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Older Adult Programs Branch
Planning, Monitoring, and Data Bureau
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January 31, 2024

Pam Miller
Area 4 Agency on Aging
1401 El Camino Avenue, 4th Floor,
Sacramento CA 95815-2700

Dear Pam Miller,

The California Department of Aging has reviewed and approved your revised attached 2023-24 Area Plan Update (APU). Your agency has fulfilled its responsibility under the California Code of Regulations, Title 22, Section 7304, to submit an annual update to your four-year Area Plan.

The Department's approval includes waivers to provide the following direct services for Fiscal Year 2023-24:

- Title IIIB: Employment
- Title IIIB: Cash Aide: Food Vouchers
- Title IIIB: Housing
- Title IIIC-1: Congregate Meals, Nutrition Education
- Title IIIC-2: Home Delivered Meals, Nutrition Education

We acknowledge you, your staff, governing board, advisory council, and community representatives for developing the revised APU and building and enhancing your local system of services for older adults, adults with disabilities, and their caregivers. Please provide a copy of this letter to the governing board and advisory council chairs. If you have any questions, contact me at AreaPlan@aging.ca.gov.

Sincerely,

A handwritten signature in cursive script that reads "Jamie Pope".

Jamie Pope, Bureau Chief
Planning, Monitoring, and Data
California Department of Aging

CC:

Sarah Hinkson, State Planning Manager
Planning, Monitoring and Data
California Department of Aging

2023 – 2024
AREA PLAN UPDATE
Revised

As Approved
by the California Department of Aging
July 17, 2023

Proposed Revisions
Shown in Green
December 8, 2023

AGENCY ON AGING \ AREA 4
1401 EL CAMINO AVENUE, SUITE 400
SACRAMENTO, CA 95815

Table of Contents

Area Plan (AP) Checklist	2
Transmittal Letter	3
Section 1. Mission Statement	4
Section 2. Description of the Planning and Service Area (PSA)	5
Section 3. Description of the Area Agency on Aging (AAA)	10
Section 4. Planning Process / Establishing Priorities	13
Section 5. Needs Assessment	15
Section 6. Targeting	28
Section 7. Public Hearings	33
Section 8. Identification of Priorities	35
Section 9. Area Plan Narrative Goals and Objectives	38
Section 10. Service Unit Plan (SUP) Objectives	74
Section 11. Focal Points	95
Section 12. Disaster Preparedness	96
Section 13. Priority Services	99
Section 14. Notice of Intent to Provide Direct Services	100
Section 15. Request for Approval to Provide Direct Services	101
Section 16. Governing Board	111
Section 17. Advisory Council	113
Section 18. Legal Assistance	115
Section 19. Multipurpose Senior Center Acquisition or Construction Compliance Review	119
Section 20. Family Caregiver Support Program	120
Section 21. Organization Chart	123
Section 22. Assurances	125

AREA PLAN UPDATE (APU) CHECKLIST PSA 4

Check one: FY21-22 FY 22-23 FY 23-24

Use for APUs only

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included	
	➤ Update/Submit A) through I) ANNUALLY:		
n/a	A) Transmittal Letter- (requires <u>hard copy</u> with original ink signatures or official signature stamp- no photocopies)	<input checked="" type="checkbox"/>	
n/a	B) APU- (submit entire APU electronically only)	<input checked="" type="checkbox"/>	
2, 3, or 4	C) Estimate- of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>	
7	D) Public Hearings- that will be conducted	<input checked="" type="checkbox"/>	
n/a	E) Annual Budget	<input checked="" type="checkbox"/>	
10	F) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes	<input checked="" type="checkbox"/>	
18	G) Legal Assistance	<input checked="" type="checkbox"/>	
	➤ Update/Submit the following only if there has been a CHANGE or the section was not included in the 2020-2024	Mark Changed/Not Changed (C or N/C) C N/C	
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Needs Assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	AP Narrative Objectives:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• System-Building and Administration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Funded Programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIC-1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIC-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIID	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	• Title IIIE-Family Caregiver Support Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Organizational Chart(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TRANSMITTAL LETTER
2020-2024 Four Year Area Plan/ Annual Update
Check one: FY 20-24 FY 21-22 FY 22-23 FY 23-24

AAA Name: Agency on Aging \ Area 4

PSA 4

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

1. Meghan Rose
(Type Name)



Signature: Governing Board Chair ¹

12/8/2023

Date

2. Debbie Panteloglew for Kelly Carpenter
(Type Name)



Signature: Advisory Council Chair

Dec 8, 2023

Date

3. Pamela Miller
(Type Name)



Signature: Area Agency Director

12/08/2023

Date

¹ Original signatures or official signature stamps are required.

SECTION 1. MISSION STATEMENT

The mission of all Area Agencies on Aging is:

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

The mission of Area 4 Agency on Aging (d.b.a., Agency on Aging \ Area 4) is:

Enriching the lives of older adults and people with disabilities by FOSTERING networks of support, ADVOCATING for individual choice, COLLABORATING with others, ENSURING equity, and STRIVING to do so with conviction.

APPROVED

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

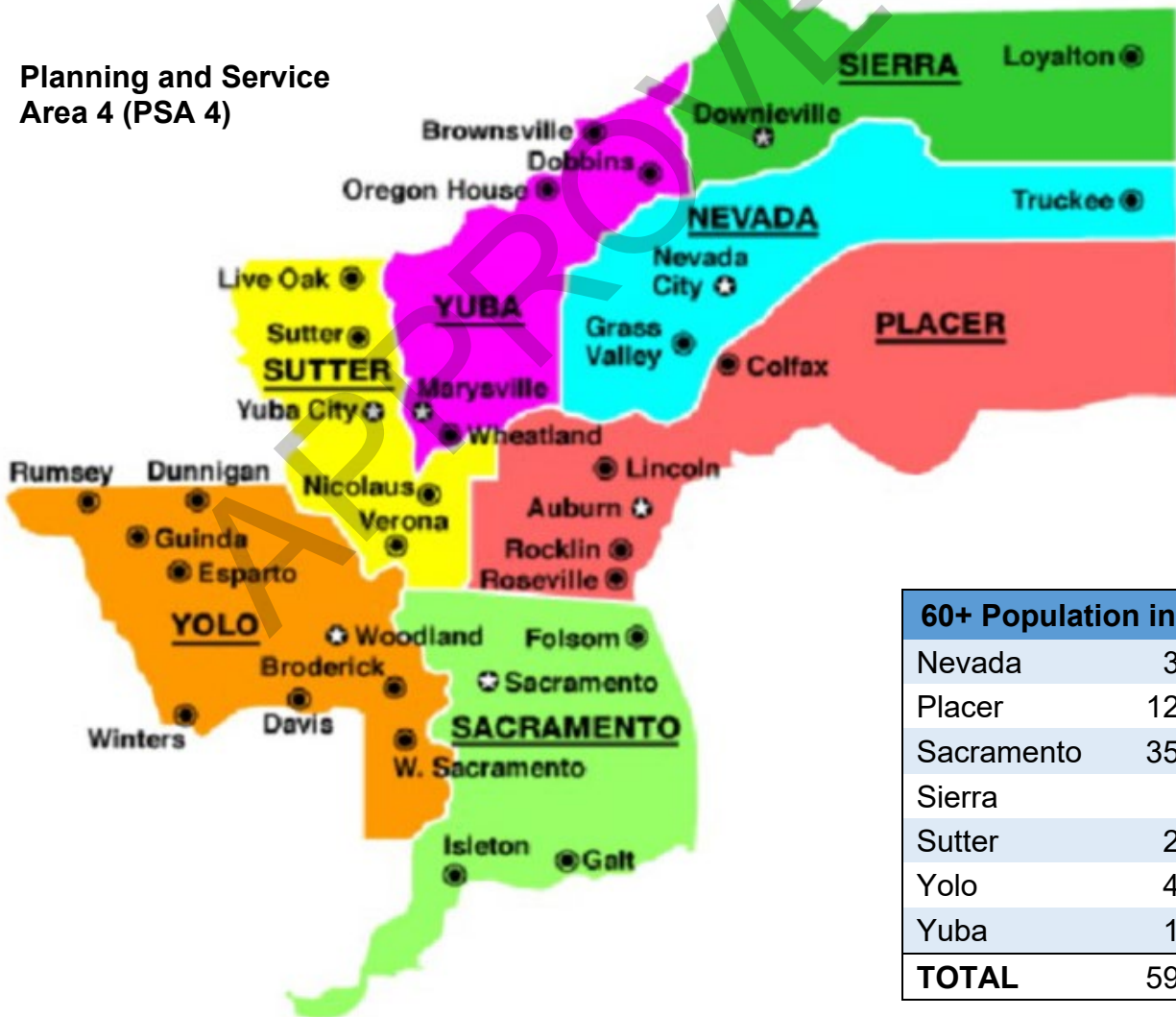
Physical Characteristics

With its main office located just 5 miles from the State Capitol, Agency on Aging \ Area 4 (AAA4) is one of thirty-three Area Agencies on Aging (AAAs) in California. Area 4 refers to Planning and Service Area (PSA) 4, which includes seven counties in Northern California: Nevada, Placer, Sacramento, Sierra, Sutter, Yolo and Yuba. While eleven other AAAs in the state have multi-county service areas, none contain as many counties as AAA4.

