

Appendix XIII – PSA # 22 Year-End Report

Check each applicable planning cycle:

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

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This Appendix serves as the Year-End Report for Area Agencies on Aging (AAAs) to provide yearly information on the progress AAAs are making on achieving goals and objectives detailed in the Area Plan. **The due date for the Year-End Report and the original Transmittal Letter is no later than November 1 of each Fiscal Year (FY).**

Directions for submitting Year-End Report and Transmittal Letter:

1. Complete the required sections in Appendix XIII and send it electronically to John Marklund at jmarklund@aging.ca.gov.

2. A Transmittal Letter signed by the AAA Director, Chair of the Advisory Council, and Chair of the Governing Board is required with each Year-End Report.

Send the original Transmittal Letter by postal mail to:

John Marklund
California Department of Aging
1300 National Drive, Suite 200
Sacramento, CA 95834

3. Refer to Part Three, Section B, Year-End Reporting, for information about the Year-End Report.

If you have any questions please contact John Marklund at jmarklund@aging.ca.gov or (916) 928-3330; or Denny Wight at dwright@aging.ca.gov or (916) 928-3329.

Section I.

Explain **the purpose of the report**, including a Narrative Description of Significant Accomplishments.

PURPOSE

The purpose of the Year-End Report is to provide a retrospective account of progress made by the Office on Aging (OoA) toward specified goals during the preceding fiscal year. The Year-End Report provides a performance report for the community and the California Department of Aging (CDA), which CDA uses when reporting to federal and state officials on the activities, achievements, and significant barriers to local goals of the 33 California Area Agencies on Aging (AAA). It reaffirms the important role of the OoA as the advocate, planner, and administrator of programs for older adults and their caregivers, and adults with disabilities in Orange County.

The Year-End Report informs the public about: (1) the Office on Aging's key activities during the preceding year; (2) significant achievements during the preceding year; and (3) the difficulties the OoA has encountered in executing its charge. It is similar, in this respect, to a corporate annual report.

OFFICE ON AGING OVERVIEW

The Office on Aging carries out the mandates of the Older Americans Act and the Older Californians Act by serving as the primary advocate for older adults in Orange County. This is accomplished through developing area plans for services, administering service contracts, providing staff support to the Senior Citizens Advisory Council, developing a continuum of community-based long term care services, publicizing and disseminating information on available resources, identifying service gaps and barriers, and providing limited direct services.

The Office on Aging budget consists of federal, state, Measure H, and County of Orange general funds. These funds include administration and program dollars to ensure adequate program administration and client service levels. The table below shows funding and staffing levels over the span of the 2005-09 Area Plan period.

Fiscal Year	Federal	State	County	Measure H	OoA Staff
2005-06	\$9,255,878	\$1,712,669	\$965,762	\$2,956,194	21
2006-07	9,013,292	1,724,590	859,547	3,000,008	19
2007-08	9,057,668	1,917,297	987,055	3,159,429	18
2008-09	9,978,894	1,073,527	998,775	2,161,759	14

County Reorganization

As part of a plan to improve the delivery of services and fiscal responsibility within Orange County, in 2008 the Board of Supervisors approved the restructuring of County departments, along with name changes for some departments. The reorganization included the establishment of a new department: OC Community Resources.

OC Community Resources includes OC Community Services, OC Parks, OC Public Libraries and OC Animal Care.

Karen Roper, who previously served as Executive Director of the Office on Aging, was appointed as Director of the newly named OC Community Services (formerly Housing & Community Services), which is comprised of Community Investment, Homeless Prevention, the Housing Authority, Housing & Community Development, Redevelopment, Human Relations, Office on Aging, and Veterans Services. Sylvia Mann was named Executive Director of OoA.

NARRATIVE DESCRIPTION OF SIGNIFICANT ACCOMPLISHMENTS

The following, along with the state-of-the-art Information and Assistance call center and the 22 contracts and two memoranda of understanding (MOUs) administered by the OoA for service delivery, addresses some of the accomplishments of the Office on Aging for FY 2008-09. The collaborative efforts cited here represent the commitment of Office on Aging to working in partnership with others in the aging network to maximize limited resources on behalf of older adults and caregivers.

Aging and Disability Resource Connection (ADRC)

On December 1, 2008, the Office on Aging, in partnership with CalOptima and the Dayle McIntosh Center for Independent Living, became an Aging and Disability Resource Center for Orange County. The development and implementation of this project was made possible through a \$337,000 grant awarded by the California State Department of Health and Human Services. The OC ADRC provides services and support to older adults, family caregivers, and persons of all ages with disabilities. The goals and objectives of this project are:

- to provide relevant and accessible information regarding long-term care options to consumers, caregivers, and providers through a combination of web-based resources, telephone referrals through our Information and Assistance call center, and face-to-face assistance through walk-in or scheduled appointments;
- to better coordinate hospital-to-home transition through a collaborative relationship with community based organizations and discharge planners; and
- to promote education and awareness of long-term care support services to empower consumers to make more informed decisions about their care.

Since implementation of the ADRC, the Office on Aging Information & Assistance (I&A) call center has been collecting customized data and reporting monthly, as well as conducting comprehensive client intake assessments for referrals to the partner agency, Dayle McIntosh Center, the independent living center (ILC) for Orange County. I&A staff have also been working to include new resources and organizations that serve persons with disabilities of all ages into the database.

The I&A manager continues to participate in monthly conference calls for ADRC Technical Assistance, and attends bi-monthly ADRC Advisory Committee meetings at CalOptima.

As the ADRC program enters into its second phase, implementation of the Care Transitions Intervention with patients at Mission Hospital will begin. Volunteers have already received the Care Transitions Intervention training which is based on the Eric Coleman model of case management for hospital to home discharges. The I&A call center will be used as a resource by Care Transitions coaches when meeting with patients in their homes.

Down with Falls Coalition

March 2009 marked the end of the 18-month cycle of the Coalition Enhancement and Sustainability grant from the Archstone foundation to the Down with Falls Coalition. This was the second Archstone grant received by the coalition; the first, a \$25,000 Fall Prevention Coalition-Building grant, was awarded in April 2006.

