4-20-1988

Hearing on The Older Californians Act: Ten Years Later

Senate Subcommittee on Aging

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CALIFORNIA LEGISLATURE
SENATE SUBCOMMITTEE ON AGING
SENATOR HENRY J. MELLO, CHAIRMAN

Hearing on
THE OLDER CALIFORNIANS ACT:
TEN YEARS LATER

Wednesday, April 20, 1988
Sacramento, California
CALIFORNIA LEGISLATURE
SENATE SUBCOMMITTEE ON AGING

SENATOR HENRY J. MELLO, CHAIRMAN

THE OLDER CALIFORNIANS ACT: TEN YEARS LATER

Hearing
Wednesday, April 20, 1988
Sacramento, California

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MEMBERS
Senator Ken Maddy
Senator Dan McCorquodale

STAFF
John Delury, Chief Consultant
Brenda Klutz, Consultant
Jane Crawford, Secretary
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Senate Subcommittee on Aging

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CHAIRMAN HENRY J. MELLO: In 1980, the Legislature passed and the Governor signed AB 2975, the Older Californians Act. It was authored by then-Assembly Speaker Leo T. McCarthy. This bill was the result of senior advocates, service providers, and state department representatives meeting together to look at the way health and social services were provided to Older Californians. With the passage of the Older Californians Act, there was official recognition that programs and services needed to be administered in a more comprehensive and coordinated manner.

In the eight years since the Older Californians Act was enacted, programs and services have grown in complexity and in the number of persons served. In addition, the senior population has grown. It will continue to grow at a rate much higher than the general population. By the year 2020, the 60 and over population will comprise over 20 percent of California's total population.

The 75 and older population is growing at the fastest rate of all. On the table, there is a chart that I use a lot in my speeches and it tells the whole story about aging. It shows, in this chart by the Department of Finance, the over 85 population increasing at about 8 percent a year; and the average population, 2 percent a year. So it clearly shows us that we just can't stand still without meeting the increased needs of population. We're going to have to do more to take care of people as they live a lot longer. This has tremendous implication for the future delivery of services. In the past decade, the 60 and over population has grown 26 percent; yet real spending on programs has increased only 6 percent.

While we have made progress, there has been a growing recognition that we have not made adequate provisions for the long-term care needs of California's frail and dependent adult population. We have seniors on waiting lists for home-delivered meals. We need more adult day health care centers and in-home care. We need to develop ways of financing this care. These county-based services allow people to stay in their own homes and encourage independent living. Yet we know that these vital services are inaccessible or unavailable to the vast majority of the population in need.

The federal government has recently reauthorized the Older Americans Act, resulting in some changes in the way we deliver services. We must make sure that state law is in conformity with these changes.

Based upon testimony received today, I will convene a workgroup to look at the structure of senior programs and services. We must strive to eliminate the fragmentation and unavailability of services that exists now and in the future. I'll be looking forward to hearing the testimony from the witnesses today.

Well, we now have our principal consultant -- John Delury is here to my right, and Deanna Marquart is with us. She's a special consultant on our legislation we're carrying on conservatorship; it's a very technical area and she has a lot of experience in that area. So she is helping us with those bills.

All right, we're going to go right down our scheduled list of witnesses, and we're going to start out with Janet Levy, the first Director of the Department of Aging, and she's representing the California
Seniors Coalition.

MS. JANET LEVY: Good morning, Senator.

CHAIRMAN MELLO: Good morning.

MS. LEVY: I think that I'll probably take the role of the historian this morning, because I think it's important that we realize where our programs that we're involved in today come from and what has really happened in our great state during these last 35 or 40 years.

In 1951, the first Governor's Conference on Aging was convened by Governor Earl Warren on October 15 and 16 in Sacramento. This conference led to resolutions which took—as we all know the legislative process is not a hasty one, and it was 1956 that the recommendations made at the 1951 conference finally became law. At this time the Citizens Advisory Committee on Aging was established through the legislation recommended at that conference.

The years between 1956 and 1960, the Citizens Advisory Committee on Aging conducted monthly public meetings; and in 1960, a $15,000 congressional grant to prepare for the first White House Conference was given to that committee. I was lucky enough to be the consultant for the committee at that time, and so I conducted the statewide survey, titled "Leisure Time Activities for Older Persons in California," which covered 23,000 miles of interviews, of going in and out of every little nook and cranny of our state, from the Mother Lode down to the Mexican border. And the findings in that report were very interesting. At that time, the greatest support was coming from Parks and Recreation. Churches were doing a great deal more at that time than we can see evidence of even today.

In 1961, the first White House Conference was held and the result was the passage of Medicare and Medicaid, or Medi-Cal in California. In 1962, Senate Bill 437 -- we haven't been able to find the documented enrolled chapter, but the Senate bill under the authorship of Senator Fred Farr from your area of the state enacted legislation entitled "Community Services for Older Persons Act." This served as a model for the 1965 Older Americans Act within Title III for nutrition and social services. At that time, the Citizens Advisory Committee were (sic) requested to be changed to an authoritative body; and so in 1965, with the passage of the Older Americans Act, the Citizens Advisory Committee became a commission, and not the commission as we know it today. It was the sole unit, state unit, at that time; and they administered the Title III, which was the nutrition and social services of the act.

This went along until 1972, when legislation was enacted to establish the Office on Aging with an Advisory Commission on Aging, at that time advisory to the Governor, to the members of the Legislature, and to California communities. From 1972 to 1976, the Office on Aging administered the Older Americans Act program with advisory input from the Commission. In March of 1976, through Executive Order by Governor Edmund G. Brown Jr., the California Department was established, changing the Office to the Department, with the California Commission on Aging as advisory, again, to the Governor, the State Legislature, and the California communities.

In 1980, as you have mentioned, the Assembly Bill 2975 -- I have the original bill and also the set of the amended copies -- and this bill authored by Leo McCarthy was enrolled as Chapter 912, Division 8.5 of the Welfare and Institutions Code. The Older Californians Act was the title and it was approved on September 17, 1980 and filed with the Secretary of State at that time.
This is more or less a historical review, but I think it's important, and I have copies for members of the committee and the audience. I'd also like to put on display the transcript of the first Governor's Conference on Aging held in Sacramento, California, October 15 and 16 of 1951, convened by Governor Earl Warren. And at that time, as this copy shows, we were planning, we were all out in doing the things that had to be done at that time. California, in 1959, was the first state to enact legislation with a COLA. The COLA was not SSI at that time; it was OAS -- Older Aging programs for the state. And not long after that, we introduced the legislation that enacted the MAA, Medical Assistance to the Aging program, which was a forerunner of Medicare. And believe me, that bill at that time is better than what we have today.

Are there any questions?

CHAIRMAN MELLO: Well, just let me thank you for coming and presenting this very important part of our history. I am reminded as others have said that our history is important, because if we are aware of our history, we can then have a better direction of how to proceed in the future. I've always said that program for the aging certainly is not partisan and it's good to see that we've had support from both Democrats and Republicans over the years. In fact, Governor Warren through his wisdom first convened the first Governor's Conference. So I think that's really important.

MS. LEVY: It's quite bipartisan. We all age, regardless of our Party.

CHAIRMAN MELLO: Thank you very much, Janet, for your testimony.

Okay, next we have Alice Gonzales, the Director of the California Department of Aging. And I guess she'll pick us up from about 1980 and move us into where we are today.

MS. ALICE GONZALES: Good morning, Senator, and thank you for the opportunity to present our part that we have played in the development of programs and services for the elderly since 1983.

What I would like to do this morning is to speak for a moment about what the Department was doing back in 1982 and when we came to the Department in 1983, and then talk about the changes made in those intervening years, and I will follow with a summary of what we propose for 1988-89, and finally, that I can speak to what the future may hold for the Department and speak a little bit about the reauthorization of the Older Americans Act.

The 1982 budget for the Department totaled $75.8 million. This represents about 58 percent of what our proposal for the '88-89 budget year will be.

In 1982-83, the basic function of the Department was to administer the Older Americans Act Title III funds. At that time the Title III funds represented 99 percent of the budget. This compares to our '88-89 budget proposal whereby the Older Americans Act programs represent less now than 75 percent of our total budget. The other one percent in 1982 that was represented by state-sponsored funding was for the Brown Bag program, for the Foster Grandparent program, and the Senior Companion program; and those were always state-funded.

In 1982, the General Fund in the Department's budget totaled $5.3 million, which represents less than 15 percent of what our now proposed '88-88 General Fund level funding will be. In the 1982 budget, total statewide funding for senior programs was about $3.2 billion, as represented in Governor Brown's budget, which is—and it reflects about 60 percent of what our proposed level for state support to senior
programs at this time.

You can see from that that both the Department and senior programs have substantially grown during those intervening years. And let me review then some of the major changes that have taken place, and we'll call that "Moving Forward" if you're following the testimony presented in writing to you.

Moving from 1982 and into 1983, we had a very critical issue that we had to accomplish and that was that the Department was to reestablish it's fiscal credibility. I was distressed to find that we had the number of unresolved audits in 1983 that went back somewhat to 1979. We have accomplished that task and feel very comfortable about and delighted to have been able to do that.

The Commissioner of the Administration on Aging in 1981 had indefinitely suspended the Department's letter of credit, which had previously allowed the Department to advance-draw federal funds. And because of that, in 1982 we still were faced with the issue of having to draw down our federal dollars on a bimonthly basis, which makes it very difficult in the funding for the contractors. It was suspended at that time because of long-standing deficiencies of fiscal and program reporting systems and the documents that were not always properly used by either the Department or the subcontractors. The letter of credit was restored, and the Department has worked very hard to achieve and, more importantly, to maintain full compliance with federal regulations during the ensuing years.

In 1982, we also had AB 2860, which became Chapter 1453, Statutes of 1982. It was the Torres-Felando Long-Term Care Reform Act. This act proposed many things. It would have established the Interim Office---it established the Interim Office of Long Term Care; created a community Long-Term Care Delivery System; would have created the Department of Aging and Long-Term Care to administer that system; would have created a Long-Term Care Consolidated Fund which combined Titles XIX and XX and Title III for reimbursement for services; would have revised the composition of the California Commission on Aging; would have established various reporting, planning and services' availability and requirements. However, the bulk of its provisions could be implemented only if the Legislature was to pass further authorizing legislation which has not happened. Let me speak to why.

The primary reason for that -- the federal government did not approve the creation of the Long-Term Care Consolidated Fund. Also, the act required the submittal of an action plan and a fiscal proposal to precede that enabling legislation.

The Interim Office of Long Term Care concluded that the legislation, as written, could not be implemented. It further concluded that establishing new and consolidating existing long-term care systems was best done on an incremental basis.

**INCREMENTAL DEVELOPMENT** -- These developments led directly to the Governor's 1984 Seniors' Initiative for Californians. The Governor's Initiative addressed 24 legislative proposals and administrative actions. Those legislative proposals committed more than $90 million which came from the savings within the Health and Welfare Agency and its respective departments. And you, Senator Mello, were the lead legislator to carry that Governor's Initiative in one of your bills, 1337. In addition to the following specific programs, it also addressed nursing home reform and the training for non-medical staff in the skilled nursing facilities (SNFs).

As a result of the initiative, the Department of Aging has established various pieces of legislation
implementing incremental Long-Term Care Development, such as:

- Your bill, 1337, which transferred the Adult Day Health Care (ADHC) from the Department of Health Services to the Department of Aging and appropriated $1 million for further start-up grants.
- The bill also created the Alzheimer Day Care Resource Centers as pilots.
- There was also AB 2226, which became Chapter 1637, carried by Assemblyman Gerald Felando, which transferred---and it was the companion bill to the 1337. This transferred the MSSP from the Health and Welfare Agency and created the Long-Term Care Division in the Department of Aging. It also declared the Department to be the principal body with the responsibilities for the development of policy, implementation, and integration of the Long-Term Care services for the frail elderly and the functionally impaired adults that were not served elsewhere.
- In addition, Chapter 1637 also authorized the Linkage programs (institutional prevention services).
- Chapter 1464, Statutes of 1984, by Assemblyman Agnos, established the HICAP, which is the Health Insurance Counseling and Advocacy Program.
- Chapter 446, Statutes of 1986 (SB 173, Senator Mello) and Chapter 1349 (AB 2391, Bill Filante) established the Respite Pilot and the Registry Programs.
- Chapter 1233, Statutes of 1985 (SB 27, Assemblyman John Garamendi) and Chapter 50, Statutes of 1986 (SB 2502, Garamendi) appropriated $50 million for acquiring, renovating, and constructing senior centers from bond sales authorized by the voters in Proposition 30 of 1984.
- Finally, to better ensure local development of Community-based, Long-Term Care Systems (CBLTC), the Department developed the "SEED" Community Long-Term Care Project. This project is designed to assist in overcoming some of the existing barriers for the consolidation of services for the frail elderly and the functionally disabled Californian.

We speak to what is the current status of the Department. In 1986-87, the administration restored to nutrition programs the first Gramm-Rudman-Hollings reduction ($396,000). The Adult Day Health Care was expanded by your bill, Senator Mello, again in 1986-87 by $1.5 million. We expanded the Brown Bag Program in 1986-87 by $263,000. The Senior Companion and the Foster Grandparent Programs were both expanded by $50,000 each.

In 1987-88, the Health Insurance Counseling and Advocacy Program was expanded by $620,000 and the Alzheimer Resource Center Program was expanded by $500,000. In '87-88, the Adult Day Health Care has been further expanded by $754,000 from, again, one of your bills. The MSSP increased to 6,000 clients and the Ombudsman Programs were augmented by $500,000 in '87-88.

Grants applied for by the Department in 1987-88: The Department has received two federal grants from the Department of Health and Human Services (DHHS) through the Administration on Aging. One grant for $149,000 for each of two years, beginning in August 1987, is to develop a comprehensive training package for Alzheimer's Day Care Resource Center staff. Other activities undertaken as part of the project will include:

- Conducting a statewide training needs survey,
- Developing the audiovisuals on patient management,
• Identifying coping skills for the caregivers, and
• Identifying environmental and safety factors in day care settings for the Alzheimer's victim.

The second grant was for $147,000 and is a 14-month grant to provide training for residential care home administrators. The Department, in cooperation with the Department of Social Services and the industry, is conducting seven 3-hour training workshops. The training modules, beginning this month, will be broadcast over television from California State University in Chico to locations throughout the State of California. We are using, I think, the latest state-of-the-art facilities to broadcast the training across the state.

We have also transferred the Golden State Senior Discount Program from the Department of Consumer Affairs to the Department. I think it took us several years to get that moved, but I think it's going to work very effectively with our Area Agencies and our other contractors.

In 1988-89, we propose a total budget which makes the Ombudsman crisis line a permanent part of the program, extends Respite and Linkage projects to better evaluate their benefits, and augments HICAP by a further $1.1 million to make the program available in all 58 counties. We are implementing the Volunteer Service Credit Program (John Vasconcellos' bill, AB 1772). And again, we are restoring the federal reduction in Congregate Nutrition ($331,000) and we are restoring the federal reduction in the Senior Community Employment Program to $82,000. Our total proposal for the '88-89 budget is $131.3 million. This funding level represents over 73 percent or $55.5 million since 1982.

Authorized Departmental staffing levels in 1982 were 132 persons or positions. In 1988-89, we propose a total of 161 positions. This represents an increase of less than 22 percent.

When you compare the 73 percent increase in funding to a 22 percent increase in administrative resources, you can readily discern that the bulk of the funding has been directed to services at the local level for seniors.

Statewide, the administration's proposal in the '88-89 budget is to spend $5.5 billion on senior programs. When compared to the $3.2 billion spent in 1982, it represents an increase of 72 percent over that five-year period.

The future and what that future may hold for us -- the reauthorization of the Older Americans Act includes amendments to the act that modify the current program to emphasize and strengthen the roles of the state and the Area Agencies on Aging in the development of a strong and coordinated community-based system of services under the leadership of state agencies.

Area Agencies are expected to carry out a wide range of activities to increase the capacity and foster the development of comprehensive and coordinated community-based systems for older persons in their Planning and Service Areas. Area Agencies are also given the responsibility to designate community focal points for coordination of services at the community level, with special consideration to be given in designating multipurpose senior centers as those focal points.

The reauthorization also elevates state agencies' relationships and responsibilities with the Ombudsman Program. It requires the state to ensure its ongoing responsibility for Ombudsman activities irrespective of its arrangement either inside or outside the state agency of aging. This reinforces the relationship which will be necessary for state agencies to develop newly expanded policies and
procedures for the Ombudsman Program, including the relationship of the Ombudsman at the local level to the Area Agencies.

Legal assistance has been addressed in the reauthorization. While legal assistance is important, it is to be considered as one of the many services which are provided under Title III. There is a re-emphasis on the state agency to have procedures to protect the confidentiality of any information about older persons collected "in the delivery of services."

In summary, the intent of the Older Americans Act reauthorization is to use Title III funds as a catalyst in bringing together public and private resources in the community to ensure the provisions of a full range of efficient and well-coordinated and accessible services for all older persons.

Our future will hold for the Department the incremental development of long-term care, and we will continue to do that. The transfer of the adult day and social day care to our Department will assist us in doing that. Further IHSS developments: Chapter 1438, Statutes of 1987, Senator Bill Greene, which became law late last year, fundamentally changes fiscal relationships in the IHSS Program. For example, it will require the state to fully reimburse counties for IHSS services, thereby making IHSS services an entitlement program; it eliminated the 10 percent county match and instead requires counties to match their '85-'86 share; it eliminates a requirement that counties reduce or terminate the IHSS services in the event of deficiencies. The IHSS program is a major and an important program to the population that we serve. Eighty-seven to ninety percent of the individuals who receive IHSS services are the responsibility of the Department of Aging; that is, the elderly population and the functionally disabled.

Around the housing issue and our future, elderly housing will be a major focal point in our future. In this regard, the Department has submitted a proposal to AoA for a discretionary grant entitled "Shared Housing Cooperative." This project, if funded -- about $200,000 per year for two years -- will be a joint endeavor with several Area Agencies to focus shared housing as an alternate to meeting local housing needs and to tie it to other community services for seniors. We are also working with the American Association of Retired Persons (AARP) to establish their Consumer Housing Information Service Program in the Area Agencies.

We have entered into an interagency agreement with the Department of Housing and Community Development (DHCD) to jointly administer the California Senior Citizens Shared Housing Program. This program was originally authored by one of your bills in 1981. We are currently reviewing the proposals with HCD for the '88-'89 year.

We're closely monitoring AB 4212, the Grisham bill, which would establish an energy assistance program to provide grants for weatherization of residential housing owned, or at least, 50 percent occupied by Low-income senior citizens. The bill proposes an appropriation of $25.2 million for these purposes.

HICAP, which has been given, I think, the credit that it does deserve, provides one of the most important services for seniors. It provides all Medicare beneficiaries counseling and advocacy in Medicare -- what it is, what it isn't; also on private health insurance and other related health care coverage plans.

The Department originally went out to Request for Proposals (RFPs) in 1985 and selected ten
projects which provided services to 27 counties. Those services included the community education, training of volunteers, counseling and advocacy, and legal representation. In 1987-88, the budget added an additional $620 thousand which was used to expand that statewide to 22 projects and serve 51 counties and will increase the minimum base allocation from $8,000 to $20,000.

The 1988-89 budget proposes to add an additional $1.1 million to expand and cover those remaining 7 counties and expand the base level funding for those programs from $20,000 to $30,000.

The tax checkoff for respite, treatment, care of the Alzheimer victim was legislation passed in '87, allowing the taxpayer to designate on their 1987 California tax return a specified amount in excess of their tax liability to be used for Alzheimer's Disease and Related Disorders Research Fund. I'm delighted to report to you here this morning that as of the 31st of March that fund was over $156,000 for the first two months that people had prepared their taxes.

The Linkages program, part of the two companion bills, your 1337 and Gerry Felando's 2226, continues as a vital, cost-effective program serving those frail elderly and functionally impaired persons at risk of institutionalization or nursing home placement. This program, through AB 1616 (Assemblyman Duplissa) has been extended 18 months which will provide the full opportunity to evaluate those pilot projects for future consideration. All indications from preliminary data suggest that Linkages should be continued and expanded statewide as the entry point to our continuum of care. Linkages touches the lives of hundreds of persons daily.

In closing, I would like to say that the services under the direction of the Department at this point serve over one-half million individuals daily.

Senator Mello, you know that I share your commitment to the elderly and the functionally impaired; and I believe that services to this population should never be partisan. Our commitment to serve the elderly is bound only by our ability to pay for those programs.

The Department will continue its highly pro-active stance, and we will continue to encourage and support the development of the continuum of health and social services to assist the seniors and the functionally impaired, so that they may remain independent as long as they or their families wish.

And Senator and Ms. Hansen, if you have not received our invitation to the Governor's Conference yet on your desk, please let me express and extend that invitation to you at this moment. The Governor's Conference is scheduled for May 4 and 5 in the Convention Center, and we will be certainly taking up many of these issues for our future and the future of seniors at that time with all of our contractors and we expect about 2,000 people to attend, so we look forward to seeing both of you there.

Thank you very much, Senator, for the time.

CHAIRMAN MELLO: Thank you very much. I might have a question or two before you leave.

MS. GONZALES: I'd be happy to address them.

CHAIRMAN MELLO: But before I do, I'd like to introduce a good friend and colleague, Assemblywoman Bev Hansen, who has been a tremendous supporter for senior programs. And I certainly want to welcome you here this morning. I appreciate your coming over. We're having a hearing on the Older Californians Act. It's showing us what we have done, which I'm impressed with. I had forgotten some of the things we had all been involved in, so we have done a lot. However, I think we can't just sit on
our laurels here and say we've done a lot. There are just so many other unmet needs out there; we just
have to start pecking away at them.

One thing I wanted to--on the funding, you had $131 million and you had some other funds, those
are both federal and state funds?

MELLO: Yes, sir.

CHAIRMAN MELLO: Do you have--what I like to see is how much increase have we provided, of
state funding only, since, say, '82, or do you have that broken up?

MELLO: It's in the testimony, Senator. I just didn't want to go through all those numbers. But the difference in the state increase is in the testimony.