The growing Greater Sacramento region overlaps two neighboring counties (Yolo and Placer) and contains more than a dozen cities. This continuous urban area extends to Folsom and Lincoln in the east, North Highlands in the north, West Sacramento in the west and Elk Grove in the South.

In addition, PSA 4 includes several distinct urban and bedroom communities outside the Greater Sacramento region, including Auburn, Truckee, and Grass Valley/Nevada City to the east; the Yuba City/Marysville area to the north; Winters, Davis and Woodland to the west, and Galt to the south. Finally, there are dozens of smaller townships and unincorporated areas scattered across the service area. In fact, there are more seniors living in rural areas in Area 4 than in any other PSA in California (over 40,000).

Planning and Service Area 4 (PSA 4)



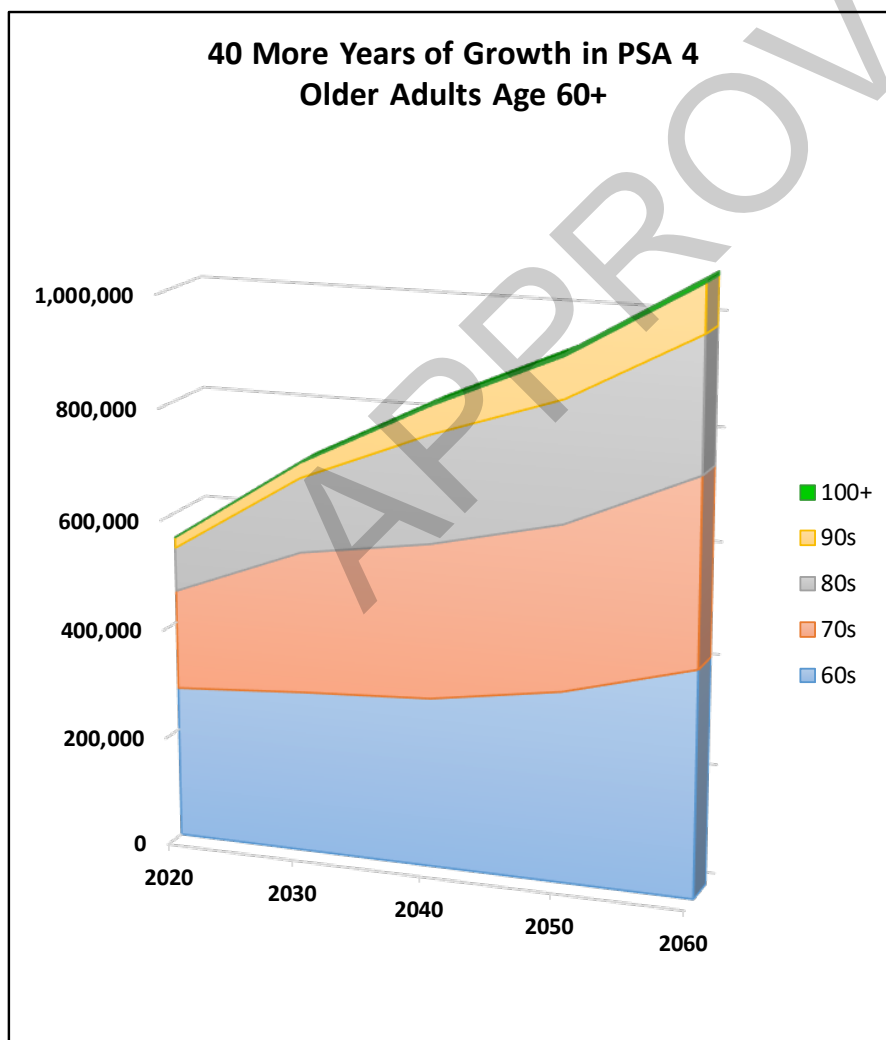
Geography and Its Impact on Planning

Covering 6,578 square miles, AAA4 is one of the largest PSAs in the state. It is also among the most geographically varied. Sacramento, Sutter, Yolo, Western Placer and Western Yuba counties are fertile lowlands where agriculture thrives; Nevada, Eastern Placer and Eastern Yuba counties are in the foothills and mountainous areas of the Sierra-Nevada Mountain Range. The western half of Sierra County is mountainous while the eastern half is high desert.

With varied geography comes varied weather patterns. In the summer, wildfires often threaten homes in the Sierras, and extreme heat is a concern for elderly people in the valley, particularly those unable to afford air conditioning. In the winter, lowland areas are subject to flooding, dense patchy fog can be a hazard in the foothills, and heavy snow in the high country makes roads impassable at times. The extreme geographic isolation of Downieville and Loyalton in Sierra County and of North San Juan in Nevada County make access a challenge regardless of weather.

Demographics

We continue to witness a dramatic increase in the Older Adult population that is driven largely by the aging of the Baby Boomers, the youngest of whom are celebrating their 56th birthdays this year (2020). By 2060, well over 1 million people age 60 and older are projected to be living in our seven county region – nearly twice the current number (see graph below).

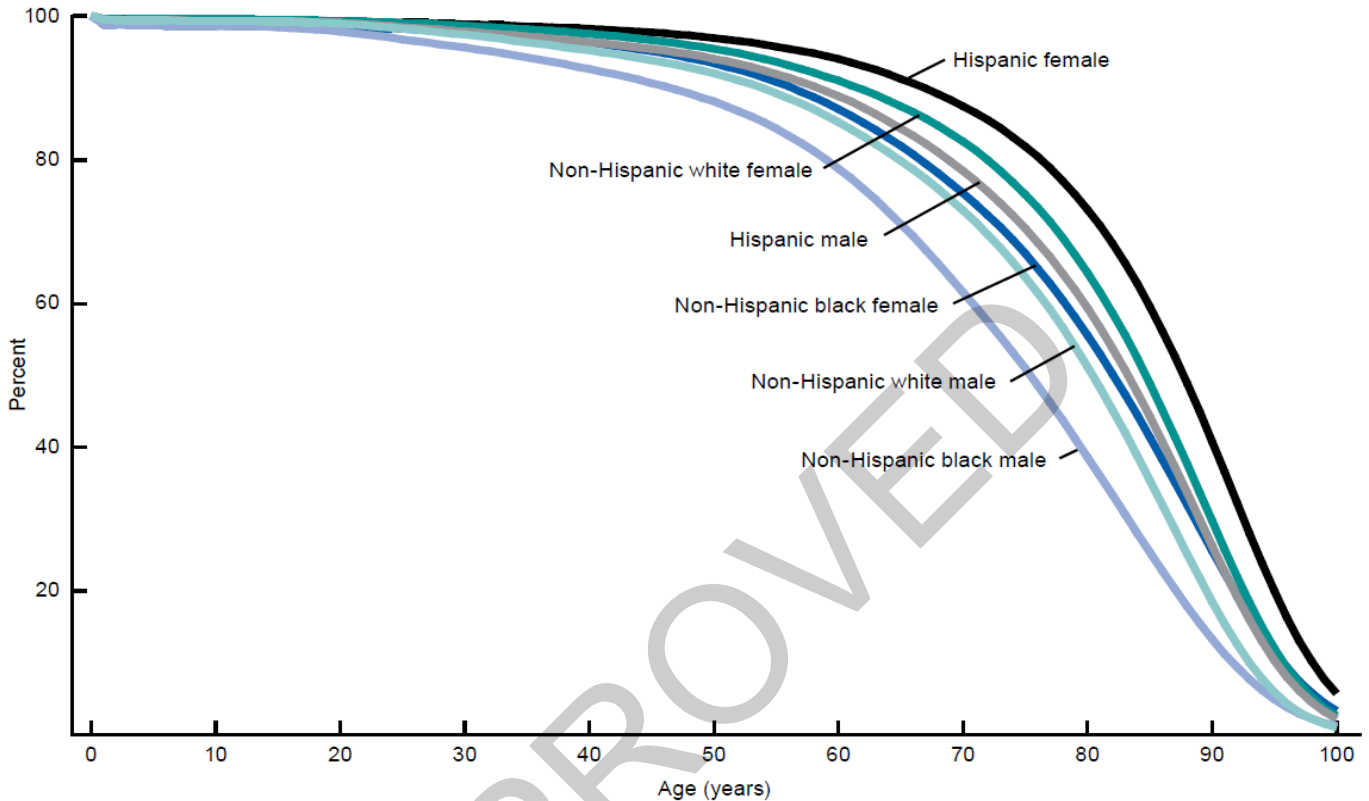


The *proportion* of older people will also rise significantly. About 22% of the 2,482,459 people living in our service area today (2020) are age 60 or older; by 2060, it is projected to rise to 30%. As a result, senior citizens will play an even greater role in every aspect of society: education, government, health care, community, religion, business and especially the family.