The second grant funded three specific activities:

1. Development and production of a fall prevention kit.
2. Printing and distribution of a fall prevention "prescription pad" to physicians.
3. Creation of a fall prevention program for community members and health professionals.

FY 2008-09 Down with Falls Coalition activities focused on education to community groups and health care professionals in order to increase the awareness of fall prevention and available resources. The work of the Down with Falls Coalition has connected community organizations and agencies that are not traditionally included in fall prevention efforts. The coalition has worked with several other fall prevention coalitions statewide and nationally, leading to greater cross-referral of people in need. The Down with Falls Coalition began holding an annual meeting in January 2007 which allows the community to be updated on fall prevention efforts in Orange County. In addition to the activities of the Archstone grant, the coalition participated in CA Fall Prevention Awareness Week for each of the first two years (2008 and 2009) by creating educational materials, conducting presentations, and coordinating community events.

WECARE

WECARE — Working to Enhance Care and Resources for our Elders — is an AmeriCorps project engaging an intergenerational, multicultural corps of experienced and trained volunteers for the benefit of older adults and service providers.

2008-09 marked the second year of the WECARE/ Office on Aging partnership.

Office on Aging was a partner with twenty other agencies in the collaborative that developed WECARE, and continues to be involved with the project, as does the Senior Citizens Advisory Council. The first Annual Inauguration of WECARE AmeriCorps members was on January 12, 2008. The executive director of the Office on Aging and the chair of the Senior Citizens Advisory Council were among the featured speakers at the event, as well as at the second Inauguration in November 2008.

The goal of WECARE is to benefit older adults by helping them to maintain their independence, and to benefit service provider agencies by building capacity to increase

services within their limited budgets. In July 2008 WECARE held a midyear strategic planning session at Office on Aging with host sites and partner agencies. The strategic plan begun at this session will be used as the basis for developing goals and objectives for the program.

Senior Summits

OoA worked in partnership with the Chair of the Orange County Board of Supervisors to provide two South County Senior Summit events, one in July 2008 and the second in May 2009. The theme of the first event was *Healthy Aging*, and drew over 350 participants; the second, focused on *Baby Boomers, Their Parents, and Technology*, was attended by more than 500 older adults and caregivers. The popularity of these events has led to plans for future Senior Summits in other supervisorial districts.

ADHC Partnership

The Office on Aging Information & Assistance call center began a partnership in FY 2008-09 with *Interlock Care*, a coalition of Orange County Adult Day Health Care (ADHC) providers. The regular presence of an *Interlock* representative provided increased education and awareness to I&A staff for determining eligibility criteria and making appropriate client referrals to Adult Day Health Care programs. During the month of March, I&A Specialists participated in field visit tours of ADHC facilities throughout Orange County. Over a three-week period, staff were able to meet with the program directors, social workers, and participants at each site to learn first-hand the value of ADHC for both older adults and caregivers in need of respite. The OoA and *Interlock* hope to bring further awareness about ADHC to the community as an option that allows older adults to age in place and maintain independence for as long as possible.

Section II.

Provide a summary of ideas generated as a result of discussions focused on service system changes based on the demographic changes in the aging population in the Planning and Service Area (PSA). (Area Plan Reference Guide Part One, Needs Assessment, Preparing for the Increased Senior Population in 2006 and Beyond.)

SUMMARY OF IDEAS REGARDING SERVICE SYSTEM CHANGES

As cited in more detail in Section 1, OoA is a partner in the WECARE project. The purpose of the project is to increase the number of baby boomers who are engaged in community service, thereby increasing the number of older persons receiving services and maximizing the capacity of provider organizations.

When key informants in Orange County were asked for their input on the topic of the need to prepare for the surge in growth of the aging population, the following comments are representative of the ideas generated.

- With the growth of the aging population, there will of course come a corresponding growth in the number of older adults in need of services, but the growth will not be spread uniformly. For instance, attendance at congregate meal programs at some senior centers is declining, while demand for home-delivered meals exceeds the supply of available resources. The aging services network, both public and private, faces the challenge of re-designing programs to ensure improved accessibility and relevance to the evolving needs of older adults.
- One oversight entity; Create a base point for coordination of all services rather than having the person have to move from one provider to the next.
- Services could all be provided through the cities; senior centers as focal points.
- More networking and collaboration will be necessary from providers and between County and providers.
- Maintain & expand the OoA to be a one-stop call to access a case manager or service coordinator who can set up an ongoing program of services as needed.
- Appoint teams to arrange for delivering services in the most expeditious way.
- Close communication between service providers.
- All social service programs should have one access number – no wrong door.
- Continue to try to make city and county entities act as one collaborative.
- Get all agencies which serve seniors together in a collaborative, noncompetitive environment to reduce duplication, to develop services which would be provided in phases to seniors, dependent on their level of need.
- Advocacy is needed in order to increase awareness of the need and benefits of social services.
- Include suggestions from all quarters, but especially from consumers.
- To achieve this, the paperwork and administrative systems will have to be simplified.
- Encourage more collaborative RFPs.

Section III.

Discuss the objectives set for the preceding year that were completed, deleted, and/or changed or remain incomplete and the circumstances that affected progress toward achieving specific goals, resulting in revised objectives. Status of objectives can be written in a narrative or objective-by-objective format.

Goal #1 Informed communities

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

Objectives:

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

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

Start date: July 1, 2005

Completed by: June 30, 2009

Status: Objective met. During FY 08-09, the Office on Aging collaborated with various government entities on community outreach events.

This included working with Board of Supervisors Chair Patricia C. Bates on Senior Summit events; Supervisor Janet Nguyen at the County Community Services Center; Senator Lou Correa at Bi-National Health Fairs; Congresswoman Loretta Sanchez at the Veterans Fair; and presentations to the Office of the State Controller. Members of SCAC have also become involved in assisting with Office on Aging community outreach events by helping to promote and market as well as staff the Office on Aging exhibit table during events. In addition to normal outreach activities, there were 8 outreach efforts completed using the Info Van in FY 2008-09.