CHAIRMAN MELLO: All right. Okay, and I think that's fine. I really appreciate that. Do you have--is your Department doing a list of what your Department considers to be some of the unmet
needs? I know we're in discussion with the waiting lists on home-delivered meals. I have a bill --we're operating on your own figures that showed about 9,000 on the waiting list. And talking to the providers of service out there, they were more or less showing about 16,000, mainly because of people who get on the waiting list today disappear tomorrow unless--if they're not able to be served. So it's harder to keep a continuous list. Now, your most recent figures, I think of about a week ago, lowered the amount to about
1,200. So we're having a difficult time getting good figures we can really present to the committee --1,200 statewide on a waiting list, if I had a few more hours this weekend, I think I can contact that many in my own district, down there around the Monterey Bay area.

But I was wondering, not only on home-delivered meals, are you assessing, sort of inventorying the direction we should be going and needs that are really evident that really show what's happening to our population growth, both in long-term care, adult day health care, Alzheimer's disease, and congregate and home-delivered meals?

GONZALEZ: I think the--let me address the nutrition issues, Senator. The home-delivered meals, we probably have a better fix on home-delivered meals because there is a criteria for eligibility and those people are seen on an individual basis and an assessment is made. They usually come recommended to the nutrition sites through their physician, a nurse, a social worker. So I think that the count on the home-delivered meals is probably pretty accurate--the waiting list.

CHAIRMAN MELLO: The 1,200 is accurate or is it higher?

GONZALEZ: I don't know where the 1,200 figure is right now that you're referring to, Senator. I haven't seen that. I'm just saying that the home-delivered need for meals or the counts there would probably be pretty accurate. The congregate side has always been somewhat difficult. We have in the last year instituted, and we're trying in, I believe, four to five Area Agencies, a different method of collecting the information for the congregate sites so that it would be more accurate. And I think we've always couched our figures with the fact that the waiting list in congregate sites are accumulative; that is, if I come today and there are not enough meals for me to be served, I am counted as one individual who was not served and who is on a waiting list. But if I come tomorrow and I'm served, my name still stays on there or that count still stays there. It doesn't say that just one meal was not available for me. They had accumulated those numbers, so that by the end of the month, there could be, you know, 20 people who had
come through and said that they didn’t get a meal on one day; but the next day they would have because they---for various reasons; one of them is that we require -- we don’t require, but many of the sites, it’s not a law, that they do require people to call in and make a reservation so that we don’t have the problem of food thrown away or meals that are ordered and not eaten, because that does take place. And I think Assemblywoman Hansen addressed that in one of her bills and we’re counting that and watching that so that there is no waste and there are no meals purchased and brought to the site that are not served.

CHAIRMAN MELLO: But let me ask you this: Your Department does not require them to maintain records on those that are unserved, on the waiting list?

MS. GONZALES: The people that are not served?

CHAIRMAN MELLO: Yes.

MS. GONZALES: No, we’re not required to. We have been keeping some records on that for you because of your request for some years.

CHAIRMAN MELLO: I really think -- there was a big article on the national level about hunger in America and about the unmet need for people who---well, 40 percent of those in poverty are children. I used to think it was more senior citizens.

MS. GONZALES: No, children.

CHAIRMAN MELLO: But it's children. I really think -- you know, food and nutrition is really I think the highest priority we have. People that are not being adequately served for meals. I think we ought to do everything we can to make sure that our records are adequate and we take whatever needs we have. You know, for someone to be turned away, I'm not, you know, the blame is on me as much as you or any---I think it's all of our blame in society. If we turn away a senior citizen from a home-delivered meal, and this is what I argue with our friends down in Department of Finance, the consequence is even greater. Because what happens without that home-delivered meal, as time goes on they get put in a skilled nursing facility. Instead of paying just the cost of the meal, we're paying for institutional care which is much higher.

I recall when we were put on a suspended letter of credit.

MS. GONZALES: Um-hmmm.

CHAIRMAN MELLO: And it was so difficult because I was arguing with the regional office in San Francisco. They said, "We have to have all these records." And I said, "Yeah, we have to have the food out there." And I was arguing for the delivery system to work and they said, "Yeah, but, the recordkeeping...." So the seniors were caught between records versus not having meals available. And I think records are important, but we have to develop an accountability system that works, but make sure that the delivery system works as well.

I'm not casting this on your Department or anybody. I just think we as a society are really -- it's embarrassing to me to see a rich country and a rich state like California have such unmet needs in food. And I come from the Monterey Bay area, a large agricultural area. We see an abundance of food there, yet there's people there that are scavenging, going into stores where they're throwing away food and restaurants and everything to try to get a decent meal. It's really something.

MS. GONZALES: I think we need a revamping of our system. You're right, we see food still laying
that could have been eaten.

Senator, you'll probably be pleased to know that at the national level, the commissioner has been asked by Congress some of the very same questions you're asking; and that is, what is the unmet need in the United States? And she will be putting out regulations and process of procedures and probably contracting out with a national organization to address the unmet need of seniors in every state in the nation. It's in the new regulations, so I'm sure that your staff can review those, and that's one of the issues that will be undertaken.

My concern with the home-delivered meal, Senator, and an individual who would need a home-delivered meal and couldn't get it on the same day is not the fault of the provider or the Area Agencies. In many cases, it is the lack of coordination or information at the institution or hospital, the hospital planner or discharge planner, who doesn't call the site until ten minutes to twelve or eleven o'clock when the meals are out and said, "Mrs. Jones went home today at nine o'clock; will you deliver her a meal?" So there is no forward planning. Planning should start for an individual who goes in the hospital the day that they're admitted; that doesn't always happen. So when you have an individual sent home from a hospital, from an institution, or the person has been ill and finally found to be ill enough that needs the home-delivered meal, the message gets to the provider too late for that one day; and then consequently, the meal is not delivered until the next day or it could be even the second day. And so that's why I say, it's not at the provider level. They have to get the message.

CHAIRMAN MELLO: Well, I know there's problems with the DRG, discharge of patients. But it would seem that somehow we should be able to notify hospitals. We notify them for many other things. Let them know that when they are going to discharge a patient who is in need of food or other services, they should contact---you know, we can tell them where to contact. I just hope we can resolve some of these problems there. I mean, looking back, I'm really proud of what we've all done here. It's a tremendous -- I think California is a leading state. When I attend meetings with other states with our national legislators group, they always look to California as a trendsetter, and I think we've started a lot of programs here. But you still look in our communities; we have this growing population of seniors and a lot of unmet needs that we just have to start addressing in a very positive manner.

Beverly, any time you want to join in, feel free to because we ...

ASSEMBLYWOMAN BEVERLY HANSEN: I continue in my district, which is a rural district, to see the problem of the home-delivered meals of being very expensive to deliver. And I think that sometimes in rural counties, the count just is not as accurate as it should be. I think I share Senator Mello's concern that 1,200 seems like a very small amount. I go to my senior centers and they have trouble collecting the needs and we can't even sometimes get a senior center started. We just got one opened in Cloverdale, a little community in Sonoma County. Rural counties have some particular needs. But the one thing that I want to say about the meals programs, be they home-delivered or the congregate meals, is that without our volunteers that participate in this program, we just wouldn't be able to provide it. And I think it's something that we should constantly -- those of us who care about this area, and Senator Mello certainly put in a whole lot more years than I have in the area, but we absolutely have to ...

CHAIRMAN MELLO: You have a lot of years to go though. (Laughter.)
ASSEMBLYWOMAN HANSEN: What's that?
CHAIRMAN MELLO: I say, you have a lot more years to go; we're going to ....
ASSEMBLYWOMAN HANSEN: Well, I spent my years raising those kids, so now I'm on the other end.

But we have got to find ways to thank the volunteers. I've gone out and delivered home-delivered meals in a car with people that are delivering just in two or three different locations in my district, and I don't know what we'd do without those people. This program would be so much more expensive if we were paying people to go out in their car for a couple hours each day to deliver the meals. But I want us to be cognizant of the extraordinary concerns that rural counties have. We may have a senior 50 miles away, but without that home-delivered meal, they're not going to be at home any longer. They're going to end up in a far more expensive setting than that. And we have to constantly look at, I think, those concerns as well.

CHAIRMAN MELLO: It is a companion. These people -- I've gone also. The driver says, "I want you to come with me." I've gone and you walk in the home there and here's this lonesome person waiting for that meal; but equally important is the companionship of talking to somebody. Of course, the driver will say, "Well, this is Senator Mello." So it's like, gee, they hang onto your hand and I can't get away for about 20 minutes, so ...

(Laughter.)

ASSEMBLYWOMAN HANSEN: You know, Senator, I have a picture up in my Santa Rosa office. I delivered one day in Santa Rosa, and the volunteer that took me around in the next day or two went around and took Polaroid pictures of all the people that I had met and then they sent me a big picture with all the Polaroid pictures of all the seniors saying, "Thank you for coming by and saying hello to us." But they're very appreciative and sometimes that person that comes is the only human contact that they have all day long and so they serve an additional purpose besides bringing in the hot meal as well.

CHAIRMAN MELLO: Right. Well, Alice, thank you very much for your presentation.

MS. GONZALES: Let me make one more point. When you said California is a leader, I have to share with you that the Ombudsman training manual has been selected as the national training manual for every state in the nation. And I'm really very proud of the work that the staff did. The reauthorization of the Older Americans Act reflects California's law. It was written from California law. I think there was one word that was different, which was not significant. So I'm very proud that they're going to use our manual now as the training for the whole nation.

CHAIRMAN MELLO: Very good. Thank you for your presentation and for your report.

Next we have Rebecca Naman from the California Commission on Aging.

MR. JOHN SONNENBORN: She isn't here. I'm John Sonnenborn, the Chairman of the Commission on Aging. My colleagues and I want to express our appreciation to you, sir, and the Senate Subcommittee on Aging for holding this hearing on the Older Californians Act. The hearing is very timely in light of the recent amendments by Congress to the Older Americans Act and of the many changes and growth in the aging network and the programs of California.

The California Commission on Aging was very involved in 1979 and in 1980 on the Assembly Committee on Aging's Task Force on the Older Californians Act. In reviewing our role then and helping
to shape the act, we remembered that the Commission drafted the language that almost verbatim became Chapter 4.4 of the act. That chapter prescribed and described the role of the Area Agency Advisory Councils. They were first and foremost to serve as "principal advocate body on behalf of older" Americans within their respective planning and service areas.

Likewise, the Commission made suggestions regarding Chapter 4.4 pertaining to the California Interdepartmental Committee on Aging. In urging the Legislature's passage of the Older Californians Act, the Commission summarized its position by advocating that the act "include an appropriation of state funds that can be used to match federal funds and/or match new local funds that are provided to support the programs under the act." Although the final act contained no appropriation, the Legislature has over the past seven years contributed generously to programs covered by the act. The Commission also advocated for "the inclusion of language in the act that will call upon the aging network to involve older persons in planning, implementation, monitoring, assessing, and evaluation of services that affect them."

We remember too that, as we worked on the Older Californians Act, we reminded ourselves that the act was not one to launch new programs for funding; rather it was an attempt to describe the players in California aging network and their respective roles in working relationships particularly in light of the Older Americans Act amendments of 1978. As we think of our Commission's recommendations on the Older Californians Act, we are very pleased that our language empowering area agency advisory councils to speak on behalf of the older Californians in their area has been translated into more than mere words.

The Commission looks forward to this committee's review of the Older Californians Act. We pledge our full cooperation in seeking to make the act be not so much as a reflection of their current status of the aging network in this state, but as a guide to the development of the aging network for many years to come. It was your leadership, Senator Mello, that brought the Older Californians Act to fruition. The Commission looks forward to a repetition of your previous leadership and success. Thank you very much, and I have a copy, sir.

CHAIRMAN MELLO: Thank you very much for your testimony, John. Appreciate your being here.

Next we have Senior Senator Sunny Scofield from the California Senior Legislature. Good morning.

MS. SUNNY SCOFIELD: Good morning, Senator Mello, members of Senator's staff, and Assemblywoman Hansen. I'm very happy to learn this morning that Assemblywoman Hansen is another very good friend of seniors.

ASSEMBLYWOMAN HANSEN: Well, I want to be one someday. (Laughter.)

MS. SCOFIELD: Yes, you don't want the other choice.

I'm really sorry that I do not have a written statement for you inasmuch as we were not included in the original act, the Senior Legislature having been formed after that time. I was unaware of the date of the hearing and so forth until at our Joint Rules Committee meeting last Thursday. So we immediately called Brenda and said, "Could we get on your agenda to speak to this?"

CHAIRMAN MELLO: Let me explain that the hearing is being recorded, and we will be printing a report of the hearing. So that will go to all members of the Legislature also. Senators Maddy and McCorquodale are on the Senate Subcommittee on Aging. They have events in the district this morning.
They will try to be here before we adjourn. So every word you say will be in the transcript.

MS. SCOFIELD: At our Joint Rules Committee meeting the other day, the committee voted to ask to be included in the Older Californians Act. As you remember very well, Senator Mello, how we started and what the role of the California Senior Legislature is: advocates for seniors in the State of California. And as such, we hope that you would want to include mention of that and our role in advocating for seniors in this act.

It's my understanding that actually the first people who were part of the California Senior Legislature were people who had been to that White House Conference on Aging. One of the recommendations that has been made to me is that the California Senior Legislature be the body to develop plans for the 1990 State Conference on Aging and those plans to be the foundation for doing to the White House Conference in 1991. And that seemed very logical inasmuch as we started from a group of people who had been at the White House Conference. These are just things for your consideration, Senator.

In the body of the bill itself, the original one, you described very well the role of the Commission on Aging, the Department on Aging, the advisory councils, the local advisory councils; and we hope that you would see fit to include in there a description of the Senior Legislature and its role in advocating for seniors.

CHAIRMAN MELLO: We sure will.

MS. SCOFIELD: Do you have any questions that you would like to ask me?

CHAIRMAN MELLO: No, I'm, of course, very proud of the California Senior Legislature and I am in contact with all of the members at the annual meeting, plus during the interim. And just to say that they are a very effective lobbying group up here, I have a lot of---well, in fact, the other day, a couple members voted against the Department of Aging's request for $33,000 to help fund the elections in the district. And that's $1,000 per Triple A, and it does cost money to conduct the elections. And I, on the floor, try to answer some of their concerns and I think they're feeling the heat. And it's really something. Over 4 million seniors in California. When you sit down before a committee and say, "I'm here representing the California Senior Legislature," it's really, you know, a big thing. And members sure know that you're here representing---and you're elected by the people. Some of the members wanted us to appoint the members of the Senior Legislature and I rejected that, because I felt they have to be elected to truly represent their peers and their constituency rather than representing me or some other members. So I think---and the proof is there; 70 percent of the bills that you've sponsored have been signed into law. So your message is coming across loud and clear and hardly anything is done up here without the Senior Legislature having tremendous input in it.

MS. SCOFIELD: Would it be out of order to ask the status of 1802? Has it gone to the Senate floor yet?

CHAIRMAN MELLO: It's over in the Assembly Rev. and Tax. Committee. It hasn't been set yet, but we'll be setting that soon.

MS. SCOFIELD: Did it pass the Senate?

CHAIRMAN MELLO: Yes, it did pass the Senate.
MS. SCOFIELD: Thank you.
CHAIRMAN MELLO: Okay, thank you very much for your testimony. Appreciate all your hard work.

MS. SCOFIELD: I appreciate having the time.
CHAIRMAN MELLO: Next we'll call up three people together: Peggy Weatherspoon, Andrea Learned, and Jennifer Davis. They're all representing the California Association of Area Agencies on Aging. Good morning.

MS. PEGGY WEATHERSPOON: Good morning, Senator Mello. Senator Mello, Assemblywoman Hansen, I am Peggy Weatherspoon, Director of the Orange County Area Agency on Aging.

I am honored to speak before you today as the president of the California Association of Area Agencies on Aging. Please accept our admiration and appreciation for your dedication in caring for California's elderly as evidenced in part by today's hearing. We are particularly appreciative of your efforts, Senator Mello; your longtime leadership and conscientious commitment to aging policy in California is unequaled. And we are proud to be part of your efforts to revisit the Older Californians Act and to assist by sponsoring Senate Bill 1826.

As demography is our destiny, the projected growth in California's aging population demands a clear public policy statement for aging that comports with the Older Americans Act and that addresses the unique needs in our state. My remarks today are intended to provide a brief historical perspective of the aging network, identify some areas of concern, and to share with you our vision for aging in this great state. We recognize that this hearing is a first step in a long process with a focus this year to be around technical amendments.

Under the Older Americans Act of 1965 and subsequent amendments, Congress established the Administration on Aging. The act created state units on aging with state commissions as advisors, and in 1973, local area agencies on aging with local senior advisory councils. The Older Americans Act statutorily defines the role, structure, and function of the 57 state units and the 664 area agencies on aging. We are statutorily required to develop a comprehensive and coordinated system of community-based long-term care services for the elderly within each specified planning and service area.

Additional requirements and an expansion of our role in long-term care services are contained in the amendments—1987 amendments to the act. While we are required to provide services for any person over age 60 under the act, the 1987 amendments emphasize targeting our services to the low-income and low-income, minority senior. The 33 state-designated area agencies consist of over half being based in county government, one in city government, and the balance as nonprofits and joint powers of agreement within multiple counties throughout the state.

As specified in federal law, we conduct needs assessments, development local service delivery plans, hold public hearings, and administer contracts for the provision of direct services wherever possible. Because California is so diverse in its cultural, urban, and rural mix and population densities, the act's provision to ensure local authority prevails is much needed and exercised in our state. We appreciate our current director, state director, Alice Gonzales, for her recognition of this diversity. Every community in California is unique and has an aging population that needs some form of outside
assistance to remain independent, and that's why we're here. Under Alice Gonzales' leadership, progress has been made at the state level to centralize aging services. We applaud and support these efforts.

To minimize duplication of effort and to avoid fragmentation of services for the needy elderly, one identifiable and accountable entity must also be visible and accessible in each planning and service area. This is the state-designated Area Agency on Aging. Due to our close proximity to your constituents, we are in an excellent position to aid your distinguished aging committees and our State Department on Aging in shaping future public policy vis-a-vis a revised Older Californians Act. We work daily on the firing-line level with our advisory councils and our service providers to deliver a wide range of community-based services to the elderly. Statewide, we reach and touch the lives of hundreds of thousands of elderly and their families. Our statewide system spans a continuum of services ranging from low need to institutionalization and graduating along that dependency continuum are serving individuals with relatively low need such services as basic information and referral, employment assistance, crime prevention, education, and volunteer opportunities. For those in moderate need, we ensure transportation, legal assistance, congregate meals, senior center operations, and housing assistance. Progressing further into high need, we provide social day care, adult day health care, home-delivered meals, case management, elder abuse, homemaker assistance and, in some cases, MSSP and Alzheimer's services. Lastly, at the sometimes final step of institutionalization, we administer the long-term care Ombudsman program, targeted to our frailest elderly. An area of major concern to us is that full continuum of care is not available in many service areas in the state and, in some instances, the services are not administered by the state's designated area agency.

The State Legislature and the State Department of Aging have made important contributions and are on the right track. Our hope for the future is to see greater recognition, expansion, and funding for our long-term care responsibilities. There will never be a system for our seniors unless we take aggressive steps in this direction. This is an exciting time in the expansion of aging service programs and policy that will address the needs of today's elderly and the growing demands that will be placed on each of you and on each of us in the decade ahead. We look forward to working with you, with our state department, and with the 26 organizations represented in the working group established to review the Older Californians Act.

In conclusion, we believe every facet of a comprehensive service delivery system is in place in California. Our joint mission now is to ensure centralized administration for these programs at the state level and to replicate that model at the local level where accountability is greatest, where the visibility of our services is needed, and where the elderly can truly benefit from what you are attempting to provide.

Thank you for this opportunity, and we stand ready to assist in your efforts as we proceed to a more in-depth view and analysis next year.

CHAIRMAN MELLO: Thank you very much, Andrea.

MS. ANDREA LEARNED: Good morning. My name is Andrea Learned. I am the newly appointed representative to the California Older Americans Act working group.

Senator Mello and Assemblywoman Hansen, Honorable Members, thank you for sponsoring this
hearing and Senate Bill 1826. Your commitment and understanding of the needs of older Californians continues to be exemplary.

I particularly would like to thank you, Bev, for being here. She and I in different ways get to represent Lake County, which has the highest percentage of elderly -- it's now at 31.8 percent of the population -- and it has the lowest income by several thousand dollars. So it's always good to see us here.

I operate an Area Agency in Lake and Mendocino Counties, sponsored by North Coast Opportunities. I've been asked to briefly address the issues and concerns that we, the 33 area agencies, have in reviewing the act after ten years of implementation. Without going into great detail, allow me to address the major areas. I will bring my concerns and the concerns of the area agencies to the working group and we will come back to you with more detailed recommendations after we have an opportunity to further study the new proposed federal regulations.

First, on behalf of our providers, our Area Agency sponsors, and the seniors of this state, we urge you to take a look at the cash flow problems that Area Agencies have. They are severe and are becoming increasingly unmanageable. When any one of our nutrition providers cannot continue to do business with their vendors due to an inability to pay their bills on time, seniors are affected. This scenario happens with increasing frequency throughout this state and the results are wrongful.

CHAIRMAN MELLO: Could you explain that a little bit more? Why isn't the money forthcoming?

MS. LEARNED: It's a reimbursement system that doesn't work very well. We receive our monies for the first quarter and because we won't be reimbursed and have low expenditures in July, we're always behind. And if there's any foul-up in any of the paperwork process, we're often in a situation for particularly our smaller and nonprofits who don't have a county to bail us out of having to withhold monies until we receive them; and what that means is, our vendors are sitting out there not able to pay their bills. And we have some instances where Area Agency staffs have gone without paychecks and instances where Area Agency staffs have mortgaged their own homes in order to be able to meet their vendors' commitments.

CHAIRMAN MELLO: Mr. Anderson, would you mind coming up and could you comment on that? Are you familiar with it in the Department?

MS. GONZALES: I'd be happy to do it.

CHAIRMAN MELLO: I've been involved in these kind of things for years and years, but somehow the bureaucracy has all these stumbling blocks. We just have ...