The eldest group is of particular concern, for they utilize a sizeable share of Long-Term Services & Supports (LTSS). Here, the 2020 to 2060 projections are for exponential growth that increases among the oldest old on the order of a tripling of people in their 80s, a quadrupling of people in their 90s, and over a 13-fold increase in those age 100+ (from 427 local centenarians to over 6,000).

These remarkable numbers can be explained in a single word: **longevity**.

While life expectancy at birth has increased by 12 years since the Baby Boom began in 1946 (from 66.7 to 78.7), tremendous advancements in modern medicine are pushing the bounds of how much longer we can live. In 2017, Americans who reached their 65th birthday were projected to live another 19.4 years, on average. The graph below illustrates longevity (a.k.a., survivorship), splitting out trajectories by sex and race/ethnicity.



SOURCE: NCHS, National Vital Statistics System, Mortality.

The entire age 60+ population for the State of California in 2020 is projected to be 8,822,132 people. Thus PSA 4 comprises 6.3% of all Older Adults in the State. Table B below shows how AAA4 compares with the rest of the state with regard to several key demographic variables. The ratio is about the same on unemployment, self-care disabilities and raising a grandchild.

There are significantly smaller proportions of ethnic seniors and non English-speaking seniors in PSA 4 than there are in California as a whole. On the other hand, AAA4 continues to have a larger proportion of isolated rural seniors (more than any other PSA, as mentioned previously) and veterans. The latter is to be expected given that McClellan Park and Mather Field in Sacramento County are former military bases; also, a number of veterans who served at Beale Air Force Base in rural Yuba County have settled in the area.

Based on data from the National Alliance for Caregiving and AARP, approximately 10.8% of Americans were caregivers for someone age 50 or older in 2015. Applying that percentage to California gives a caregiver count just over 3.9 million people; in PSA 4 the count is nearly 254,000 people. Because some caregivers help more than one dependent person, it is fair to assume there are well over a quarter-million care receivers in our seven-county region. Considering the average American caregiver is 49 year-old caring for a 69 year-old, it is likely that **about half** of all Older Adults in PSA 4 are getting some form of assistance from a family member or friend to help them live independently.

Table B: Characteristics of People Age 60+ in 2020

	PSA 4 Population	PSA 4 Percentage	California Percentage
Total ¹	556,295	100.0%	-----
Male ²	249,776	44.9%	45.3%
Female ²	306,519	55.1%	54.7%
Ethnic Minority ¹	170,743	30.7%	44.8%
Non English-Speaking ¹	17,535	3.2%	5.2%
Below 125% of Poverty ¹	79,550	14.3%	15.2%
Lives in an Isolated Rural Area ¹	41,636	7.5%	5.0%
Lives Alone ¹	107,540	19.3%	16.7%
In the Labor Force ²	137,405	24.7%	28.8%
Seeking Employment ²	8,901	1.6%	1.8%
Institutionalized ²	7,232	1.3%	1.6%
Has Any Disability ²	180,240	32.4%	30.7%
Has a Self-Care Disability ²	44,504	8.0%	8.2%
Raising a Grandchild ²	8,901	1.6%	1.7%
Veteran ²	105,140	18.9%	14.7%

¹ Data taken from the 2020 California Department of Aging Population Projections by PSA

² Imputed from 2012-16 American Community Survey, Special Tabulation on Aging (5-year estimates)

Unique Resources and Constraints

AAA4 benefits from its proximity to the State Capitol. Not only can Agency staff, Advisory Council and Governing Board members easily attend important legislative hearings on aging issues, but the offices of statewide representatives from numerous agencies, departments, commissions and other groups are accessible as well.

As a direct result of being near the Capitol, there are a large number of very highly educated seniors who have retired from careers in government and lobbying. AAA4 is proud to have Board and Council members as well as volunteers who have distinguished themselves as leaders in the field of aging. The Agency also benefits directly from higher education by partnering with UC Davis, CSU Sacramento and American River College in the form of service contracts, special projects and student internships.

AAA4 is unique in that it includes more counties than any other PSA in the state. This truth brings benefits as well as challenges. When the interests of individual counties coincide, strong alliances can be made. When those interests conflict, on the other hand, energies and resources may become divided.

The regional diversity of the service area makes it an ideal testing ground for new programs and services; if something works in diverse downtown Sacramento, in isolated small-town Sierra County and everywhere in-between, then it ought to work just about anywhere in the State. At the same time, resources must be spread thin if services are to be provided to all seven counties (and to the individual communities within those counties) in an equitable way. Serving frail elders who live in remote rural areas poses the greatest challenge; providing home-based programs far from town is often impossible, and bringing people into town for community-based services is often impractical.

APPROVED

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

Characteristics of the Agency on Aging \ Area 4 (AAA4)

AAA4 was established in 1973 as one of the six original agencies on aging in the state of California. Ten years later the agency was restructured as a Joint Powers Authority (JPA) and subsequently received non-profit status. AAA4 has a 17 member Governing Board composed of County Boards of Supervisors and their appointees representing their respective counties of Nevada, Placer, Sacramento, Sierra, Sutter, Yolo and Yuba. There is also a 35 member Advisory Council with representatives from each county. They are appointed by County Boards of Supervisors and commissions on aging; there are 6 member-at-large seats which are filled through selection by the Council's Executive Committee.

The Governing Board sets agency policy and is responsible for ensuring that AAA4 fulfills the mandates of the Older Americans and Older Californians Acts. The Advisory Council advises the Board on matters relating to the planning, delivery and monitoring of services for seniors and caregivers. The Council also serves as an independent, non-partisan advocacy body on behalf of all older persons residing in the planning and service area.

Standing Governing Board committees include audit/finance, personnel, grants review and joint program evaluation. Standing Advisory Council committees include area plan, diversity and legislative. Ad hoc and task force committees are appointed as needed.

The AAA4 office is located in Sacramento and is under the direction of the Executive Director and Assistant Director with regular input from the Strategic Planning Administrator, the Fiscal Administrator, the Regional Services Administrator and the Direct Services Administrator. Together, this group is known as the Leadership Team. The agency is also organized into four departments: Direct Services, Regional Services (a.k.a., Program), Fiscal and Operations/Support. The Direct Services department includes Dine Around Town, the LTC Ombudsman Program, Senior Employment and Yuba-Sutter Meals on Wheels (see A4AA's organizational chart in Section 21). AAA4 contracts with about 30 different organizations to provide senior and caregiver services in the seven county region.

Organizational Strengths and Challenges

Agency on Aging \ Area 4 differs from many other AAAs in that it is a stand-alone Joint Powers Authority with nonprofit status; it is not positioned inside a county department. Consequently, AAA4 enjoys greater flexibility in its operations, attracts a different type of employee and is viewed somewhat differently in the community. At the same time, the agency's joint powers status ties it directly to the county supervisors, adding strength and credibility while also assuring organizational accountability.

As mentioned in the previous section, AAA4's Governing Board and Advisory Council have members with distinguished careers in the field of aging services, including County Boards of Supervisors, chairpersons of local commissions on aging and California Senior Legislators.

Coordinated Care Systems

The overarching goal of AAA4 is to work toward comprehensive and coordinated systems of home and community-based care for Older Adults throughout PSA 4. Such systems should offer a range of services available to everyone, regardless of income. Older people should receive individualized

assistance and referrals to other agencies where appropriate. Systems of care should be coordinated to ensure that all available public and private resources are maximized and that services are easily accessible through visible points of contact. AAAs are directed to provide leadership in this area, facilitating collaboration among key stakeholders to meet the particular needs of local communities.