- 1.3 The staff of the Linkages program will provide at least 8 community education programs, resulting in a more informed community regarding Linkages program services. ~~This will include the Friendly Visitor program, bilingual case-management for Mandarin-speaking individuals, and case management for Spanish-speaking individuals.~~ **Presentations may be delivered in English, Spanish, Mandarin-Chinese or Vietnamese.**

Start date: July 2006
Completed by: June 30, 2009
Status: Objective exceeded. Eleven community education programs were conducted.

- 1.8 The staff of the Alzheimer's Day Care Resource Center (ADCRC) program will conduct **45** public/community education sessions about ADCRC to the community at large through fairs and presentations to community groups, the general public, and representatives of community-based agencies. Through these presentations, community members and agency representatives will gain greater awareness of Alzheimer's disease and available services, such as the ADCRC.

Start date: July 2005
Completed by: June 30, 2009
Status: Objective exceeded due to an enhanced education department funded through additional funds received by the Center. 208 public/community education sessions were conducted.

- 1.9 The Council on Aging-Orange County LTC Ombudsman Program will outreach to the community by having monthly *Just Imagine* Tours, informing citizens of the advocacy that ombudsmen bring to the residents of licensed long term care facilities. The tours will be advertised in the agency newsletter, on their website, and by personal invitation. The purpose of this creative and informative means of outreach is to increase the number of ombudsmen volunteers and enhance and improve the program's ability to inform and educate the community at large concerning this important service to vulnerable adults in long-term care facilities. Ten *Just Imagine* tours will be given for approximately forty persons per tour in FY 2008-09. One result of these tours will be ten new ombudsman volunteers.

Start date: July 1, 2007
Completed by: June 30, 2009
Status: Objective exceeded. During FY 2008-09, the Council on Aging Orange County LTC Ombudsman Program certified and retained 28 new LTC Ombudsman volunteers to advocate for residents living in licensed long-term care facilities. This exceeded the goal of adding ten new ombudsman volunteers. The LTC Ombudsman Program conducted an additional certification training session in FY 2008-09 and focused on recruitment to increase the number of volunteers. This was done to compensate for reduction of staff field ombudsmen due to the loss of State funding.

Effective recruitment strategies included the Council on Aging *Just Imagine* tours, current ombudsman referrals and human interest stories and press releases published in the newspaper.

- 1.10 The Financial Abuse Specialist Team (FAST) will provide at least 45 community education presentations on subjects including, but not limited to, elder financial abuse prevention, identity theft and hoarding.

Start Date: July 1, 2008

Completed by: June 30, 2009

Status: Objective exceeded. FY 2008-09 was a year of transitions for FAST, as the program manager was appointed to the OC Superior Court and a new program manager was named. Community education presentations were made nationwide and locally on financial elder abuse at venues ranging from the American Society on Aging Conference to small residential care facilities on family meeting nights. During FY 2008-09 FAST worked with the Department of Justice's Office on Violence against Women's program on Elder Abuse, Human Options, the Anaheim Family Justice Center, Anaheim City Attorney's Office and Adult Protective Services.

- 1.11 In FY 2008-09 the FAST program will provide services as the EAPP (Elder Abuse Prevention Program). The EAPP has three components: FAST (Financial Abuse Specialist Team), SAIF (Seniors Against Investment Fraud), and Community & Professional Education. FAST will hold 10 meetings, each of which will include an educational presentation and a case analysis. FAST volunteers will be available a minimum of two hours per month to consult with APS, the ombudsman and law enforcement. SAIF will provide 24 community education presentations specifically on the issue of investment fraud. Community & Professional Education will present at least 35 presentations on subjects including, but not limited to, elder financial abuse prevention, identity theft and hoarding.

Start Date: July 1, 2008

Completed by: June 30, 2009

Status: Objectives exceeded. FAST met its requirement to have 10 meetings per year. Meetings are held the second Tuesday of each month at 8:00 am at the Adult Protective Services offices in Santa Ana, with an average attendance of 50 individuals. Attendees include FAST consultants, APS workers and ombudsmen. FAST consultants provide their expertise and are available to assist case workers under their commitment of 2 hours per week. FAST holds an educational seminar at each meeting; speakers/educators include elected officials, law enforcement, representatives of banks and others in the financial industry. Meeting comment forms are available and programs are very well received.

SAIF community education was held and exceeded 24 forums. Three volunteer training meetings were also held. Community Education forums were conducted

in Seal Beach Community Center, Laguna Woods Clubhouses 3 and 5, Mission Viejo, San Clemente, Cypress, Brea and other community centers and service groups. Unfortunately the SAIF program has been discontinued at the State level. Therefore there will be no further formal SAIF presentations; however the excellent written materials provided by SAIF concerning investment fraud are still being distributed where appropriate.

The FAST program manager gave over 40 presentations in the Orange County area in FY 2008-09. Presentations were made for law enforcement trainings, UCI workshops, APS forums, Human Options, Alzheimer's Association, AAUW, ombudsman trainings, HICAP trainings, service groups, senior centers, professional financial planner organizations, OC Bar association and other venues.

Goal #2 Coordinated service delivery and collaborative partnerships

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

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

Objectives:

- 2.2 The Office on Aging will implement the Phase II Senior Non-Emergency Medical Transportation (SNEMT) Plan to assist approximately ~~40,000~~ **12,000** 10,000 older Orange County adults and to provide medically related transportation services totaling approximately ~~400,900~~ **110,700** 86,000 trips.

Start date: July 2005

Completed by: June 30, 2009

Status: This objective was partially met due to significant cuts in Tobacco Settlement Revenue to the program, resulting in a phase-down process and reduction in services delivered. In FY 2008-09 SNEMT services provided a total of 61,149 non-emergency medical transportation trips to 9,674 older adults.

- 2.5 The Office on Aging will continue to build and facilitate the Down with Falls Coalition comprised of stakeholders from the senior services, health care, insurance, education, caregiving, government, and business communities. Its purpose will be to undertake, and explore funding options for, projects related to the topic of reducing falls among older adults. The coalition will continue the activities outlined in its 3-year strategic plan. This includes distribution of a fall prevention resource information tool for health care professionals; the development, marketing and presentation of a Fall Prevention Workshop series for the community (older adults, caregivers and professionals); and continued development and distribution of a fall prevention kit.