MS. GONZALES: We just don't seem to get past those barriers. Senator, it happens every year in July and then again in October. We have two funding cycles with our budgets. We have a state funding cycle, or fiscal year; and we have a federal one. And every year we do have the same problem. Our budget affects them and then, of course, the continuing resolutions, or lack of, at the federal level affect our money.

If you will recall, we asked the Legislature to allow us to use state General Fund dollars this year to give them every dollar possible, because we did not have federal dollars; and the federal dollars were more than 60 days late getting to our office. So we did request and got permission to use every available state dollar to give them what we had.
CHAIRMAN MELLO: So, do you think it will not be a problem this year or ...?

MS. GONZALES: No, sir, I'm not guaranteeing you that at all. It has happened every year that I've been the director.

CHAIRMAN MELLO: What's the solution? I was involved in almost the same thing with a child care program back when I was a county supervisor, and they paid after the fact and then there was always a gap there. So we developed a fund that they---sort of an advance and then you adjust after, but you make an advance, because they're not going to disappear and I don't ...

MS. GONZALES: We were ready to use your Nutrition Reserve program. Oh, I think we did, didn't we use it? We did use your Nutrition Reserve dollars to try to keep the money flowing to them. So, you know, we did use every available state dollar to keep the money flowing particularly to the nonprofits; and we do look to assisting them first, because we recognize that counties might be able to float their departments a longer period of time than nonprofits.

CHAIRMAN MELLO: It seems just unreal that people are going out and mortgaging their homes in order to keep the flow of food going because of the inability of---and I guess this is a federal problem, but somehow we ought to, you know, shake them up or do something to make them ...

MS. GONZALES: You have no idea how many phone calls, telegrams, wires we send and we, you know, talk to everyone that we can through the regional office. I make direct phone calls to the Commissioner.

CHAIRMAN MELLO: Maybe that's the answer. The less money that we're using on phone calls and wires for ... (Laughter.)

MS. GONZALES: I'm afraid that that wouldn't begin to pay one day's costs in the state for nutrition programs.

CHAIRMAN MELLO: Well, perhaps if---knowing as you are on top of the problem, if you could your staff look at it and anticipate what might happen this year and let us know in the Legislature, we might be able to do something on an interim basis in order to have some kind of a rollover fund or something to ....

MS. GONZALES: We have suggested, and I think several times, that you might increase your Nutritional Reserve dollars and have them there available so that when we did need them at that time of the year ...

CHAIRMAN MELLO: Just happen to have a bill for that.

MS. GONZALES: I think we have a million dollars.

MS. GONZALES: We only have $1 million in that Reserve. If we had $5 million in that reserve, that's when we would use it; and then, of course, we repay that Reserve ....

CHAIRMAN MELLO: Well, I have a bill right now for $4.5 million for primarily home-delivered meals; but we can put an amendment in there to add to the reserve and get it moving as quickly as possible.

MS. GONZALES: The reserve just sits there, so that when we do need it, we have it available; and then we must repay it back with the first available federal dollars, and that's what we've always done.

CHAIRMAN MELLO: All right. Well, let's try to work together on this to try to avoid this interruption, because I think it's certainly ... Ms. Hansen.

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ASSEMBLYWOMAN HANSEN: Yeah, and I just have a question. Now, you said, first you go to the nonprofits, but we do know that we have counties that are not going to be able to come to the aid of their Area Agencies when this occurs. What kind of language can we put in this amendment or what kinds of administrative things can you do to assure that those counties that absolutely cannot help out will be next in line to receive funds?

MS. GONZALES: Well, I---Ms. Hansen, I think that all the counties are now in that posture. We had treated the nonprofits the way we had because we knew their funding problems. And I think Jennifer brought it to the attention of our former director, because I was sitting next to her in 1981 or '80 when she brought that issue up -- if Jennifer remembers. So it's not a new issue. It's an old issue that we cannot seem to resolve because of the federal dollars. We get our federal dollars based upon our expenditures. So we have to submit to them what the Area Agencies have said to us they have expended so that we can receive the money and we don't always get it just at the request. It's always somewhat late!

I think to address that issue, I think we just have to consider and treat all Area Agencies the same. I think they all have the same problems now. It's not like when counties had money to assist that particular division. Now, I think we're all in the same boat or the same canoe as the case may be.

CHAIRMAN MELLO: But even the for-profits, they're not going to go for a long time not getting their money. They'll just cancel also.

Brenda just informed me that my bill, 1826, dealing with the Older Californians Act, it's up before the Assembly Committee on Aging, might be an appropriate vehicle to take care of this or my other bill for Senior Nutrition. But if your office can let us know what we can do to try to get into a bill so we can anticipate this problem occurring and have a remedy for it would be very helpful.

MS. GONZALES: We would be delighted. We worry as much as they do, believe you me. When we don't get the money, I and my staff can tell you that every day I ask "Did we get the money? Did we get the money?" Because we're as concerned as they are and we know what effects it has at the local level.

CHAIRMAN MELLO: And even if we put $5 million -- this is not an expenditure, it would just be like a fund, a revolving fund that would get replenished once the money came in. But it would take care of the disruption that's now taking place.

Okay, Alice. Well, thank you very much for your---and Andrea, thanks for bringing that up.

MS. GONZALES: I'm glad you brought that up, Andrea.

MS. LEARNED: Gee, I really am. There's hope. Every time we lose that credit, it has a remarkable kind of a ripple effect in terms of our having to go find another grocery vendor who will take us on, and it costs all of us as taxpayers in dollars. We lose some cost effectiveness and some quality and quantity of food every time we lose a vendor.

CHAIRMAN MELLO: Do you think you pay a higher price because of a poor paying record?

MS. LEARNED: Yes, sir, we do. There's no doubt of that. I've been reduced in one of our senior centers to basically having to shop at a corner store, and it doesn't work.

Secondly, we are concerned about what we perceive to be an erosion of local authority over the years. Increasingly, as the state has developed new senior programs, these programs are administered by varying entities. the intent of the Older Americans Act was to have the area agencies play a key role in
the planning and program development of all aging programs at the local level. Among others, the following programs are not consistently administered and do not necessary plan service delivery in conjunction with the Area Agencies on Aging: MSSP, Linkages, Brown Bag, HICAP, Foster Grandparents, and the Senior Companion program.

As a part of this concern, we must bring to your attention the importance of area agencies providing consistent high quality information and referral services. Prior to 1982, the Older Americans Act was clear about the Area Agency role as a provider of information and referral services. However, current state interpretation requires that we must seek waivers to directly provide these services. We believe that we, by intent of law, are meant to be able to provide these services as they are provided by many other agencies throughout the country.

We feel that we can play a valuable, necessary and useful role with these aging programs. We remind you that the reason we exist is because of the very fragmentation of senior programs at the federal level. There are today more than 80 line items for senior programming in the federal budget, and these programs area administered by some 26 federal agencies. The state again has at least 7 major departments administering half again as many programs. Is it any wonder that our seniors report frustration and confusion when looking for help? Is it any wonder that even the federal Commissioner on Aging herself cannot find appropriate assistances for her own aging relatives. At the local level, we are familiar with the maze that our governments have created. We ask to consistently be part of the planning and program development process for all senior programs.

Finally, we are concerned that long-term care has not made its way to each and every area of the state. We feel that in many instances our input and direct involvement would assure greater cost effectiveness and increased coordination of services to older Californians in need of long-term care and case management services.

We look forward to participating in a lively and constructive review of the Older Californians Act. And we thank you for your interest and continued support.

CHAIRMAN MELLO: Thank you very much.

MS. JENNIFER DAVIS: I'm Jennifer Davis. I'm Exective Director of the Seniors Council of Santa Cruz and San Benito Counties, which is the local Area Agency on Aging.

Senator Mello, you and others today have noted the remarkable growth of California's senior population. You probably don't have time to watch much television, but I'm always interested in the Today Show's Willard Scott when he honors centenarians across the country. You probably know that there are now over 42,000 Americans who are 100 years of age or older. Using accepted percentages, we can extrapolate that there are more than 5,000 of those in California alone.

As has been stated, the Older Californians Act formalized the structure of programs serving the elderly. But neither the Older Americans Act nor the Older Californians Act could possibly have envisioned the demographics that we are seeing today.

Area Agencies on Aging today bear scant resemblance to those of eith or ten or fifteen years ago. They have a much broader scope of service in the community. They have much greater responsibility, particularly in providing the local lead in long-term care. And you heard Alice Gonzales' testimony in
this regard. For years, the local Triple A's have followed the Older Californians Act as their guide. But because of the many changes which have taken place since passage of the act, it's timely now to bring the act into conformity, not only with the intent of the Older Americans Act, but also with the actual experience of Triple A's in their communities.

Senator Mello, you indicated you will be convening the working group to study and make detailed recommendations on many issues central to reaffirming the Older Californians Act as appropriate to, and meaningful in, the 1990s. Certain matters are seen as having considerable urgency, and we hope those might be addressed immediately. Of greatest importance is the need for adequate funding to meet the critical needs, especially in the face of federal funding reductions at the local level, critical needs of an aging population. Another urgent matter is that of cash flow, which we've just been discussing. Still another, which has significant implications for the ability of Triple A's to carry out their federal mandates, is the issue of allowable amounts of state and federal funding to be used by the Triple-A directly. Other matters which will be addressed in a longer range fashion include those of establishing standards for statutory services, updating to include technical amendments, eliminating duplicative or contradictory references, and generally clarifying federal guidelines in the manner most appropriate to California. As was stated by John Sonnenborn, the most important aspect of the long-range goals is visionary in nature as was the original Older Californians Act. We must define how we want to see programs for older people structured to meet the rapidly changing needs of a rapidly growing population.

The C4A will participate actively in the working group which you convene. We look forward to continuing our coordination with other statewide associations, agencies, programs, and organizations. The C4A will play a key role in the current version of the Older Californians Act. Triple-A's are specifically given local responsibility for services to older people. As the statewide association of Triple-A directors, the C4A represents both the rural and the urban issues; those affecting both the northern and southern parts of the state; the large and the small agencies; and those which operate within the public sectors, as well as community-based nonprofits. As you pointed out, it's an extremely complex and challenging set of issues to be dealt with by the working group, by you, by this committee, by the Legislature as a whole, and by the Governor.

We are pleased to be working with you on it. We believe local Area Agencies on Aging and the state's aging network have the desire and, with your assistance, the capacity to pursue the vision and to work toward meeting the needs of this fast growing group of California's residents. Thank you very much for the opportunity to testify today.

CHAIRMAN MELLO: Thank you very much. I thank all three of you for your testimony.

Next we have Maggie Helton, Triple-A Advisory Council.

MS. MAGGIE HELTON: Good morning.

CHAIRMAN MELLO: Good morning.

MS. HELTON: I was requested to speak for the Triple-A Council this morning because of my original involvement with the steering committee that worked with developing the Older Californians Act. And I would first like to thank your staff, Senator Mello, for the document they sent us to reassess. And it was very informative because it did include everything under those services. We had just one
problem: We could not find an area which dealt with Linkages. We found MSSP and most of the other programs, but we did not find Linkages represented in it.

First, I would like to say that the Triple-A Council of California, as you know, is represented. It is a board organization with 33 board members and 5 officers; 38 is the total sum of the membership in the Triple-A Council of California. Those chairs, the 33 chairs which are the board, represent the local area agencies on agency and are elected by their peers on the advisory councils. I would like to say that their major interest is in advocating on network plans and services. And we relate to everything that comes under the Triple-A network.

For the present law, the first part of the present law deals with roles and responsibilities for the Triple-A network, especially with regard to the Department of Aging and the California Commission on Aging. Now serving my sixth year on the California Commission on Aging, I would like to say that both the Triple-A Council and myself have a great deal of feeling with regard to implementing many areas in the current plan. There are items with regarding to developing the state plan, the state budget, the cooperation in public hearings on the plan. And we have some concerns in that most of the things relating to the state plan, we do not see until it's written in cement. And so we would like to see a more cooperative development of communication and effort between the Department and the Triple-A Council in working with those items. And I, especially because of my nursing background, would like to compliment the Department on their development of the Long Term Care Division and the Long Term Care Committee which serves that Division.

I think that with regard to the In-Home Supportive Services -- in the Department's report on page 5, the statement was made that IHSS are now fully funded by the state. However, there's been a little problem that's developed on the local level that I would like to bring to your attention. Under the current statutes, it eliminates deficiencies in the program. All must be served, and the state pays if the county can't. However, that brought up one problem that many of the counties have had, especially this year in going out to recontracting; and that is, the state simply says you'll take the lowest bid or you don't get any state funds. And to some of us on the county level, this does remove the county autonomy in making a local decision on what they want to contract. And it also sometimes can affect the quality of the care that is received.

With regard to the Triple-A network, we would really like to see something done with regard to the Triple-A's being able to draw down on state funds as we do on federal funds. As you know, many programs are mandated in the state for local programs; however, very few of them contain any administrative funds of any kind, which means that we have to use existent staff who are already overworked and underpaid. And it really poses quite a problem for the Triple-A's. And those of us who are on advisory councils can really feel this need; unfortunately, the federal administration dollars are not enough to really cover everything we must do for the state also. We would like to see also, as came in the testimony from C4A, we would like to see a stronger emphasis on local contracting. Many programs are funded through CDA, the RFP's go out from the state, they are not reviewed and commented on on the local level, there is no emphasis at all on the local Triple-A or advisory council being able to make a recommendation or even state whether there is a duplication or whether it's needed in another area.
That is completely without our purview now.

I would like to thank you for the opportunity to testify today. I would also like to volunteer to work with your committee. We appreciate the fact that you are doing this again and certainly it does need to be brought up to date. And we thank you for letting us testify.

CHAIRMAN MELLO: Thank you very much, Maggie, for all of your help.

Next we have Paul Kraintz, California Association of Nutrition Directors for the Elderly (CANDE). Paul's not here, okay. Peter Le Doux, Executive Director of ParaTransit.

MR. PETER LE DOUX: Good morning, Senator Mello. My name is Peter Le Doux, but I'm actually the Administrative Assistant.

CHAIRMAN MELLO: We tried to promote you so ....

MR. LE DOUX: Well, I appreciate that. In recognition of the need to transport the frail elderly to nutrition sites, ParaTransit, Inc. supports the linkage of funding for specialized transportation programs to congregate nutrition programs.

Nutrition funding alone cannot meet the needs of hungry senior citizens who cannot get to the nutrition sites. Coordinating and funding agencies need maximum flexibility and inter-title funds transfers in order to respond promptly and appropriately to the particular client needs of local program operators. The issue is bigger than transportation to nutrition sites. Seniors need rides to recreation, medical, and other program sites, too. A ride to a program site involves an opportunity for community integration and can result in improved mental health. Not only the time spent attending a program, but the ride time can also produce a positive result. Seniors riding the same bus often develop relationships and share their experience of different programs. Additionally, the driver provides a front-line defense by recognizing any signs of elder abuse or by reporting circumstances of a senior living alone who has fallen and become disabled or who might be ill and unattended.

ParaTransit, Inc. offers both subscription and intermittent service. The average age of intermittent riders is 62 years, reflecting a user group no longer in the work force, but with specialized transportation needs. Forty percent of all intermittent rides are for medical appointments; 20 percent are for social, recreational, and community events; the remaining intermittent trips are for a variety of activities that are not significantly different from those of the general public.

A review of new registrants for ParaTransit rides in February 1988 reveals 88 percent are 60 years old or older. While half of ParaTransit riders currently are age 60 or more and 26 percent are age 75 plus, the increase of new riders in this age group indicates that as the specialized transportation dependent population ages, ParaTransit, Inc.'s bus service will become a predominantly senior transportation service. While I'm new to the industry, I suspect from what I've found lately these figures can be generalized throughout the state.

ParaTransit, Inc. also operates a senior transportation project involving a shared ride taxi program, a taxi coupon program, and a senior nutrition van program. The project currently lists 2,281 eligible riders. Since July of 1987, it has registered 1,260 first-time riders, half of our ridership, this fiscal year. Thirty-eight percent of these new riders are aged 60 to 74 years; 55 percent of these new riders are aged 75 years or older. The average age is 70; 79 percent of them live alone; 68 percent of them are female.
The trip purposes: 31 percent are for life-sustaining and medical purposes; 8 percent are for essential personal business; 37 percent are for shopping for food and clothes; 24 percent are for social and recreational purposes. Ultimately, it is cost effective to prevent premature institutionalization by keeping a frail senior in their home and community. It is less costly to move a senior to a program site at $1.80 per vehicle service mile and $2.69 per meal or to take them—or to deliver to their home a meal at an average of $3.10 per meal or take them to the marketplace or medical facility than to place them in an institution that probably costs in excess of $20,000 a year.

I thank you for listening to this testimony. If you have any questions, I'd be pleased to answer them; and if I can't, I'll get back to your staff as soon as I get back to my office.

CHAIRMAN MELLO: The only question comes to mind is on your percentages. Did you have any breakdown about rural elderly? We're often faced with the need for a lot of transportation out in the rural areas of California. And I'm wondering whether or not you have a breakdown there.

MR. LE DOUX: I don't have any. My agency is mainly concerned with the urbanized area of Sacramento County. I can develop some rural statistics and get back to you.

CHAIRMAN MELLO: Yeah, okay, it would be helpful.

MR. LE DOUX: I'd be happy to.

CHAIRMAN MELLO: Thank you very much, Peter.

MR. LE DOUX: Thank you.

CHAIRMAN MELLO: Next we have Kathy Badrak, California Long Term Care Ombudsman Association (CALCOA).

MS. KATHY BADRAK: Good morning.

CHAIRMAN MELLO: Good morning.

MS. BADRAK: My name is Kathy Badrak and I am Director of the Long Term Care Ombudsman Services for Santa Barbara County as well as the President of the California Long Term Care Ombudsman Association. I would like to address changes that need to be made in the Older Californians Act to ensure conformity with the reauthorized Older Americans Act as it relates to the Ombudsman program.

The Ombudsman program was designed to protect the vulnerable frail elder in our long-term care facilities. We serve as a voice for the 200,000 persons confined to nursing and board and care homes in California. Those that we speak for, and on behalf of, are some of society's most disenfranchised and vulnerable citizens. Their needs and concerns are often ignored or go unheard.

In 1975, amendments to the Older Americans Act provided for grants to be made available to all states to develop an Ombudsman program. This came about as a result of new laws and regulations passed relative to nursing homes. The intent of the amendments was to protect the powerless individual in the nursing home. It was felt that unless a program was established to deal with individual complaints of older persons in nursing homes, the laws and regulations would not be applied.

Further amendments to the Older Americans Act expanded the oversight of the Ombudsman program to include residents in board and care homes for seniors. The name of the program was then changed to the Long Term Care Ombudsman Program. Local programs throughout the nation took on the
role of the complaint investigators. The State Ombudsmen became primarily administrators and
program developers.

In 1979, AB 1433 was passed in California. this bill provided statutory authority of the State
Ombudsman to designate local ombudsmen and guaranteed their rights of access to residents in long-
term care facilities.

In January 1983, AB 2997 became law. This bill expanded the scope and authority of the Office of
the State Long Term Care Ombudsman and of the substate programs. The Legislature found that to
effectively assist residents, patients, and clients of long-term care facilities, in the assertion of their
civil and human rights, the structure, powers, and duties of the long-term care ombudsman program must
be specifically defined.

The powers and rights of the ombudsman are intended to facilitate the primary role of
investigating and resolving complaints made by or on behalf of residents in long-term care facilities. I
would like to review some of these rights. Access rights include our Ombudsman Poster. This poster
which tells of our services and phone numbers must be posted in a conspicuous place where residents can
see it. Access also includes the right of entry to long-term care facilities "at any time deemed necessary
and reasonable." This has been defined as between the hours of 7 a.m. and 10 p.m., seven days a week.
Facilities cannot impose any requirements restricting hours of access or having staff accompany
Ombudsmen on their rounds. Residents also have the right of access to an Ombudsman. This includes the
right to meet privately and confidentially with an Ombudsman. The Welfare and Institutions Code
protects disclosures by complainants, residents, and witnesses to Ombudsmen by requiring that such
information remains confidential unless consent to further disclosure is given.

The level of incapacity of this population requires that they have a representative -- one who is
knowledgeable and represents their interests. The focus of planning for the needs of seniors in California
has been on alternatives to institutionalization. And we have some wonderful alternative services to
help the elder remain in their home, and those programs need to continue, but we cannot ignore the most
critically needy. The fact is, 20 percent of elders age 65 and over will spend some period of time in a
facility. The average long-term care resident is an 81-year-old female, who will spend two years in a
facility. Forty-three percent of this generation had only one child or no children. This age group has no
support system to speak of.

The Ombudsman program is unique. We are the only designated program concerned with residents
in long-term care facilities. We are not a community-based resource as the Older Californians Act
states -- certainly not in the same sense as the other resources with which we are listed, such as
Information and Referral, transportation, and home-delivered meals. The Older Americans Act now
states that every state will include the local ombudsman program as a subdivision of the Office of the
State Long Term Care Ombudsman and any Ombudsman of that program whether an employee or a
volunteer shall be treated as a representative of the office. We are a part of the Office of the State Long
Term Care Ombudsman.

The Ombudsman program is much more of a legal program than it is a social service program. The
frail elder residents have their basic human rights denied continually; and as Ombudsmen, we are dealing
with legal issues on daily basis. We are required by law to witness the Durable Power of Attorney for Health Care and the Natural Death Act. We are called upon to ensure that the resident understands and is not signing under duress or coercion. We are making judgments on competency.

We are the mandated reporting agency for all cases of suspected elder and dependent adult abuse which occurs in long-term care facilities. By law, the coordinator of each program has the primary responsibility for the investigation of that abuse. This responsibility is not something I take lightly. We need adequate legal representation and backup. The Older Americans Act states that the state agency will ensure that adequate legal counsel is available to the Office for advice and consultation and that legal representation is provided to any representative of the Office against whom suit or other legal action is brought in connection with the performance of such representative’s official duties. The policies of any corporation that has facilities statewide affect every Ombudsman program throughout the state. Our legal support and technical assistance must be standard throughout the state and we need that support from the Office of the State Long Term Care Ombudsman.