PSA 4 does not have just one community; it has many. And, each one is geographically and/or politically distinct and separate from the others. With the exception of Sierra, each county has its own commission on aging or equivalent body which advises the Board of Supervisors on senior issues. These commissions provide a vital link between AAA4 and the concerns of older people and caregivers at the local level. These organizations can be effective advocates for coordinated systems of care.

In cooperation with local commissions on aging, AAA4 designates “focal points” within each county. Focal points are the hubs of activity; they are the major senior or community centers where Older Adults can access programs and services, including core services (i.e., information and assistance, transportation, and nutrition). All AAA4-funded providers are expected to coordinate with the focal points in their area, and some have their offices and programs on-site.

AAA4 currently contracts with four organizations to provide Senior Information and Assistance (I&A) region-wide. Face-to-face assistance is primarily available in Auburn, Grass Valley, Sacramento and Yuba City. Local Senior I&A programs are intended to be single entry points not only for people 60 and older but for anyone with questions about senior services. The I&A programs also maintain directories which raise consumer awareness and help other agencies make appropriate referrals.

AAA4 funds a wide array of services from Congregate Meals to Transportation. The great majority of these services are supported with federal funds under the Older Americans Act (OAA). By regulation, OAA programs are open to anyone age 60 or older, regardless of income; means testing is prohibited. State funded programs are generally free to eligible seniors as well; however, requirements vary. Providers may request voluntary donations and are encouraged to do so to help offset program costs. The same level of service must be given to each client whether they donate or not.

Description of the Elderly Nutrition Program (ENP)

AAA4 contracts with ~~six~~ seven service providers to supply congregate and home delivered meals (HDMs) in the seven-county service area, except for the Yuba-Sutter area which receives HDMs and congregate nutrition via restaurant meals ~~vouchers~~ as a direct service of AAA4.

The demand for nutrition services has skyrocketed amid COVID-19. All service providers and AAA4 direct nutrition services have doubled the number of program recipients due to pandemic-related challenges and, more than ever before, have served as a lifeline for older adults and their families.

All service providers adapted congregate nutrition service models due to the pandemic and provided meals through meal pick-up and/or meal delivery. In Sacramento County, five out of 23 congregate sites have reopened to provide meals in-person at noon. The Sacramento County service provider also expanded their service model to include three restaurants. In Yolo County,

one out of 4 sites have reopened part-time to accommodate congregation and socialization; most of the meals are still being delivered. A new service provider in Yolo county offers meals from a food truck at five set locations to serve rural and underserved communities.

In Nevada and Sierra counties, congregate meals are cooked and served hot onsite and in Grass Valley, Loyalton and Truckee. In Grass Valley, congregate recipients pick-up meals to-go, and in Loyalton and Truckee the meals can be served onsite or delivered to recipients home. In Placer and Yolo Counties, meals are cooked at local kitchens then delivered hot or frozen depending on the location. In Sacramento County, the meals are ~~premade elsewhere, delivered frozen, then reheated for delivery at 23 congregate lunch sites~~ prepared at a local restaurant and delivered hot or cold depending on the route.

Home delivered meals are only delivered hot in Sierra County; in Western Placer County they are only delivered frozen. A combination of hot, cold and frozen meals are delivered in all other areas.

Leadership Challenges

Our most fundamental challenge is that the Aging Services Network itself is extremely fragmented, both by design (in the form of inflexible funding silos) and by the application of that design across interwoven layers of federal, state, county and municipal jurisdictions.

According to the Administration for Aging (ACL), “individuals trying to access LTSS frequently find themselves confronted with a bewildering maze of organizations and bureaucratic requirements at a time of vulnerability or crisis which can result in people making decisions based on incomplete, and sometimes inaccurate, information about their options. This can include decisions to purchase and/or use more expensive options than necessary, such as institutional care, that can quickly exhaust an individual’s personal resources and result in their spending down to Medicaid.”

Despite its own limited resources, the California Department of Aging (CDA) actively assists designated and developing ADRCs for these same reasons. In our state, the complexity of public supports and services is particularly convoluted, as evidenced in a number of studies on the subject, including the Senate Select Committee on Aging and Long Term Care’s 2015 report entitled *A Shattered System: Reforming Long-Term Care in California*.

Typically, when folks need help they don’t know free help exists. This is largely because the free options are publicly funded services that don’t have to publicize to ensure a steady stream of clientele. Even those programs that do have a marketing budget (e.g., HICAP) see their efforts dwarfed by the omnipresent advertising of private sector stakeholders. People are using the resources they can see and they can afford. It is in the better interest of the State of California, and more importantly, it is in the better interest of all of California’s residents that our fragile Long Term Care system not collapse under the weight of premature, profit-motivated, Medi-Cal spend-downs.

The best available strategy to raise the visibility and the collective impact of all free-help options is to link them together through a local No Wrong Door approach that is supported by the State and by the federal government. An ADRC provides a proven mechanism to build such a network.

SECTION 4. PLANNING PROCESS / ESTABLISHING PRIORITIES

The Three-Step Process

All Area Agencies on Aging (AAAs) employ a planning process that involves three major elements. First, a comprehensive **Needs Assessment** is done to better understand the challenges Older Adults are experiencing relative to their ability to maintain independence with safety, health and dignity. Second, each AAA determines how best to utilize its resources to address the needs and challenges that exist, then writes an **Area Plan** which reflects its goals and priorities and describes the specific ways it intends to advance them over the course of a multi-year planning cycle. Third, the AAA conducts a procurement process (usually in the form of a **Request for Proposals** or RFP) to establish contracts with suitable public or private entities to deliver any Older Americans Act services that will not be provided directly by the AAA itself.

Out of Many Counties, One Agency

As noted in Section 2, Agency on Aging / Area 4 encompasses a large segment of California that is both geographically and socially diverse. It is a collection of sparsely, moderately and heavily populated counties, but each one has near equal voice in the governance of the whole. In this regard, AAA4 essentially acts as an alliance between seven independent jurisdictions. While the Department of Aging may see us as a singular homogenous entity, we see ourselves as a compilation of seven individual counties, and we find it just and natural to see our planning process arising from seven individual endeavors to assess local needs, to set local priorities, and to award local contracts.

A Glass Half Full

AAA4 saw the 2018 Needs Assessment as an opportunity for the Agency to embrace a “glass half full” approach by trading a long-standing focus on well-known chronic problems for an emphasis on little-known solutions. The mandatory exercise of documenting deficiencies was granted less importance than the higher challenge of finding practical answers – answers that don’t require drawing down substantial sums of additional public dollars.

Continuing a Community-Centered Approach

Ad hoc County Workgroups provided the best vehicle for moving the Agency forward because they could readily build upon the Community-Centered body of work that had already been done in 2016, because they already included the core stakeholders (i.e., AAA4 Council and Board members alongside our Funded Partners), and because these groups were originally designed to engage local allies and experts.

Neither the County Workgroups nor the Area Plan Committee which oversees them hold decision-making authority; both are advisory to the Council and to the Governing Board. To help ensure active Board participation from start to finish and to reduce the likelihood of Workgroup efforts straying from the vision of the Board as a whole, one Board member from each county agreed to serve (or appoint someone to serve) as the Workgroup Leader.

Very early on, the Sacramento County Workgroup selected homelessness among Older Adults as their primary focus area and began exploring best practices from around the State and nation. Their work culminated in a special, invitation-only Forum on January 15, 2020 to bring together local housing services providers with local aging services providers in a facilitated discussion. Objective (3.5.A) is also a direct result of the Workgroup’s efforts in Sacramento. On a related note, the Placer

County Workgroup zeroed in on Home Share Programs and ultimately advocated for Program Development Objective (2.5.A) which appears in this Area Plan.

Sutter's Workgroup chose Elder Abuse Prevention as their central topic; efforts continue on that front. In Yuba County, the Workgroup concentrated on lingering service gaps caused by the closure of the Olivehurst Senior Center; a temporary solution was reached through coordination with a local mobile home park and the provision of restaurant vouchers. While no formal Workgroup was established in Sierra County, great strides were made in revitalizing the nonprofit organization which operates the Loyalton Senior Center. Finally, the Nevada and Yolo Workgroups became involved in local gatherings regarding the Governor's Master Plan on Aging.