Start date: July 2005
Completed by: June 30, 2009
Status: Objective met. OoA continued to facilitate monthly coalition meetings, maintain communication among members, and coordinate fall prevention activities. Coalition members attended 5 health fairs and conducted 29 presentations to community and professional groups. The fall prevention kit was finalized and 1000 kits produced with distribution to begin in FY 2009-10.

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

Start Date: July 1, 2005
Completed by: June 30, 2009
Status: Objective met. The OoA executive director represented the needs of older adults through participation on the Special Needs in Transit committee.

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

Start Date: July 1, 2005
Completed by: June 30, 2009
Status: Objective met. OC Community Services Director and a member of the Senior Citizens Advisory Council are on the Steering Committee representing the interests of older adults and the homeless population.

- 2.11 The Office on Aging will partner with ~~Info-Link~~ 2-1-1 Orange County and other key community stakeholders in the development and implementation of 2-1-1 in Orange County. The OoA Information & Assistance call center will act as the first line of referral on all older adult and caregiver calls coming into the 2-1-1 Center during normal business hours. After hours and weekend calls will be tracked.

Start Date: July 1, 2005
Completed by: June 30, 2009
Status: Objective met. The executive director of 2-1-1 Orange County is also a member of the Orange County ADRC Advisory Committee.

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

Start Date: July 1, 2005
Completed by: June 30, 2009
Status: Objective met. Office on Aging partnered with the Council on Aging, Caregiver Resource Center, St. Anselm's Cross-Cultural Community Center, Acacia Adult Day Services, South County Senior Services, and Alzheimer's Family Services Center at various events throughout the year.

- 2.13 In conjunction with the daily linking of callers to appropriate service providers by the I&A call center, the I&A Manager will be a collaborative partner in key community task forces, advisory boards and committees that help strengthen service delivery. These may include ~~the United Way's Building Stronger Families Investment Council, the Orange County Elder Abuse Prevention Coalition, 2-1-1 Orange County, Human Services Resource Committee~~ **CAL ADRC (Aging & Disability Resource Connection) project committee, WECARE (Working to Enhance Care & Resources for our Elders), Healthy Community Alliance, Orange County Partnership for C.H.O.I.C.E (Community and Home Options for Independence and Consumer Education),** among others. Participation in a minimum of 6 collaborations shall be completed within the fiscal year.

Start Date: July 1, 2005
Completed by: June 30, 2009
Status: Objective met. In addition to the collaborations cited above, the I&A manager also participated in the Orange County Task Force on Hoarding.

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

Start Date: July 1, 2005
Completed by: June 30, 2009
Status: Objective exceeded. There were 14 health and 10 nutrition articles written and distributed through the senior network. There were 7 presentations conducted by the health educator and 34 SOAR presentations coordinated by the Office on Aging staff.

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

Start Date: July 1, 2005
Completed by: June 30, 2009
Status: Objective exceeded. 196 intergenerational activities took place during FY 2008-09.

- 2.17 The Alzheimer's Day Care Resource Center will offer community-based memory training classes for older adults concerned about symptoms of forgetfulness and/or seniors with very early dementia. Twenty-six (26) Memory Enhancement classes will be held at community based locations to offer participants strategies to enhance memory and become familiar with ADCRC services that may benefit them.

Start Date: July 1, 2005
Completed by: June 30, 2009
Status: Objective exceeded; again by enhanced education department funded by another source. 50 classes were held.

- 2.18 The Alzheimer's Day Care Resource Center will provide approximately 1,300 hours of limited care planning and counseling services to families of persons with dementia. As a result, family caregivers will receive needed education, support and linkage to community resources.

Start Date: July 1, 2005
Completed by: June 30, 2009
Status: Objective exceeded. 2,115 hours of care planning and counseling services were provided, due to increase in average days of attendance.

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

Start Date: July 1, 2005
Completed by: June 30, 2009
Status: Objective exceeded. 861 volunteers were trained.

- 2.20 The Linkages program will reduce the number of unwanted institutional placements of functionally impaired adults 18 and older in FY 2007-08 by providing limited in-home services. Linkages staff will provide ~~information and referral service to approximately 427 individuals and in-home case management services to approximately 389 individuals and 1284~~ **1167** home visits to clients, arrange ~~1708~~ **1556** case management services and ~~574~~ **787** hours of respite for clients' family caregivers.

Start Date: July 1, 2006
Completed by: June 30, 2009
Status: FY 2008-09 objectives were not completely met. Linkages lost a .75 FTE case manager at the end of April 2008, due to State funding cuts. The position was not filled until the end of October 2008. During FY 2008-09, Linkages received cases requiring more intensive case management over a longer period of time. The average duration of case management per client increased from 7 months to 12 months. This resulted in a reduction of the number of individuals receiving case management services for FY 2008-09. Linkages actually provided in-home case management services to 341 individuals and 1023 home visits to clients, arranged 1364 case management services and 769 hours of respite for family caregivers.

- 2.21 **227** persons with Alzheimer's disease or related dementias will receive day services at the Alzheimer's Day Care Resource Center during FY 2007-08, providing appropriate care for the individuals as well as respite for the family caregivers.

Start Date: July 1, 2006
Completed by: June 30, 2009
Status: Objective exceeded. 254 persons received services.

- 2.22 HICAP will collaborate with the OoA Information & Assistance staff in providing information regarding Medicare Part D and related information to older and disabled adults, by maintaining a counselor in the Information & Assistance office on a regular basis.

Start Date: July 1, 2006
Completed by: June 30, 2009
Status: Objective met. A HICAP counselor was stationed in the I&A call center one day a week for four hours during FY 2008-09. HICAP staff and I&A staff worked together on disseminating information, updates, and workshops

regarding Medicare Part D. Both organizations also worked collaboratively on translating information into multiple languages to reach older adults and disabled adults who speak Spanish and Vietnamese.

