life . . . Diabetes is huge in our area. We need to move that needle so when people are younger, they're eating better and not having multiple health problems when they're older.
 - Lots of churches have food pantries. Poverello House will feed anyone with no questions asked. Maybe this information doesn't go far enough, to know about the resources.
 - At the Fresno Disability Advisory Commission meeting this morning, a need for transportation from home to the grocery store was discussed. How can we get people from home to the grocery store?

6. List any other issues discussed or raised at the public hearing.
 - The need far exceeds the resources. The need is overwhelming, the demographics are overwhelming.
 - The numbers on elder abuse are really low; elder abuse is under-reported. Tim Donovan (Fresno County District Attorney's Office) is getting 100 cases a week and has no staff.
 - Areas in Fresno have no access to groceries. What could be done to get grocery stores in these areas?
 - Get grocery stores that have home delivery, like Vons, to partner with the Agency on Aging to help relieve the food burden.
 - Someone may want to contact Uber for transportation for seniors.

- How come the homeless aren't working at a food bank so they can get food? We do all this stuff for people who get out of jail—community service—why can't we give the homeless this opportunity?
- What can be done to partner with churches? Our church gives food to anyone.
- I found this depressing. I knew the need was bad, but I didn't know how bad.

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

No changes were made to the Area Plan, as the Agency on Aging currently connects individuals to available housing resources, emergency shelter, food commodity distribution sites, and transportation options through provision of Information and Assistance and targeted Outreach. The Agency has also included a goal and objective (Goal 1, Objective B) to promote good nutrition to older adults with low income who do not already access the Agency on Aging's nutrition services through distribution of educational brochures at six food commodity distribution events each year; this objective is in addition to nutrition education provided for all recipients of home-delivered meals and to quarterly nutrition education sessions conducted at congregate nutrition meal sites.

The input provided by attendees of the public hearing, will, however, impact the focus of the Advisory Council's Ad Hoc Committees for the next planning cycle. Specifically, the Ad Hoc Committees will serve to:

- Identify and participate in coalitions and efforts in place in their communities to address homelessness, ensuring the needs of older adults who are homeless are included in these efforts;
- Identify services available to older adults from faith-based organizations and the capacity to provide these services; and
- Continue to increase awareness of elder abuse through peer-based presentations.

In addition, the Agency on Aging will compile a list of grocery stores that offer food delivery, add this information to its resource directory, and offer this information as an additional option in response to inquiries as appropriate.

Section 8

Identification of Priorities

In setting priorities for services, it is first necessary to refer to the California Department of Aging's mission statement for all Agencies on Aging to ensure identified needs fall within the scope of an Agency on Aging:

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 goals of the Fresno-Madera Area Agency on Aging, which are listed below, must also be considered:

- Reduce hunger and increase food security of older adults who are experiencing barriers to good nutrition;
- Maintain the ability of older adults to live independently for as long as possible;
- Address basic needs and rights of older adults who are the most frail and vulnerable to promote aging with dignity and ensure a safe living environment;
- Empower older adults to make informed decisions and sound choices to increase independence and ensure quality of life through connection to resources.

Funding Constraints

The federal Administration on Aging identifies the Older Americans Act as the major vehicle for the organization and delivery of social and nutrition services for older adults and their caregivers. (www.aoa.gov/AOA_programs/OAA/)

The year 2015 marked the 50th anniversary of the Older Americans Act; however, celebration of the Act was marred by four years of delays in its reauthorization. On April 7, 2016, Senate Bill 192, "An act to reauthorize the Older Americans Act of 1965, and for other purposes," was finally passed by the Senate, and was signed by the President on April 19, 2016. This version, which would reauthorize appropriations for Older Americans Act programs for federal fiscal years 2016 through 2018, includes language to limit program spending reductions to 1% of the previous year's allocations through 2018.

Federal funding provided to the Agency on Aging for services is constricted to specific programs and services as defined in Titles III, V, and VII of the Older Americans Act.

Title III B - Supportive Services

The California Code of Regulations defines Supportive Services as “services which maintain individuals in home environments and avoid institutional care.” (22 CCR § 7147) The California Department of Aging has designated 21 services as eligible for funding under Title III B Supportive Services. The Older Americans Act requires agencies on aging to allocate an adequate proportion of Title III B Supportive Service funding to one of more services included each of three categories:

- Access: Transportation, Assisted Transportation, Case Management, Information and Assistance, Outreach, Comprehensive Assessment, Health, Mental Health, and Public Information;
- In-Home Services: Personal Care, Homemaker, Chore, Adult Day/Health Care, Alzheimer’s, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting; and
- Legal Assistance: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

Title III C – Nutrition Service

Title III C, Subpart 1 – Congregate Nutrition Services: Allowable services under this funding stream are congregate meals, nutrition education, and nutrition counseling.

Title III C, Subpart 2 – Home-Delivered Nutrition Services: Home-delivered meals, nutrition education, and nutrition counseling comprise the services available under this funding source.

Title III D - Health Promotion

Title III D Health Promotion funds cannot be used for any programs other than those that meet the Administration on Aging’s highest level of criteria for evidence-based programs, and the funding level is sufficient for only one program to be offered.

Title III E - Family Caregiver Support Program

Funding for the Family Caregiver Support Program can be divided between two groups: Caregiver Caring for the Elderly and Grandparent Caring for Child. Within each group, there are five categories of services that can be offered: Support Services (six services); Respite Care (six services); Supplemental Services (four services), Access Assistance (four services), and Information Services (two services). Expenditures for the Supplemental Services category cannot exceed 20% of the total federal and matching non-federal share, and cannot exceed 10% of this share for support services for grandparents caring for a grandchild.

In 2009, a 74% funding reduction to the State's Caregiver Resource Centers—one of the largest historical funding cuts of any health and human services program—nearly eliminated provision of respite care for caregivers. California Senate Bill 1377, currently under review by the Senate Committee on Health, would restore State funding to Caregiver Resource Centers for respite care.

Title V - Community Service Senior Opportunities Act

Title V provides dedicated funding for the Senior Community Service Employment Program.

Title VII – Allotments for Vulnerable Elder Rights Protection Activities

Long-Term Care Ombudsman Program: Title VII (a) provides funding for the Ombudsman program. In addition, the government sets aside a portion of Title III B funds that are specifically allocated to the Ombudsman program.

Title VII (b) - Prevention of Elder Abuse, Neglect, and Exploitation: Title VII (b) funding must be used for public education and training of professionals on elder abuse; however, any elder abuse training for caregivers receiving service under the Title III E Family Caregiver Support Program must be reported under Title VII (b).

Health Insurance Counseling and Advocacy Program (HICAP)

This program is administered through the Agency on Aging, and is funded by a mix of federal and state grants. HICAP funds are dedicated to provision of unbiased counseling and enrollment assistance with Medicare, private health insurance, and prescription drug coverage. In November 2015, the Health Insurance Counseling and Advocacy Program was threatened by a 45% funding reduction proposed by the U.S. Senate; however, the final version of the 2016 budget lowered the reduction to 5%.

Any programs offered through the Agency on Aging require staff to administer the contract, including administrative, program and fiscal monitoring; program, fiscal, and data reporting; provision of technical support if subcontracted; and, if provided directly, day-to-day oversight of program operations. The Agency on Aging is limited to specific amounts for program administration. In some cases, such as the Title V Senior Community Service Employment Program, the Agency takes no portion of the State's allocation for administration, as it would leave the contracted service provider without adequate funds to operate the program.

In recent years, Agencies on Aging have been allocated funds for two distinct funding periods as the State aligns its reporting with the federal fiscal year. For most programs, 25% of the annual funding is restricted for use in July through September, and 75% for October through June. While this makes mathematical sense, in practice, services fluctuate and peak at different times over a twelve-month period. For example, the region's extreme heat and poor air quality peak during July-September, making outdoor outreach activities impractical. Transportation and congregate meals are also negatively impacted by heat and pollution, as many older adults opt to heed air quality warnings and stay indoors.

Any funds allocated but not expended by an Agency on Aging are redistributed to the State's 33 Agencies on Aging the following fiscal year using an Intrastate Funding Formula. Allocation of one-time-only funds typically occurs in the middle of the fiscal year. These funds allow much needed increases in service levels; however, the amounts provided through this stream fluctuate greatly from year to year and cannot be used for planning purposes.

Although the Older Americans Act is a federally-funded mandate, the funds pass through the State. These funds cannot be released until the State budget is passed. In years when passage of the State budget was delayed, both the Agency on Aging and vendors awaiting timely reimbursement for contracted programs were strapped for operating funds. When July-September funds are ultimately released—even if they are not released until August or September--they must be expended by the September 30 deadline.

Review of Needs Assessment

In reviewing the Agency on Aging's survey of older adults, barriers to living independently and maintaining quality of life become apparent.

Physical and mental health are key determinants of the ability to enjoy life and to continue living at home.

Proper nutrition is essential to good health. The survey indicates the most significant barrier to eating healthy food is insufficient income. The Fresno Metropolitan Area has the fifth-highest concentration of poverty among Black residents in the nation, the sixth-highest among Non-Hispanic White residents, and the eighth-highest among Hispanic residents. Fresno Hunger Count's finding that in Fresno alone, 51% of the 42,137 households they surveyed experienced food shortages further supports insufficient income as the primary barrier to good nutrition, as does the percentage of households receiving CalFresh benefits—19.5% in Fresno County and 17.8% in Madera County.

The most frequently requested service by callers to the Agency's Information and Assistance line is food programs, with 1,410 inquiries in fiscal year 14-15—well over double the number of housing-related inquiries (625). Home-delivered meals are in high demand; the Agency on Aging provided 102,308 more meals for homebound older adults in fiscal year 2014-2015 than in fiscal year 2008-2009, and applicants for the program are currently waiting six to nine months for an opening. Respondents to the Agency on Aging's survey ranked meals at a senior or community center as the most important service they currently receive and that they will need in the next 12 months; however, a large number of the surveys were completed at congregate nutrition sites which skews the ranking. Meals consumed through the Agency's congregate nutrition program decreased by 61,332 in fiscal year 2014-2015 as compared to fiscal year 2008-2009.

A large number of the Agency on Aging's survey respondents were concerned with being able to afford each of the ten basic necessities listed on the survey; the top five concerns were affordability of dental exams and procedures, doctor bills, glasses, health insurance, and medications. This barrier is supported by the California Department of Aging's 2016 demographic projections, which indicate that of residents age 60 and older, 24,000 Fresno County elders and 3,670 Madera County elders have income below the federal poverty level.

Survey respondents indicated the need for assistance with benefits or insurance issues, most frequently with obtaining Medi-Cal, obtaining Social Security benefits, denial of health insurance or medically necessary services, obtaining Medicare, and obtaining CalFresh benefits. With 26% of Fresno County and 33.1% of Madera County households receiving Social Security income, assistance with obtaining benefits and resolving insurance issues is key need of older residents. Calls related to insurance programs ranked fifth among the Agency's Information and Assistance contacts in fiscal year 2014-2015.