APPROVED

SECTION 5 - NEEDS ASSESSMENT

Research Challenges

For many reasons, assessing the needs of Older Adults living in large geographic areas is an elusive endeavor. The most fundamental of these is that having *lived* 60 years is a rather arbitrary qualification to belong to the “Older” end of the spectrum because *being* 60 has little social or biological significance. That is likely why we have consistently found that even small groups of people 60+ have almost nothing in common with one another.

A second major difficulty is that “assessment” infers specific measurement. Neither “needs” nor “independence” lend themselves well to specificity or measurement. How can we accurately compare the self-reported “needs” of one person to those of any other? The Older Americans Act makes reference to “independent,” “semi-dependent” and “totally dependent” people; that gives us a logical three-point scale, but one with miles of murky territory in the middle.

A third obstacle is that many folks who clearly are dependent cannot neatly delineate and prioritize their needs in such a way that would yield measurable results. They know what their problems are; they don’t necessarily “see” potential solutions within a list of options like adult day care, legal assistance or peer counseling. Herein lies a serious disconnect between well-meaning, square-boxed researchers and the real, round-pegged people they have such difficulty finding. People’s needs can and will go unheard if area agencies on aging aren’t asking them the right questions.

Existing Resources for Older Adults

Within the range of publicly supported home and community-based services for aging and dependent adults, the “field” is quite limited. All seven counties do offer Adult Protective Services (APS) and Public Guardian programs; beyond that, the commonalities fade quickly.

Home care is often diagnosis-driven. In the most populated areas, health-related information and support for individuals and caregivers is widely available through local health departments, the major health providers (i.e., Dignity, Kaiser, Sutter and UC Davis) and through various associations (e.g., Alzheimer’s, Diabetes, Cancer Society, etc.).

Fiscally, California’s largest commitment to home and community-based care comes, for low-income folks who qualify, in the form of the In-Home Supportive Services (IHSS) program. Plagued by budgetary fluctuations and the lack of a well-trained, qualified workforce to deliver in-home assistance, those who are receiving help may still have unmet needs; a great many more cannot afford private home care but do not meet the income requirements to receive IHSS.

Today, there are only 7 entities providing Adult Day Health Care (ADHC) that are also certified to accept Medi-Cal patients on a limited basis: 4 are based in Sacramento, 1 in Carmichael, 1 in Woodland and 1 in West Sacramento. ADHC patients not eligible for Medi-Cal are likely paying privately for care. Adult Day Care (ADC) programs are more plentiful and less expensive; they do not accept Medi-Cal as they only offer social care not medical care.

Various waiver programs and pilot projects do exist in PSA 4 (e.g., hospital-to-home care transitions, PACE, Veterans Home Care, etc.); however, none are of a sufficient scale to be considered “resources” to the Older Adult population at large.

Underutilized Services & Service Barriers

Programs and services do not always reach their intended audience. This can result from a poor service model (e.g., requiring eligible people to “opt in” to prescription drug discounts) or from poor execution (e.g., bogging down field consultants with work that must be done in an office). Sometimes programs that are relatively easy to administer have been designed by administrators who lack an understanding of how well actual people will be able to access them. In addition to the barriers discussed in Section 6: Targeting, it is these types of gaps in mutual understanding that can foil the best of intentions.

Measuring the Current Needs of Older Adults

Based upon several different methods, AAA4 has concluded Older Adults are experiencing a number of challenges relative to their ability to maintain independence with safety, health and dignity.

Major Reports and Studies

County Workgroups were encouraged to consider relevant material containing local data such as waiting lists for AAA4-funded programs, transit and housing studies, county health improvement plans, priorities for community block grant programs and local/regional long term reports regarding land use and transportation planning.

AAA4 receives and circulates information from a wide range of State and Federal sources including AARP, the Administration on Aging (AoA), American Society on Aging (ASA), California Association of Area Agencies on Aging (C4A), California Association of Nursing Home Reform (CANHR), California Department of Aging (CDA), California Department of Finance, Census Bureau, Feeding America, Meals on Wheels America (MOWA), National Association of Area Agencies on Aging (N4A), the National Center on Law & Elder Rights (NCLER), National Council on Aging (NCOA), National Family Caregiver Alliance (NFCA), The Scan Foundation (TSF) and ULCA’s Center for Health Policy Research.

Surveys

The foundation of AAA Needs Assessments has long been Senior Surveys. They are relatively inexpensive to conduct, and they generate volumes of quantitative information. Nevertheless, anonymous survey results have little to do with facts. All one can know for certain is how a group of people reacted to the same set of questions. Usually, there is no tangible benefit for the people who are completing a survey, leaving you with a sample of folks who voluntarily chose to respond. The most useful thing a survey can indicate is what people who have an interest in a subject think about that subject. For that reason, and in the interest of embracing a “glass half full” approach, AAA4’s 2018 Needs Assessment Survey was centered around Age-Friendly Communities and was done in partnership with AARP California.

The 8-page print Survey was placed in the center of an 8-page companion publication titled *What Makes a Community Great* which introduced the Age-Friendly concept and highlighted local examples. Similar to Parade Magazine, the entire piece was done on newsprint for easy insertion into the Sacramento Bee and numerous local papers; the total circulation was 200,000 households throughout the region. Respondents were strongly encouraged to complete the survey online, but they could also complete it by hand and either send it to us by mail or drop it off at one of 20 locations in 5 different counties. AARP and multiple funded partners also helped AAA4 with distribution of the Survey directly to their clients and at community events.

In all, the 2018 Age-Friendly Survey netted 1,461 online responses and 888 paper responses from August 2018 through April 2019; however, many came from people under the age of 60 or from people living outside of PSA 4, particularly from folks in El Dorado and San Joaquin counties who receive the Sacramento Bee. The total valid count was 1,646 responses.

While the valid count was sufficiently large, it was not sufficiently representative of the true 60+ population. Consistent with AAA4's prior Survey efforts, there was substantial over-representation of women, of Whites, and of college graduates. To remedy this, the survey was manually weighted to very closely mirror the known demography of PSA 4 with regard to sex, race/ethnicity, education, age range, income and county of residence. The final weighted sample contains 1,741 responses and is statistically significant above the 95% confidence interval with a margin of error of just 2.3%.

From the original sample (which still contained responses from everyone age 45 and older), results for each county were separated and the raw data (in Microsoft Excel) was made available to Governing Board Members for local distribution as they saw fit. AAA4 Staff weighted the Sacramento County dataset to produce a strong age 60+ sample with a 3% margin of error. As a special project, Staff also worked with a student intern to weight the Yolo County results, constructing a fragile age 45+ sample with a 7% margin of error. To date, the results for Placer County have not been weighted; they could generate a sample with a sound 4% margin of error. The counts were too low to be statistically significant at age 60+ in Nevada-Sierra and in Yuba-Sutter.

Community and the Age-Friendly Domains

The 2018 Survey begins with the following preface:

This survey is about the place you consider “your” local community – wherever that may be. Many people think of their community as the city, town or place where they live. Some people feel like their community is more specific; others feel it is more broad. **There is no wrong answer.**

Interestingly, a fair number of people indicate “their” community is someplace other than where they live, such as where they grew up, where they lived before moving “here” or where they work. Thus we cannot assume respondents’ replies correlate with their current Zip codes. Nor can we assume a Zip code is the appropriate scale; when asked “What is the name of the place you consider to be Your Community?” the answers range from ‘my mobile home park’ to ‘planet earth’.

The bulk of the Survey asks specific questions about each of the Age-Friendly domains listed below, and it culminates in an overall assessment of how well the respondent thinks their community is doing in each domain using a 5-point scale from Excellent to Poor:

- Housing
- Outdoor Spaces & Buildings
- Transportation & Streets
- Health & Wellness
- Social Inclusion, Participation & Educational Opportunities
- Volunteering, Civic Engagement & Job Opportunities
- Community Information

Much of the Age-Friendly Survey contains two-part questions which first ask the respondent to indicate how important a particular resource (service) is to them. Then the respondent is asked if that service is available in their community. A coding method has been applied to calculate

discrepancies (variance) between the two answers. Large variances (± 4) indicate either a perceived service shortage (-) or a perceived service surplus (+). No variance at all (0) means the importance code matches the availability code; it suggests there is neither a shortage nor a surplus.