- 2.23 Through a Memorandum of Understanding with the Health Care Agency (HCA), medication management services will be provided by the Preventive Health Care for the Aging (PHCA) program. One-on-one medication review and counseling will be offered to a minimum of 700 clients during comprehensive health assessment visits. In addition, the PHCA program will offer community education programs with a medication component at senior centers and senior residences, to a minimum of 750 seniors.

Start Date: July 1, 2006
Completed by: June 30, 2009
Status: Objective exceeded. 788 health assessments were conducted; 156 community education programs with a medication management component were conducted and attended by 3,301 older adults.

Goal #3 Satisfied customers

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

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

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

Objectives:

- 3.1 Office on Aging staff will **continue to meet** with contracted service providers **quarterly** and survey them **annually to ensure** customer satisfaction.

Start date: July 1, 2005
Completed by: June 30, 2009
Status: Objective partially met. Service provider meetings occurred regularly; however no survey of providers was taken. Provider meetings met the need for communication of needs and assessment of OoA performance.

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

Start date: July 1, 2005

Completed by: June 30, 2009

Status: Objective met. Customer satisfaction rates revealed an aggregate score of 4.6 on a scale of 1 to 5 (96 percent) overall satisfaction with Office on Aging I&A services.

- 3.4 To measure the ongoing success of the Senior Non Emergency Medical Transportation Program (SNEMT) and to ensure the effectiveness of the programs, OoA will conduct a customer satisfaction survey to be distributed to the active participating clients of all SNEMT providers and their subcontractors.

Start date: October 1, 2006

Completed by: June 30, 2009

Status: Objective met. 803 surveys were distributed, with 497 returned. Survey findings indicated a 98.6% overall client satisfaction rate.

Section IV.

*Provide a brief written statement summarizing the **Title III D and Medication Management** activities provided in the PSA.*

Title III D Disease Prevention/ Health Promotion

Health Educator Activities

Health Educator activities during 2008-09 included writing 14 health and 10 nutrition articles distributed to senior centers, health professionals, and senior service providers; conducting community presentations; revising nutrition and health handouts; completing an annual update of countywide group exercise class and flu clinic lists; and attending health and resource fairs and professional conferences throughout the year. In addition to routine maintenance of the Office on Aging website, the health educator created a *Healthy Aging* webpage which includes downloads and links organized by health topic. The health educator was the lead coordinator for a health summit attended by 500 older adults and was on the planning committee for the Community Alliances Forums and Conference. The health educator is a board member on California State University, Fullerton's Center for Successful Aging and Master of Public Health Program Advisory Boards and attends several community meetings, including the Senior Citizen Advisory Council Health and Nutrition committee, the Mental Health Board Older Adult Services committee, and the Orange County Coalition of Health Educators. The health educator serves as a resource for health information and professional education opportunities for health service providers.

SOAR Network

Created as a vehicle for health education for groups of seniors and their caregivers, in FY 2008-09 the SOAR (Speakers on Older Adult Realities) Network provided 34 presentations.

Medication Management

A memorandum of understanding (MOU) between the Health Care Agency and OoA provides funds to augment the services of the Adult Public Health Nursing Services program (APHNS), formerly known as Preventive Health Care for Adults (PHCA). APHNS provides comprehensive health assessments, group medication management education and special screening clinics/ health fairs at countywide community centers and independent living facilities. In FY 2008-09, APHNS provided the following medication management services:

- 788 comprehensive health assessments
- 252 community education programs with 4,588 older adults in attendance
- 32 presentations at 9 independent living facilities and Braille Institute, reaching 403 older adults who do not use the senior centers
- 5 comprehensive health fairs
- 23 brown bag days with a pharmacist offering individual medication counseling
- 208 special screening and immunization clinics co-sponsored by APHNS

A total of 8,434 older adults received education, referral and follow-up at these events. In addition, the program provided 2,448 individual health assessments and education, case management, referral and follow-up services to seniors; and 4,588 attended group education and outreach presentations.

Section V.

*AAAs that expended Title III B funds for **Program Development (PD) or Coordination (C)** activities during the period covered by the Year-End Report must include an explanation of the status of each of the PD or C objectives. The explanation must clearly indicate what objectives were achieved and, as appropriate, explain why any PD or C objectives were deleted or extended into the next fiscal year. (See Part Two Section B, in the Guidance for further reporting requirements relating to PD or C objectives.)*

Not Applicable.

Section VI.

*Provide a **summary of activities for the year**, including discussion of how the AAA will use the prior year findings to improve the service delivery system.*

SUMMARY OF ACTIVITIES

Information & Assistance

Total call activity for FY 2007-08 was 37,254. The most requested services related to: 1) Affordable housing, 2) Transportation, 3) In-Home services, including home-delivered meals, and 4) Health care/insurance issues.

I&A staff participated in 83 outreach events in FY 2008-09, including community, health and resource fairs and Info Van events reaching approximately 5,782 older adults, caregivers and persons with disabilities.

Transportation Assistance for Low Income Older Adults

To assist those lower income older adults who are able to utilize the fixed route bus service, the OoA purchased 732 30-day bus passes with Title IIIB nutrition transportation program funds in 2008-09. The passes were distributed to eligible older adults through senior centers and other community-based agencies. A study by OCTA revealed that each of these bus passes is used an average of 80 times. The number of bus passes the OoA was able to purchase was substantially reduced in FY 2008-09, due to a reduction in available funds.

Requests for Proposals

In 2008-09, Office on Aging released two requests for proposals (RFPs) and awarded contracts for the Senior Non-Emergency Medical Transportation Program and the Family Caregiver Support Program.

American Recovery and Reinvestment Act of 2009 (ARRA) Stimulus Funds

The American Recovery and Reinvestment Act of 2009 was signed by the president on February 17, 2009 and is intended to preserve and create jobs, promote the nation's economic recovery, and assist those most impacted by the recession, including older adults. ARRA included Employment Stimulus funds for the Senior Community Services Employment Program (SCSEP) and Nutrition Stimulus funds for the Title III C Elderly Nutrition Programs. Employment Stimulus funds were allocated to the program provider, OC Community Resources Community Investment Division (CID). Nutrition Stimulus funds were allocated to the three providers of the Elderly Nutrition Program. Stimulus funds were allocated by fiscal year beginning in FY 2008-09, with the understanding that any unspent 2008-09 funds would be rolled over into 2009-10. Because of the timing of the availability of the funds, all the providers opted to roll the entire sum over into FY 2009-10, and provided no services with Stimulus funds in FY 2008-09.