Support groups offer an opportunity for increased well-being. The highest level of interest in support group topics among the Agency's survey respondents were weight loss, caregiver, Alzheimer's disease, heart conditions, and cancer. The 2015 County Health Rankings estimate that 29% of Fresno County and 28% of Madera County adults are obese (body mass index of 30 or more). The UCLA Center for Policy Research estimates the prediabetes rate for individuals age 70 or older as 65% in Fresno County and 49% in Madera County. The Centers for Disease Control and Prevention reports the median rate for individuals age 65 and older who have Alzheimer's disease as 12.8% in Fresno County and 11.7% in Madera County. The leading cause of death among individuals older than 65 is coronary disease, with cancer a close second.

Activities of daily living are fundamental functions that have a strong impact on whether an older adult is able to live independently and avoid institutionalization. Case management provides needs assessment, care plans, and service coordination for individuals who are the frailest and most at risk for placement in long-term care facilities. Case management programs were the sixth-most frequent reason for calling the Agency's Information and Assistance line in fiscal year 2014-2015 (224 calls); further, case management inquiries increased by 42% over fiscal year 2013-2014 (158 calls). The Agency's case management programs are full; potential clients are placed on a waiting list. The Agency on Aging's survey indicates assistance is most needed with the following activities of daily living: Heavy housework, transportation, preparing meals, shopping, and light housework. In-home help with chores was ranked as the second most important service that respondents will need in the next 12 months. This need is further supported by ranking of In-Home Care Services as the third-most requested topic of callers to the Agency's Information and Assistance department in both fiscal year 13-14 (492 calls) and 14-15 (452 calls). Concern with other scenarios that greatly impact the ability to live independently were expressed by the Agency's survey respondents. The five most common concerns, other than being the victim of a crime, were falling down; being able to take care of oneself day to day; feeling depressed, lonely, or isolated; the ability to care for another person age 60 or older, and losing one's license to drive.

The Agency's survey respondents lean heavily on their children and spouse or partner for help with daily activities, as well as on other relatives or friends. This indicates a potential need for caregiver support. The Caregiving in the U.S. 2015 survey conducted by the AARP Public Policy Institute and the National Alliance for Caregiving indicates that 84% of unpaid caregivers need more information on or help with caregiving.

A sense of safety is important to well-being. Survey respondents indicated concerns for their personal safety, including:

- Concerned about being the victim of a crime (134);
- Do not feel safe from crime when going outdoors in my neighborhood (59);
- Do not feel safe from crime inside my home (34);
- Would not feel safe using a bus or shuttle (17); and/or
- Needed help with the way they, or an older adult family member or friend, were treated in the past year; specifically, verbal assaults, threats, or humiliation (14).

Safety concerns are validated by a 28% increase in shootings in Fresno in 2015 as compared to 2014; by 2,382 violent crime offenses in 2014 in Fresno and 415 in Madera; and by 21,101 property crime offenses in 2014 in Fresno, 3,064 in Clovis, and 1,686 in Madera. Furthermore, the Long-Term Care Ombudsman Program received 1,012 complaints from, or on behalf of, residents of long-term care facilities during fiscal year 2014-2015, and Adult Protective Services in Fresno and Madera counties received 2,149 elder abuse allegations from November 2014 through November 2015.

Housing and housing referrals ranked second (625 calls) in needs expressed by individuals contacting the Agency's Information and Assistance line in fiscal year 2014-2015. In Fresno alone, 20% of individuals on the waiting list for Housing Choice Vouchers (rent-subsidized housing) are older adults, and in Madera, there were 1,106 households on the waiting list for Housing Choice Vouchers in 2015. The ability to maintain a home, or to modify a home to accommodate physical conditions, can dictate whether it is still possible to remain in the home. Calls related to home improvements (131) ranked 10th among other topics handled by the Agency's Information and Assistance staff in fiscal year 2014-2015. Survey respondents indicated the top needs in this area were making home repairs, yard work, and installation of grab bars in the bathroom.

Access to transportation is another key indicator of whether an individual can continue to live independently. Transportation was the eighth most frequently handled topic by the Agency's Information and Assistance staff in fiscal year 2014-2015 (204 calls). Due to lack of transportation, 31 of the Agency's survey respondents missed a medical appointment, were unable to get groceries, or unable to pick up medications in the past year, while 41 were unable to visit with friends or family, unable to attend religious services, or unable to do things they enjoy. A significant number of respondents (50) indicated they might use the bus or shuttle if they knew more about them, while 11 would use them if someone could go with them on their first trip to show them how it's done.

Putting affairs in order provides peace of mind that contribute to quality of life. Legal services and housing advocacy were the seventh most common reason callers contacted the Agency's Information and Assistance line in fiscal year 2014-2015. Agency on Aging survey respondents' top five needs for assistance with consumer and legal issues were preparing a will or trust; issues with debt collectors; informing one's doctor and people important to the respondent of health care preferences; arranging for someone else to manage one's personal care, or arranging to handle the personal care of another person; and modifying a home loan so one can afford the mortgage payments.

Discrimination raises barriers to quality of life. Respondents experiencing discrimination in the past year primarily indicated being treated unfairly due to age, race or ethnicity, physical disability, and gender. Discrimination was experienced when trying to get a job or promotion, seeking medical treatment, trying to rent a place to live, and seeking social services.

Prioritization of Needs

Factors influencing prioritization of needs include the Agency on Aging's needs assessment survey; surveys and studies conducted by other organizations; past and current program participation data and existence of waiting lists; frequency of requests to the Agency on Aging for assistance; designation of services allowed through the Agency on Aging's available funding streams; the Agency on Aging's staffing capacity to administer funded programs; the scope of services of other government-funded programs; and availability of services through other organizations.

Based upon these factors, the Agency on Aging has established the following service priorities for the 2016-2020 funding cycle.

Agency on Aging Priority	Agency on Aging Programs and Services
Elder Nutrition	Home-Delivered Meals Congregate Meals Nutrition Education
Maintain Ability of Elders to Live Independently	Case Management Family Caregiver Support Program Health Promotion (Powerful Tools for Caregivers) Personal/Home Security Chore Homemaker Adult Day Care Residential Repairs/Modifications Cash/Material Aid Senior Community Service Employment Program
Elder Rights and Safety	Legal Assistance Long-Term Care Ombudsman Program Elder Abuse Prevention, Education, & Training
Connection to Resources	Information and Assistance Outreach Community Education Public Information Health Insurance Counseling and Advocacy Program Transportation Interpretation/Translation

The Older Americans Act requires Agencies on Aging to determine an adequate proportion of Title III B Supportive Services funding in three categories. Title III B funded services that both support the Agency on Aging’s service priorities and are designated as federal priorities include:

Title III B Priority Category	Title III B Priority Services to Be Provided by Agency on Aging
Access	Case Management Information and Assistance Outreach Public Information Transportation
In-Home Services	Adult Day Care Chore Personal/Home Security Residential Repairs/Modifications
Legal Assistance	Legal Assistance

Section 9
Goals and Objectives

Goal 1: Reduce hunger and increase food security of older adults who are experiencing barriers to good nutrition.

Rationale: Good nutrition is essential to the health of older adults, and has been determined through this Area Plan’s needs assessment process to be the highest priority need of older adults in Fresno and Madera counties. Agencies on Aging are well-positioned to help meet this need through the home-delivered meals and congregate nutrition programs.

*Objective	Projected Start Date	Projected End Date	Update Status
A. Ensure good nutrition for older adults who are homebound, unable to shop for groceries, and unable to prepare a meal through provision of home-delivered meals for a minimum of 800 older adults each fiscal year.	7/1/2016	6/30/2020	
B. Promote good nutrition to older adults with low income who do not already access the Agency on Aging’s nutrition services through distribution of educational brochures at six food commodity distribution events each year.	7/1/2016	6/30/2020	
<i>*No funds will be diverted to Program Development or Coordination during this funding cycle.</i>			

Core Programs and Services

Home-Delivered Meals Program	Nutrition Education
Congregate Nutrition Program	Senior Farmers Market Program

Goal 2: Maintain the ability of older adults to live independently for as long as possible.

Rationale: It is less expensive for an older adult to remain in the home with community-based support than to provide care in a skilled nursing facility. Providing the family caregiver with the tools and support they need to continue in their caregiving role is essential to keeping older adults in their homes. Case management and supportive services for older adults who need coordination of care to continue to live independently is also key to independence. Developing marketable job skills for older adults who are able to work but have low employment prospects helps to increase self-sufficiency.

*Objective	Projected Start Date	Projected End Date	Update Status
A. Health Promotion: Improve self-care behaviors, management of emotions, self-efficacy, and use of community resources by older adults who are family caregivers through provision of four six-week sessions of the Powerful Tools for Caregivers program each fiscal year. This health promotion program, funded through Title III D of the Older Americans Act, meets the highest-level criteria established in 2012 by the Administration for Community Living for evidence-based programs.	7/1/2016	6/30/2020	
B. Health Promotion: Offer one of the annual four six-week sessions of Powerful Tools for Caregivers off-site each year to increase access to caregivers who have low income, who are members of minority groups, who live in rural areas, and/or have limited English proficiency. Targeted locations include: <ul style="list-style-type: none"> • Pan-American Center, Madera • Mary Ella Brown Center, Fresno • Deaf and Hard of Hearing Service Center, Fresno • Coarsegold Community Center 	7/1/2016	6/30/2020	
<i>*No funds will be diverted to Program Development or Coordination during this funding cycle.</i>			

Core Programs and Services

Case Management

Health Promotion

Adult Day Care

Senior Community Service Employment Program

Family Caregiver Support Program (Title III E)

- | | | |
|----|-----------------------|---|
| 1. | Access Assistance | Caregiver Information and Assistance
Caregiver Outreach
Caregiver Interpretation/Translation
Caregiver Legal Resources |
| 2. | Information Services | Community Education on Caregiving
Public Information on Caregiving |
| 3. | Respite Care | Caregiver Respite In-Home Supervision
Caregiver Respite Out-of-Home Day |
| 4. | Support Services | Caregiver Case Management
Caregiver Assessment
Caregiver Counseling
Caregiver Support Group
Caregiver Training |
| 5. | Supplemental Services | Assistive Devices for Caregiving
Caregiving Emergency Cash/Material Aid
Caregiving Services Registry
Home Adaptations for Caregiving |

Additional Supportive Services (Title III B)

- | | |
|------------------------|-----------------------------------|
| Personal/Home Security | Residential Repairs/Modifications |
| Chore | Cash/Material Aid |
| Homemaker | Interpretation/Translation |

Goal 3: Address basic needs and rights of older adults who are the most frail and vulnerable to promote aging with dignity and ensure a safe living environment.