The Older Americans Act has increased our investigation responsibilities -- we are now to investigate and resolve complaints made by or on behalf of residents in long-term care facilities relating to action, inaction, or decisions of providers, of public agencies, and of social service agencies which may adversely affect the health, safety, welfare or rights of the residents. We are now to have a monitoring responsibility over agencies such as Adult Protective Services, Public Guardians, and even Medi-Cal. There is strong feelings among Ombudsman Coordinators regarding conflicts of interest that are in existence or where the potential exists. Some counties either operate or own skilled nursing facilities or residential care facilities for the elderly. In some of these counties, the Area Agency is a part of that county government and the county also may be involved in the operation of Adult Day Care, Adult Day Health Care, and also Residential Care Facilities for the Elderly, and the Skilled Nursing Facilities programs. This is a definite conflict.

In other counties, the same agency that operates the Area Agency on Aging also may operate the Adult Protective Services and/or Medi-Cal and/or other programs in which the Ombudsman may find themselves in a confrontation regarding that agency's failure to provide services. The Ombudsman program must avoid all conflicts of interest and the state should ensure that mechanisms are in place to identify and remedy any such or other similar conflicts.

Our volunteer Ombudsmen have been an integral part of the effectiveness of our programs. But, because of the increased responsibilities, we need to take a closer look at the utilization of our volunteers. Over the years, I have seen our complaints grow more complex and intense and with the addition of investigations of elder abuse, this complexity is increasing. The issues we face often take far more time to resolve than many volunteers are able or willing to give.

We need the volunteer Ombudsmen and we need that person to provide that ongoing presence in the long-term care facilities in order to provide residents with direct access to our services. But we also need to be realistic about the time taken away from complaint investigation for the training, supervision, and supporting of the volunteer who can only give three to five hours a week, when the complaints require full-time investigations. We need more funds to be available to hire staff that can be trained to
investigate and resolve these complex issues that face each program.

The Ombudsman program has changed since its inception and will continue to change to meet the needs of the long-term care residents. Any amendments to the Older Californians Act must reflect the changes that we have seen in the field. The integrity of the local Ombudsman programs must be maintained so that we will be allowed to work as an integrated statewide program. Thank you.

CHAIRMAN MELLO: Thank you very much. And we'll certainly---some of your recommendations about including the services of the Ombudsman and the Older Californians Act, we certainly will look into that.

Maggie Helton brought up the fact that the Linkages program was not in the Older Californians Act, and it's in a different section of law. And I don't know, I haven't heard if Ms. Gonzales feels it should be all contained in the Older Californians Act so that it's focused there, we could easily amend that into the bill. We would, you know, await your own direction on that. Because Linkages is a vital part of the continuum of care for the older Californians.

MS. GONZALES: I think it is referenced in the materials that were put together by your office it was included. If we can refer it to the laws or those chapters that are in the W and I Code as part of the Older Californians Act, and I think that Brenda did an excellent job in pulling out all that information.

CHAIRMAN MELLO: Right. Well, we'll try to strengthen that.

MS. GONZALES: A few laws are actually in other bills, but can certainly be referred to within the act as a part of the Department of Aging's responsibility.

CHAIRMAN MELLO: Okay, thank you very much.

Next we have Ann Hinton from the California Institute of Senior Centers (CISC). Good morning.

MS. ANN HINTON: Good morning. My name is Ann Hinton, and I am Director of Senior Services for the City of South San Francisco. I come before you today, though, as the President of the California Institute of Senior Centers. On behalf of the board and membership, I wish to thank you for your invitation to speak today.

The Older Californians Act is an impressive document. It points out the numerous accomplishments that have been made in bettering the lives of older adults in our state. As I reviewed it, it was easy to identify with the programs mentioned as multi-purpose senior centers are involved in one way or another with all the pieces in the document. This is because, as our name implies, we are not a single-issue or single-program center.

As you are aware, senior centers are communities within a community. They reflect society at large and that they are made up of people from both rural and urban areas, the rich, the poor, the well and the frail, the powerful and powerless, minorities and non-minority groups. Senior centers are indeed focal points for the senior community and their family, as they offer a multitude of services both at the center and to people at home. Multi-purpose senior centers provide an environment where seniors can continue to be part of their community, provides a home to some, work environment to others, and a support system for many.

Although multi-purpose senior centers received little attention in the original 1973 act, it is really only a reflection of that time. At that time, California had two---although we had two nationally
recognized centers, the idea of multi-service was just beginning to have some recognition in our state. It is timely that we are re-looking at this document at this particular time, because a number of events have happened in recent days: One is that now it is estimated that there are a thousand multipurpose senior centers in our state serving approximately a million older adults; two, the National Council on Aging is reviewing standards and guidelines for senior centers and the California Institute of Senior Centers is looking at having California designated as one of the pilots for that; (3) the Commissioner of the Administration on Aging will be conducting a survey of senior centers in our state which will provide us with valuable data; (4) currently, as you know, we have Senate Bill 1783 which was introduced by you and co-sponsored by ourselves on the California Senior Legislature which have passed to provide funding for senior center management and operation for the first time in California history.

There are two other phenomena that I would like to mention that I think are appropriate at this time: One is the recent recognition that senior centers are the entry point to the long-term care network for many seniors entering that system; and two, more acknowledgement that senior centers play an active role in keeping older adults healthy longer and that there is a payoff to society when this happens.

The California Institute of Senior Centers looks forward to working on the revision of this act, so that the new document may reflect the vital role that we play in the senior community as well as in the community at large. Thank you.

CHAIRMAN MELLO: Thank you very much, Ann.

Next we have Terri Dowling, director of Information, Referral and Health Promotion from the San Francisco Department of Public Health.

MS. TERRI DOWLING: Thank you. My name is Terri Dowling, and I'll be addressing you both in my capacity as the director of the Office of Senior Information, Referral and Health Promotion from the County Health Department and as a board member and advocacy co-chair of the California Alliance for Information and Referral Services. I really appreciate the opportunity to speak to you today about what changes need to take place in the role, responsibility, and structure of senior information and referral to meet current and future demands.

By way of background, within the San Francisco Department of Public Health, I've managed for the last five years the phone and drop-in senior information and referral program for the City and County of San Francisco. This is a program that is contracted by the Department of Public Health---it's a contract to the Department of Public Health by the San Francisco Area Agency on Aging.

We currently see or talk to well over 20,000 clients a year. Our clients are primarily older adults, but also include caregivers, service providers, and the public at large. Most live in San Francisco, but increasingly, many of our clients are from outside the city and even outside the state. Also on the increase are calls and walk-ins that are much more complex in nature -- calls from adult children in San Francisco concerned about what they can do to help their frail mother in Wichita, Kansas; calls from neighbors about suspected elder abuse; a 75-year-old man walking in with a suitcase in hand and no place to go.

Our office, as are most other senior information services in California, is the major visible entry point into the long-term care system in San Francisco; and we're talking about health services, housing,
social services, social support, transportation, nutrition. Our job is to work with people to figure out what they need and then connect them to the resources that can help in our community. We also follow up to see that they get the services, and if they don't, to figure out why not.

In my board capacity with the California Alliance of Information and Referral Services, thanks to the support and very gracious support of Alice Gonzales and her staff, a number of my colleagues and I have been working over the last two years with California Department of Aging to, in fact, assess the role, responsibility, and structure of senior information and referrals in the State of California. The random survey of state-funded I and R programs was completed in March. A formal report with recommendations will be made available, we hope, by mid to late summer. However, while the data is still very rough, the rough data, combined with my own personal experience and experience of many of my information and referral colleagues, I feel I'd like to highlight a few recommendations for change now. One is the role of information and referral. Because of the complexity and the flux of the long-term care system and the increasing number of people, both older and disabled, needing to know about and to be connected to that system, the role of information and referral should be that of a centralized, very visible access point, both for the dissemination of information about community services and client integration into those services. This role needs to be consistent throughout the state, operating within clearly set standards set by the state and yet flexible enough to meet the needs of the individual area agencies on aging.

In terms of responsibility and structure, with increasing changes and complexity in the long-term care system, senior information and referral must maintain current about community resources and knowledgeable about the long-term care system that supports the elderly and caregivers. Our statewide survey suggests vast differences in the ability of information and referral staff to identify and respond to the long-term care needs of their clients. There really needs, in terms of change, to be ongoing training and minimum standards set for the staffing of those people who are providing information and referral on the phones and in walk-in centers.

Number 2. Information and referral must be visible and easily accessible to not just older adults, but to the emerging calls from caregivers, service providers in the community at large. Our survey suggests a need to market and advertise our senior information programs in a way to reach this broader audience. Just publicizing the information and referral number at a local senior center just won't work any more. Our survey shows that about a third of the over-40 senior I and R centers listed their phone numbers consistently in the phone book under the white pages and yellow pages as senior information. Two-thirds listed them according to the name of their senior center, did not list senior information anywhere in the phone book. So it was very difficult to find. Where do you find information about seniors? Under an agency's name? It's very difficult. There needs to be consistency in the publicizing of the senior information number or numbers throughout the state.

Because senior information -- this is the third point -- because senior information and referrals see and talk to large segments of older adults and caregivers in the community, they have a very unique opportunity to identify gaps in service and emerging needs. Information and referrals in the future need to begin to collect data on a systematic way. They have access to thousands of older adults' needs,
because they hear about them every single day. This data needs to be included in the ongoing long-term care planning for every Area Agency on Aging.

Number 4, and this is something that has begun to emerge in the survey, is that because of the increasing ethnic and language diversity in this state of California, information and referral staff need to have the ability, either in-house or close at hand, to respond to their communities' differences in language and culture.

I’ve just highlighted some more obvious recommendations for changes. However, I’m hopeful that the results of the recent information and referral survey will lead to a more formal senior information and referral task force for the California Department on Aging that will include representatives from the C4A, the CDA, the California Alliance for Information and Referral, and funded information and referral representatives from this state. The purpose of the task force we would see would be to develop reporting standards and definitions of service; to develop minimum standards, levels of professional service, hours of service, how do you publicize, consistency in the state; develop a statewide system to monitor the quality of services provided in this important service; and to develop a system for information and referral training of staff.

In closing, I would like to add that senior information and referral is increasingly being seen as a primary, not the only, but a primary entree to the long-term care system, as well it should be and needs to be. Information and referral is also very well-funded. It’s a very well-funded line item in the California Department on Aging budget, as well it should be, given the critical role that information and referral plays. I am, therefore, hopeful that the State Department of Aging will continue to work with organizations such as the California Alliance for Information and Referral Services to develop and monitor standards for information and referral that would be consistent statewide, thus allowing people no matter where they live in the state to know about and reach the community services and resources they need quickly, efficiently, and accurately. Thank you.

CHAIRMAN MELLO: Thank you very much. Let me ask you a couple of questions. You brought us some real fine ideas. How do we publicize? You pointed out the need for getting information and referral more than just having it listed in a phone book somewhere that no one can hardly find. How do you vision we more information out? Do we go on television with public announcements?

MS. DOWLING: Senator, there’s no one way. I think when you publicize any service you have to publicize in a variety of ways. In going back to the phone book a second, I think it is very important that throughout the State of California we’re consistent with what we call our service, so that the state could be involved in helping to publicize senior information and referrals in major publicity campaigns that would say, "Are you concerned about nutrition programs in your community? Look in the white pages of your phone book under senior information and call that number." If every phone book in the state had a listing for senior information, not the name of the agency or the senior center or the nonprofit group, but senior information, that would be a very generic way to publicize the program statewide. You could then publicize with---you could combine your---the monies for publicity and do one major campaign once or twice a year. Local communities also need to publicize not just to their local senior centers. If you want to reach caregivers, you often---they don't know very much about senior centers. Adult children may not
know anything about senior centers to go for information. So there needs to be some way of publicizing to the work place where adult children or caregivers often work, to let them know about the services available to help them in caring for an older relative.

CHAIRMAN MELLO: Yeah, what I've noticed in the phone books is the inconsistency of a listing.

MS. DOWLING: That's right.

CHAIRMAN MELLO: For an example, one of my counties has this "Government" section in the front -- city, county, and federal. Well, one must know whether senior services are sponsored by cities or counties. In Santa Cruz County, if you look under "County Government," then you find a long section there with senior services and it's got a whole list. But some other county doesn't publish that government guide. But the counties that do publish it, if you looked under "S" in the white pages, you wouldn't find anything for senior services because it's over in another section of government listings.

MS. DOWLING: Right.

CHAIRMAN MELLO: And it is confusing. I've had a lot of people call me to find out where do you go to get senior employment programs and services, and I point out -- and they're really impressed with about 25 different phone numbers there for a lot of services. But mainly, they just don't know where to look, and I think that's been a problem.

MS. DOWLING: There are a number of senior information and referral programs publicized in the phone book under several single category they can find. They're listed as senior information on the white pages, the yellow pages, under the city and counties, under social services. They look for ways -- and in fact, they put some of their money in their budget to pay for additional listings. It pays off.

CHAIRMAN MELLO: Well, we might write a letter to the different phone companies and find out what the problem is and suggest that they come up with a uniform listing for senior information.

MS. DOWLING: We could most likely work with the Pacific Bell for the State of California. There's a person representing senior needs for that organization, Armando Navarro. And I believe that Alice Gonzales has been working closely with him. So that's a contact that we have.

CHAIRMAN MELLO: Okay. Well, thank you very much for your testimony.

We do have, I believe, one unscheduled witness, or possibly two. Let me first, however, introduce a person here who is representing the Lieutenant Governor, Ellie Peck, who is Lieutenant Governor McCarthy's specialist on senior programs. And the fact that we held a hearing today on his bill creating the Older Californians Act, I know you will be reporting back to him on the information that was contained here. So I want to express my appreciation for your being here on behalf of the Lieutenant Governor.

It also comes to mind that John Delury, who is standing there by the door now, who is on my staff -- he was on the Lieutenant Governor's, then Speaker's staff that helped to draft the -- hello, John, I'm giving you a little ... (Laughter.) I was just saying that the fact we're holding a hearing on the Older Californians Act, you were on the Speaker's---you were his principal consultant at that time on senior issues. So I just take it that you were the chief architect of the Older Californians Act at that point. If that's not true, then ... turn on your button there.

MR. JOHN DELURY: Actually, I did work on senior issues with the Speaker. But Brenda played --
do you want to describe your role in that, Brenda? (Laughter.)

MS. BRENDA KLUTZ: Well, my role was just to listen to the various senior advocates and department representatives in what the needs were in structuring services, and I played kind of a technical role in drafting their recommendations.

MR. DELURY: But it was, of course, a topic of immense concern to Leo McCarthy as it has remained -- provision of adequate services for seniors. He gave it very high priority for his staff work.

CHAIRMAN MELLO: Well, why don't you come up, Ellie, and use the microphone.

MS. ELLIE PECK: I just wanted to point out that while I am older than Brenda and John, I followed in their footsteps with Lieutenant Governor McCarthy on the issues.

CHAIRMAN MELLO: Very good.

MS. PECK: I wanted John to debate that issue. (Laughter.)

MR. DELURY: I didn't want to dispute Ellie publicly, but I think a comparison of birthdates might put me ahead. (Laughs.)

CHAIRMAN MELLO: Okay. Of course, the other part of the debate is age is just a number, and the fact that you might reach a certain number in life doesn't mean you're to be put on the shelf. It means that you've just matured a little bit more and you're truly able of being a great contributor to our society.

Okay, now we have some—I think two—let me ask first Ross Rajotte from....

MR. ROSS RAJOTTE: Northridge. Sir, I'm from Massachusetts; maybe I'm not allowed to speak here.

CHAIRMAN MELLO: Well, you signed up here. I don't know whether you wanted to speak or not.

MR. RAJOTTE: I'd like to speak if I could.

CHAIRMAN MELLO: All right, please come forward. You are a former councilman from Northridge -- is that Massachusetts?

MR. RAJOTTE: Massachusetts. I've been in town government for 40 years. I've retired.

CHAIRMAN MELLO: All right, please have a seat and ...

MR. RAJOTTE: All right, I'll be brief.

CHAIRMAN MELLO: Then the other person we have -- Ethelyn Mehren from the California Senior Coalition, and then Mary Charles.

We're going to try and finish by twelve o'clock, so ...

MR. RAJOTTE: Okay, I'll make it brief. I'm from Massachusetts. I served 40 years in town government after I left the Army, from '47 to '87. And I'm very interested what was said here because I work with the aged, and we don't like to be called the aged or the elderly in Massachusetts. I'm 68. We like to be called senior citizens in Massachusetts. We're trying to change all the laws where they classify us as the elderly. Nobody wants to feel old. I'm 68 and I like to feel like 20.

I'd like to give you a brief statement of what we're doing in Massachusetts. You cannot sue a senior citizen over $159,000 under the Ohmstead Act, and it costs you $10 to register with the Probate Court. Another thing we have in Massachusetts, senior citizens, 25 percent off on auto insurance for all senior citizens 65 or over; 70 years old, real estate tax exemption for all senior citizens, $350 off. And then a senior citizen, if they have a loss of money, they cannot lose their homes at all and they can stay there

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and their taxes will be taken---the state will take over the home, or the town.

And then our food system for those elderly who cannot go out -- we have a tri-town center where they bring the food to the healthy -- to each house, free; they have a free meal. Then you can go to senior center for $1.25 you can get a meal, a nutritious meal each day. Then we also have the Silver-haired Legislature; we have the Council of the Aging, which we hope to send---we hope to change the name to Council of Senior Citizens.

And I myself and others---we do not like federal interference into state and town affairs. From my 40 years in government, I think that's very bad to have that. Years ago the towns and cities in Massachusetts controlled the welfare. The minute the state took over and the federal government interfered, it cost more and it's worse than it ever was. And we have homeless on the street and we have people who are not well cared of. And when the town or city had it, we took better care of the people.

And that's all I have to say. And I want to thank you, Mr. Chairman, your staff, and the people of California who have listened to me. And I'm glad to be in California. I'm leaving today. I was 14 years---I mean 14 days here in Woodland visiting a boyhood friend that I knew all my life. We went to school together. And I certainly love California. Thank you.

CHAIRMAN MELLO: Well, thank you. And, welcome to California and giving us those remarks. And you've heard all of our testimony. You can go back and boast a little bit about what we're doing here in California.

The one thing we don't allow here -- we don't want to be called the "Silver-Haired Legislature." We rejected that because a lot of our seniors do not have silver hair. (Laughter.)

When you said a 25 percent reduction in insurance for seniors, it reminded me of my father. When he was 91, he was still driving a car and our insurance agent called me up and said, "You've got to get your father off of that car. We can't insure him." I said, "Why?" He said, "Well, he's 91; he's too old and we don't want to cover him." And so I told my dad, I said, "Well, the insurance company wants you to quit driving and, you know, give up the car because they won't insure you anymore." He just went into an explosion. He says,"I've been paying insurance to those people for 60 years; I've never had an accident in my life; and now they want to cancel me out." And that's really what has happened to a lot of persons. They've lost their insurance, not because of their driving record, but because of a certain number. And that's what I think we have to overcome.

Well, thank you very much, Ross, for your testimony.

MR. RAJOTTE: Thank you, sir.

CHAIRMAN MELLO: And I hope you come back to California again.

MR. RAJOTTE: I am. I plan to be back in 1990.

CHAIRMAN MELLO: Okay, Ethelyn Mehren from the California Seniors Coalition. You've been a good friend and supporter and we see you up here a lot helping us out.

MS. ETHELYN MEHREN: Mr. Chairman, good morning. My name is Ethelyn Mehren. I'm speaking as a volunteer advocate of a number of different networking organizations with a number of other people who are also volunteers.

We spent many, many hours yesterday and the day before going over the act and reviewing many
different sections of it. One of the recommendations that we would like to make to your task force is that there are many things in the act which have never been implemented or implemented only partially. And we are hoping when you examine both the federal and the state legislation to bring them into line with each other that that will be given strong consideration. We feel that a number of things are already in place that we could use and could benefit from, that simply need either a statute or an implementation and identification and follow through.

CHAIRMAN MELLO: Do you have a list of some of those?

MS. MEHREN: Well, one of the chief things that were brought to our attention and we do have a number of them, and Mrs. Helton has said that she will prepare a written list for us, as she was part of the study group. But one of the chief things that we are concerned about is the really interaction with all the different agencies, but also with the volunteer and the person who is receiving the services. We feel that one of our weakest points is that the voice of the consumer is either muffled or often unheard. Both Maggie and I have participated in a number of subcommittees with the Little Hoover Commission. And we fight -- fortunately, both Maggie and I don't stay very quiet very long -- but we really have to fight to make the wishes and the concerns of the consumer known. And we feel that that needs to be strengthened, because these are the people who are being done to. And as you have remarked several different times, thank goodness for some of us who do have the chance to come to the Capitol and make our concerns known. But we really feel that that is something that needs to be implemented.

Another concern that I have shared with a good many others is, for instance, the preventative health. And people have talked about different services and the kinds of things that need to be done for seniors, but this is something seniors can do for themselves. One of the things that we learned when we had our annual health fair in the beginning, eight years ago, a question that we asked was, who is responsible for your health and well-being? And almost 75 percent of that was "my wife" or "my doctor". But we are discovering more and more with that question, I am responsible for it. So seniors are becoming more identified with their own concerns.

But I also have a very practical interest in this; and that is, our labor pool for any one of our senior services -- home care, the nutrition programs, the caregivers in our institutions, and our facilities -- are almost nonexistent. We could keep our seniors well. We've got a lot of people there with a good deal of expertise and experience who could become caregivers and not just to the seniors but to our very young children who have working parents and need their grandparents to be with them.

We would certainly like to continue to work with you. We feel very fortunate to be part of not only the state, but the system that is going to be refined and worked better. And thank you.

CHAIRMAN MELLO: Thank you very much, Ethelyn, for all of your help.

All right, our last scheduled person is Mary Charles. Mary, I didn't give your association or background, but feel free to go ahead and do that if you like.