Programs and Services

In FY 2008-09, the programs listed below were funded with federal and State funds, county general funds and Tobacco Settlement Revenue (SNEMT program). With the exception of Information & Assistance and Disease Prevention/ Health Promotion, all

programs are operated by contracted service providers. Funding amounts shown include the elimination of State General Funds from Title III B Supportive Services programs, which was partially offset by federal One-Time-Only funds.

Older Americans Act Programs

Title III B Supportive Services

▪ Community Services and Outreach	\$257,498
Abrazar	\$118,475
City of Fullerton	\$ 68,623
Vietnamese Community of Orange County	\$ 70,400

Units of Service FY 2008-09: 106,052 units of service

▪ Adult Day Care	\$310,749
Acacia Adult Day Services	\$115,300
Community SeniorServ	\$ 61,051
Rehabilitation Institute (RIO)	\$ 92,357
South County Senior Services	\$ 42,041

Units of Service FY 2008-09: 101,732 hours

▪ Case Management	\$307,644
Community SeniorServ	\$228,104
South County Senior Services	\$ 79,540

Units of Service FY 2008-09: 10,852 hours

▪ In-Home Services	\$282,135
Community SeniorServ	\$209,191
South County Senior Services	\$ 72,944

Units of Service FY 2008-09:

Personal Care	2,477hours
Homemaker	8,895 hours
Chore	420 hours

▪ Legal Assistance	\$257,093
Legal Aid Society	

Units of Service FY 2008-09: 8,713 hours

▪ Ombudsman	\$260,405
(Title III/ VII, Ombudsman Initiative)	
Council on Aging of Orange County	

Units of Service FY 2008-09: 1,127cases closed

- Transportation **\$330,952**
 Orange County Transportation Authority (OCTA)

Units of Service FY 2008-09: 172,233 one-way trips

- Information and Assistance (and Outreach) **\$ 277,776**
 Office on Aging provides this service directly.

Units of Service FY 2008-09:
 37,254 call activities
 83 outreach activities, including the InfoVan; approximately 5,782 contacts
 8,130 contacts with caregivers (Title III E)

Title III C – Elderly Nutrition Program **Total: \$4,939,400**

City of Irvine	\$ 198,031
Community SeniorServ Area 1	\$3,601,391
So. County Senior Services	\$1,139,978

C-1 Congregate Nutrition Services

Units of Service FY 2008-09: 438,312 meals

C-2 Home Delivered Nutrition Services

Units of Service FY 2008-09: 1,293,310 meals

Title III D – Disease Prevention and Health Promotion Services

Office on Aging	\$ 112,855
Health Care Agency	\$ 38,899
	Total: \$ 151,754

Medication Management Units of Service FY 2008-09:

156 community education programs with 3,301 older adults participating
 788 comprehensive health assessments
 2,448 individual health assessments and education, referral, follow-up services to seniors.

Title III E – Family Caregiver Support Program

Orange Caregiver Resource Center **\$861,812**

Units of Service FY 2008-09:

<u>Information Services (Total)</u>	<u>81 Activities; 267,435 Audience</u>
Public Information Activities	45
Public Info. Estimated Audience	266,222
Community Education Activities	36
Community Ed. Estimated Audience	1,213

<u>Access Assistance</u>	<u>7,389 contacts</u>
Caregiver Outreach	887 contacts
Caregiver Information & Assistance	5,796 contacts
Caregiver Translation/Interpretation	706 contacts

<u>Support Services (Total)</u>	<u>2,383 hours</u>
Caregiver Assessment	767 hours
Caregiver Counseling	1,216 hours
Caregiver Support Groups	220 hours
Caregiver Training	180 hours

<u>Respite (Total)</u>	<u>9,925 hours</u>
Respite In-home Supervision	2,528 hours
Respite Homemaker Assistance	1,684 hours
Respite In-Home Personal Care	2,021 hours
Respite Home Chore	59 hours
Respite Out-of-Home Day Care	3,275 hours
Respite Out-of-Home Overnight	358 hours

<u>Supplemental Services (Total)</u>	<u>869 occurrences</u>
Assistive Devices	324 occurrences
Home Adaptations	17 occurrences
Legal Assistance	34 occurrences
Caregiver Transportation	494 occurrences

Title V – Senior Employment **\$786,098**

Housing & Community Services Special Programs Division

Units of Service FY 2008-09: 80 new participants

Title VII – Elder Abuse Prevention

Council on Aging of Orange County **\$93,933**

Units of Service FY 2008-09: 940 hours of activities supporting prevention
36 public education sessions
17 training sessions for professionals

Older Californians Act Programs

Alzheimer's Day Care Resource Centers (ADCRC)

Adult Day Services of Orange County **\$77,232**

Units of Service FY 2008-09: 208 public/ community education sessions
65 caregiver support sessions
17 in-service training sessions
120 professional/ intern training sessions

Brown Bag Program

Due to the absence of a willing provider for the Brown Bag Program, in FY 2008-09 Office on Aging redirected Brown Bag Program funds to the remaining Community Based Services Programs (ADCRC, Linkages/Respite and Senior Companion).

Health Insurance Counseling and Advocacy Program (HICAP)

Council on Aging of Orange County **\$548,789**

Units of Service FY 2008-09: 209 community presentations
5,795 attendees at presentations
5,268 persons counseled

HICAP Legal: 110 clients served, 133 hours
Legal backup support: 143 hours

Linkages and Respite

Council on Aging of Orange County **\$237,989**

Units of Service FY 2008-09: 341 unduplicated clients served
16 families served with respite care
769 hours of respite

Senior Companion Program

Lutheran Social Services **\$12,481**

Units of Service FY 2008-09: 2 volunteers
8 seniors served
2,088 volunteer hours

Senior Non-Emergency Medical Transportation Programs – Phase II

Funded by Tobacco Settlement Revenue, through a Memorandum of Understanding with the Health Care Agency – **\$2,138,944**

St. Jude Medical Center \$ 660,720
South County Senior Services \$ 584,359
St. Anselm’s Cross Cultural Community Center \$ 893,865

Units of Service FY 2008-09: 61,149 trips; 9,674 unduplicated clients

DIFFICULTIES THE AAA HAS ENCOUNTERED IN EXECUTING ITS CHARGE

The Office on Aging continues to be challenged to meet the requirements of core business while addressing ongoing resource limitations.