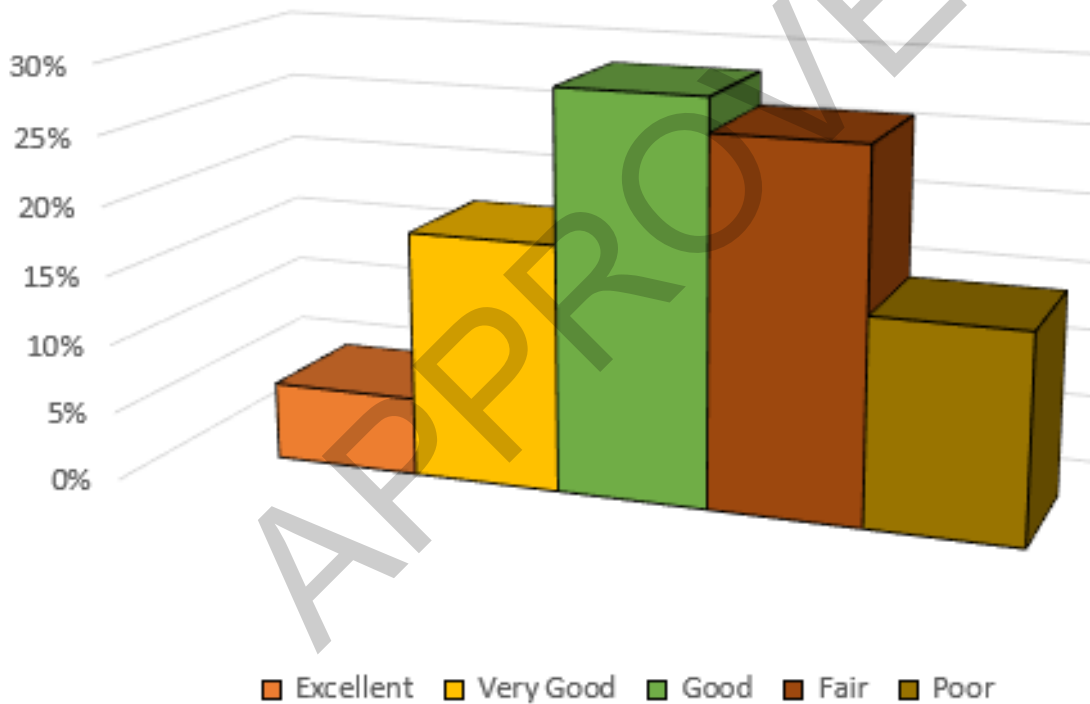
Statements about the importance of a particular resource are associated with the respondent's broad beliefs about what is useful and/or valuable; thus they are relatively stable. Statements about the local availability of a particular resource are based upon the respondent's narrow awareness (perception) of what currently exists. These perceptions are relatively fluid because both the resources themselves and people's experiences with them change over time.

Therefore, the results of this survey should be considered in conjunction with objective information about the actual availability of local resources. It is entirely possible there are more service options than respondents perceive, in which case a resource shortage could be over-stated. Conversely, it is also possible there are less options than respondents perceive, possibly causing a surplus to be over-stated. Either possibility could lead to misguided decision-making.

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The 2018 Age-Friendly Community Survey: HOUSING

HOUSING				
count	valid %		scale	
74	6%	Excellent	10.0	
234	18%	Very Good	7.5	
378	29%	Good	5.0	Average = 4.3
346	26%	Fair	2.5	
195	15%	Poor	0.0	
85	6%	<i>I don't know</i>		
1312	100%			
429	<i>Missing</i>			

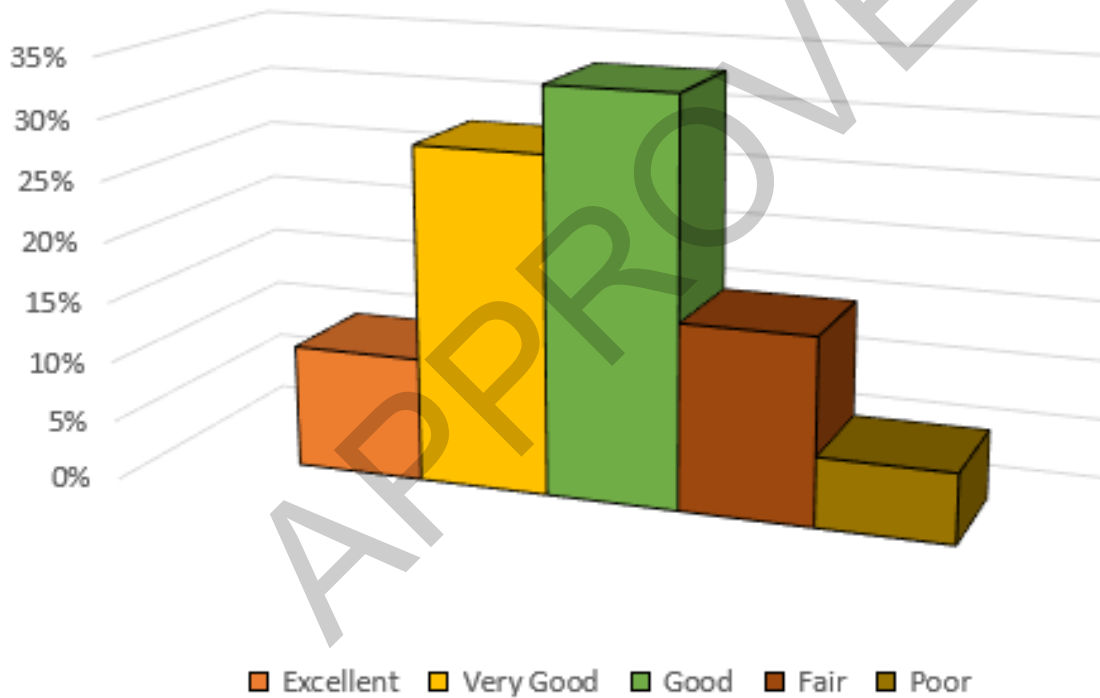


The average score of 4.3 means lower than “Good” but higher than “Fair”. The graph is skewed toward the right (the “Poor” end of the spectrum) with the orange and yellow bars shorter than their brown counterparts. Both measures allow us to conclude Older Adults in PSA 4 perceive their communities to be deficient in the Housing Domain.

From the specific Housing questions, it is also clear perceived gaps exist around Affordable Housing Options, Homes with Access and Safety Features, Reliable Home Repair Contractors, and Services for Older Adults who need Home Repairs.

The 2018 Age-Friendly Community Survey: OUTDOOR SPACES

OUTDOOR SPACES & BUILDINGS					
count	valid %		scale		
133	10%	Excellent	10.0		
363	28%	Very Good	7.5		
434	33%	Good	5.0	Average = 5.6	
200	15%	Fair	2.5		
75	6%	Poor	0.0		
93	7%	<i>I don't know</i>			
1298	100%				
443	<i>Missing</i>				

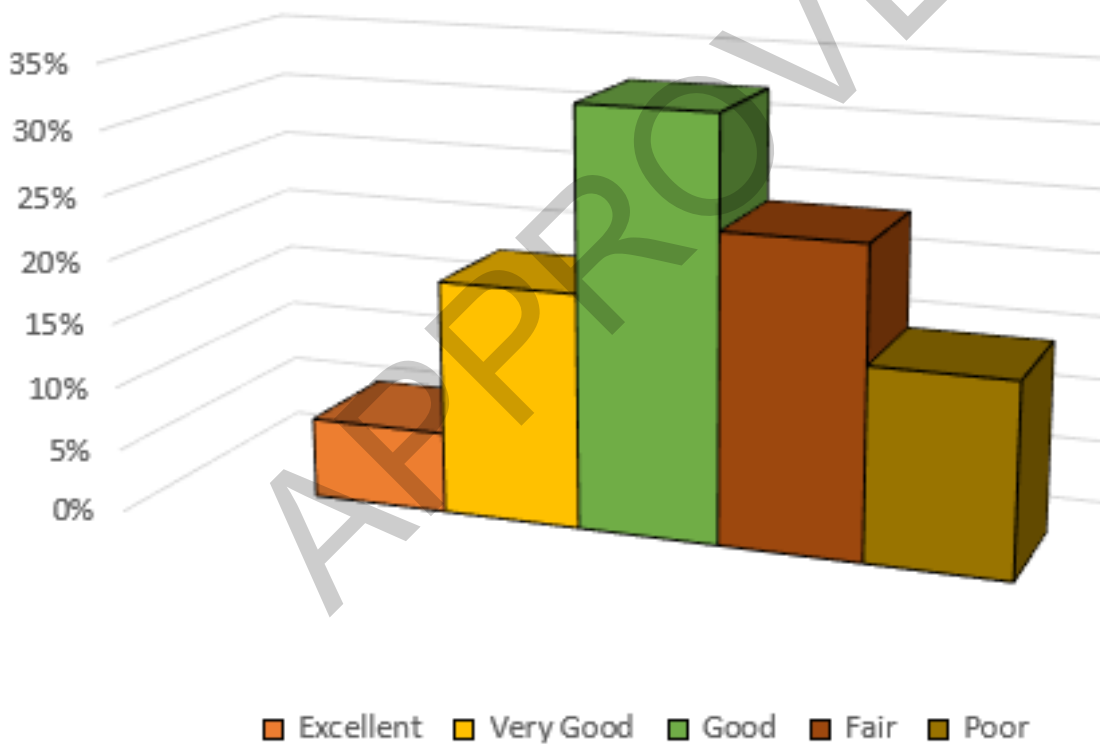


The average score of 5.6 means higher than “Good” but lower than “Very Good”. The graph is skewed toward the left (the “Excellent” end of the spectrum) with the orange and yellow bars taller than their brown counterparts. Both measures allow us to conclude Older Adults in PSA 4 perceive their communities to be proficient in the Outdoor Spaces & Buildings Domain.