Rationale: Adult Protective Services in Fresno and Madera counties received 2,149 reports of alleged elder abuse and handled 453 confirmed cases of elder abuse perpetrated by others from November 2014 through November 2015. The Long-Term Care Ombudsman Program handled 1,012 complaints for residents of long-term care facilities in fiscal year 2014-2015. Increased awareness of elder abuse and the rights of individuals in skilled nursing facilities and residential care facilities for the elderly is needed to help reduce abuse and ensure rights are protected.

*Objective	Projected Start Date	Projected End Date	Update Status
A. Elder Abuse Prevention: Increase awareness of elder abuse through peer-based education, working with the Agency's Advisory Council to complete a minimum of six presentations each year.	9/1/2016	6/30/2020	
B. Ombudsman Program: Collaborate with Fresno and Madera counties' Adult Protective Services, City of Fresno and Madera Police Departments to coordinate efforts to investigate and respond to reports of abuse in long term care facilities.	7/1/2016	6/30/2020	
C. Ombudsman Program: Expand Volunteer Development and Retention Program by assigning Volunteer/Regional Coordinator to recruit and train volunteers, increasing the number of state-certified Ombudsman volunteers, and enhancing state-required training with local training on additional topics.	7/1/2016	6/30/2020	

**No funds will be diverted to Program Development or Coordination during this funding cycle.*

Core Programs and Services

Long-Term Care Ombudsman Program
 Elder Abuse Prevention, Education, and Training
 Legal Assistance

Supplemental Narrative to Goal 3 Objectives

- A. The Agency on Aging will increase awareness of elder abuse through peer-based education, working with its Advisory Council to complete a minimum of six presentations each fiscal year for groups of older adults. The current session content, implemented in 2013, includes a film that provides a general overview of elder abuse, a discussion session, and distribution of literature in English and Spanish describing warning signs of elder abuse and providing local resources. The Agency will research additional modules, such as financial abuse, self-neglect, and emotional abuse, to offer in addition to the current film.
- B. The Fresno-Madera Ombudsman Program will collaborate with Fresno and Madera counties' Adult Protective Services departments, the City of Fresno Police Department, and the City of Madera Police Department to coordinate efforts to investigate and respond to reports of abuse in long term care facilities. Best practice protocols will be established and used when cross reporting is required. The Fresno-Madera Ombudsman Program staff will work with Adult Protective Services and law enforcement during investigations with appropriate consent from the victim.

Fiscal Year 2016-2017: The Fresno-Madera Ombudsman Program will reinforce the existing relationship and established Memorandum of Understanding (MOU) with the Fresno County Department of Social Services' Adult Protective Services Department to ensure current laws and regulations are reflected in the existing MOU dated February 26, 2013.

Fiscal Year 2017-2018: The Fresno Madera-Ombudsman Program will pursue an MOU with Madera County's Adult Protective Services Department. The MOU will include clear expectations of each entity to ensure case resolution while maintaining resident confidentiality.

Fiscal Year 2018-2019: The Fresno-Madera Ombudsman Program will pursue an MOU with the City of Fresno's Police Department. The MOU will include clear expectations of each entity to ensure case resolution while maintaining resident confidentiality.

Fiscal Year 2019-2010: The Fresno-Madera Ombudsman Program will pursue an MOU with City of Madera's Police Department. The MOU will include clear expectations of each entity to ensure case resolution while maintaining resident confidentiality.

C. The Fresno-Madera Ombudsman Program will expand its Ombudsman Volunteer Development and Retention Program by assigning a Volunteer Coordinator/Regional Coordinator to take part in the recruitment and training efforts of new and current volunteers, increasing the number of state-certified Ombudsman volunteers, and enhancing state-required training of Ombudsman volunteers with local training on additional topics.

Fiscal Year 2016-2017: The Fresno-Madera Ombudsman Program will add four new training topics to its local curriculum for certified Ombudsman volunteers: 1) Cultural sensitivity; 2) confidentiality; 3) reduction in the use of antipsychotic drugs; and 4) disaster preparedness.

Fiscal Year 2017-2018: The Volunteer Coordinator/Regional Coordinator will conduct recruitment activities and schedule training to increase the number of State Certified Ombudsman volunteers from 20 to 25.

Fiscal Year 2018-2019: The Volunteer Coordinator/Regional Coordinator will mentor volunteers and conduct ongoing field training at least once per year for each of the 25 certified Ombudsman volunteers.

Fiscal Year 2019-2020: The Fresno-Madera Ombudsman Program will develop a resource library for use by Ombudsman volunteers for self-training and case resolution. The resource library will include PowerPoint modules, fact sheets, and a resource manual with information on local community-based organizations.

Goal 4: Empower older adults to make informed decisions and sound choices to increase independence and ensure quality of life through connection to resources.

Rationale: Ensuring older adults are aware of their options and have the tools they need to navigate through unfamiliar programs and services is essential to ensure their needs are effectively met. Counseling on Medicare plans and available subsidies for beneficiaries with low income continues to be a high-demand service. Outreach and community education are important to encompass the needs of older adults who are not already connected to community focal points. Information and assistance is necessary to direct inquiries to the right service in the spectrum of providers. Transportation is needed to physically access essential services, including groceries and medical appointments.

*Objective	Projected Start Date	Projected End Date	Update Status
A. Increase awareness of services for older adults through provision of 25 community education sessions each fiscal year, of which a minimum of ten will be presented to service providers.	7/1/2016	6/30/2020	
B. Ensure older adults in greatest economic need have access to services by conducting outreach in a minimum of ten communities each fiscal year where the poverty rate for individuals age 65 and older exceeds 15%.	7/1/2016	6/30/2020	
C. Increase knowledge of services and appropriate referrals for individuals with disabilities through annual in-service training of Information and Assistance staff of the Agency and Aging and Resources for Independence-Central Valley.	7/1/2016	6/30/2020	

**No funds will be diverted to Program Development or Coordination during this funding cycle.*

Core Programs and Services

Information and Assistance	Community Education
Outreach	Transportation
Health Insurance Counseling & Advocacy Program	

Additional Supportive Services

Public Information	Interpretation/Translation
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Section 10
 Service Unit Plan (SUP) Objectives

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

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service. They are defined in the [NAPIS State Program Report \(SPR\)](#). For services not defined in NAPIS, refer to the [Service Categories and Data Dictionary and the National Ombudsman Reporting System \(NORS\) Instructions](#). Report the units of service to be provided with **ALL funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VIIA.

1. Personal Care (In-Home)

Unit of Service = 1 hour

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

2. Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	465	2	-
2017-2018	465	2	-
2018-2019	465	2	-
2019-2020	465	2	-

3. Chore (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	465	2	-
2017-2018	465	2	-
2018-2019	465	2	-
2019-2020	465	2	-

4. Home-Delivered Meals**Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	411,048	1	A
2017-2018	411,048	1	A
2018-2019	411,048	1	A
2019-2020	411,048	1	A

5. Adult Day/ Health Care (In-Home)**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	22,878	2	-
2017-2018	22,878	2	-
2018-2019	22,878	2	-
2019-2020	22,878	2	-

6. Case Management (Access)**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	1,125	2	-
2017-2018	1,125	2	-
2018-2019	1,125	2	-
2019-2020	1,125	2	-

7. Assisted Transportation (Access)**Unit of Service = 1 one-way trip**

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

8. Congregate Meals**Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	136,638	1	-
2017-2018	136,638	1	-
2018-2019	136,638	1	-
2019-2020	136,638	1	-

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

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

10. Transportation (Access)**Unit of Service = 1 one-way trip**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	26,248	4	-
2017-2018	26,248	4	-
2018-2019	26,248	4	-
2019-2020	26,248	4	-

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	663	3	-
2017-2018	663	3	-
2018-2019	663	3	-
2019-2020	663	3	-

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	6,250	1	B
2017-2018	6,250	1	B
2018-2019	6,250	1	B
2019-2020	6,250	1	B

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	2,713	4	-
2017-2018	2,713	4	-
2018-2019	2,713	4	-
2019-2020	2,713	4	-

14. Outreach (Access)**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	3,200	4	B
2017-2018	3,200	4	B
2018-2019	3,200	4	B
2019-2020	3,200	4	B

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

- Each **Title IIIB** “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) and the CDA Service Categories and Data Dictionary.
- Identify **Title IIIB** services to be funded that were not reported in NAPIS categories 1–14 and 16. (Identify the specific activity under the Other Supportive Service Category on the “Units of Service” line when applicable.)

Title IIIB, Other Priority and Non-Priority Supportive Services

For all Title IIIB “Other” Supportive Services, use the appropriate Service Category name and Unit of Service (Unit Measure) listed in the CDA Service Categories and Data Dictionary.

- Other **Priority Supportive Services include:** Alzheimer’s Day Care, Comprehensive Assessment, Health, Mental Health, Public Information, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting
- Other **Non-Priority Supportive Services include:** Cash/Material Aid, Community Education, Disaster Preparedness Materials, Emergency Preparedness, Employment, Housing, Interpretation/Translation, Mobility Management, Peer Counseling, Personal Affairs Assistance, Personal/Home Security, Registry, Senior Center Activities, and Senior Center Staffing

All “Other” services must be listed separately. Duplicate the table below as needed.

Other Supportive Service Category: Cash/Material Aid			Unit of Service = 1 Assistance
Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	4	2	-
2017-2018	4	2	-
2018-2019	4	2	-
2019-2020	4	2	-

Other Supportive Service Category: Community Education **Unit of Service = 1 Activity**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	50	4	A
2017-2018	50	4	A
2018-2019	50	4	A
2019-2020	50	4	A

Other Supportive Service Category: Interpretation/Translation **Unit of Service = 1 Contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	8	4	-
2017-2018	8	4	-
2018-2019	8	4	-
2019-2020	8	4	-

Other Supportive Service Category: Public Information **Unit of Service = 1 Activity**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	12	4	-
2017-2018	12	4	-
2018-2019	12	4	-
2019-2020	12	4	-

Other Supportive Service Category: Personal/Home Security **Unit of Service = 1 Product**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	20	2	-
2017-2018	20	2	-
2018-2019	20	2	-
2019-2020	20	2	-

**Other Supportive Service Category:
Residential Repairs/Modifications**

Unit of Service = 1 Modification

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	10	2	-
2017-2018	10	2	-
2018-2019	10	2	-
2019-2020	10	2	-

16. Title IIID Disease Prevention and Health Promotion

Instructions for Title IIID Disease Prevention and Health Promotion: Enter the proposed units of service and the Program Goal and Objective number(s) that provides a narrative description of the program and explains how the service activity meets the criteria for evidence-based programs described in PM 15-10.