The impact of private and public-sector economy strains on the spectrum of older adult services has had a cumulative effect, as expected. Several OoA contracted service providers offer multiple programs, and the cuts in Medi-Cal and other State-funded programs added to increased costs of doing business are placing severe strains on organizations that have been serving older adults for many years in Orange County.

The option to use federal one-time-only money to “backfill” cuts to State general funds for Title III B Supportive Services made it possible for most providers to maintain their projected level of service for the fiscal year. Those providers of programs realizing budget cuts in FY 2008-09 informed OoA of the following impacts to their operations.

Long Term Care Ombudsman

The budget of the contracted service provider of the Ombudsman program was reduced by 51% with the elimination of State funding for the Ombudsman program in FY 2008-09. In order to adjust to this drastic funding cut, the service provider eliminated twelve part-time staff field ombudsman positions, the data entry position, and the volunteer support coordinator position. Hours for four staff field ombudsmen and the field service coordinator were reduced.

The loss of State funding reduced the provider’s ability to maintain their previous number of non-complaint related facility visits and their ability to maintain a regular, on-going presence in facilities. This negatively impacted the number of complaints received and completed, the number of resident and family councils attended, the number of consultations with facilities and individuals and the number of community education presentations.

The following reflects reductions to service levels for FY 2008-09 in comparison to FY 2007-08:

Service Category	FY 2007-08	FY 2008-09	Pct. Reduction
Unannounced Visits	8,835	5,117	42%
Resident Council Meetings	715	685	4%
Advance Health Care Directives Witnessed	460	276	40%
Complaints Received & Responded To	1,750	1,396	20%
Abuse Allegations Received	450	342	24%

Title V Senior Community Services Employment Program

The governor’s budget eliminated all State general funds from the Title V Senior Community Services Employment Program (SCSEP), resulting in a reduction in the number of assigned participant slots and necessitating a reduction in participant hours from 20 per week to 14. While no participants were cut from the program, recruiting was curtailed.

Community Based Services Programs (CBSP)

The ten percent cut to the CBSPs in FY 2008-09 was offset in part by the redirection of Brown Bag funds to the remaining programs: ADCRC, Linkages/Respite, and Senior Companion. In FY 2008-09 the long-time provider of the Brown Bag program in Orange County elected to not continue the contract. In the absence of an alternative provider, and with the concurrence of CDA, the Office on Aging redirected the Brown Bag funds to the other CBSPs.

Linkages/ Respite Purchase of Services

The decrease in funding for Linkages/RPOS resulted in fewer families receiving respite care and a reduction in the number of unduplicated clients receiving Linkages services. The wait list grew from an average of 16 to 20, and the wait time was longer – 3-4 weeks instead of 2-3 weeks.

Senior Companion Program

The reduction to the Senior Companion program's already small funding allocation resulted in clients being placed on a waiting list. The program provider estimated that the waiting list for Senior Companion had 10-12 people for FY 2008-09.

Flat and/or reduced funding in the face of increased demand for services has challenged the resources of contracted service providers, the Office on Aging, and other organizations serving older adults in the county. This is further exacerbated by the increase in expenses for contractors, such as increased food and gasoline costs for the nutrition providers. The fact that there are more needs than can be met with available funds will inevitably result in limits to services. With increased demand, but fewer services available, waiting lists will be more prevalent. In addition, the OoA has experienced staffing cuts and ended FY 2008-09 with 14 positions filled, in comparison to 21 positions in the first year of the 2005-09 Area Plan.

Section VII: Final Year-End Report of the Four-Year Period

*The final **Year-End Report for the four-year period** must include a discussion of the impact of activities undertaken during the entire planning cycle and how the AAA will use these findings in the planning process to enhance or improve the local service system.*

Service Delivery

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

In Orange County, the Board of Supervisors and the older adult community continue to prefer that services be delivered by local non-profit, municipal or for-profit contractors to the maximum extent possible. Rather than provide services directly, the Office on Aging administers contracts for the provision of services to older adults through community-based organizations. These successful relationships will continue in the new planning period. OoA will continue to provide limited direct services: Information & Assistance and Disease Prevention/ Health Promotion. The Office on Aging call center continues to be recognized as a focal point of information and referral resources for the community. The recent upgrade to the web-based ReferNet has further enhanced the ability of the OoA to provide access to the most current information.

Collaboration

Consistent with the goals of the 2005-09 Area Plan period, the Office on Aging will continue to foster strategic partnerships addressing issues that relate to the health, well-being, independence, and dignity of older adults in Orange County. Limited resources demand cooperative approaches to service delivery and systems planning, and OoA will continue to work closely with the aging network to ensure that the service needs of older adults and caregivers are met as effectively as possible. Examples of collaborative efforts that have been successful in the last planning period and will be carried forward into the new planning period include the ADRC, the Down with Falls Coalition, and the WECARE program, all of which are discussed in Section 1.

In addition to the model of collaborative partnerships, the following items address some of the elements of the four-year planning period that will inform the way Office on Aging conducts its activities in the new planning period.

The Senior Non-Emergency Medical Transportation Program (SNEMT)

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

The SNEMT enables older adults to visit their doctors or dentists, pick up prescriptions, or receive other health-related services, meeting a previously unmet need for transportation. This program is unique in California and the nation. The Phase II plan began April 1, 2005.

In Fiscal Year 07-08 it was necessary to implement a “phase down” plan due to a funding cut in excess of approximately \$1 million. The Office on Aging implemented the phase down plan by partnering with the Orange County Transportation Authority (OCTA) to transition eligible clients from SNEMT to ACCESS, the ADA transportation system.