From the specific questions, it is also clear the strongest perceived element is Well-maintained and Safe Parks that are within Walking Distance of My Home.

The 2018 Age-Friendly Community Survey: TRANSPORTATION

TRANSPORTATION & STREETS				
count	valid %		scale	
83	6%	Excellent	10.0	
241	18%	Very Good	7.5	
429	33%	Good	5.0	Average = 4.4
315	24%	Fair	2.5	
197	15%	Poor	0.0	
48	4%	<i>I don't know</i>		
1313	100%			
428	<i>Missing</i>			

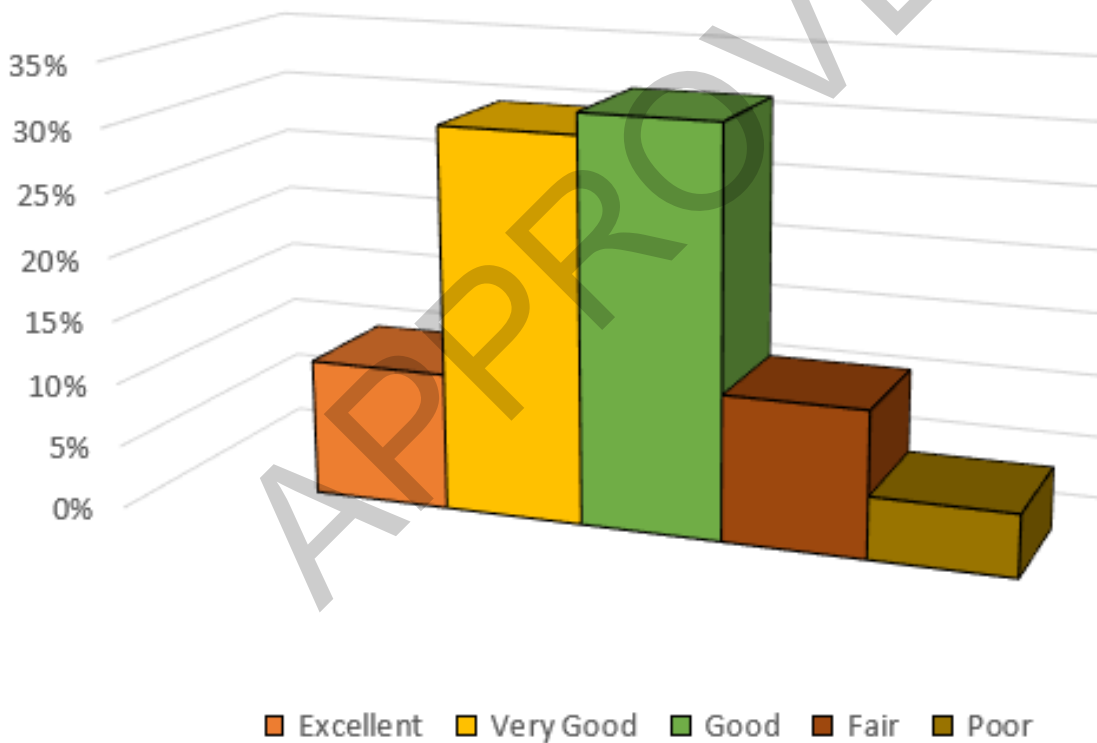


The average score of 4.4 means lower than “Good” but higher than “Fair”. The graph is skewed toward the right (the “Poor” end of the spectrum) with the orange and yellow bars shorter than their brown counterparts. Both measures allow us to conclude Older Adults in PSA 4 perceive their communities to be deficient in the Transportation & Streets Domain.

From the specific questions, it is also clear perceived gaps exist around Safe Public Transportation, Services that can be Adapted for People with Dementia, Special Services for People with Disabilities and Older Adults, Enforcement of Speed Limits, and Safe Streets and Intersections for All Users.

The 2018 Age-Friendly Community Survey: HEALTH & WELLNESS

HEALTH & WELLNESS				
count	valid %		scale	
141	11%	Excellent	10.0	
395	30%	Very Good	7.5	
417	32%	Good	5.0	Average = 5.9
150	11%	Fair	2.5	
64	5%	Poor	0.0	
141	11%	<i>I don't know</i>		
1308	100%			
433	<i>Missing</i>			

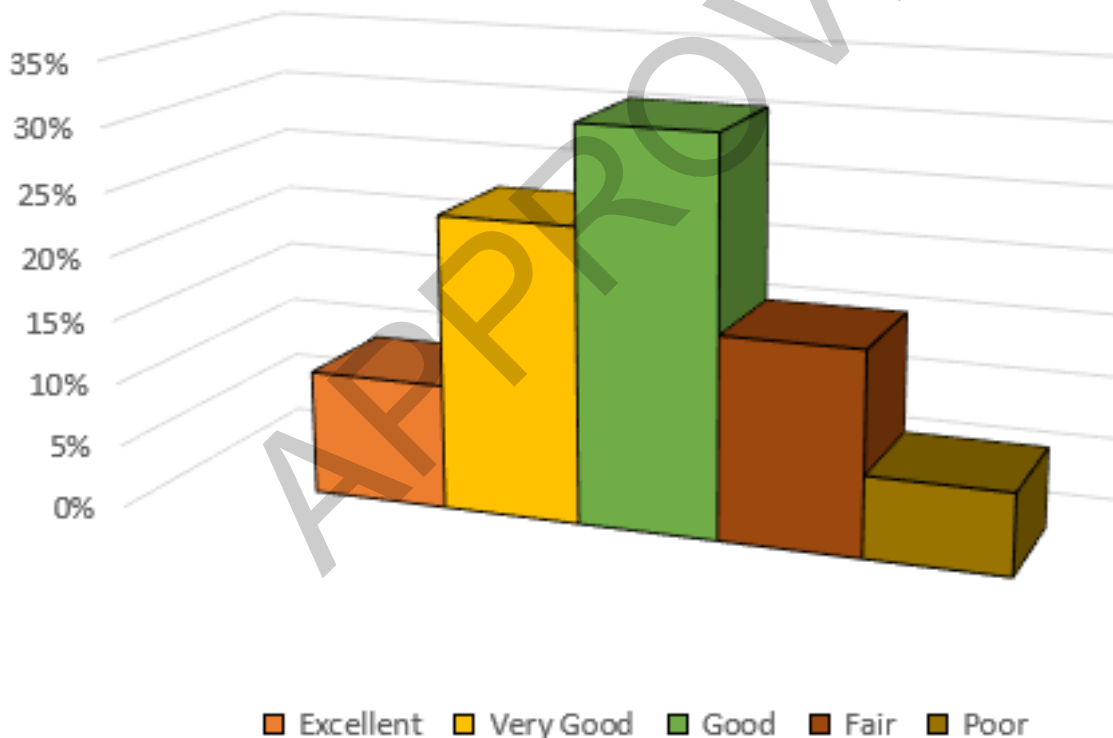


The average score of 5.9 means higher than “Good” but lower than “Very Good”. The graph is skewed toward the left (the “Excellent” end of the spectrum) with the orange and yellow bars taller than their brown counterparts. Both measures allow us to conclude Older Adults in PSA 4 perceive their communities to be proficient in the Health & Wellness Domain.

From the specific questions, it is also clear the strongest perceived aspects are Health & Wellness Programs and Classes, Health Care Professionals who Speak my Language, and Community Emergency Plans for people who may not be able to leave their Home.