MS. MARY CHARLES: I don't think you have time, sir. (Laughter.) Senator Mello and wonderful staff, I am Mary Charles. I live in Santa Clara County. I've been involved in the senior network for about 12 years, maybe more. I'm a past president of the nonprofit board of directors of our Area Agency on Aging and also a past chairman of the Advisory Council. I'm a member of a brand new commission in
Santa Clara County which is called the Senior Care Commission. And for the past year and a half, I've been editor a newspaper called Senior Spectrum which covers the San Francisco Bay area and goes to 100,000 mailboxes. And in relation to the public information about the information and referral service, you should know that in every issue of our papers, we do list the telephone numbers of the information and referral services in the Bay area; and that is one way to get the information out to people.

Another thought -- another publicity gimmick that I have seen is a little sticker that gets attached to pay phones and other phones in businesses and agencies around the state, that local information and referrals could provide to businesses and industries.

Also, you may have noticed now in the telephone books that there is a formal listing in just about every book in the State of California for child abuse referrals. That has been done by the people who provide the services around the state as a really comprehensive program. That's something that it seems to me could be done for elder abuse programs as well as well as for senior information services of course.

I'm appreciative of your bringing to our attention the need for a new look at the Older Californians Act. I am concerned as are a number of your speakers with the cash flow problem for Triple-A's. A large problem that is not really in the Older Californians Act was brought up earlier today -- the requirements on counties to accept the lowest bid for the in-home supportive services. This has caused a good deal of grief in some areas. The lack of the Triple-A's involvement in the Linkages, MSSP, HICAP, and so forth, the new programs, which the state has contracted for outside of the Triple-A network, it shouldn't happen. The need for more ParaTransit funding -- I believe that you and I have discussed several times the possibility of bringing Medi-Cal funding into the ParaTransit funding circle; and the way that this could and should be done in California, that it is done in other states, it would put a great deal more money---make a great deal more money available that is not now available and would make it possible for there to be more trips for meals and for the other kinds of participation that seniors need very badly: shopping, shopping trips, trips to the bank, and so forth and so on.

A need for improved state support of legal support for the long-term care Ombudsman is very obvious at this point. Recognizing the important role of senior centers, increased visibility for I and R's, the need to incorporate the preventive health care program and the senior medication education program statewide into the network of senior services that are more readily available as well adding the many available seniors to the so-called "senior labor pool". I've discovered in working with the newspaper that there is a tremendous need out there for seniors simply to take the jobs that are available, and we've done a good job in our area and we're working on increasing the opportunities for seniors to increase their incomes.

The final thing that I want to mention is a tiny technical change in the law, Section 9362 of the Older Californians Act, the second paragraph, which says "Each area agency on aging shall reimburse its advisory council members for actual and necessary expenses incurred while carrying out the duties of the advisory council within the planning and service area." The last part of that sentence, "within the planning and service area," should be deleted. That may appear to be a small and technical change, but it does restrict the activities of advisory council members to an extent when they wish to look at programs in other counties, when they wish to meet with or testimony at hearings such as this, meet with groups in
other areas that relate very strongly to their experience as advisory council people. Some agencies take very seriously the within-the-own-county language and do not permit the meeting of the expenses of persons outside their own area; and that is something that you could fix, I think, probably very easily.

Thank you very, very much for listening to me. I hope that you don't do anything drastic with the Older Californians Act until we know for sure what the new regulations will be to put into effect the 1987 version of the Older Americans Act. The regulations are not finalized yet, as you well know, and may make some other changes necessary in our law. Thank you very much, sir.

CHAIRMAN MELLO: Thank you very much, Mary, for your testimony. We'll certainly look into those recommendations you made. Thank you all for being here today. It's twelve o'clock, and this hearing is now adjourned.
WRITTEN TESTIMONY OF WITNESSES
Thank you, Mr. Chairman. What I would like to do this morning is speak for a moment about what the Department was doing back in 1982 -- then about the changes made in the intervening years -- followed by a summary of what we propose for 1988-89 -- and finally, what the future may hold for the Department of Aging.

In 1982--

The Department's Budget totaled $75.8 million. This was less than 58% of our total proposal for 1988-89 (75.8 divided by 131.3 = 57.7%).

Our basic function was to administer the OAA, which at that time, represented 99% of our Budget. This compares to our 1988-89 proposal in which OAA Programs represent less than 75% of our total Budget.

The other 1% in 1982, represented State-sponsored funding for
The other 1% in 1982, represented State-sponsored funding for Brown Bag Programs ($248,000); Foster Grandparent Program ($254,000) and Senior Companion Program ($127,000).

General Fund in the Department’s Budget totaled $5.3 million, which represents less than 15% of our proposed 1988-89 General Fund level (5.3 divided by 36.4 = 14.56%).

At that time, total Statewide funding for senior programs totaled $3.2 billion, which was less than 60% of our proposed level for 1988-89 (3.2 divided by 5.5 = 58.18%).

As you can see, both the Department and senior programs have substantially grown during the intervening years. Let’s review several of the major changes.

MOVING FORWARD --

Moving forward from 1982, one very critical accomplishment is that the Department has re-established its fiscal credibility;

On October 1, 1981, the Commissioner of AoA indefinitely suspended the Department’s letter of credit, which had previously allowed the Department to advance-draw Federal funds;

It was suspended because of long-standing deficiencies of fiscal and program reporting systems to document properly the use of Federal funds prior to 1982;
The letter of credit was restored in 1982 and the Department has worked very hard to achieve, and more importantly, maintain full compliance with Federal regulations during the ensuing years.

AB 2860 (Chapter 1453, Statute of 1982) implemented the Torres-Felando Long-Term Care Reform Act. This Act proposed many things. It:

- established the Interim Office of Long Term Care;
- created a community Long-Term Care Delivery System;
- created the Department of Aging and Long-Term Care to administer that System;
- created a Long-Term Care Consolidated Fund which combined Title XIX and XX for reimbursements for services;
- revised the composition of the CCOA;
- established various reporting, planning and services' availability requirements;

However, before the bulk of its provisions could be implemented, the Legislature would have had to pass further authorizing legislation which has not happened. Why not?

The primary reason was that the Federal Government did not approve the creation of the Long-Term Care Consolidated Fund. Also, the Act required the submittal of an action plan and fiscal proposal to precede enabling legislation.
The Interim Office of Long Term Care concluded that the legislation, as written, could not be implemented. It further concluded that establishing new and consolidating existing Long-Term Care systems was best done on an incremental basis.

**INCREMENTAL DEVELOPMENT**

These developments led directly to the Governor's 1984 Seniors' Initiative for Californians.

The Governor's Initiative addressed 24 legislative proposals and administrative actions, committing more than $90 million which came from savings within the Agency and its respective Departments. In addition to the following specific programs, it also addressed nursing home reform and non-medical staff training in Skilled Nursing Facilities (SNFs).

As a result of the Initiative, the Department of Aging has established various pieces of legislation implementing incremental Long-Term Care development, such as:

- **Chapter 1600, Statute of 1984 (SB 1337, Mello)** -- this legislation transferred Adult Day Health Care (ADHC) from the Department of Health Services (DHS) and appropriated $1 million for further start-up grants, and

- It created the Alzheimer's Day Care Resource Center Pilot Project.
There was also, Chapter 1637, Statute of 1984 (AB 2226, Felando), which transferred MSSP from HWA and created the Long-Term Care Division in the Department of Aging. It also declared the Department to be the principal body with responsibility for the development of policy, implementation and integration of Long-Term Care services for the frail elderly and functionally impaired adults not served elsewhere.

In addition, Chapter 1637 authorized the Linkages Program (institutionalization prevention services).

Chapter 1464, Statute of 1984 (Agnos) established HICAP.

Chapter 446, Statute of 1986 (SB 173, Mello) and Chapter 1349, Statute of 1986 (AB 2391, Filante) established the Respite Pilot and Registry Programs.

Chapter 1233, Statute of 1985 (SB 27, Garamendi) and Chapter 50, Statute of 1986 (SB 2502, Garamendi) appropriated $50 million for acquiring, renovating and constructing senior centers from Bond sales authorized by the voters, in Proposition 30 of 1984.

Finally to better ensure local development of Community-based, Long-Term Care (CBLTC) Systems, the Department developed the "SEED" Community LTC Project.

This project is designed to assist in overcoming some of the existing barriers for the coordination of services for frail elderly and functionally impaired Californians.
CURRENT STATUS--

What is our current status?

In 1986-87:

The Administration restored to nutrition programs the first Gramm-Rudman Hollings (GRH) reductions ($396,000).

ADHC was expanded by Chapter 1305, Statute of 1985, (SB 431, Mello) by $1.5 million.

We expanded the Brown Bag Program by $263,000.

The Senior Companion and Foster Grandparent Programs were expanded by $50,000 each.

In 1987-88:

HICAP was expanded by $620,000 and the ADCRC Program was expanded by $500,000.

ADHC has been further expanded by $754,000 from Chapter 1218, Statute of 1986 (SB 1619, Mello).

MSSP increased to 6,000 client slots and Ombudsman Programs were augmented by $500,000.
Grants: The Department has received two Federal Grants from the Department of Health and Human Services (DHHS) through the Administration on Aging. One Grant for $149,000 for each of two years, beginning in August 1987, is to develop a comprehensive training package for Alzheimer's Day Care Resource Center staff. Activities undertaken as part of this project include:

--conducting a Statewide training needs survey;

--developing audiovisuals on patient management;

--identifying coping skills for caregivers;

--identifying environmental and safety factors in day care settings;

The second Grant for $147,000 is a 14-month Grant to provide training for Residential Care Home Administrators. The Department, in cooperation with the Department of Social Services and the industry, is conducting seven three-hour training workshops. The training modules, beginning this month, will be broadcast over televisions from California State University, Chico, to locations throughout California.
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Testimony by Alice Gonzales

We have also transferred the Golden State Senior Discount Program from the Department of Consumer Affairs per Chapter 1015, Statute of 1987 (SB 601, Mello).

In 1988-89:

We propose a total budget which:

- Makes Ombudsman crisisline a permanent part of the Program;
- Extends Respite and Linkages projects to better evaluate their benefits; and augments HICAP by a further $1.1 million to make the Program available in all 58 counties.

We’re implementing the Volunteer Service Credit Program, per Chapter 1199, Statute of 1987 (AB 1772, Vasconcellos). And again, we’re restoring Federal reductions in Congregate Nutrition ($331,000) and we are restoring Federal reductions in the Senior Community Employment Program ($82,000).

Our total proposal is for $131.3 million. This funding level represents an increase of over 73% or $55.5 million since 1982.

Authorized departmental staffing levels in 1982 were 132 positions. In 1988-89, we propose a total level of only 161 total positions. This represents an increase of less than 22%.

When you compare a 73% increase in funding to a 22% in administrative resources, you can readily discern that the bulk of funding has been directed into services to seniors.
Statewide, the Administration's proposal is to spend $5.5 billion on senior programs. When compared to $3.2 billion spent in 1982, this represents an increase of 72% over the period.

FUTURE--

What does the future hold?

- Reauthorization of Older Americans Act (OAA)

The Older Americans Act, including the amendments to the Act, modify the current program to emphasize and strengthen the roles of the State and Area Agencies on Aging in the development of a strong and coordinated community-based system of services under the leadership of State agencies.

Area Agencies are expected to carry out a wide range of activities to increase the capacity and foster the development of comprehensive and coordinated community-based systems for older persons in their Planning and Service Areas.

Area Agencies are also given the responsibility to designate community focal points for coordination of services at the community level, with special consideration given to designating multipurpose senior centers as such focal points.

The Reauthorization also elevates State agencies' relationships and responsibilities with the Ombudsman Program. It requires the State to ensure its ongoing responsibility for Ombudsman
ACTIVITIES IRRESPECTIVE OF ITS ARRANGEMENT EITHER INSIDE OR OUTSIDE THE STATE AGENCY ON AGING. THIS REINFORCED RELATIONSHIP WILL NECESSITATE STATE AGENCIES IN DEVELOPING NEWLY EXPANDED POLICIES AND PROCEDURES ON THE OMBUDSMAN PROGRAM INCLUDING THE RELATIONSHIP OF THE OMBUDSMAN AT THE LOCAL LEVEL TO THE AREA AGENCIES.

LEGAL ASSISTANCE IS ALSO ADDRESSED IN THE NEW ACT. WHILE LEGAL ASSISTANCE IS IMPORTANT, IT IS TO BE CONSIDERED AS ONE OF MANY SERVICES WHICH ARE PROVIDED UNDER TITLE III. THERE IS A RE-EMPHASIS ON THE STATE AGENCY TO HAVE PROCEDURES TO PROTECT THE CONFIDENTIALITY OF ANY INFORMATION ABOUT OLDER PERSONS COLLECTED "IN THE DELIVERY OF SERVICES."

IN SUMMARY, THE INTENT OF THE OLDER AMERICANS ACT REAUTHORIZATION IS TO USE TITLE III FUNDS AS A CATALYST IN BRINGING TOGETHER PUBLIC AND PRIVATE RESOURCES IN THE COMMUNITY TO ENSURE THE PROVISIONS OF A FULL RANGE OF EFFICIENT AND WELL COORDINATED AND ACCESSIBLE SERVICES FOR OLDER PERSONS.

- Incremental Development of Long-Term Care, continues

A) TRANSFER ADULT/SOCIAL DAY CARE

B) FURTHER IHSS DEVELOPMENTS

Chapter 1438, Statute of 1987, (SB 412, Greene, et al), which became law late last year, fundamentally changed fiscal relationships in the IHSS Program. For example,
(1) It requires the State to fully reimburse counties for IHSS services, thereby making IHSS an entitlement program;

(2) Eliminates the 10% county match and instead, requires counties to match their 1985-86 share.

(3) Eliminates the requirement that counties reduce or terminate IHSS services in the event of a deficiency.

C) Housing

Elderly housing will be a major focal point in the future. In this regard, the Department has:

(1) Submitted a proposal to AoA for a discretionary grant entitled: "Shared Housing Cooperative." This project, if funded—about $200,000 per year for two years—will be a joint endeavor with several Area Agencies on Aging (AAAs) to focus shared housing as an alternative to meet local housing needs and tie it to other community services for seniors.

(2) We are working with the American Association of Retired Persons (AARP) to establish their Consumer Housing Information Service Program in the AAAs.
(3) We've entered into an interagency agreement with the Department of Housing and Community Development (DHCD) to jointly administer the CA Senior Citizens Shared Housing Program. This program was originally authorized by Chapter 1035, Statute of 1981 (SB 1878, Mello) and has grown into a major program for the elderly. We are currently reviewing proposals for funding in 1988-89.

We're closely monitoring AB 4212 (Grisham) which would establish an energy assistance program to provide grants for weatherization of residential housing owned, or at least, 50% occupied by low-income senior citizens. The bill proposes an appropriation of $25.2 million for these purposes.

- HICAP

Implemented through Chapter 1464, Statute of 1984 (AB 2419, Agnos), this program provides Medicare beneficiaries counseling and advocacy in Medicare, private health insurance and related health care coverage plans.

The department originally went to request for proposals (RFPs) in 1985 selected 10 projects which provide 27 counties:

1. Community education;
2. Training of volunteers;
3. Counseling and advocacy;
(4) LEGAL REPRESENTATION:

The 1987-88 Budget added an additional $620 million which was used to expand Statewide to 22 projects and service 51 counties, and will increase minimum base allotment from $8,000 to $20,000.

The 1988-89 budget proposes to add an additional $1.1 million to expand Statewide in the remaining seven counties, expand services, and increase baselevels from $20,000 to $30,000.

- Tax checkoff for Respite and Alzheimer's Disease Research

Legislation passed in 1987 allowed taxpayers to designate on their 1987 California Tax Return a specified amount in excess of their tax liability to be transferred to the California Alzheimer's Disease and Related Disorders Research Fund to conduct research relating to the care, treatment and cure of Alzheimer's disease.

I am pleased to report that by March 31, the Franchise Tax Board reported that more than $156,000 had been designated by the state's taxpayers for this purpose.

- Linkages

Linkages continues as a vital, cost effective program serving those frail elderly and functionally impaired persons at risk of nursing home placement. This program, through AB 1616 (DuPlissea, Chapter 16, Statute of 1988), has been extended 18 months which will provide the full opportunity to evaluate the
Pilot projects for future consideration. All indications from preliminary data suggest that linkages should be continued and expanded statewide as the entry point to our continuum of care. Linkages touches many hundreds of lives daily.

Closing--

On any given day, our services touch the lives of over half a million seniors.

Senator, we share your commitment to the elderly and functionally impaired, and the belief that services to this population should never be partisan. Our commitment to serve the elderly is bound only by our ability to pay for (fund) programs.

The Department will continue in its highly pro-active stance. We will always encourage the design and the development of a continuum of health and social services to assist seniors and the functionally impaired, to remain as independent as they and their families wish.

Governor's Conference--

We will be discussing many of these issues at the Governor's Conference scheduled for May 4 & 5, 1988. If it hasn't been done yet, I would like to extend an invitation to the Committee to participate with us in this Conference.

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TESTIMONY
of
the CALIFORNIA COMMISSION ON AGING

Presented to
the SENATE SUBCOMMITTEE ON AGING
on
the OLDER CALIFORNIANS ACT

Sacramento
April 20, 1988
Mr. Chairman and Members, I am John Sonneborn, Chairman of the California Commission on Aging. My colleagues and I wish to express our appreciation to Senator Mello and the Senate Subcommittee on Aging for holding this hearing on the Older Californians Act. The hearing is very timely in light of the recent amendments by Congress to the Older Americans Act and of the many changes and growth in the aging network and programs of California.

The California Commission on Aging was very involved in 1979 and 1980 on the Assembly Committee on Aging’s Task Force on the Older Californians Act. In reviewing our role then in helping to shape the act, we remembered that the commission drafted the language that, almost verbatim, became Chapter 4.4 of the act. That chapter prescribed and described the role of area
agency advisory councils. They were, first and foremost, to serve as the "principal advocate body on behalf of older persons" within their respective planning and service areas.

Likewise, the commission made many suggestions regarding Chapter 4.2, pertaining to the California Interdepartmental Committee on Aging.

In urging the Legislature's passage of the Older Californians Act, the commission summarized its position by advocating that the act "include an appropriation of state funds that can be used to match federal funds and/or match new local funds that are provided to support programs under the Act."

Although the final act contained no appropriation, the legislature has over the past seven years contributed generously to pro-
grams covered by the act.

The commission also advocated for the "inclusion of language in the Act that will call upon the aging network to involve older persons in the planning, implementation, monitoring, assessing, and evaluation of services that affect them."

We remember too that as we worked on the Older Californians Act, we reminded ourselves that the act was not one to launch new programs or funding. Rather, it was an attempt to describe the players in the California aging network and their respective roles and working relationships, particularly in light of the Older Americans Act amendments of 1978.

As we think of the commission's recommendations on the Older Californians Act, we are very pleased that our language empowering area
agency advisory councils to speak on behalf of the older citizens in their areas has been translated into more than mere words.

Our recommendations and the final language on the California Interdepartmental Committee on Aging have, on the other hand, gone unrealized. Interdepartmental cooperation and coordination are never easy. But, with scarce resources and a growing elderly population, we believe it is important to review, first, the charge given to the committee by the Older Californians Act, and then the reasons why the committee did not meet the terms of its charge.

The commission looks forward to this committee's review of the Older Californians Act. We pledge our full cooperation in seeking to make the act be not so much a reflection of the current status of the aging network in this state, as a guide to
the development of the aging network for many years to come.

It was your leadership of the Assembly Committee on Aging, Senator Mello, and that of then Assembly Speaker Leo McCarthy, who carried AB 2975, that brought the Older Californians Act to fruition. The commission looks forward to a repetition of your previous leadership and success. Thank you.

John G. Sonneborn, Jr.
Chairman
California Association of Area Agencies on Aging

May 6, 1988

Senator Henry J. Mello, Chair
Senate Subcommittee on Aging
1100 J Street, Suite 312
Sacramento, California 95814

Attention Brenda Klutz, Consultant

Dear Ms. Klutz:

Enclosed is my testimony for the Senate Subcommittee on Aging Hearing held on April 20, 1988.

If you have any questions, please do not hesitate to call me at (714) 567-7411.

Sincerely,

Peggy Weatherspoon
President

PW:jw

cc: Karen Coker, Advocation, Inc.
AAA Directors
Senator Mello, I am Peggy Weatherspoon, Director, Orange County Area Agency on Aging. I am honored to speak before you today as the President of the California Association of Area Agencies on Aging. Please accept our admiration and appreciation for your dedication and caring for California's elderly as evidenced by today's hearing. We are particularly appreciative of your efforts, Senator Mello. Your long-time leadership and conscientious commitment to aging policy in California is unequalled, and we are proud to be part of your efforts to revisit the Older Californians Act, and to assist by sponsoring SB1826.

As demography is our destiny, the projected growth in California's aging population demands a clear public statement for aging that comports with the Older Americans Act, and that addresses unique needs in our state.

My remarks today are intended to provide a brief historical perspective of the aging network, identify some areas of concern, and to share with you our vision for aging services in this great state. We recognize that this hearing is a first step in a long process, with the focus this year to be around technical amendments.

Under the Older Americans Act of 1965, and subsequent amendments, Congress established the Administration on Aging. The act created State Units on Aging with State Commissions as advisors, and in 1973, local Area Agencies on Aging, with local senior advisory councils.

The Older Americans Act statutorily defines the role, structure and function of the 57 State Units, and 664 Area Agencies on Aging. We are statutorily required to develop a comprehensive and coordinated system of community based long term care services for the elderly within each specified planning and service area. Additional requirements and an expansion of our role in long term care services are contained in the 1987 Amendments to the Act.
While we are required to provide services for any person over age 60 under the Act, the 1987 Amendments emphasize targeting our services to the low-income and low-income minority senior. The 33 state-designated Area Agencies consist of over half based in County Government, 1 in City Government, and the balance as non-profits and joint powers of agreement within multiple counties.

As specified in federal law, we conduct needs assessments, develop local service delivery plans, hold public hearings, and let contracts for the provision of direct services wherever possible. Because California is so diverse in its cultural, urban and rural mix, and population densities, the Acts' provision to ensure local authority prevails is much needed and exercised in our State. We appreciate our current State Director, Alice Gonzales, for her recognition of this diversity. Every community in California is unique, and has an aging population that needs some form of outside assistance to remain independent -- and that's why we're here.