Unit of Service = 1 contact

Service Activities: Powerful Tools for Caregiving

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (required)
2016-2017	302	2	A, B
2017-2018	302	2	A, B
2018-2019	302	2	A, B
2019-2020	302	2	A, B

TITLE IIIB and Title VIIA:
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

2016–2020 Four-Year Planning Cycle

As mandated by the Older Americans Act, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of enhancing the quality of life and care of residents. Each year during the four-year cycle, analysts from the Office of the State Long-Term Care Ombudsman (OSLTCO) will forward baseline numbers to the AAA from the prior fiscal year National Ombudsman Reporting System (NORS) data as entered into the Statewide Ombudsman Program database by the local LTC Ombudsman Program and reported by the OSTLCO in the State Annual Report to the Administration on Aging (AoA).

The AAA will establish targets each year in consultation with the local LTC Ombudsman Program Coordinator. Use the yearly baseline data as the benchmark for determining yearly targets. Refer to your local LTC Ombudsman Program’s last three years of AoA data for historical trends. Targets should be reasonable and attainable based on current program resources. Complete all Measures and Targets for Outcomes 1-3.

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

Measures and Targets:

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

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

<p>1. FY 2014-2015 Baseline Resolution Rate: Number of complaints resolved (487) + Number of partially resolved complaints (535) divided by the Total Number of Complaints Received (1,125) = Baseline Resolution Rate 91% FY 2016-17 Target Resolution Rate 91%</p>
<p>2. FY 2015-2016 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2017-18 Target Resolution Rate _____%</p>
<p>3. FY 2016-2017 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2018-19 Target Resolution Rate _____%</p>
<p>4. FY 2017-2018 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2019-20 Target Resolution Rate _____%</p>
<p>Program Goals and Objective Numbers: _____</p>

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

1. FY 2014-2015 Baseline: number of Resident Council meetings attended: 28 FY 2016-2017 Target: 28
2. FY 2015-2016 Baseline: number of Resident Council meetings attended _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of Resident Council meetings attended _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of Resident Council meetings attended _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2014-2015 Baseline number of Family Council meetings attended: 0 FY 2016-2017 Target: 0
2. FY 2015-2016 Baseline number of Family Council meetings attended _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline number of Family Council meetings attended _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline number of Family Council meetings attended _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2014-2015 Baseline: number of consultations: 451 FY 2016-2017 Target: 300
2. FY 2015-2016 Baseline: number of consultations _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: _____

E. Information and Consultation to Individuals (AoA Report, Part III.D.5) Count of instances of ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by: telephone, letter, email, fax, or in person.

1. FY 2014-2015 Baseline: number of consultations 2,554 FY 2016-2017 Target: 1,300
2. FY 2015-2016 Baseline: number of consultations _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: _____

F. Community Education (AoA Report, Part III.D.10) LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants.

1. FY 2014-2015 Baseline: number of sessions 50 FY 2016-2017 Target: 25
2. FY 2015-2016 Baseline: number of sessions _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of sessions _____ FY 2018-2019 Target: _____
1. FY 2017-2018 Baseline: number of sessions _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: _____

G. Systems Advocacy

In the box below, in narrative format, provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. If the systemic advocacy effort is a multi-year initiative, provide a systemic advocacy objective that explains progress made in the initiative during the prior fiscal year and identifies specific steps to be taken during the upcoming fiscal year. A new effort or a statement of progress made and goals for the upcoming year must be entered each year of the four-year cycle. Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, State-wide, or even national in scope. (Examples: Work with LTC facilities to promote person-centered care and reduce the use of anti-psychotics, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.

Enter information in the box below.

Systemic Advocacy Effort(s) for the current fiscal year 2016-2017:

During Fiscal Year 2016-2017, Ombudsman volunteers will provide OSLTCO-approved training, in support of the national initiative to reduce the use of antipsychotic drugs in long-term care facilities, for key staff of the 39 skilled nursing facilities and 187 residential care facilities for the elderly located in Fresno and Madera counties. The objective of the training is to educate facilities about alternative measures to the use of antipsychotic drugs.

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

Measures and Targets:

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

Percentage of nursing facilities within the PSA that were visited by an ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2014-2015 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint (38) divided by the total number of Nursing Facilities (39) = Baseline (97%)

FY 2016-2017 Target: 97%

2. FY 2015-2016 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____%

FY 2017-2018 Target: _____%

3. FY 2016-2017 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____%

FY 2018-2019 Target: _____%

4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____%

FY 2019-2020 Target: _____%

Program Goals and Objective Numbers: _____

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

Percentage of RCFEs within the PSA that were visited by an ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA.

NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2014-2015 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint (162) divided by the total number of RCFEs (187) = Baseline (87%) FY 2016-2017 Target: 87%
2. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2017-2018 Target: _____%
3. FY 2016-2017 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2018-2019 Target: _____%
4. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2019-2020 Target: _____%
Program Goals and Objective Numbers: _____

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

This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hour per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

1. FY 2014-2015 Baseline: 3.96 FTEs FY 2016-2017 Target: 3.5 FTEs
2. FY 2015-2016 Baseline: _____ FTEs FY 2017-2018 Target: _____ FTEs
3. FY 2010-2011 Baseline: _____ FTEs FY 2013-2014 Target: _____ FTEs
4. FY 2010-2011 Baseline: _____ FTEs FY 2014-2015 Target: _____ FTEs
Program Goals and Objective Numbers: _____

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

1. FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers 20 FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers: 20
2. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: _____

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

Measures and Targets:

In the box below, in narrative format, describe one or more specific efforts your program will undertake in the upcoming year to increase the accuracy, consistency, and timeliness of your National Ombudsman Resource System (NORS) data reporting.

Some examples could include:

- Having Ombudsman Program staff and volunteers regularly attend NORS Consistency Training provided by the OSLTCO
- Hiring additional staff to enter data
- Updating computer equipment to make data entry easier
- Initiating a case review process to ensure case entry is completed in a timely manner

During Fiscal Year 2016-2017, the Fresno-Madera Ombudsman Program will provide 20 certified Ombudsman volunteers with a training session on National Ombudsman Resource System (NORS) consistency, which will include NORS Part I, The Three Cs - Case, Complaint, Consultation; NORS Part II, Coding Complaints; and NORS Part III, Verification, Disposition, and Closing Cases.

TITLE VIIA ELDER ABUSE PREVENTION
SERVICE UNIT PLAN OBJECTIVES

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

Units of Service categories include public education sessions, training sessions for professionals, training sessions for caregivers served by a Title III E Family Caregiver Support Program, educational materials distributed, and hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

When developing targets for each fiscal year, refer to data reported on the Elder Abuse Prevention Quarterly Activity Reports. Set realistic goals based upon the prior year's numbers and the resources available. Activities reported for the Title VII Elder Abuse Prevention Program must be distinct from activities reported for the LTC Ombudsman Program. No activity can be reported for both programs.

AAAs must provide one or more of the service categories below. NOTE: The number of sessions refers to the number of presentations and not the number of attendees

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. OAA 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** – Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.

- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Number of Individuals Served** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

The agency receiving Title VIIA Elder Abuse Prevention funding is Central California Legal Services, Inc.

Fiscal Year	Total # of Public Education Sessions
2016-2017	10
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Professionals
2016-2017	1
2017-2018	
2018-2019	
2019-2020	

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

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	36
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2016-2020	200 per year	National Center on Elder Abuse: Red Flags of Elder Abuse (English)
2016-2020	200 per year	National Center on Elder Abuse: Red Flags of Elder Abuse (Spanish)

Fiscal Year	Total Number of Individuals Served
2016-2017	200
2017-2018	
2018-2019	
2019-2020	

TITLE IIIE SERVICE UNIT PLAN OBJECTIVES**CCR Article 3, Section 7300(d)****2012–2016 Four-Year Planning Period**

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

Direct and/or Contracted IIIE Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total estimated audience for above		
2016-2017	# of activities: 62 Total estimated audience for above:11,540	2	-
2017-2018	# of activities: 62 Total estimated audience for above:11,540	2	-
2018-2019	# of activities: 62 Total estimated audience for above:11,540	2	-
2019-2020	# of activities: 62 Total estimated audience for above:11,540	2	-
Access Assistance	Total Contacts		
2016-2017	2,694	2	-
2017-2018	2,694	2	-
2018-2019	2,694	2	-
2019-2020	2,694	2	-
Support Services	Total Hours		
2016-2017	3,816	2	-
2017-2018	3,816	2	-
2018-2019	3,816	2	-
2019-2020	3,816	2	-

Direct and/or Contracted III E Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Respite Care	Total Hours		
2016-2017	2,482	2	-
2017-2018	2,482	2	-
2018-2019	2,482	2	-
2019-2020	2,482	2	-
Supplemental Services	Total Occurrences		
2016-2017	116	2	-
2017-2018	116	2	-
2018-2019	116	2	-
2019-2020	116	2	-

Direct and/or Contracted III E Services

CATEGORIES	1	2	3
Grandparent Services Caring for Children	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total estimated audience for above		
2016-2017	# of activities:0 Total estimated audience for above:0	-	-
2017-2018	# of activities:0 Total estimated audience for above:0	-	-
2018-2019	# of activities:0 Total estimated audience for above:0	-	-
2019-2020	# of activities:0 Total estimated audience for above:0	-	-
Access Assistance	Total Contacts		
2016-2017	0	-	-
2017-2018	0	-	-
2018-2019	0	-	-
2019-2020	0	-	-
Support Services	Total Hours		
2016-2017	0	-	-
2017-2018	0	-	-
2018-2019	0	-	-
2019-2020	0	-	-
Respite Care	Total Hours		
2016-2017	0	-	-
2017-2018	0	-	-
2018-2019	0	-	-
2019-2020	0	-	-
Supplemental Services	Total Occurrences		
2016-2017	0	-	-
2017-2018	0	-	-
2018-2019	0	-	-
2019-2020	0	-	-

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

List all SCSEP monitor sites (contract or direct) where the AAA provides SCSEP enrollment services within the PSA. (Do not list host agencies.)

<p>Enrollment Location/Name (AAA office, One Stop, Agency, etc.):</p> <p>SER-Jobs for Progress, Inc.-San Joaquin Valley</p>
<p>Street Address:</p> <p>255 North Fulton Street, Suite 106, Fresno, CA 93701</p>
<p>Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names):</p> <p>Rebecca Mendibles, President/Chief Executive Officer Michael Jimenez, Vice President of Operations Carlota Flores, Account Clerk Frances Trujillo, Project Coordinator Peggy Mendibles, Assistance Project Coordinator Carol Ramirez, Case Manager</p>
<p>Number of paid staff: 6 Number of participant staff: 4</p>
<p>How many participants are served at this site?</p> <p>Fiscal Year 2016-2017: 25 unmodified participant slots</p>

³ If not providing a Title V program, then enter PSA number followed by "Not providing".