By successfully partnering with OCTA to transition eligible clients from SNEMT to ACCESS, the Office on Aging was able to reduce the program from \$2.7 million in FY 07-08 to \$1.8 million in FY 08-09 while ensuring that non-emergency medical trips remained available to older adults who have no other means of transportation. The SNEMT program not only prevents premature institutionalization of older adults but also improves their quality of life by connecting them to important medical services.

In FY 2008-09 the Office on Aging released a Request for Proposals for the SNEMT program. New contracts were awarded to three providers for the three service areas effective July 1, 2009.

In February 2009 the OoA submitted a grant application to OCTA for \$1 million in New Freedom funds to expand the scope of the services currently allowable under the SNEMT. It is anticipated that the infusion of this additional funding will mitigate some of the service limitations caused by earlier cuts to program funding. The SNEMT program meets a critical need to ensure independence among older adults. In addition, the link between the SNEMT program and the Information & Assistance call center ensures that other service needs of older adults can be addressed at the point of contact.

Changes to Title V Contract

In 2006 the Title V Senior Community Service Employment Program (SCSEP) was transitioned from the Volunteer Center of Orange County to the County OC Community Resources Department Community Investment Division (CID). CID is the administrative office of the Orange County Workforce Investment Board, which operates many employment and training programs throughout the county, including the Orange County One-Stop Centers in Westminster and Irvine. OoA entered into a memorandum of understanding (MOU) with CID for the operation of the program, beginning April 1, 2006. CID has brought a consistently high level of professionalism and customer service to the SCSEP program in Orange County. This successful partnership will continue.

Title III E Family Caregiver Support Program – A Collaborative Partnership

FY 2005-06 was a foundational year for the Family Caregiver Support Program in Orange County, as the contracted service provider worked with a partnership of subcontractors to streamline service delivery to caregivers. It should be noted that from the first infusion of funding for the new Title III E National Family Caregiver Support

Program in FY 2001-02, the complexity of the paradigm shift from the care receiver to the caregiver, coupled with the usual difficulty associated with implementing a new program, made it a challenge to administer. This partnership model has produced successful outcomes.

Over the span of the earlier history of the Family Caregiver Support Program in Orange County, the contracted provider, Orange Caregiver Resource Center (OCRC), engaged in partnership activities with other service providers, including development of a Caregiver Coalition. Several of the members of this network of collaborative partners joined OCRC beginning in FY 2005-06 as subcontractors for caregiver support services. The partners meet monthly, and OoA participates in the meetings.

Federal and State changes to the National Aging Program Information System (NAPIS) and Family Caregiver Support Program reporting, as well as changes to the FCSP service matrix, contributed to a re-evaluation of FCSP service delivery for FY 2008-09.

Members of the Orange County Family Caregiver Support Program Collaborative met with Office on Aging staff for a strategic planning session on March 20, 2008 that affected how program services were delivered in FY 2008-09.

The FCSP Collaborative mission statement is: *A community collaborative committed to providing a continuum of services and advocacy for family caregivers in a timely manner to ensure choice, respect, and increased quality of life.*

The Collaborative vision statement is: *Caregivers supported and empowered by a coordinated service delivery system.*

The following 2008-09 goals for the Collaborative were developed at the meeting and implemented in FY 2008-09 by the partners.

Goal 1: To effectively track and spend all FCSP allocated funds to meet the greatest needs of Orange County caregivers.

Goal 2: To develop and implement a strategy to reach underserved caregivers by leveraging the strengths of both Collaborative and non-Collaborative community stakeholders.

Goal 3: To establish and implement a Collaborative operational plan (e.g. member roles/ responsibilities, accountability procedures, etc.).

Partners in the Collaborative met to carefully examine the new service matrix and plan for service delivery in FY 2008-09 as it applies to units of service and allocation of dollars to specific categories of service. Partners also met in work groups to address the action items associated with the goals. The result of this enhanced level of engagement was that for the first time almost all FCSP funds were expended in FY 2008-09.

Over time this FCSP partnership has developed systems and procedures that have enabled all those participating to maximize their resources to serve caregivers in Orange County. This is a model that will be continued, as the Orange Caregiver Resource Center was the successful respondent to the recent Request for Proposals for FCSP services beginning in FY 2009-10. All of the Collaborative partners submitted

letters of support and intent to continue in this partnership to provide services to Orange County's caregivers.

HICAP presence in OoA

In order to mitigate the call burden related to Medicare Part D, OoA brought HICAP counselors into the office on Wednesdays and Fridays during FY 2005-06; this successful partnership with HICAP continued in FY 2006-07, 2007-08 and 2008-09. In addition to being a service to the HICAP contractor, Council on Aging, by providing space and telephone access for their volunteers, OoA Information & Assistance staff benefited by learning more about Medicare Part D from having the HICAP presence in the OoA office. As a result, I&A staff were better equipped to handle Medicare Part D-related calls when the HICAP counselor was not present. Additionally, the partnership provided the HICAP counselors with a better sense of how I&A can complement what they are doing, resulting in a number of referrals by HICAP to OoA. This partnership continues to be beneficial for OoA, HICAP and the community.

Funders Collaborative

During FY 2008-09, the Office on Aging worked in collaboration with the Orange County Community Foundation to facilitate the development of a funders' collaborative that pooled funds from their respective foundations to address aging issues. After discussion on possible areas for collaborative funding, the group reached a consensus to further explore how to support the adult day services network. The County has quality adult day services programs that provide community-based care to older adults as well as provide respite to caregivers; but they face numerous challenges. The collaborative created several exploratory questions that the OoA director emailed to the executive directors and chief executive officers of adult day centers and adult day health centers in Orange County for their response and input on how to improve this network of care. Facilitating connections such as these will be increasingly important to maximize limited resources in years to come.

CARS Implementation

It should be noted that implementation of the new California Aging Reporting System (CARS) has challenged the resources of the affected contracted service providers. Increased staff time necessary to execute client level data coupled with higher equipment and labor costs associated with migrating existing data into the CARS system has translated into fewer units of service delivered by providers. While it is understood that the use of CARS is not optional, it is hoped that with time the activities of CARS will become more routine and less of a drain on provider resources.