Under Alice Gonzales' leadership, progress has been made at the state level to centralize aging services. We applaud and support her efforts. To minimize duplication of effort and avoid fragmentation of services for needy elderly, one identifiable and accountable entity must also be visible and accessible in each planning and service area. This is the state-designated Area Agency on Aging. Due to our close proximity to your constituents, we are in an excellent position to aide your distinguished Aging Committees, and our State Department in shaping future public policy vis a vis a revised Older Californians Act.

We work daily on the firing line with our Advisory Councils and service providers to deliver a wide range of community based services to the elderly. Statewide, we reach and touch the lives of hundreds of thousands of elderly and their families. Our statewide systems spans a continuum of services ranging from low need to institutionalization. Graduating along that dependency continuum are: low need: basic information and referral, employment, crime prevention, education and volunteer opportunities. For those in moderate need, we ensure: transportation, legal assistance, congregate meals, senior center operations, and housing assistance. Progressing further into high need, we provide: social day care, adult day health care, home delivered meals, case management, elder abuse, homemaker assistance, and in some cases, MSSP and Alzheimers Services. Lastly, at the sometimes final step of institutionalization, we administer the LTC Ombudsman services--targeted to our frailest elderly. An area of major concern to us is that the full continuum of care is not available in many service areas. And in some instances, the services are not administered by the State's designated Area Agency.

The State Legislature and the State Department of Aging have made important contributions and are on the right track. Our hope for the future is to see greater recognition, expansion and funding for our long term care responsibilities. There will never be a "SYSTEM" for our seniors, unless we take aggressive steps in this direction.

This is an exciting time in the expansion of aging service programs and policy that will address the needs of today's elderly, and the growing demands that will be placed on each of you, and each of us in the decade ahead. We look forward to working with you with our State Department and with the 26 organizations represented in the working group established to review the Older Californians Act.
In conclusion, we believe every facet of a comprehensive service delivery system is in place in California. Our joint mission now is to ensure centralized administration for these programs at the state level, and to replicate that model at the local level, where accountability is greatest, where the visibility of our services is most needed, and where the elderly can truly benefit from what you are attempting to provide.

Thank you for this opportunity, and we stand ready to assist in your efforts as we proceed to a more in-depth review and analysis next year.
Senator Mello, Honorable Members of the Committee:

Thank you for sponsoring this hearing and Senate Bill 1826. Your commitment and understanding of the needs of Older Californians continues to be exemplary.

My name is Andrea Learned. I operate an Area Agency in Lake and Mendocino counties sponsored by North Coast Opportunities. I come before you today as the newly appointed representative of our association to the Working Group established to review the Older Californians Act.

I have been asked to briefly address the issues and concerns that we, the thirty-three area agencies, have in reviewing the Act, after ten years of implementation. Without going into great detail allow me to address the major areas where we have significant concerns. I will be bringing these concerns to the Working Group. We will be bringing back to you more detailed recommendations for your consideration and review after the association has had time for further study of the new proposed federal regulations.

First, on behalf of our providers, our Area Agency sponsors and the seniors of this state, we urge you to take a look at the cash flow problems that Area Agencies have. They are severe and are becoming increasingly unmanageable. When any one of our nutrition providers cannot continue to do business with their vendors due to an inability to pay their bills on time seniors are affected. This scenario happens with increasing frequency throughout this state and the results are wrongful. Every time we lose a vendor, we have been able to find another willing to extend us credit, but that credit costs the taxpayers dearly - in both the quality, cost and quantity of food the
provider can then purchase. The reimbursement system we now have does not work in the best interests of older Californians.

Secondly, we are concerned about what we perceive to be an erosion of local authority over the years. Increasingly, as the state has developed new senior programs these programs are administered by varying entities. The intent of the Older Americans Act was to have the area agencies play a key role in the planning and program development of all aging programs at the local level. Among others, the following programs, are not consistently administered and do not necessarily plan service delivery in conjunction with the Area Agencies on Aging: MSSP, Linkages, Brown Bag, HICAP, Foster Grandparents, and the Senior Companion program.

As a part of this concern, we must bring to your attention the importance of area agencies providing consistent high quality information and referral services. Prior to 1982 the Act was clear about the AAA's role as a provider of information and referral services. However, current state interpretation requires that we must seek waivers to directly provide these services. We believe that, we, by intent of law, are meant to be able to provide these services as they are provided by many other agencies throughout the country.

We feel that we can play a valuable, necessary and useful role with these aging programs. We remind you that the reason we exist is because of the very fragmentation of senior programs at the federal level. There are today more than 80 line items for senior programming in the federal budget, and these programs are administered by some 26 federal agencies. The state again has at least seven major departments administering half again as many programs. Is it any wonder that our seniors report frustration and confusion when looking for help? Is it any wonder that even the federal Commissioner on Aging can not find appropriate assistance for her own aging relatives? At the local level, we are familiar with the maze that our governments have created. We ask to consistently be part of the planning and program development processes for all senior programs.

Finally, we are concerned that long term care has not made its way to each and every area of the state. We feel that in many instances our input and direct involvement would assure greater cost effectiveness and increased coordination of services to older Californians in need of long term care and case management services.

We look forward to participating in a lively and constructive review of the Older Californians Act. We thank you for your interest and continued support.
Good morning, my name is Kathy Badrak and I am the Director of the Long Term Care Ombudsman Services for Santa Barbara County as well as the President of the California Long Term Care Ombudsman Association. I would like to address changes that need to be made in the Older Californians Act to ensure conformity with the reauthorized Older Americans Act as it relates to the Ombudsman program.

The Ombudsman program was designed to protect the vulnerable frail elder in our long term care facilities. We serve as a voice for the 200,000 persons confined to nursing and board and care homes in California. Those that we speak for are some of society’s most disenfranchised and vulnerable citizens. Their needs and concerns are often ignored or go unheard.

In 1975, Amendments to the Older Americans Act, provided for grants to be made available to all states to develop an Ombudsman program. This came about as a result of new laws and regulations passed relative to nursing homes. The intent of the amendments was to protect the powerless individual in the nursing home. It was felt that unless a program was established to deal with individual complaints of older persons in nursing homes, the laws and regulations would not be applied.

Further amendments to the Older Americans Act expanded the oversight of the Ombudsman program to include residents in board and care homes for seniors. The name of the program was then changed to the Long Term Care Ombudsman Program.
Local programs throughout the nation took on the role of complaint investigators. The State Ombudsmen became primarily administrators and program developers.

In 1979, AB 1433 was passed in California. This bill provided statutory authority of the State Ombudsman to designate local ombudsman and guaranteed their rights of access to residents in long term care facilities.

In January 1983, AB 2997 became law. This bill expanded the scope and authority of the Office of the State Long Term Care Ombudsman and of the sub-state programs. The Legislature found that to effectively assist residents, patients and clients of long term care facilities, in the assertion of their civil and human rights, the structure, powers, and duties of the long term care ombudsman program must be specifically defined.

The powers and rights of the ombudsman are intended to facilitate the primary role of investigating and resolving complaints made by or on behalf of residents in long term care facilities. I would like to review some of these rights. Access rights include the Ombudsman Poster. This poster which tells of our services and phone numbers must be posted in a conspicuous place where residents can see it. Access also includes the right of entry to long term care facilities "at any time deemed necessary and reasonable". This has been defined as between the hours of 7am and 10pm, seven days a week. Facilities cannot impose any requirements restricting hours of access or having staff accompany Ombudsmen on their rounds. Residents also have the right of access to an Ombudsman. This includes the right to meet privately and confidentially with an Ombudsman. The Welfare and Institutions Code protects disclosures by complainants, residents and witnesses to Ombudsmen by requiring that such information remains confidential unless consent to further disclosure is given.

The level of incapacity of this population requires that they have a representative— one who is knowledgeable and represents their interests. The focus of planning for the needs of seniors in California has been on alternatives to institutionalization. We have some wonderful alternative services to help the elder remain in their home, and those programs should continue, but we cannot ignore the most critically needy. The fact is, that 20% of elders age 65 and over will spend some period of time in a facility. The average long term care resident is an 81 year old female, who will spend two years in a facility. Forty-three per cent of this generation had only one child or no children. This age group has no support system to speak of.

The Ombudsman program is unique. We are the only designated program concerned with the residents in long term care facilities. We are not a
community based resource as the Older Californians Act states -- certainly not in the same sense as the other resources with which we are listed, such as, Information and Referral, transportation, home-delivered meals. The Older Americans Act now states that every State will include the local ombudsman program as a subdivision of the office of the State Long Term Care Ombudsman and any Ombudsman of that program whether an employee or a volunteer shall be treated as a representative of the office. We are a part of the Office of the State Long Term Care Ombudsman.

The Ombudsman program is much more of a legal program than it is a social service program. The frail elder residents have their basic human rights denied continually and as Ombudsmen, we are dealing with legal issues on a daily basis. We are required by law to witness the Durable Power of Attorney for Health Care and the Natural Death Act. We are called upon to ensure that the resident understands and is not signing under duress or coercion. We are making judgements on competency.

We are the mandated reporting agency for all cases of suspected elder and dependent adult abuse which occurs in long term care facilities. By law, the coordinator of each program has the primary responsibility for the investigation of the abuse. This responsibility is not something I take lightly. We need adequate legal representation and backup. The Older Americans Act states that the State agency will ensure that adequate legal counsel is available to the Office for advice and consultation and that legal representation is provided to any representative of the Office against whom suit or other legal action is brought in connection with the performance of such representative's official duties. The policies of any corporation that has facilities statewide affect every Ombudsman program in the state. Our legal support and technical assistance must be standard throughout the state and we need that support from the Office of the State Long Term Care Ombudsman.

The Older Americans Act has increased our investigation responsibilities--we are now to investigate and resolve complaints made by or on behalf of residents in long term care facilities relating to action, inaction or decisions of providers, of public agencies and of social service agencies which may adversely affect the health, safety, welfare or rights of the residents. We now are to have a monitoring responsibility over agencies such as Adult Protective Services, Public Guardians, and Medi-Cal. There is strong feelings among Ombudsman Coordinators regarding conflicts of interest that are in existence or where the potential exists. Some counties either operate or own skilled nursing facilities
or residential care facilities for the elderly. In some of those counties, the Area Agency on Aging is a part of the County government and that County is involved in the operation of Adult Day Cares, Adult Day Health Care, Residential Care Facilities for the Elderly or Skilled Nursing Facilities programs. This is a definite conflict.

In other counties, the same agency operates the Area Agency on Aging, the Adult Protective Services, Medi-Cal program and/or other programs in which the Ombudsman may find themselves in a confrontation regarding that agencies failure to provide services. The Ombudsman program must avoid all conflicts of interest and the State should ensure that mechanisms are in place to identify and remedy any such or other similar conflicts.

Our volunteer Ombudsmen have been an integral part of the effectiveness of our programs. But, because of the increased responsibilities, we need to take a closer look at our utilization of our volunteers. Over the years I have seen our complaints grow more complex and intense and with the addition of investigations of elder abuse, this complexity is increasing. The issues we face often take far more time to resolve than many volunteers are able or willing to give.

We need the volunteer Ombudsmen to provide an ongoing presence in long term care facilities in order to provide residents with direct access to services. But we also need to be realistic about the time taken away from complaint investigation for the training, supervision and supporting of the volunteer who can only give three to five hours a week, when the complaints require full time investigations. We need more funds to be available to hire staff that can be trained to investigate and resolve these complex issues that face each program.

The Ombudsman program has changed since its inception and will continue to change to meet the needs of the long term care residents. Any amendments to the Older Californians Act must reflect the changes that we have seen in the field. The integrity of the local Ombudsman programs must be maintained so that we will be allowed to work as an integrated statewide program.
WRITTEN STATEMENT SUBMITTED
STATEMENT TO BE ENTERED INTO THE RECORD OF
THE SENATE SUBCOMMITTEE ON AGING

PRESENTED BY:

CALIFORNIA STATE LEGISLATIVE COMMITTEE
OF THE
AMERICAN ASSOCIATION OF RETIRED PERSONS

SACRAMENTO, CALIFORNIA
APRIL 29, 1988
SENATOR MELLO AND MEMBERS OF THE SENATE SUBCOMMITTEE ON AGING. MY NAME IS JOSEPHINE BARBANO FROM SAN DIEGO. I AM CHAIRMAN OF THE CALIFORNIA STATE LEGISLATIVE COMMITTEE OF THE AMERICAN ASSOCIATION OF RETIRED PERSONS WHICH IS RESPONSIBLE FOR REPRESENTING OUR OVER 2.6 MILLION MEMBERS BEFORE THE CALIFORNIA LEGISLATURE. AARP APPRECIATES THE OPPORTUNITY TO COMMENT ON THE OLDER CALIFORNIANS ACT.

GOALS ESTABLISHED IN THE OLDER CALIFORNIANS ACT MODELED AFTER THE OLDER AMERICANS ACT ARE AN INTEGRAL PART OF PUBLIC POLICY FOR THE GROWING AGING POPULATION.

ACCORDING TO PROJECTED DEMOGRAPHICS IN THE STATE, THE NUMBER OF ELDERLY IS EXPECTED TO INCREASE SUBSTANTIALLY AND AS A RESULT THERE WILL BE AN INCREASED NEED FOR A VARIETY OF SUPPORT SYSTEMS TO MAINTAIN THE PHYSICAL AND PSYCHOLOGICAL NEEDS OF THE FRAIL ELDERLY. AVOIDANCE OF PREMATURE INSTITUTIONALIZATION IS A MOST DESIRABLE GOAL THROUGH SUCH SERVICES AS ADULT DAY HEALTH CARE, SOCIAL DAY CARE, RESPITE CARE, CUSTODIAL CARE, AND HOME DELIVERED MEALS.

THE AMERICAN ASSOCIATION OF RETIRED PERSONS BELIEVES THAT A COMPREHENSIVE COORDINATED LONG-TERM CARE POLICY, AIMED AT
MAINTAINING OLDER PERSONS IN THEIR HOMES AND COMMUNITIES RATHER THAN IN COSTLY AND OFTEN UNNECESSARY ACUTE CARE FACILITIES, SHOULD BE STRENGTHENED. AARP HAS LONG BEEN FRUSTRATED THAT A COordinated LONG-TERM CARE POLICY ESTABLISHED UNDER THE FELANDO-TORRES ACT OF 1982 HAS NOT BEEN IMPLEMENTED BY THE EXECUTIVE BRANCH OF GOVERNMENT. THE LACK OF COORDINATION OF SERVICES CONFUSES OLDER CITIZENS WHO MUST BATTLE A BUREAUCRATIC MAZE OF ELIGIBILITY REQUIREMENTS AND REGULATORY REQUIREMENTS AND VISIT A NUMBER OF DIFFERENT STATE AGENCIES TO OBTAIN ASSISTANCE. LANGUAGE INSERTED INTO THE OLDER CALIFORNIANS ACT TO MORE FORCEFULLY PURSUE IMPLEMENTATION OF THE FELANDO-TORRES ACT WOULD BE WELCOMED.

IN RECENT YEARS WE HAVE HEARD MUCH NEWS ABOUT DISEASE PREVENTION. WE ARE TOLD TO STOP SMOKING, MODIFY OUR DRINKING, CUT OUR INTAKE OF ANIMAL FATS AND DAIRY PRODUCTS, AND TO EXERCISE REGULARLY. THESE ARE ALL GOOD SUGGESTIONS, YET OUR PUBLIC POLICY IS SLANTED TOWARD TREATING DISEASES. THE BIAS TOWARD TREATING DISEASES IS SEEN IN OUR INSURANCE REIMBURSEMENT SYSTEM WHETHER IT IS MEDICARE, MEDI-CAL, OR PRIVATE THIRD PARTY PAYERS. JOINT EDUCATIONAL EFFORTS ARE NEEDED AMONG GOVERNMENT AGENCIES, INSURERS, THE HEALTH CARE INDUSTRIES, AND
CONSUMER GROUPS TO REVERSE THIS TREND. INCENTIVES, BOTH PUBLIC AND PRIVATE, ARE NEEDED.

AARP BELIEVES THE CASE MANAGEMENT SYSTEM SHOULD BE STRENGTHENED AS A MEANS OF REFERRING THE FRAIL ELDERLY TO AN APPROPRIATE LEVEL OF SERVICE. TOO OFTEN CLIENTS ARE INSTITUTIONALIZED BECAUSE A PHYSICIAN CANNOT IDENTIFY OTHER SOLUTIONS. A CASE MANAGEMENT SYSTEM WITH ENOUGH FLEXIBILITY TO LOCATE APPROPRIATE SERVICES, INCLUDING FUNDING AND ADEQUATE FOLLOWUP, IS NEEDED.

MR. CHAIRMAN, IN LOOKING AHEAD AARP SEES THE NEED TO COME TO GRIPS WITH A GROWING AGING POPULATION WHO ARE LIVING LONGER AND WHOSE HEALTH NEEDS CAN DEVASTATE EVEN THE WEALTHIEST OF OLDER INDIVIDUALS AND THEIR FAMILIES. THIS WILL TAKE BOLD NEW INITIATIVES LIKE THE CONNELLY LONG-TERM CARE INITIATIVE WHICH WILL ASK CALIFORNIA VOTERS IN 1990 TO EARMARK A HALF CENT OF THE SALES TAX TO ESTABLISH A SUBSIDIZED SYSTEM FOR PAYING FOR LONG-TERM CARE SERVICES BOTH IN THE COMMUNITY AND IN AN INSTITUTION.

OLDER CALIFORNIANS CAN BE OPTIMISTIC ABOUT LIVING THEIR LATER YEARS IN PEACE AND DIGNITY WHEN STRONG LEADERSHIP IS
ASSERTED FROM OUR ELECTED OFFICIALS. AARP IS MOST PLEASED WITH THE LEADERSHIP YOU HAVE SHOWN AND LOOK FORWARD TO WORKING WITH YOU TO MAKE AGING A POSITIVE EXPERIENCE.
APPENDICES
Historic Review of State Aging Programs in California

1951
First Governor's Conference on Aging convened by Governor Earl Warren (October 15 & 16, 1951).

1956
California Citizens Advisory Committee on Aging established by legislation recommended at 1951 conference.

1956 - 1960
Citizens Advisory Committee on Aging conducted monthly public meetings and in 1960 received a $15,000 congressional grant to prepare for 1961 First White House Conference on Aging.

1961
First White House Conference on Aging resulted in passage of Medicare, Medicaid (Medi-Cal).

1962
SR 437 (Senator Fred Farr) enacted legislation, COMMUNITY SERVICES FOR OLDER PERSONS ACT, which served as model for 1965 Older American Act Title III.

1965
Passage of Older Americans Act and California Commission on Aging with authority to administer Title III (Nutrition and Social Services) of that Act.

1972
Legislation enacted to establish Office on Aging with Advisory Commission on Aging.
Historic Review of State Aging Programs in California - continued

1972 to 1976

Office on Aging administered Older Americans Act programs with advisory input from California Commission on Aging.

March 1976

Executive Order by Governor Edmund G. Brown, Jr. to establish California Department of Aging with California Commission on Aging as advisory to the Governor, State Legislature and California communities.

1980

Assembly Bill 2975 (Leo McCarthy), enrolled as Chapter 912, Division 8.5 of the Welfare and Institutions Code, Older Californians Act, approved by Governor Edmund G. Brown, Jr., September 17, 1980, filed with the Secretary of State.
Assembly Bill No. 2975

CHAPTER 912

An act to repeal and add Chapter 1 (commencing with Section 9000), Chapter 2 (commencing with Section 9100), Chapter 3 (commencing with Section 9200) and Chapter 4 (commencing with Section 9300) of, and to add Chapter 4.1 (commencing with Section 9320), Chapter 4.2 (commencing with Section 9340), Chapter 4.3 (commencing with Section 9350) and Chapter 4.4 (commencing with Section 9360) to Division 8.5 of the Welfare and Institutions Code, relating to older Californians.

[Approved by Governor September 17, 1980. Filed with Secretary of State September 17, 1980.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2975, McCarthy. Older Americans.

Existing law provides for various programs for senior citizens. This bill would provide for the enactment of the Older Californians Act, in order to define the functions which government will play in helping elderly persons and to set forth numerous types of services which the state shall seek to have provided either by itself, by its political subdivisions, or through contracts with other entities, to elderly persons.

Existing law defines older person as someone 60 years or older. This bill would provide that this definition would not apply where there would be conflict with federal law.

Existing law provides that the California Commission on Aging consists of 25 members. This bill would provide that the commission would have 25 members appointed in the following manner: 19 would be appointed by the Governor, with 9 of these appointments to be made from nominations by the advisory councils for the area agencies on aging, 3 each would be appointed by the Senate Rules Committee and the Speaker of the Assembly and a majority of the members shall be consumers of services under the Older Americans Act.

Existing law provides that the Department of Aging shall consist of a director and necessary staff. This bill would provide that the department shall also have a deputy director.

Existing law does not provide that the Director of the Department of Aging shall be chosen with advice from the Commission on Aging. This bill would provide that the Commission on Aging shall offer advice on choosing a director.

Existing law provides that the Director of the Department of Aging shall have training in the field of aging. This bill specifies various fields in which the director could be
trained in order to fulfill this qualification.

Existing law specifies various duties of the Director of the Department of Aging.

This bill would, in addition, provide that the director shall advise the Governor and the Secretary of Health and Welfare Agency on new legislation and policy initiatives concerning older persons, that the director shall serve as chairperson on the California Interdepartmental Committee on Aging, and serve or designate other persons to serve on other boards or panels which deal with matters concerning older persons, and request the advice of the Commission on Aging concerning matters within the department's jurisdiction.

The department shall establish seven specialized positions, as specified, to provide technical assistance to area agencies on aging, to act as liaisons with appropriate state and federal agencies, and to be responsible for being currently informed on grants, programs, and services available to older persons in California.

The bill would further provide that the Department of Aging shall be the sole agency to receive funds received under the federal Older Americans Act, that the department shall establish a process allowing local input for development of the state plan on aging as required by the federal Older Americans Act, and give priority to agencies who have programs which support independent living.

The bill would further provide for new duties to be performed by the Department of Aging including the assessment of the state's delivery system of services to elderly persons, and the establishment of a data base for service utilization patterns in order to provide planning information.