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)
SERVICE UNIT PLAN
CCR Article 3, Section 7300(d)**

MULTIPLE PSA HICAPs: If you are a part of a multiple-PSA HICAP where two or more AAAs enter into an agreement with one “Managing AAA,” to deliver HICAP services on their behalf to eligible persons in their AAA, then each AAA must enter State and federal performance target numbers in each AAA’s respective SUP. Please do this in cooperation with the Managing AAA. The Managing AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

HICAP PAID LEGAL SERVICES: Complete Section 3 if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services.

STATE & FEDERAL PERFORMANCE TARGETS: In FY 2014, the State Health Insurance Assistance Program (SHIP) was transferred from the Centers for Medicare & Medicaid Services (CMS) to the Administration for Community Living (ACL). ACL has continued CMS’ policy requiring all SHIPs to meet established performance measures. Based on ACL guidelines and to assist AAAs in completing the Service Unit Plan, CDA provides State (1.1 and 1.2), and federal (2.1 through 2.7) performance measures (PM) annually. To download these measures and view definitions, visit <https://www.aging.ca.gov/ProgramsProviders/AAA/Planning/>

Section 1. State Performance Measures

Fiscal Year	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2016-2017	1,899	4
2017-2018		
2018-2019		
2019-2020		

Fiscal Year	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2016-2017	195	4
2017-2018		
2018-2019		
2019-2020		

Section 2. Federal Performance Measures

Fiscal Year	PM 2.1 Total Client Contacts (Estimated)	Goal Numbers
2016-2017	7,320	4
2017-2018		
2018-2019		
2019-2020		

Fiscal Year	PM 2.2 Persons Reached at PAM Events (Estimated)	Goal Numbers
2016-2017	7,448	4
2017-2018		
2018-2019		
2019-2020		

Fiscal Year	PM 2.3 Contacts with Medicare Beneficiaries Due to Disability (Estimated)	Goal Numbers
2016-2017	1,085	4
2017-2018		
2018-2019		
2019-2020		

Fiscal Year	PM 2.4 Low Income Medicare Beneficiary Contacts (Estimated)	Goal Numbers
2016-2017	5,892	4
2017-2018		
2018-2019		
2019-2020		

Fiscal Year	PM 2.5 Contacts with One or More Qualifying Enrollment Topics (Estimated)	Goal Numbers
2016-2017	6,688	4
2017-2018		
2018-2019		
2019-2020		

Fiscal Year	PM 2.6 Total Part D Enrollment/Assistance Contacts (Estimated)	Goal Numbers
2016-2017	4,310	4
2017-2018		
2018-2019		
2019-2020		

Fiscal Year	PM 2.7 Total Counseling Hours (Estimated)	Goal Numbers
2016-2017	4,155	4
2017-2018		
2018-2019		
2019-2020		

Section 3: HICAP Legal Services Units of Service (if applicable) ⁴

Fiscal Year	PM 3.1 Estimated Number of Clients Represented Per Fiscal Year (Unit of Service)	Goal Numbers
2016-2017		
2017-2018		
2018-2019		
2019-2020		

Fiscal Year	PM 3.2 Estimated Number of Legal Representation Hours Per Fiscal Year (Unit of Service)	Goal Numbers
2016-2017		
2017-2018		
2018-2019		
2019-2020		

Fiscal Year	PM 3.3 Estimated Number of Program Consultation Hours Per Fiscal Year (Unit of Service)	Goal Numbers
2016-2017		
2017-2018		
2018-2019		
2019-2020		

⁴ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

Section 11
Community Focal Points

COMMUNITY FOCAL POINTS LIST

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

PSA 14 Designated Community Focal Points		
Fresno County		
Fresno-Madera Area Agency on Aging (includes Senior Resource Center/Sierra Resource Campus)	3837 N. Clark St.	Fresno, CA 93726
Clovis Senior Center	850 4th St.	Clovis, CA 93612
Coalinga Senior Center	220 E. Forest Ave.	Coalinga, CA 93210
Edwin Blayney Senior Center	108 N. 3 rd St.	Fowler, CA 93625
Firebaugh Senior Center	1601 Thomas Conboy Ave.	Firebaugh, CA 93622
Huron Senior Center	16900 5 th St.	Huron, CA 93234
Kerman Senior Center	720 S. 8 th St.	Kerman, CA 93630
Kingsburg Senior Center	1450 Ellis St.	Kingsburg, CA 93631
Mary Ella Brown Community Center	1350 E. Annadale Ave.	Fresno, CA 93706
Mendota Senior Center	415 Sorenson Ave.	Mendota, CA 93640
Mosqueda Community Center	3670 E. Butler Ave.	Fresno, CA 93702
Nick Medina Senior Center	2301 Selma St.	Selma, CA 93662
Orange Cove Senior Center	699 6 th St.	Orange Cove, CA 93646
Pinedale Community Center	7170 N. San Pablo Ave.	Pinedale, CA 93650
Reedley Senior Center	100 N. East Ave.	Reedley, CA 93654
Sanger Senior Center	730 Recreation Ave.	Sanger, CA 93657
Sierra Oaks Senior and Community Center	33276 Lodge Rd.	Tollhouse, CA 93667
Ted C. Wills Community Center	770 N. San Pablo Ave.	Fresno, CA 93728
Madera County		
Chowchilla Senior Center	820 Robertson Blvd.	Chowchilla, CA 93610
Frank A. Bergon Senior Center	238 S. D St.	Madera, CA 93637
Pan-American Community Center	703 E. Sherwood Way	Madera, CA 93638
Ranchos/Hills Senior Center	37330 Berkshire Dr.	Madera Ranchos, CA 93636
Sierra Senior Center	49111 Cinder Ln.	Oakhurst, CA 93644

Disaster Preparation Planning Conducted for the 2016-2020 Planning Cycle OAA Title III, Sec. 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

1. Describe how the AAA coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310:

The Fresno-Madera Area Agency on Aging includes its Service Provider Emergency Resource Information form as an exhibit in each service provider contract. Service providers are required to designate a primary and secondary emergency contact, indicate all emergency services that could be provided from each location where contracted services are offered, and indicate shelter, transportation, emergency water supply, and number of days facility could function using a back-up power source. The Agency on Aging maintains copies of each provider's emergency resource exhibit in a binder for ease of reference in the event of an emergency. The Agency on Aging also maintains a list of all emergency contacts in Microsoft Excel, updates the list following execution of annual provider contracts, and places the list at the front of the binder.

The File of Life[®] has historically provided a synopsis of the client's health information for access by emergency personnel. The file has been enhanced by the Agency on Aging to include a section for physician authorization of prescriptions to assist individuals with obtaining their medications following a disaster. The File of Life[®], housed in a plastic protective pouch and typically attached to the client's refrigerator for accessibility by first responders, can be easily removed and transported with the client should an evacuation be necessary. The Agency on Aging and its contracted service providers continue to distribute File of Life[®] packets through Health Promotion, Information and Assistance, and Outreach activities.

The Agency on Aging recognizes that just as a caregiver cannot attend to the needs of a client unless the caregiver is functional, each individual Agency on Aging staff member must be prepared for a disaster in order to provide critical Agency on Aging services following a disaster event. Each staff member has been provided with a backpack containing a "grab and go" emergency kit. The Agency on Aging incorporates basic response emergency training, such as fire drills and first aid, in staff safety meetings, and offers fire extinguisher training for staff. Emergency contact triage lists

are updated and distributed to Agency on Aging personnel on an ongoing basis.

- Identify each of the local Office of Emergency Services (OES) contact person(s) within the PSA that the AAA will coordinate with in the event of a disaster (add additional information as needed for each OES within the PSA):

Name	Title	Telephone	Email
Ken Austin	Emergency Manager, Fresno County Office of Emergency Services	Office: 559-600-4065	kaustin@co.fresno.ca. us
Sergeant Jim Bernardi	OES Coordinator, Madera County Sheriff's Department	Office: 559-675-7770 or 559-642-3201	jbernardi@co.madera. ca.gov

- Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Primary: Jean Robinson	Executive Director	Office: 559-600-4405	jrobinson@fmaaa.org
Secondary: Linda L. Descoteaux	Administrative Manager	Office: 559-600-4405 Cell: 559-270- 9939	ldescoteaux@fmaaa.org

- List critical services the AAA will continue to provide after a disaster and describe how these services will be delivered:

Critical Services	How Delivered?
a Case Management	a In person or via telephone
b Home-Delivered Meals	b Contracted meal vendor
c Information and Assistance	c Telephone, Agency Web site

- List any agencies with which the AAA has formal emergency preparation or response agreements.

The Agency on Aging has not established formal agreements for emergency preparedness or response.

- Describe how the AAA will:

- Identify vulnerable populations.

Agency on Aging staff complete Client Emergency forms during assessments of Care Management and Home-Delivered Meals clients. This one-page form profiles the client's needs in the event of an emergency, including the client's high-risk score; oxygen and insulin requirements; local

and out of area emergency contact and household access information; household member and pet information; and location of the client's File of Life® packet.

- Follow-up with these vulnerable populations after a disaster event.

Agency on Aging staff will use the contact information on the Client Emergency forms to conduct telephone calls to assess the needs of clients identified as vulnerable.

2016-2020 Four-Year Planning Cycle

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the SA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds⁵ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2016-17 through FY 2019-20

Access:

Transportation, Assisted Transportation, Case Management, Information and Assistance, Outreach, Comprehensive Assessment, Health, Mental Health, and Public Information

2016-2017: 40%	2017-2018: 40%	2018-2019: 40%	2019-2020: 40%
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In-Home Services:

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer’s, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting

2016-2017: 8%	2017-2018: 8%	2018-2019: 8%	2019-2020: 8%
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Legal Assistance Required Activities:⁶

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

2016-2017: 2%	2017-2018: 2%	2018-2019: 2%	2019-2020: 2%
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Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA:

The ongoing needs assessments and funding constraints are the determinate factors for the allocation of funding for all services. Funding for priority services is reserved at the levels indicated above to ensure an adequate amount is available for federally-designated priorities for Title III B services that have also been identified as priority services at the local level.

⁵ Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB 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.

⁶ Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

PSA 14

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

If an AAA plans to directly provide any of the following services, it is required to provide a description of the methods that will be used to assure that target populations throughout the PSA will be served.

Check if not providing any of the below listed direct services.

Check applicable direct services

Check each applicable Fiscal Year

Title IIIB	16-17	17-18	18-19	19-20
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIID	16-17	17-18	18-19	19-20
<input type="checkbox"/> Disease Prevention and Health Promo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIIE ⁷	16-17	17-18	18-19	19-20
<input type="checkbox"/> Information Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title VIIA	16-17	17-18	18-19	19-20
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII	16-17	17-18	18-19	19-20
<input type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

The Fresno-Madera Area Agency on Aging conducts strategic Outreach activities to target individuals eligible for programs and services, with special emphasis on populations identified in Section 6, Targeting, of this Area Plan. Use of an InfoVan is an integral part of the ongoing effort to increase access to resources for targeted populations. Outreach locations include, but are not limited to, migrant farming communities, food bank distribution sites, rural medical clinics, flu clinic sites, senior housing facilities, and community health fairs.

⁷ Refer to PM 11-11 for definitions of Title III E categories.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

Older Americans Act, Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

Identify Service Category: Access Assistance: Caregiving Information and Assistance (Caring for Elderly)

Check applicable funding source:⁸

- IIIB
- IIIC-1
- IIIC-2
- Nutrition Education
- IIIE
- VIIA
- HICAP

Request for Approval Justification:

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

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

- 2016-17 2017-18 2018-19 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service.⁹

The Agency on Aging provides Information and Assistance as a direct service under Title III B Supportive Services. As Information and Assistance staff are experienced with interacting with the public and have developed extensive knowledge of community-based services and resources, it is cost-efficient to provide Caregiving Information and Assistance (Caring for Elderly) under Title III E as a direct service.

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

Older Americans Act, Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

Identify Service Category: Cash/Material Aid (Title III B); Supplemental Services: Caregiving Emergency Cash/Material Aid (Title III E)

Check applicable funding source:¹⁰

- IIIB
- IIIC-1
- IIIC-2
- Nutrition Education
- IIIE
- VIIA
- HICAP

Request for Approval Justification:

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

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

- 2016-17 2017-18 2018-19 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service.¹¹

The Fresno-Madera Area Agency on Aging's case managers are in the best position to determine the need for the Agency's limited funds for cash/material aid, as they are familiar with each case management client's spectrum of supports and availability of community resources. As cash/material aid is provided for emergency situations, the capability to respond quickly is paramount. The Agency on Aging can expediently and cost-effectively arrange for payment of a utility bill or other service that is critical to the client's well-being and not available through other community resources.

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

Older Americans Act, Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

Identify Service Category: Chore

Check applicable funding source:¹²

- IIIB
- IIIC-1
- IIIC-2
- Nutrition Education
- IIIE
- VIIA
- HICAP

Request for Approval Justification:

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

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

- 2016-17 2017-18 2018-19 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service.¹³

The Fresno-Madera Area Agency on Aging provides case management services as part of the Title III B Supportive Services Program. This administratively integrated and cost efficient system of care management allows the agency to appropriately serve its clientele, providing an array of purchased services, including chore services, through vendor contracts negotiated for the most cost effective method of quality client care.

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

Older Americans Act, Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

Identify Service Category: Community Education

Check applicable funding source:¹⁴

- IIIB
- IIIC-1
- IIIC-2
- Nutrition Education
- IIIE
- VIIA
- HICAP

Request for Approval Justification:

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

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

- 2016-17 2017-18 2018-19 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service.¹⁵

The Agency on Aging's Information and Assistance staff are experienced with interacting with the public and have developed extensive knowledge of community-based services and resources, and maintain contact with key staff of community partners both in updating the Agency's resource directory and in providing Outreach as a direct service. It is cost-efficient to integrate scheduling and staffing of Community Education presentations as part of Information and Assistance staff activities.

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

PSA 14

Older Americans Act, Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

Identify Service Category: Congregate Meals and Nutrition Education

Check applicable funding source:¹⁶

- IIIB
- IIIC-1
- IIIC-2
- Nutrition Education
- IIIE
- VIIA
- HICAP

Request for Approval Justification:

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

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

- 2016-17 2017-18 2018-19 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service.¹⁷

The Fresno-Madera Area Agency on Aging (Agency on Aging) has operated the Title III C1 Congregate Nutrition Program under a service waiver since 1994, which in that year allowed absorption of a \$300,000 loss due to the Intrastate Funding Formula. The Agency on Aging contracts for site management, and purchase meals for the Congregate Nutrition program through vendor agreements. Twenty-eight meal sites have been established in the following locations: Fresno County rural, 4; Fresno County urban, 11; Madera County rural, 2; Madera County urban, 5; and Fresno City, 6 (all urban). The agency retains contractual oversight, including menu approval, in-service training for site coordinators, and site and kitchen monitoring. The Agency on Aging's contracted registered dietitian is responsible for approving menus and conducting kitchen monitoring, and with the Agency's congregational nutrition program coordinator, provides nutrition education for program participants and conducts contractual monitoring to ensure compliance with all current regulations and requirements.

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

Older Americans Act, Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

Identify Service Category: Home-Delivered Meals and Nutrition Education

Check applicable funding source:¹⁸

- IIIB
- IIIC-1
- IIIC-2
- Nutrition Education
- IIIE
- VIIA
- HICAP

Request for Approval Justification:

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

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

- 2016-17 2017-18 2018-19 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service.¹⁹

The Fresno-Madera Area Agency on Aging (Agency on Aging) has operated the Title III C2 Home-Delivered Meals Program under a service waiver since 1994. The Agency on Aging purchases the meals directly through vendor agreements. Program participants are delivered 14 meals once a week, including seven breakfasts and seven frozen dinners. The Agency on Aging's contracted registered dietitian is responsible for approving menus, providing nutrition education, and conducting kitchen monitoring to ensure compliance with all current regulations and requirements. PSA 14's meal costs are some of the lowest in the state, without compromising quality.

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

Older Americans Act, Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

Identify Service Category: Homemaker

Check applicable funding source:²⁰

- IIIB
- IIIC-1
- IIIC-2
- Nutrition Education
- IIIE
- VIIA
- HICAP

Request for Approval Justification:

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

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

- 2016-17 2017-18 2018-19 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service.²¹

The Fresno-Madera Area Agency on Aging provides case management services as part of the Title III B Supportive Services Program. This administratively integrated and cost efficient system of care management allows the agency to appropriately serve its clientele, providing an array of purchased services, including homemaker services, through vendor contracts negotiated for the most cost effective method of quality client care.

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

Older Americans Act, Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

Identify Service Category: Interpretation/Translation

Check applicable funding source:²²

- IIIB
- IIIC-1
- IIIC-2
- Nutrition Education
- IIIE
- VIIA
- HICAP

Request for Approval Justification:

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

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

- 2016-17 2017-18 2018-19 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service.²³

The Fresno-Madera Area Agency on Aging provides case management services as part of the Title III B Supportive Services Program. This administratively integrated and cost efficient system of care management allows the agency to appropriately serve its clientele, providing an array of purchased services, including interpretation/translation, through vendor contracts negotiated for the most cost effective method of quality client care.

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

Older Americans Act, Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

Identify Service Category: Personal/Home Security

Check applicable funding source:²⁴

- IIIB
- IIIC-1
- IIIC-2
- Nutrition Education
- IIIE
- VIIA
- HICAP

Request for Approval Justification:

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

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

- 2016-17 2017-18 2018-19 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service.²⁵

The Fresno-Madera Area Agency on Aging provides case management services as part of the Title III B Supportive Services Program. This administratively integrated and cost efficient system of care management allows the agency to appropriately serve its clientele, providing an array of purchased services, including personal/home security, through vendor contracts negotiated for the most cost effective method of quality client care.

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

Older Americans Act, Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

Identify Service Category: Public Information

Check applicable funding source:²⁶

- IIIB
- IIIC-1
- IIIC-2
- Nutrition Education
- IIIE
- VIIA
- HICAP

Request for Approval Justification:

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

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

- 2016-17 2017-18 2018-19 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service.²⁷

The Fresno-Madera Area Agency on Aging promotes programs and services for older adults via a media campaign each spring in conjunction with Older Americans Month, and maintains the content of the Agency's Web site throughout the year. The Agency works directly with contacts at newspaper, radio, and television companies to create, and publish or record, its public messages, bypassing costly media and public relations companies. Agency staff uses Adobe Contribute software to update the Agency's Web site content and Google Analytics to track Web site traffic, avoiding the need for a Web designer and consultant.

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

Older Americans Act, Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

Identify Service Category: Residential Repairs/Modifications

Check applicable funding source:²⁸

- IIIB
- IIIC-1
- IIIC-2
- Nutrition Education
- IIIE
- VIIA
- HICAP

Request for Approval Justification:

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

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

- 2016-17 2017-18 2018-19 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service.²⁹

The Fresno-Madera Area Agency on Aging provides case management services as part of the Title III B Supportive Services Program. This administratively integrated and cost efficient system of care management allows the agency to appropriately serve its clientele, providing an array of purchased services, including residential repairs/modifications, through vendor contracts negotiated for the most cost effective method of quality client care.

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

Older Americans Act, Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

Identify Service Category: Respite Care: Caregiver Respite In-Home Supervision (Caring for Elderly)

Check applicable funding source:³⁰

- IIIB
- IIIC-1
- IIIC-2
- Nutrition Education
- IIIE
- VIIA
- HICAP

Request for Approval Justification:

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

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

- 2016-17 2017-18 2018-19 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service.³¹

The FMAAA provides case management services as part of the Title III E Family Caregiver Support Program, the Multipurpose Senior Services Program, and the Title III B Supportive Services Program. This administratively integrated and cost efficient system of care management allows the agency to appropriately serve its clientele, providing an array of purchased services through vendor contracts negotiated for the most cost effective method of quality client care. One of these purchased service categories under the Title III E Family Caregiver Support Program is Caregiver Respite In-Home Supervision (Care for Elderly).

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

Older Americans Act, Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

Identify Service Category: Supplemental Services: Home Adaptations for Caregiving (Caring for Elderly)

Check applicable funding source:³²

- IIIB
- IIIC-1
- IIIC-2
- Nutrition Education
- IIIE
- VIIA
- HICAP

Request for Approval Justification:

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

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

- 2016-17 2017-18 2018-19 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service.³³

The FMAAA provides case management services as part of the Title III E Family Caregiver Support Program, the Multipurpose Senior Services Program, and the Title III B Supportive Services Program. This administratively integrated and cost efficient system of care management allows the agency to appropriately serve its clientele, providing an array of purchased services through vendor contracts negotiated for the most cost effective method of quality client care. One of these purchased service categories under the Title III E Family Caregiver Support Program is Home Adaptations for Caregiving (Care for Elderly).

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

Older Americans Act, Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

Identify Service Category: Support Services: Caregiver Case Management

Check applicable funding source:³⁴

- IIIB
- IIIC-1
- IIIC-2
- Nutrition Education
- IIIE
- VIIA
- HICAP

Request for Approval Justification:

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

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

- 2016-17 2017-18 2018-19 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service.³⁵

The Fresno-Madera Area Agency on Aging provides case management services as part of the Multipurpose Senior Services Program, the Title III B Supportive Services Program, and the Title III E Family Caregiver Support Program. This administratively integrated and cost efficient system of care management allows the agency to appropriately serve its clientele, providing an array of purchased services through provider contracts negotiated for the most cost effective method of quality client care. In addition, the collocation aspect of the Sierra Resource Campus, including In-Home Supportive Services; Medicare for the Aged, Blind and Disabled; and Valley Caregiver Resource Center allows the agency to quickly and effectively coordinate and maintain the quality of its case management services.