The bill would further provide that the department shall encourage the use of volunteers in service to older persons and seek ways to utilize private industry in meeting the needs of the elderly.

The bill would further provide that the department shall be responsible for activities which promote the development, coordination, and utilization of resources to meet the long-term care needs of older persons.

The bill would further provide that the department shall establish criteria for the designation, sanctioning, and defunding of area agencies on aging.

The bill would further provide that specified agencies and departments including the State Departments of Health Services, Mental Health, and Developmental Services, and the Departments of Education, Transportation, and others shall have specified duties in providing and helping other agencies with the provision and planning of services to senior citizens. The bill would provide that all departments and agencies shall consult with the Department of Aging when promulgating policies which impact upon older Americans.

The bill would provide for the creation of the California
Interdepartmental Committee on Aging. The bill would specify that directors of all agencies which impact upon older persons shall be members of this committee.

The bill would further specify that this committee is to develop policies for older persons, and the bill would provide specific functions for this committee.

The bill would further provide that the Department of Aging shall provide staffing and assistance to the committee.

The bill would further provide that the area agencies on aging would be the local unit on aging, and the bill specifies duties for such agencies.

The bill would also specify that each area agency on aging would be headed by a director and have other necessary staff.

The bill would also provide for the creation of area agency on aging advisory councils, with such councils to be advocate bodies, in a nonpartisan manner within planning areas on behalf of older persons.

The bill would further specify the duties of the advisory councils.

The bill would further provide that the area agencies on aging should provide staff assistance to such councils.

The bill would further provide that such advisory councils shall prepare annual reports concerning their recommendations regarding older persons.

The bill would further provide that bylaws concerning specified matters should be adopted by such advisory councils.

*The people of the State of California do enact as follows:*

**SECTION 1.** Chapter 1 (commencing with Section 9000) of Division 8.5 of the Welfare and Institutions Code is repealed.

SEC. 2. Chapter 1 (commencing with Section 9000) is added to Division 8.5 of the Welfare and Institutions Code, to read:

**CHAPTER 1. LEGISLATIVE FINDINGS AND DECLARATION OF POLICY AND PURPOSE**

9000. This division establishes the Older Californians Act which reflects the policy mandates and directives of the Older Americans Act of 1965, as amended, and sets forth the state's commitment to its older population.

9001. The Legislature hereby finds and recognizes that:

(a) Older persons constitute a fundamental resource of the state which previously has been undervalued and poorly utilized, and that ways must be found to enable older people to apply their competence, wisdom, and experience for the benefit of all Californians;

(b) There is a continuing increase in the number of older people in proportion to the total population;
(c) Today, 12.5 percent of California's population currently is 60 years of age and over;

(d) By the year 2020, older persons will represent 25 percent of California's total population;

(e) While the number of persons over 60 years of age is increasing rapidly, older women, minorities and persons over the age of 75 are expanding at an even greater rate;

(f)Among these persons over 75 years of age, there is a higher incidence of functional disabilities;

(g) The social and health problems of the older person are further compounded by inaccessibility to existing services and by the unavailability of a complete range of services;

(h) Services to older persons are administered by many different agencies and departments and the planning and delivery of these services is not carried out with any degree of coordination among those agencies;

(i) The ability of the constantly increasing number of aged in the state to maintain self-sufficiency and personal well-being with the dignity to which their years of labor entitle them and to realize their maximum potential as creative and productive individuals are matters of profound importance and concern for all of the people of this state.

9002. The Legislature declares that it is the policy of the state to:

(a) Insure participation by older persons in the planning and operation in all programs and services that may affect them;

(b) Participate fully in programs at all levels of government the purposes of which are to foster and promote community planning and services for the economic, social and personal well-being of older persons;

(c) Insure that the planning and operation of programs on all levels of government be undertaken as a partnership with older residents, providers of services, area agencies on aging, advisory councils, and community senior groups;

(d) Encourage agencies on all levels of government as well as the private sector to develop alternative services and forms of care that provide a range of services delivered in the community, in the home, in care providing facilities, and services which facilitate access to other services which support independent living in the community and prevent unnecessary institutionalization;

(e) Give priority in planning services and programs to those older persons with the greatest economic and social need;

(f) Provide programs which will assure the delivery of a full array of services to older persons including, but not limited to:

(1) Supportive services.
(2) Health-related services.
(3) Counseling services.
(4) Affordable and safe housing.
(5) Employment services.
(6) Transportation services.
(7) Nutrition services.
(8) Legal services.
(9) Information and referral services.
(10) Cultural services.
(11) Mental health services.

(g) Require joint program planning and policy development among state and local agencies which, (1) recognize and strengthen the personal and community support networks to which people belong and on which they depend, (2) administer programs and deliver services to the older population.

(h) Provide a comprehensive and integrated system of health and social services which respond to individual needs.

9003. If the United States Department of Health and Human Services issues a formal ruling that any section of this code relating to aging cannot be given effect without causing this state's plan to be out of conformity with federal requirements, the section shall become inoperative to the extent that it is not in conformity with federal requirements.

SEC. 3. Chapter 2 (commencing with Section 9100) of Division 8.5 of the Welfare and Institutions Code is repealed.

SEC. 4. Chapter 2 (commencing with Section 9100) is added to Division 8.5 of the Welfare and Institutions Code, to read:

CHAPTER 2. DEFINITIONS

9100. "Commission" means the California Commission on Aging.
9101. "Department" means the Department of Aging.
9102. "Director" means the Director of the Department of Aging.
9103. "Older person" or "elderly" means a person 60 years of age or older unless in conflict with federal requirements.
9104. "Committee" means the California Interdepartmental Committee on Aging.
9105. "Preventive services" means services which avoid dependency and assist older persons in maintaining their good health, well-being and growth.
9106. "Advisory council" means a specific representative body of laypersons and service providers which represent the interests of the elderly within the boundaries of a planning and service area and which is officially recognized by the area agency on aging, the commission and the department as such.
9107. "Supportive services" means services which maintain individuals in home environments and avoid institutional care.
9108. "Planning and service area" means an area specified by the department as directed by the Older Americans Act of 1965, as amended.
9109. "Area agency on aging" means an identifiable private
nonprofit or public agency designated by the Department of Aging which works for the interests of older Californians within a planning and service area. This agency engages in community planning, coordination and program development and, through contractual arrangements, provides a broad array of social and nutritional services.

9110. "Long-term care" refers to the organized system of a variety of formal and informal services to assist the older person, as well as their family, to achieve and maintain optimum well-being.

9111. "Frail elderly" means a person having those chronic physical or mental limitations which restrict individual ability to carry out normal activities of daily living and which threaten an individual's capacity to live an independent life.

9112. "Greatest economic need" means the need resulting from an income level at or below the poverty threshold established by the Bureau of the Census.

9113. "Greatest social need" means the need caused by noneconomic factors which include physical and mental disabilities, language barriers, cultural or social isolation, including that caused by racial and ethnic status (for example Black, Hispanic, American Indian, and Asian American) which restrict an individual's ability to perform normal daily tasks or which threaten his or her capacity to live independently.

9114. "Comprehensive and coordinated system" means a program of interrelated social and nutrition services designed to meet the needs of older persons in a planning and service area.

9115. "Personal and community support networks" means families, friends, neighbors, church groups and community organizations to which the elderly naturally turn to for assistance.

9116. "Aging network" means those public and private agencies and organizations funded under the Older Americans Act as well as service providers and other organized bodies expressing interest in aging network communication, such as senior advocacy organizations, local aging commissions, community councils on aging, and local officials.

SEC. 5. Chapter 3 (commencing with Section 9200) of Division 8.5 of the Welfare and Institutions Code is repealed.

SEC. 6. Chapter 3 (commencing with Section 9200) is added to Division 8.5 of the Welfare and Institutions Code, to read:

CHAPTER 3. CALIFORNIA COMMISSION ON AGING

9200. There is in the state government the California Commission on Aging. The commission shall be:
(a) Composed of 25 persons.
(1) Nineteen persons appointed by the Governor. Nine of the 19 persons shall be appointed by the Governor from lists of nominees submitted by the area agency on aging advisory councils. At least five
names shall be submitted as nominees for each vacancy.

(2) Three persons appointed by the Speaker of the Assembly.

(3) Three persons appointed by the Senate Rules Committee.

(b) Comprised of a majority of members 60 years of age or older.

(c) Comprised of actual consumers of services under the Older Americans Act, as amended.

(d) Composed of representatives of the geographic, cultural, economic and other social factors in the state.

(e) The commission composition requirements shall be complied with as vacancies occur.

9200.5. The term of office of members of the commission shall be three years. Members shall not serve more than two terms. The members shall select one of their members to serve as chairperson and one of their members to serve as vice chairperson on an annual basis.

A commissioner who fails to attend two consecutive monthly meetings or who fails to attend nine meetings per year, without having given written excuse acceptable to the commission, shall cause the commission to notify the appointing authority, and the appointing authority may declare the position vacant.

A representative from the California Interdepartmental Committee on Aging (CICA), other than from the Department of Aging, shall attend the commission meetings.

9201. The duties and functions of the commission shall be to:

(a) Serve as the principal advocate body in the state on behalf of older persons, including, but not limited to, advisory participation in the consideration of all legislation and regulations made by state and federal departments and agencies relating to programs and services that affect older persons.

(b) Participate with the department in training workshops for community, regional and statewide senior advocates, to help older persons understand legislative, regulatory and program implementation processes.

(c) Prepare, publish and disseminate information, findings and recommendations regarding the well-being of older adults.

(d) Actively participate and advise the Department of Aging in the development and preparation of the State Plan on Aging, conduct public hearings on the State Plan on Aging, review and comment on the state plan, and monitor the progress of the plans' implementation.

(e) Meet formally on a monthly basis in order to study problems of older persons, present findings and make recommendations.

(f) At least six of the meetings shall be with the director and at least six of the meetings shall be held in various parts of the state.

(g) Hold hearings throughout the state, in order to gather information and advise the Governor, Legislature, Department of Aging and agencies on all levels of government regarding solutions to problems confronting older persons and the most effective use of
 existing resources and available services for older persons.

(h) Hire an executive director and, within budgetary limits, such staff as may be necessary for the commission to fulfill its duties.

(i) Develop in cooperation with the department a method for the selection of delegates to the statewide legislative meeting of senior advocates.

(j) The commission shall solicit the advice and recommendations of the California Interdepartmental Committee on Aging (CICA) in a manner that shall include, but not be limited to, attending at least six meetings chosen by the CICA membership, and active involvement by the members of the CICA in providing technical assistance to the committees of the commission.

(k) Perform other duties as may be required by statute, regulation or resolution.

(l) Meet and consult with the area agency on aging advisory councils in order to exchange information, and assist in training, planning, and development of advocacy skills.

9202. The commission shall prepare and submit a written annual report to the Governor, describing the activities and recommendations of the commission. This report shall reflect the advice of California's older population, and shall include, but not be limited to, information from the area agency on aging advisory councils.

9203. The commission may accept gifts and grants from any source, public or private, to assist it in the performance of its functions, and such gifts and grants shall operate to augment any appropriation made for the support of the commission, provided that the office shall serve as the fiscal agent for the accounting of such gifts and grants and that no gifts or grants shall be used for the operation by the commission of direct service programs which would conflict with the department's duties and functions as described by law.

9204. Wherever there is a reference in any statute of this state to the Citizens Advisory Committee on Aging of the California Commission on Aging, it shall be construed to refer to the California Commission on Aging; provided that such reference concerns an advisory or advocacy function, or a function described in Section 9201. Any other such reference shall be construed to refer to the Department of Aging.

9205. Members of the commission shall be reimbursed for their actual and necessary travel and other expenses incurred in the performance of their official duties.

SEC. 7. Chapter 4 (commencing with Section 9300) of Division 8.5 of the Welfare and Institutions Code is repealed.

SEC. 8. Chapter 4 (commencing with Section 9300) is added to Division 8.5 of the Welfare and Institutions Code, to read:
CHAPTER 4. DEPARTMENT OF AGING

9300. There is in the state government in the Health and Welfare Agency a Department of Aging.

9301. The Department of Aging consists of a director, deputy director and such staff as may be necessary for proper administration. Department activities shall include, but not be limited to: (a) comprehensive program planning, development and evaluation; (b) information and dissemination activities; (c) coordination of all levels of government; (d) administration of programs funded under the Older Americans Act; and (e) shall include training and staff supportive activities.

The Department of Aging shall maintain its main office in Sacramento.

9302. The Governor, with the consent of the Senate, shall appoint a director of the Department of Aging. The Governor shall consider, but not be limited to, recommendations from the California Commission on Aging. The director shall have: (a) training in the field of gerontology, social work, public health, public administration or other related fields; (b) direct experience or extensive knowledge of programs and services related to the elderly; (c) has demonstrated understanding and concern for the welfare of the elderly; and (d) demonstrated competency and recent working experience in an administrative, supervisory, or management position. The director shall have the powers of a head of a department pursuant to Chapter 2 (commencing with Section 11100) of Part 1 of Division 3 of Title 2 of the Government Code, and shall receive the salary provided for by Chapter 6 (commencing with Section 11550) of Part 1 of Division 3 of Title 2 of the Government Code.

9303. The director shall:
(a) Be responsible for the management of the department;
(b) Implement and administer the laws pertaining to this division;
(c) Advise the Secretary of the Health and Welfare Agency and the Governor on new legislation, programs and policy initiatives, especially in the areas of coordinating services for older people that are administered by state agencies and any area supportive of long-term care for older persons;
(d) Participate and serve as a member or designate a representative to participate as a member of regulatory panels or advisory boards such as the California Commission on Aging, the California Association of Area Agencies on Aging, or others deemed appropriate;
(e) Convene and chair the California Interdepartmental Committee on Aging;
(f) With the advice of the Commission on Aging, adopt, amend or repeal regulations and general policies affecting the purposes, responsibilities and jurisdiction of the department and which are...
consistent with law and necessary for the administration of this division;

(g) Request the commission’s recommendations on departmental policy and program activities, and take the commission’s findings, recommendations and comments under advisement;

(h) Assist the California Commission on Aging in carrying out its mandated duties and responsibilities; and

(i) Perform other duties as prescribed by law.

9304. Subject to the State Civil Service Act, the director shall appoint such assistants and other employees as are necessary for the administration of the affairs of the department, and shall prescribe their duties. Appointments shall be made that ensure programs, policy development and evaluation will be administered by employees having gerontological training or relevant experience. Appointments shall be made in accordance with the age-affirmative policy established by state law, the department, and the State Personnel Board which shall serve as a model for employing qualified persons 60 years of age or older.

The department shall appoint, by January 1, 1982, seven persons with expertise in the following areas: preventative and traditional health services, social service, employment/education/prereirement training, transportation, mental health, housing, and crime against the elderly and elder abuse. Persons serving in these positions shall:

(a) Provide technical assistance to area agencies on aging;

(b) Act as liaisons with appropriate state and federal agencies; and

(c) Be responsible for being currently informed about grants, programs, and services available to older persons in California.

The department shall encourage internships, to be coordinated with schools of gerontology or related disciplines. The department shall also encourage internships for older persons.

The department shall designate employees to provide information and technical assistance to rural area agencies on aging. These staff persons shall be familiar with all the programs and funding available to rural areas and shall inform the rural area agencies on aging of these programs and funding.

9305. The department is the single state unit for supervision of all programs under the Older Americans Act of 1965, as amended.

9306. The duties and powers of the department shall be:

(a) Give priority to those agencies, programs, services and activities that support independent living;

(b) Administer the State Plan on Aging, as required by federal law;

(c) Establish a formal process that encourages and accommodates local, regional and statewide input into the development stages of the State Plan on Aging which shall be coordinated with and include the area agencies on aging, the California Commission on Aging and other persons or entities having professional responsibilities, or
personal interest in programs for older persons;
(d) Coordinate and assist public and nonprofit private agencies in
the planning and development of programs, to establish a statewide
network of comprehensive, coordinated services and opportunities
for older persons; and
(e) Study those aspects of the problems of aging necessary to
accomplish the purposes of this division through such activities as:
conducting and arranging for research, gathering statistics, and hold
hearings.
9006.1. The department shall:
(a) Represent the interests of the state's older population by
monitoring and assessing the state and federal regulations and
legislative proposals pertaining to the needs of California's older
population, and submit recommendations to the Governor,
Legislature, regulatory agencies or other entities for relevant action;
(b) Maintain a clearinghouse of information related to the
interests and needs of older persons and provide referral services, if
appropriate;
(c) Have primary responsibility for information received and
dispersed to the area agencies on aging;
(d) Establish and maintain, by July 1, 1982, a management
information system which supports the administration of the
department;
(e) Establish and maintain, by July 1, 1982, a data base on service
utilization patterns and demographic characteristics of the older
population to be cross-classified by age, sex, race and other
information required for the planning process;
(f) Assess the need for services for the older population within the
state and determine the extent to which the state's service delivery
system is serving those older persons with the greatest economic or
social need;
(g) Encourage and support the involvement of volunteers in
services to older persons; and
(h) Seek ways to utilize the private sector to assume greater
responsibility in meeting the needs of older persons.
9006.2. The department shall be responsible for activities which
promote the development, coordination and utilization of resources
to meet the long-term care needs of older persons. Such
responsibilities shall include, but not be limited to:
(a) Developing, by July 1, 1982, the capability to conduct research
in the areas of alternative social and health care systems for older
persons;
(b) Convening agencies and departments who administer health,
social and related services for the purposes of (1) policy
development, (2) development of care standards, (3) consistency
in application of policy, (4) evaluation of alternative uses of
available resources toward greater effectiveness in service delivery,
and (5) insure ongoing response to the identified special needs of
the chronically impaired to provide support which maximizes their level of functioning; and
(c) Establishing a statewide uniform reporting system to collect and analyze data relative to complaints and conditions in long-term care facilities for the purpose of identifying and resolving significant problems. The department shall submit the data to the state agency responsible for licensing or certifying long-term care facilities and to the federal agency on aging.

9306.3. The department shall:
(a) Monitor and evaluate programs and services administered by the department utilizing standardized methodology.
(b) Establish criteria for the designation, sanctioning and defunding of area agencies on aging.

9306.4. The department is hereby granted the authority to promulgate regulations for the purpose of carrying out the provisions of this division.

9307. The department shall prepare and submit each year, on October 30th, a written report to the Governor, Speaker of the Assembly, the Senate Rules Committee and the California Commission on Aging. This report shall:
(a) Be reflective of the progress, problems, and recommendations made throughout the year with regard to the department's three-year State Plan on Aging; and
(b) Include any service data or evaluations completed by the department of programs administered by the department.

9308. The department may accept gifts and grants from any source, public or private, to assist it in the performance of its functions, and such gifts and grants shall operate to augment any appropriation made for the support of the department.

9309. In addition to any nutrition programs conducted under the McCarthy-Kennick Nutrition Program for the Elderly Act of 1972 (Chapter 5.7 (commencing with Section 18325) of Part 6 of Division 9), the department, with the approval of the Department of Finance, may make funds available from Section 17 of Chapter 157 of the Statutes of 1976 and Chapter 3 (commencing with Section 9200) to other nutrition projects serving the needs of individuals aged 60 or over and their spouses provided by public or private nonprofit persons or agencies upon such terms and conditions as the department specifies.

9310. The department may make grants from available state funds to fund senior nutrition programs which complement programs implemented pursuant to Title III of the federal Older Americans Act. To qualify for such grants, a program shall include the following:
(a) Participation of senior volunteers in the operation of the program.
(b) Utilization of entirely donated food.
(c) Distribution of food on a regular basis.
Grant funds shall be used for the collection, storage, and distribution of food, but not for personnel costs.

SEC. 9. Chapter 4.1 (commencing with Section 9320) is added to Division 8.5 of the Welfare and Institutions Code, to read:

CHAPTER 4.1. PROGRAMS FOR OLDER PERSONS: A FRAMEWORK FOR THE COORDINATION AND INTEGRATION OF STATE SERVICES

9320. The Legislature declares that a major portion of the fragmentation of service delivery to older persons at the state and local levels can be corrected by coordinating information with, and receiving commitments from agencies who administer services to the older population.

(a) The coordination will allow the department to:
   (1) Stay informed of new policy and program developments that affect older persons;
   (2) Inform the area agencies on aging and senior groups of those policy and program developments; and
   (3) Review and comment on those policy and program changes.

(b) The commitments received from other departments and agencies shall include, but not be limited to:
   (1) Informing the Department of Aging of any change in policy, program or activity that affects older persons; and
   (2) Identifying for the Department of Aging the planning, review and comment cycle of each major plan, grant or regulatory scheme administered by that department or agency.

(c) Furthermore, it is the policy of the state to:
   (1) Assign a single state department the lead authority to coordinate the information and commitments administered by state agencies;
   (2) Ensure that state departments and agencies develop and implement programs pursuant to the policy directives of this act;
   (3) Promote accessibility and efficiency in the planning, coordination and delivery of services to older persons; and
   (4) Designate the Department of Aging as the state department with lead authority.

9321. The State Department of Health Services shall:
   (a) Develop overall goals, objectives and priorities for the health care of the older population pursuant to the policy objectives of this act, and in coordination with the Department of Aging;
   (b) Advocate the development of more viable alternatives to institutionalization to ensure an array of available services;
   (c) Emphasize preventative health services for older persons that support and encourage independent living;
   (d) Develop, support and conduct research on long-term care;
   (e) Develop alternatives to long-term care in cooperation with the Department of Social Services;
   (f) Coordinate the postsecondary education community for input
and research in gerontology;

(g) Develop and encourage teaching and training opportunities in the field of geriatrics; and

(h) Develop, stimulate and support the network of health services for older persons through the local health departments and the area agencies on aging.

9322. The State Department of Mental Health shall:

(a) Provide for the inclusion of geriatric services in departmental policies and programs that would commit both state and local agencies toward meeting the needs of the mentally impaired older person;

(b) Develop overall goals, objectives and priorities for the mental health care of older people, earmark funds for geriatric services;

(c) Require counties to develop programs that would enable older persons to function at their optimum capacity in the community;

(d) Include a geriatric component in the county minimum standards guidelines; and

(e) Develop joint training programs with the Department of Aging on analyzing county mental health plans, influencing local mental health policy, and promoting geriatric programs.