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 16 - GOVERNING BOARD

PSA 14

**GOVERNING BOARD MEMBERSHIP
2016-2020 Four-Year Area Plan Cycle**

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

Total Number of Board Members: 15

Name and Title of Officers:

**Office Term
Expires:**

Vonnie Franks, Fresno City, Chair	January 8, 2018
Leonard Haggerty, Fresno County, First Vice-Chair	January 2, 2017
Susan Arteaga, Madera County, Second Vice-Chair	January 2, 2017

**Names and Titles of All Members:
Expires:**

Board Term

Ronald Adolph, Fresno County	January 8, 2018
Rodney Ashley, Fresno City	January 2, 2017
Brett Frazier, Madera County	January 2, 2017
Edward Hokokian, Fresno County	January 8, 2018
Alan Lopes, Madera County	January 2, 2017
Gerald Ongman, Madera County	January 2, 2017
Brian Pacheco, Fresno County	January 2, 2017
James Poptanich, Fresno City	January 2, 2017
Robert Ward, Fresno County	January 2, 2017

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

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

Total Council Membership (include vacancies): 21

Number of Council Members over age 60: 9

Race/Ethnic Composition	*% of PSA's 60+Population	% on Advisory Council
White	55.0%	76.9%
Hispanic	30.8%	15.4%
Black	4.0%	-
Asian/Pacific Islander	8.0%	7.7%
Native American/Alaskan Native	1.0%	-
Other	1.3%	-

**State of California, Department of Finance, Report P-2: State and County Population Projections by Race/Ethnicity and Age (5-year groups), 2010-2060 (as of July 1,), December 15, 2014*

Name and Title of Officers:	Office Term Expires:
Virginia Wheeler, Fresno City, Chair	June 30, 2016
Shirley Tickel, Madera County, First Vice-Chair	June 30, 2017
Lisa Tatarian McQuone, Second Vice-Chair	June 30, 2018

Name and Title of other members:	Office Term Expires:
Laura Blaise, Fresno County	June 30, 2017
Minerva Garcia, Fresno County	June 30, 2016
Robert Howk, Fresno County	June 30, 2018
Jill McCarthy, Fresno City	June 30, 2016
George Murillo, Fresno City	June 30, 2017
David Reed, Fresno City	June 30, 2016
Ross Smith, Fresno City	June 30, 2018
Lynda Snauffer, Fresno City	June 30, 2017
Gregory Toth, Fresno City	June 30, 2018
Jennifer Wojtas, Fresno County	June 30, 2018

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

Note: Information regarding members who represent the categories indicated below is available from the Fresno-Madera Area Agency on Aging's Administration office.

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

Explain any "**No**" answer(s):

The Fresno-Madera Area Agency on Aging (Agency on Aging) actively recruits for Advisory Council members representative of the older adult population in Fresno and Madera counties. Local elected officials currently serve on the Agency on Aging's Governing Board.

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

The Agency on Aging was established in 1980 as a Joint Powers Authority (JPA), with Fresno County, Madera County, and the city of Fresno designated as the joint power entities. The Agency on Aging's Advisory Council consists of 21 individuals, seven from each JPA area. The Agency on Aging's Governing Board's ad hoc selection committee interviews individuals who indicate interest in Advisory Council membership, and recommends appointments to the Governing Board.

2016-2020 Four-Year Area Planning Cycle

This section must be completed and submitted with the Four-Year Area Plan. Any changes to this Section must be documented on this form and remitted with Area Plan Updates.³⁶

1. Specific to Legal Services, what is your AAA’s Mission Statement or Purpose Statement? Statement must include Title IIIB requirements:

The Fresno-Madera Area Agency on Aging (FMAAA) seeks to protect older adults and adults with disabilities, particularly those with the greatest social and economic need, from direct challenges to independence, choice, and financial security through provision of Title III B legal services. These legal services help older individuals and adults with disabilities understand their rights, exercise options through informed decision making, and achieve optimal benefit from the support and opportunities promised by law.

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

The minimum percentage of Title IIIB funding allocated for Legal Services is 2%.

3. Specific to Legal Services, has there been a change in your local needs in the past four years? No. If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years).

4. Specific to Legal Services, does the AAA’s contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services?

Yes. Contents of the California Statewide Guidelines, as provided in California Department of Aging Program Memo 05-19, have been incorporated in Exhibit A, the Program Exhibit, of the Agency on Agency’s contract with its legal services provider.

5. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? Yes.

If so what are the top four (4) priority legal issues in your PSA?

Housing; Wills, Advanced Health Care Directives, Power of Attorney, and other late life planning issues; Health; Consumer Issues

³⁶ For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or chisorom.okwuosa@aging.ca.gov

6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? Yes.

If so, what is the targeted senior population in your PSA **AND** what mechanism is used for reaching the target population? Discussion:

The targeted population is older adults who have low income and older adults with limited English proficiency. Please see Item 7 below for mechanisms used to reach these individuals.

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

Older adults with low income and limited English proficiency in both the urban and rural areas of Fresno and Madera counties are targeted for legal services. In addition to the outreach methods described in item 10 below, the Agency on Aging's staff, the City of Madera's Older Adult Services staff, and staff and volunteers of senior and community centers inform older adults of available services, including legal services.

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

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

9. Does your PSA have a hotline for legal services? No.

10. What methods of outreach are Legal Services providers using? Discuss:

Central California Legal Services (CCLS), the FMAAA's contracted legal services provider, conducts presentations at senior and community centers located in rural areas, conducts outreach at community events, and uses local media to publicize services. CCLS is currently developing multi-language public service announcements to reach older adults residing in rural areas.

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

Fiscal Year	Name of Provider	Geographic Region Covered
2016-2017	Central California Legal Services	Fresno & Madera Counties
2017-2018		
2018-2019		
2019-2020		

12. Discuss how older adults access Legal Services in your PSA:

Central California Legal Services (CCLS) offers monthly legal intake sessions at senior and community centers in Fresno and Madera counties. CCLS conducts Senior Volunteer Day once each month in downtown Fresno, where older adults can obtain a pro bono consultation with an attorney on the spot. CCLS provides assistance for older adults with applying for the federal Earned Income Tax Credit, with a particular focus on individuals with low income and limited English proficiency. Referrals to CCLS are generated from inquiries to the Fresno-Madera Area Agency on Aging’s Information and Assistance department, as well as through the Agency on Aging’s contracted service providers. Services can also be accessed through the CCLS Web site, www.centralcallegal.org.

13. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area:

Housing, late life planning, and health are the major categories of legal issues handled by CCLS.

14. In the past four years, has there been a change in the types of legal issues handled by the Title IIIB legal provider(s) in your PSA? No.

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

Transportation, both rural and urban, physical condition, and low income are barriers for older adults accessing legal assistance. Strategies for overcoming these barriers include scheduling attorneys and legal advocates to provide legal assistance for older adults in the communities where they live, such as at churches and in the home.

16. What other organizations or groups does your legal service provider coordinate services with? Discuss:

CCLS coordinates services with other service providers for older adults, including FBI Victim Assistance, Disability Rights of California, Fresno County Sheriff's Department, Fresno County District Attorney's Office, Adult Protective Services, Fresno County Department of Social Services-In Home Supportive Services, Valley Caregiver Resource Center-Long Term Care Ombudsman Program, the Alzheimer's Association, Rape Counseling Services, and hospice services. CCLS also coordinates services with other members of the Elder Abuse Roundtable.

SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW ³⁷

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

No. Title IIIB funds not used for Acquisition or Construction.

Yes. Title IIIB funds used for Acquisition or Construction.

Complete the chart below.

Title III Grantee and/or Senior Center	Type Acq/Cons	IIIB 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:						

¹⁴ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM

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

2016–2020 Four-Year Planning Cycle

Based on the AAA's review of current support needs and services for **family caregivers** and **grandparents** (or other older relative of a child in the PSA), indicate what services the AAA **intends** to provide using Title III E and/or matching FCSP funds for both family caregivers and grandparents/older relative caregivers.

Check YES or NO for each of the services* identified below and indicate if the service will be provided directly or contracted. **If the AAA will not provide a service, a justification for each service is required in the space below.**

Family Caregiver Services

Category	2016-2017	2017-2018	2018-2019	2019-2020
Family Caregiver Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Supplemental Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract

***Refer to PM 11-11 for definitions for the above Title III E categories.**

Grandparent Services

Category	2016-2017	2017-2018	2018-2019	2019-2020
Grandparent Information Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Access Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Support Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Respite Care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

*Refer to PM 11-11 for definitions for the above Title III E categories.

Justification: For each service category checked “no”, explain how it is being addressed within the PSA. The justification must include the following:

- Provider name and address of agency
- Description of the service
- Where the service is provided (entire PSA, certain counties, etc.)
- Information that influenced the decision not to provide the service (research, needs assessment, survey of senior population in PSA, etc.)
- How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds

Family Caregiver Support Program – Grandparent Caring for Child

The Family Caregiver Support Program was established in 2001 to serve individuals caring for an older family member. The Reauthorization of the Older Americans Act in 2006 added new eligibility criteria which encompassed grandparents caring for a child; however, no additional funds were provided with which to serve this expanded client base.

In fact, baseline funding for the Family Caregiver Support Program for Fresno and Madera counties decreased from \$448,511 in fiscal year 2004-2005 to \$368,503 in fiscal year 2015-2016; an influx of \$41,396 in one-time-only funding buoyed the 2015-2016 allocation to \$413,958.

As per the Older Americans Act, Sections 372(b)(1)-(2), priority for provision of the Family Caregiver Support Program is for services provided to family caregivers who care for individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction, and to grandparents or older individuals, who are relative caregivers who care for children with severe disabilities.

A Grandparent or Older Individual Who is a Relative Caregiver is defined as a grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption, who is 55 years of age or older, and who meets the following additional criteria in Section 372(a)(2)(A)-(C)] of the Older Americans Act:

1. Lives with the child;
2. Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
3. Has a legal relationship with the child, as such legal custody or guardianship, or is raising the child informally.

The U.S. Census' American Community Survey 5-Year Estimates for 2010-2014 indicate that 11,295 individuals in Fresno and Madera counties are designated as responsible for their grandchildren. Assuming these grandparents are 60 years of age or older, they account for 5.8% of the older adult population (195,353) in the two county area.

The State's contract with the Agency on Aging specifies that the Agency shall not expend more than ten percent of the total Title III E federal and matching non-federal share to provide support services to grandparents and older individuals who are relative caregivers of a child who is not more than 18 years of age in accordance with the Older Americans Act, Section 373(g)(2)(C).