9323. The Office of Statewide Health Planning and Development shall:

(a) Establish formal communication between local health systems agencies and area agencies on aging, in order to encourage an increased awareness of the health care needs and problems of older people;

(b) Request age-related data from those facilities required by law to submit annual reports; and

(c) Encourage the development of a wide range of facilities that supports the continuum of care concept.

9324. The Department of Transportation shall:

(a) Work toward reducing fragmentation and overlap in transportation services;

(b) Establish joint transportation policies which augment the state's health and social service system for older adults; and

(c) Promote the establishment of an accessible transportation system which is directed toward assisting those older persons with the greatest economic or social need.

9325. The Department of Housing and Community Development shall:

(a) Conduct a joint departmental study on the present status and future projections of housing and issues of concern that face the state's older population;

(b) Establish a procedure whereby staff persons from the two departments shall train the area agencies on aging on how to intervene in the planning and review process for county housing plans and community development block grants;
(c) Develop programs and policies which are directed toward the provision of suitable, affordable, culturally sensitive, and attainable housing for the state's low-income older population in both rural and urban areas; and

(d) Provide technical assistance and advice on alternative housing opportunities available to older persons.

9326. The California Arts Council and the Department of Aging shall:

(a) Work together to identify those creative and cultural needs related to older persons;

(b) Provide for coordination in furnishing intergenerational art programs as enhancement of the quality of life for older persons;

(c) Provide advice and technical assistance in the development of intergenerational art programs;

(d) Provide arts information as a component of the existing information and referral service network to assure access to community art programs to older persons; and

(e) Encourage all applicants for contracts and services to include older persons in their programs.

9327. The Department of Education shall:

(a) Encourage the utilization of public school facilities in meeting the nutritional needs of older persons;

(b) Encourage increased cooperation with other community agencies and organizations to use school facilities as a site for delivering services to the elderly;

(c) Encourage greater opportunities for older people to participate in educational, recreational and cultural activities in the schools and to utilize their skills and talents in the educational system;

(d) Help the general population understand the process of aging, the life cycle and the valuable contributions to society made by older citizens;

(e) Promote the study of aging as a normal part of the life process by encouraging intergenerational discussion, curricula development and cooperation with teacher training institutions;

(f) Encourage programs which educate and train older adults in order to help them develop new career skills; and

(g) Encourage educational opportunities for older persons in adult, vocational and continuing education.

(h) Encourage access by culturally diverse populations to such opportunities by employing culturally sensitive procedures to inform them.

9328. The Employment Development Department shall:

(a) Provide such services as are necessary and available to ensure equal employment opportunities for older workers in competition with other workers of similar qualifications;

(b) Ensure equity of effort between those readily placeable and the hard-to-place by providing the hard-to-place with job search
workshops, employment counseling, individual job development contracts and other employment-directed services;

(c) Ensure that within available resources, staff will be assigned who are knowledgeable regarding the special needs of older people;

(d) Maintain a continuing campaign on age, racial and sex discrimination in employment;

(e) Contact and involve the area agencies on aging and local comprehensive employment and training prime sponsors (CETA) in the local comprehensive planning process;

(f) Assess the employment needs of older workers as well as identifying the resources available in the community to meet the needs of older workers;

(g) Explore, coordinate and further develop alternative work opportunities for older persons.

9329. The State Department of Social Services shall:

(a) Confer with the Department of Aging on those findings and recommendations contained in the social service plan as required by the Social Services Planning Act of 1978; and

(b) Emphasize those social services that provide an array of services designed to maintain maximum independence for older individuals.

9330. The State Department of Developmental Services shall:

(a) Assure that an appropriate share of funds available to the department for services to persons with special development needs are earmarked for older persons;

(b) Include age-related objectives in individual program plans;

(c) Encourage a working relationship between regional centers and area agencies on aging;

(d) Initiate an agreement with the Department of Aging to exchange appropriate data and information on older persons;

(e) Include specific reference to services provided to older persons in the State Plan For Developmental Disabilities; and

(f) Share information on the case management services to older persons with special developmental needs to assure that future case management efforts by the Department of Aging are not duplicatory or incompatible.

9331. The Franchise Tax Board shall:

(a) Maintain a tax assistance counseling program to assist older persons to make applications for and taking advantage of special tax programs; and

(b) Review tax forms used specifically by older persons in order to ensure that they contain only necessary information, be printed in large print and be simplified.

9332. The Department of Parks and Recreation shall:

(a) Encourage the increased utilization of the state parks system by older persons through program coordination with the Department of Aging and the area agencies on aging; and

(b) Give priority to community grants applicants that take into
consideration recreational needs of older persons.

9333. The Legislature hereby declares that all other state agencies and departments not mentioned in the legislative guidelines under this chapter shall consult with the Department of Aging prior to the implementation of policies or services which impact the older population. All departments administering programs that have impact on California's older population are encouraged to adopt formal interagency policies with the Department of Aging and other departments and describing the integration of services and information between the two departments.

9334. The State Library shall:
(a) Provide consulting services and training resources to assist and encourage public and institutional libraries in developing programs and services for mobile, housebound, and institutionalized elderly;
(b) Encourage public and institutional libraries to promote the use of library services specially provided for the blind and physically handicapped to eligible elderly;
(c) Cooperate with other state level service agencies in the development of a statewide information and referral network and encourage public and institutional libraries similarly to cooperate at local and regional levels; and
(d) Coordinate such information and referral services through and with existing information and referral centers.

9335. The Department of Consumer Affairs shall:
(a) Assess the impact of its Division of Consumer Services' Programs, in the division's annual planning processes, in considering the special needs of older persons.
(b) Periodically review and monitor the impact of its boards' and bureaus' licensees' practices on older persons, and assure that their licensing policies do not discriminate against older workers.
(c) Establish a technical assistance program to encourage the development of community discount programs for senior citizens, known as the Golden State Senior Citizen Discount Program.
(d) Promote cooperation for the maintenance of an affirmative statewide network of groups representing older persons and consumers.

SEC. 10. Chapter 4.2 (commencing with Section 9340) is added to Division 8.5 of the Welfare and Institutions Code, to read:

CHAPTER 4.2. CALIFORNIA INTERDEPARTMENTAL COMMITTEE ON AGING

9340. The Legislature hereby declares that the California Interdepartmental Committee on Aging shall exist on a state level. This policy development committee shall work toward providing services and programs for older Californians that result in a comprehensive and coordinated service system.
9341. The directors of all state agencies and departments who sponsor, administer or participate in programs of current or future benefit to older persons, shall be members of the California Interdepartmental Committee on Aging.

9342. The California Interdepartmental Committee on Aging shall:

(a) Convene monthly as called by the Department of Aging;

(b) Identify programs and services that affect older persons in California;

(c) Collect and analyze available data and promote the development of uniform data collection on the older population;

(d) Identify priority issues to be studied and addressed, and implemented as mandated by Chapter 3 (commencing with Section 9200) and Chapter 4 (commencing with Section 9300);

(e) Identify duplications and gaps in services and programs for older persons, and develop policies and plans for their elimination through both joint and individual efforts of member departments;

(f) Require each member department to include in its plans, a description of efforts it will undertake to identify and eliminate duplications and gaps in services;

(g) Establish ad hoc committees that focus on identified priority issues and present findings for action by the full committee;

(h) Seek and utilize outside services for additional program resources;

(i) Establish a standing committee to develop recommendations for the coordination of those health and social services necessary to the provision of long-term care;

(j) Establish other standing or ad hoc committees to focus on priority issues and present findings and recommendations to the full committee;

(k) Require that one or more of its members meet at least six times annually with the California Commission on Aging to report on the CICA's activities and to make recommendations to the commission; and

(f) Assign its members to provide ongoing technical assistance to the various committees of the commission.

9343. The committee shall be staffed by the Department of Aging. The Department of Aging shall provide for gerontological training to members of the interdepartmental committee and provide direction to the committee based on the department's perceptions of priority and need for California's older people.

The Department of Aging shall also develop a staff exchange program to educate personnel involved in planning, implementation or evaluation of, programs and services for older persons. The Legislature hereby recommends the creation of special jointly funded positions between the Department of Aging and member departments in order to establish expertise in program planning, implementation and evaluation and to encourage sensitivity to the
needs of older persons.
SEC. 11. Chapter 4.3 (commencing with Section 9350) is added to Division 8.5 of the Welfare and Institutions Code, to read:

CHAPTER 4.3. AREA AGENCIES ON AGING

9350. The Legislature hereby declares and recognizes the area agencies on aging to be the local unit on aging.
9351. The duties and powers of the area agencies on aging shall be to:
(a) Represent older persons within the planning and service area;
(b) Assist older persons in obtaining the rights, benefits and entitlements currently available under the law;
(c) Identify special needs or barriers to maintaining personal independence;
(d) Ensure that community services within the planning and service area consider the needs of the older population by educating and actively encouraging older people to become involved in the development of other agency plans that affect older people;
(e) Conduct public hearings on the needs of older persons;
(f) Coordinate activities in support of the statewide long-term care ombudsman program; and
(g) Represent the interests of older persons to public officials, public and private agencies or organizations.
9352. Also, the duties and powers of the area agencies on aging shall be to:
(a) Develop and administer an area plan for a comprehensive and coordinated service delivery system in the planning and service area;
(b) Ensure that the area plan contributes to and is reflected in the State Plan on Aging;
(c) Encourage and provide opportunities for public input by:
   (1) Holding public hearings on the area plans and on problems and needs of older persons in conjunction with the area agency advisory councils;
   (2) Establish communication linkages with the local media to inform the public on an ongoing basis of available services and opportunities to contribute to the planning and implementation of those services;
   (d) Assess the need for services within the planning and service area and determine the effectiveness of existing services in meeting the needs of older persons;
   (e) Take advantage of opportunities to educate and inform the public in general of the needs of older persons;
   (f) Promote case management whenever possible, as a system to respond to those older persons needing special help with personal, social or economic needs;
   (g) Designate an interagency committee on aging composed of local public agencies, such as health systems agencies and health and
transportation agencies, private service providers and senior
organizations in order to improve the coordination of services to
older persons;
(h) Review and comment on area plans prepared by other
agencies that may affect older persons;
(i) Provide information to the department on special needs,
experiences and programs within the planning and service area;
(j) Receive information from the department regarding
legislation, regulation and policy direction; and
(k) Coordinate and assist local public and nonprofit private
agencies in the planning and development of programs to establish
an areawide network of comprehensive, coordinated services and
opportunities for older persons.

9333. The area agencies on aging shall:
(a) Be headed by a full-time director;
(b) Request other staff in the area plan, subject to the approval of
the Department of Aging; and
(c) Have a staffing level sufficient to carry out its powers and
duties as required.

SEC. 12. Chapter 4.4 (commencing with Section 9360) is added
to Division 8.5 of the Welfare and Institutions Code, to read:

CHAPTER 4.4. AREA AGENCY ON AGING ADVISORY COUNCIL

9360. The Legislature hereby declares and recognizes each area
agency on aging advisory council as a principal advocate body on
behalf of older persons within a planning and service area.

9361. The duties and powers of each area agency on aging
advisory council shall be to:
(1) Serve as adviser to the area agency on aging;
(2) Act as an independent advocate for older persons, taking
positions on matters pertaining to federal, state and local policies,
programs and procedures, and any legislation affecting older
persons;
(3) Actively seek advice from community councils on aging,
senior advocacy organizations, local aging commissions, elected
officials, and the general public for the purpose of advocating for and
making formal presentations on issues of concern to older persons;
(4) Inform local senior advocates and organizations on specific
legislation pending before local, state and federal governments;
(5) Disseminate information of interest and concern to older
persons;
(6) Be actively involved in the development, implementation and
monitoring of the area plan;
(7) Hold an annual areawide meeting of senior advocates and
organizations to prepare for the priorities for the ensuing year and
elect delegates for the statewide legislative meeting of senior
advocates; and

80 530
(8) Hold public hearings on the area plans with no less than 30-day notification to the general public and the aging constituency regarding dates, time, and location. Such notification shall contain understandable descriptions of area agency on aging and community-level plans in order to promote informed input.

9361.5. Each advisory council shall be nonpartisan in the conduct of its duties and functions.

9362. It is the intent of this act that each area agency on aging should provide staff assistance to each advisory council to assist in carrying out its duties as specified.

Each area agency on aging shall reimburse its advisory council members for actual and necessary expenses incurred while carrying out the duties of the advisory council within the planning and service area.

The Department of Aging in cooperation with the California Commission on Aging and the area agencies on aging shall annually provide specialized training for members of each advisory council in order to improve their functioning as advocates and for improving and expanding the role of older persons in the planning, implementation, delivery, and evaluation of services to older persons.

9363. Each advisory council shall prepare annually a report that gives its recommendations to improve the lives of older persons, and a summary of its activities for the previous year. The report shall be made available to its area agency on aging, the Department of Aging, the California Commission on Aging, the Assembly Committee on Aging, and, insofar as resources permit, to all other interested parties that seek a copy of the report.

9364. (1) Each advisory council shall adopt and follow bylaws concerning, but not necessarily limited to:

(a) Terms of membership and office,
(b) Election of officers,
(c) Frequency and notice of meetings,
(d) Accessibility of meetings to members of the general public,
(e) Rules regarding the conduct of council and council committee meetings,
(f) Removal of members and officers and the filling of vacancies,

(2) Members of advisory councils shall serve on the council for fixed terms.

(3) Advisory councils shall meet at least 10 times a year.

(4) No more than 50 percent of the council's membership shall be appointed by one official or body of officials.

(5) The advisory council membership shall be appointed through a process designated by the local governing bodies in the planning and service area within which the area agency on aging operates.

(6) Membership shall be composed of:
(a) A majority of persons 60 years of age or older.
(b) Service providers.
(c) Members who reflect the geographic, racial, economic, and social complexion of the planning and service area they represent.
(d) At least one member who represents the interests of the disabled.
(7) The advisory council composition requirements shall be complied with as vacancies occur.
Nothing in this act shall be construed as limiting in any way the ability of each advisory council to serve as an advocate for all older persons.
Public concern for America's aging population has existed since 1950 when the first National Conference on Aging was held in New York City.

Following, the first White House Conference on Aging was held in the nation's capitol in 1961 during the last days of the Eisenhower Administration. Mandated by Public Law 85-908, more than 2500 delegates attended, representing 53 states and territories. Nine hundred and fifty-seven (957) recommendations were made, which focused on three major issues of national concern at that time. They were:

1. Health Care (resulting in Medicare and Medi-Cal)
2. Establishment of Federal agency as a national focal point for aging issues and problems (Legislation created Administration on Aging)
3. Training programs for volunteers and the employment of older workers.

The 1971 White House Conference on Aging was held in November, with over 4,000 delegates making 710 recommendations. Areas of concern included income assistance, research and training, biomedical, social and behavioral aspects, appropriate funding for coordinated and comprehensive planning at three (3) levels of government, and transportation services in rural and urban areas.

The 1981 Conference in Washington, D. C. was held in early December with 2200 official delegates and 1150 observers attending. Fourteen committees made 668 recommendations with a major focus on economics, the promotion of wellness and options for Long Term Care. General and universal concern included:

- frail and disabled elderly
- minority needs
- low income elderly
- differences in rural and urban needs
- access to services
- financing sources
- support systems (existing and potential)
- housing alternatives
- community participation
- education and training
- older women
- private sector roles
- public sector roles
- research
In 1980, Janet Levy, Director of the California Department of Aging, was appointed Chairperson of the California delegates to the 1981 White House Conference of Aging. When the White House mailed questionnaires to the delegates following the Conference in early 1982, the California Department of Aging mailed duplicate copies regarding the nation-wide recommendations, and requested that all California delegates and observers complete and return them to the department. Response to this request was overwhelming due to general dissatisfaction with the proceedings of the Conference.

Final compilation of the returned questionnaires resulted in the establishment of a nucleus implementation committee to ensure that the White House Conference recommendations become a primary source of major State (and Federal) policy for older persons. There is current concern that as Long Term Care implies universal need for "care", the more positive label "Long Term Living" could be even more responsive and cost effective. Present concern for cost containment in health care indicated the need for greater fiscal assistance for supportive in-home services and less for medical and institutional confinement.

Goals of the delegates of the WHCOA:

A. To ensure that the WHCOA Recommendations become a primary source for major State (and Federal) policy for older persons.

B. Priorities selected from the original summary draft were:

- Economic Issues (Committees 1, 2)
- Health Issues (Committees 4, 5, 6, 8, 10, 11, 14)
- Natural Support Issues (Committees 3, 7, 12, 13)

C. The State should integrate the selected priorities into the:

- 1984-87 State Plan on Aging and Area Agency on Aging plans
- Senior Legislature
- Other State Plans
- Interim Office of Long Term Care (AB 2860)
- Other Legislation
- Community through model or ongoing unique projects

D. The delegates should impact on Federal:

- Legislation
- National organizations
- Public information
- Administration on Aging

The White House Conference Implementation Committee is an active group which meets regularly in Sacramento and other areas of the State. Current concerns of this committee include:

a) Cuts in Medicare and Medi-Cal
b) Diminishing Social Security support
c) Cutbacks in housing and transportation appropriations
d) Decreases in Social Services programs not only for elderly but especially to handicapped and needy of all ages.
e) Education, training and research are also falling under present administrative restraints.

In addition to the above concerns, there is growing recognition of the need for revision of the format for the 1991 White House Conference on Aging. However, it is essential that representative numbers of delegates and observers provide their ideas and suggestions for change. If you care to respond at this time, please do so on the attached sheet. You may also submit all suggestions to the mailing address of the committee or only provide us with your name and mailing address for future communication with you.

Thus far, we have received some of the following suggestions for changing the format for the 1991 Conference.

1) The total number of delegates and observers should not exceed 2,000 attendees at the conference held in Washington, D. C.

2) Ten regional conferences should precede the WHCOA for the purpose of discussing mutual problems and issues. The other purpose of the regional meetings would be to elect (on a population basis) limited numbers of delegates and observers, in addition to the governmental appointees.

3) Private fiscal resources be encouraged to support more observers who may be elected or appointed but cannot afford the total cost of attending the Washington D. C. Conference.

4) A system for interim conference "follow-up" be established by the delegates attending the White House Conference on Aging.

Rationale: Reducing the number of attendees would result in a more cost-effective, less time-consuming and more manageable conference.

The California 1981 White House Conference Implementation Committee recommends that a regional Western Caucus be held in 1988 prior to the 1991 Conference. A similar caucus held in Scottsdale, Arizona before the 1981 Conference proved to be highly successful and a high point in the conference proceedings.

In consideration of the need for realistic structure, the Implementation Committee reviewed the 668 recommendations and the result was the formation of eight (8) major issues contained in the following conference priorities:

**1981 WHITE HOUSE CONFERENCE PRIORITIES**

WHEREAS there is a need to provide for a holistic, high quality community-based continuum of care system to maintain and prolong an independent, best possible quality of life for our Medi-Cal eligible elderly population.

RESOLVE to strongly urge our government to institute a Comprehensive National Health Plan which would include a Long Term Care community-based health system. But until this is accomplished, we strongly urge the State to:
1. Promote a community-based and approved Long Term Care system that provides the following primary services:
   * Housing
   * Meal (home delivered or meal prep and congregate)
   * Adult Day Health Care (Titles 19 and 18 of the Social Security Act)
   * Respite (Income/Maintenance - Title 16 of the Social Security Act)
   * Transportation
   * Protective Services
   * Case Management
   * IHSS
   * Special Communication

   in order to meet the following basic needs:
   * Shelter
   * Nutrition
   * Health Care
   * Psycho-Social
   * Financial
   * Mobility (primarily transportation)
   * Safety-Security
   * Access to Services

2. Implement the community-based and approved Long Term Care system under the leadership of the aging network as defined by the Older Americans Act

3. Change Medicaid and Medi-Cal systems to include:

   * Both health and social services;
   * Reimbursement for skilled and intermediate care based on quality and quantity of service;
   * Eligibility standards for Medicaid to deter the loss of older persons' resources;
   * Reimburse for nurse practitioner and physician assistant services in nursing homes;
   * Eliminate limits on physician visits for nursing home patients;
   * Shift from reasonable charges to negotiated prospective payment on a regional basis as the basis of payment to practitioners;
   * The reform of HCFA's existing regulations to conform to the above changes.

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4. Provide financial aid/tax incentives for families who care for older persons needing long term care in their respective homes.

5. Include minority older persons in the long term care system.

6. Use community-based service providers in the delivery of long term care services.

7. Increase gerontological and geriatric education and training of health and social care providers who are actively involved in the long term care system.

8. Continue research in the development of long term care community-based systems.

Our major focus is on Long Term Care and National Health Care legislation, with the San Diego participants emphasizing housing and employment which are the top priorities in that area.

As we consider the priorities for the 1991 Conference, a few demographic facts of later life cannot be ignored.

* * * In 1900, one out of 25 Americans was over age 65. Today, it is 1 out of 8, and by 2020 it will be 1 out of 5.

* * * Half of those over 65 live in only 8 states: California, New York (2,000,000 each), Florida, Illinois, Michigan, Ohio, Pennsylvania and Texas.

* * * In California, those people 65 and older will increase 133% in the next 30 years.

* * * Half of America's elderly receive an income below $11,500, while one year in a nursing home costs between $20,000 to $40,000.

All of these and other facts provide some vital guidelines for our action before, during, and after the 1991 WHCOA. More emphasis on preventive health services, increased access to affordable housing, incentive training for professional and aide personnel, intergenerational programs with special advantages for the family caregiver. Adult day health and social care centers, respite, hospice and in-home services all provide access to a system of community-based resources for those requiring even a minimum of assistance to maintain a semi-independent life style.

At the 1981 White House Conference older Americans were determined to keep those benefits and programs contained in the Social Security and Older Americans Acts. Unfortunately, many of those vital programs have diminished, especially in the areas of health and social services.

The 1991 Conference must result in gaining back and expanding those provisions to assure the maximum for a healthy, productive and secure life for all Americans.

(Presented at ASA/WGS 34th Annual Conference, March 18-22, 1988 - San Diego)