Grandparents who meet the eligibility criteria for the Family Caregiver Support Program are welcome to participate in the program; however, the Agency on Aging has not received requests to date for participation from grandparents. This is most likely attributable to the different needs of grandparents caring for grandchildren than the needs of family caregivers caring for an older adult. For example, respite care for a family caregiver caring for an older adult typically involves use of an Adult Day Care/Adult Day Health Care facility, where respite care for a grandparent caring for a child may involve finding day care providers for children, after school programs, and summer/day camps. The aging services infrastructure does not encompass services for children, and as such, it is difficult for the Agency on Aging to directly accommodate this type of need. Similarly, the Caregiving Services Registry established for caregivers of older adults does not include providers who can provide respite care for children in the grandparent's absence. While grandparents may find services such as Caregiver Support Groups and Caregiver Training offered through the aging services infrastructure helpful, these services are primarily used by family caregivers caring for an older adult with Alzheimer's disease or neurological and organic brain dysfunctions and do not provide the optimal opportunity for sharing like experiences.

A list of services offered for grandparents caring for grandchildren in Fresno and Madera counties is provided below. The Agency on Aging's Information and Assistance staff will continue to refer grandparents to the organization that best fits their needs.

Support Services:

Exceptional Parents Unlimited

4440 N. First St.
Fresno, CA 93726
(559) 229-2000

Service: Federally funded through the U.S. Department of Education as a Parent Training and Information Center for 13 counties, including Fresno and Madera counties. Parenting workshops, support groups, and resource center for families facing extraordinary medical, developmental, and parenting challenges. Services provided in English, Spanish, and Hmong.

Centro La Familia

302 Fresno St., Suite 102
Fresno, CA 93706
(559) 237-2961

Service: Offers parenting skills classes and culturally based access navigation and peer support services for families with low income, including linkages to professional services and support groups, in English and Spanish both in its Fresno office and in rural communities in Fresno County. Provides assistance with enrollment in public benefit programs.

Central Valley Children's Services Network
1911 N. Helm Ave.
Fresno, CA 93727
(559) 456-1100

Service: Provides referrals to licensed child care providers in Fresno County and offers an online resource director for parents.

First 5 Madera County
525 E. Yosemite Ave. 405 Trinity Ave. 49169 Road 426
Madera, CA 93638 Chowchilla, CA 93610 Oakhurst, CA 93644
(559) 661-5155 (559) 201-5000 (559) 664-4198

Service: Operates family resource centers for families with children ages 0-5 in Madera, Chowchilla, and Oakhurst.

First 5 Fresno County
2405 Tulare St., Suite 200
Fresno, CA 93721
(559) 558-4900

Service: Offers parenting education programs for families with children ages 0-5.

Central California Legal Services
2115 Kern St., Suite 1
Fresno, CA 93721
(559) 570-1200

Service: Guardianship clinics for grandparents offered in Fresno.

Foster Kinship Care Education Project
Fresno City College
1101 E. University Ave.
Fresno, CA 93741
(559) 442-8210

Service: Traditions of Caring class for Kinship Care Providers offered at no charge in Fresno and Madera; class includes training in the area of children with special needs, medical issues, nutrition, and intervention for those who provide care to children who are medically fragile and/or at risk.

Foundation for Grandparenting
Grandparenting.org

Service: Online articles and resources for grandparents.

Grandfamilies State Law and Policy Resource Center
Grandfamilies.org

Service: Provides online resources for grandfamilies, including a searchable database of laws and regulations affecting grandfamilies; relevant resources and publications for grandparents raising grandchildren, and personal stories from grandfamilies.

Grandparents Caring for Grandkids Support Group
Grandparents.com
<http://community.grandparents.com/index.php?/forum/15-grandparents-caring-for-grandkids/>
Service: Online discussion group.

Grandparents Raising Children Support Group
Daily Strength
<http://www.dailystrength.org/c/Grandparents-Raising-Children/support-group>
Service: Online discussion group.

National Alliance on Mental Illness (NAMI)
7545 N. Del Mar Ave. #105
Fresno, CA 93711
(559) 224-2469
Service: Support group for parents, guardians, grandparents, and close friends of children and adolescents affected by mental illness offered in Fresno; NAMI Basics education program for parents and other caregivers of children and adolescents living with mental illnesses offered in Fresno.

Respite Care:

School Age Child Care Program
Fresno Economic Opportunities Commission
1920 Mariposa Mall, Suite 200
Fresno, CA 93721
(559) 263-1015
Service: Child care for children age 5-12 offered in Orange Cove, Parlier, and Selma; parents must be employed, attending school, or in training.

Supplemental Services:

California Work Opportunity and Responsibility to Kids (CalWORKs)
4468 East Kings Canyon Road
Fresno, CA 93702
(559) 600-1377
Service: Cash assistance, Fresno County.

California Work Opportunity and Responsibility to Kids (CalWORKs)
700 E. Yosemite Ave.
Madera, CA 93638
(559) 675-7841
Service: Cash assistance, Madera County.

Access Assistance:

Child Health and Disability Prevention Program
Fresno County Department of Community Health
1221 Fulton Mall
Fresno, CA 93721
(559) 600-3281

Service: Assists families with finding and obtaining health services for children in Fresno County.

Child Health and Disability Program
Madera County Public Health Department
14215 Road 28
Madera, CA 93638
(559) 675-7893

Service: Assists families with finding and obtaining health services for children in Madera County.

Information Services:

Head Start Program
Fresno Economic Opportunities Commission
1920 Mariposa Mall, Suite 200
Fresno, CA 93721
(559) 263-1200

Type of Service: Family assistance, including referrals to resources, offered in Fresno. No cost preschool program for children ages 3-5 years for families with low income.

AARP GrandFamilies Guide
<http://www.aarp.org/relationships/friends-family/info-08-2011/grandfamilies-guide-getting-started.html>

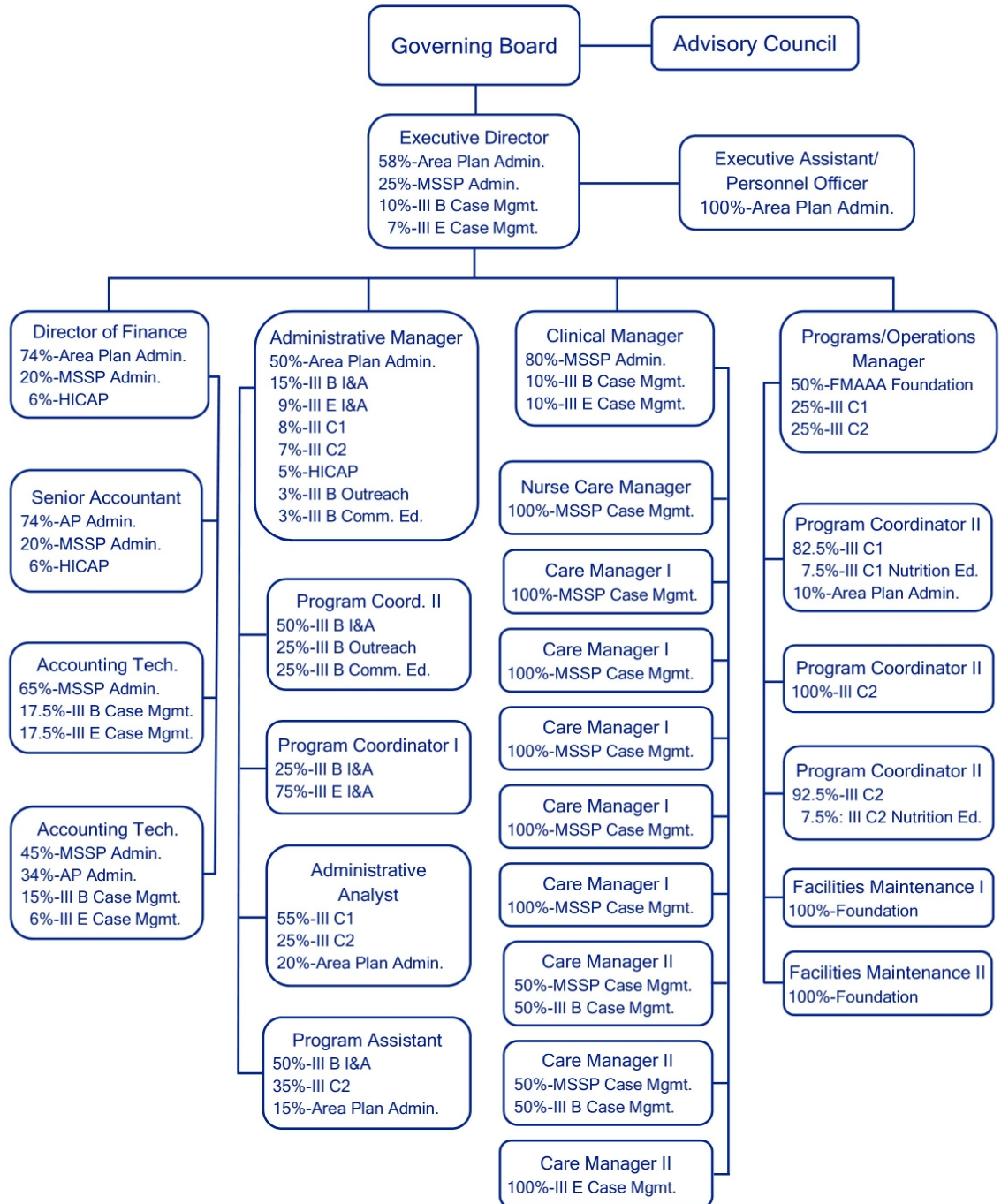
Type of Service: Online tips, tools, and resources for grandparents and other relatives raising children.

Generations United
<http://www.gu.org/OURWORK/Grandfamilies.aspx>

Type of Service: Online information on issues facing grandparents raising grandchildren.

Section 21 Organization Chart

Fresno-Madera Area Agency on Aging
Organizational Chart – July 2016-June 2017 – CDA Contract No. AP-1617-14



SECTION 22 - ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

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

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

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

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

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

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

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

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

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

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

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

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

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

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited

English proficiency, and older individuals residing in rural areas within the planning and service area;

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

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

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

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

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

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

Use outreach efforts that —

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

7. OAA 306(a)(5)

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

8. OAA 306(a)(9)

Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under

this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

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

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

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

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

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

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

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

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

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

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

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

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

11. 306(a)(14)

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

12. 306(a)(15)

Funds received under this title will be used—

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

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

B. Additional Assurances:

Requirement: OAA 305(c)(5)

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

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

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

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

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

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

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

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

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

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

That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this

title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

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

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

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

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

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

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

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

Requirement: OAA 307(a)(15)

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

(A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.

(B) To designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:

- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

Requirement: OAA 307(a)(18)

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

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Requirement: OAA 307(a)(26)

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

Requirement: OAA 307(a)(27)

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

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

CFR [1321.53(a)(b)]

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

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

(1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;

(2) Provide a range of options:

(3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;

(4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;

(5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;

(6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;

(7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;

(8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;

(9) Have a unique character which is tailored to the specific nature of the community;

(10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.61(b)(4)]

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

CFR [1321.61(d)]

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

CFR [1321.69(a)]

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