The 2018 Age-Friendly Community Survey: SOCIAL & EDUCATIONAL
SOCIAL INCLUSION, PARTICIPATION & EDUCATIONAL OPPORTUNITIES

count	valid %		scale		
129	10%	Excellent	10.0		
305	23%	Very Good	7.5		
407	31%	Good	5.0	Average = 5.4	
209	16%	Fair	2.5		
84	6%	Poor	0.0		
177	14%	<i>I don't know</i>			
1311	100%				
430	<i>Missing</i>				



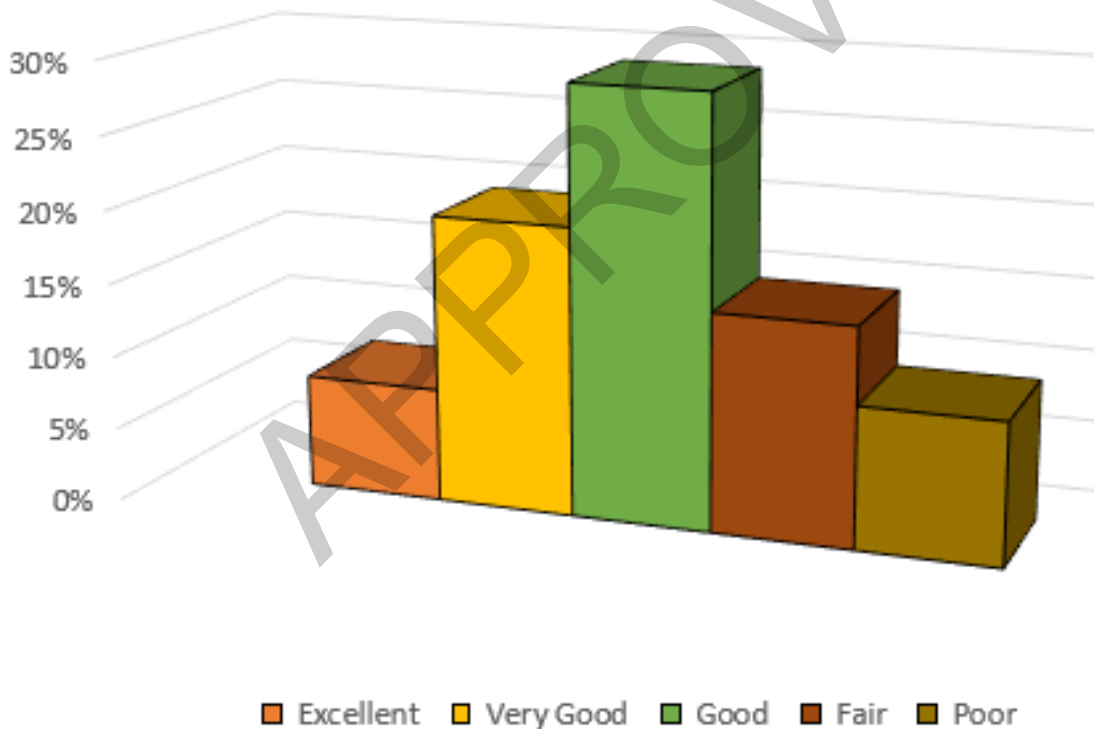
The average score of 5.4 means higher than “Good” but lower than “Very Good”. The graph is skewed to the left (the “Excellent” end) with the orange and yellow bars taller than their brown counterparts. Both measures allow us to conclude Older Adults in PSA 4 perceive their communities to be proficient in the Social Inclusion, Participation & Educational Opportunities Domain.

From the specific questions, the strongest perceived attribute is Continuing Education Classes.

The 2018 Age-Friendly Community Survey: VOLUNTEERING & WORK

VOLUNTEERING, CIVIC ENGAGEMENT & JOB OPPORTUNITIES

count	valid %		scale		
101	8%	Excellent	10.0		
257	20%	Very Good	7.5		
380	29%	Good	5.0	Average = 5.0	
194	15%	Fair	2.5		
126	10%	Poor	0.0		
248	19%	<i>I don't know</i>			
1306	100%				
435	<i>Missing</i>				

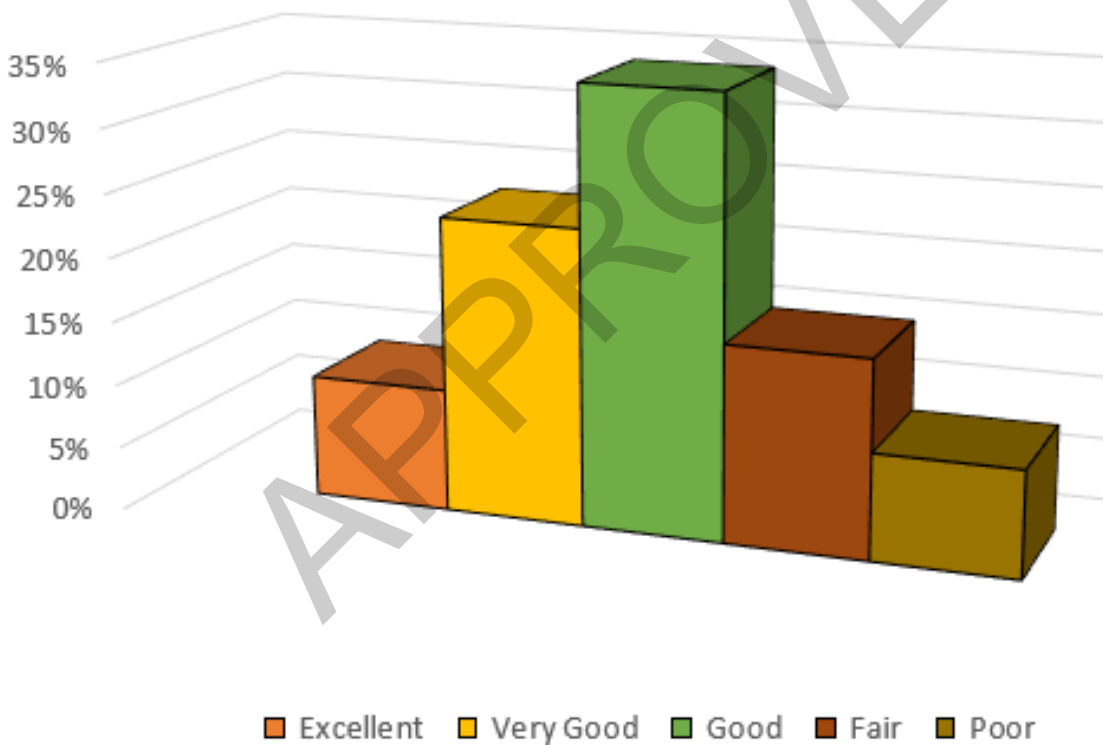


The average score of exactly 5.0 means “Good”. The graph is asymmetrical but balanced with the sum of the orange and yellow bars equaling the sum of their brown counterparts. Both measures allow us to conclude that while differences of opinion exist, overall Older Adults in PSA 4 perceive their Volunteering, Civic Engagement & Job Opportunities Domain to be sufficient.

Answers to the specific questions suggest volunteer opportunities are plentiful but volunteer training could be improved. The views on job opportunities and job training are precisely the opposite.

The 2018 Age-Friendly Community Survey: COMMUNITY INFORMATION

COMMUNITY INFORMATION				
count	valid %		scale	
126	10%	Excellent	10.0	
304	23%	Very Good	7.5	
447	34%	Good	5.0	Average = 5.3
202	15%	Fair	2.5	
109	8%	Poor	0.0	
121	9%	<i>I don't know</i>		
1309	100%			
432	<i>Missing</i>			



The average score of 5.3 means higher than “Good” but lower than “Very Good”. The graph is skewed to the left (the “Excellent” end) with the orange and yellow bars taller than their brown counterparts. Both measures allow us to conclude Older Adults in PSA 4 perceive their communities to be proficient in the Community Information Domain.

On this subject, none of the specific questions fared favorably; this suggests a positive view about Community Information exists despite perceived deficits around Centralized Information, Free Internet Access, Person-to-Person Assistance and Multi-Lingual Capabilities.

Together, these Age-Friendly Community Survey findings support a large body of both anecdotal and hard evidence that in our seven-county region, Housing and Transportation pose the greatest challenges to Older Adults' ability to live independently.

In the Housing Domain, the specific topic that eclipses all others is “Affordable Housing Options for Adults of Varying Income Levels.” Surely, extensive media coverage (positive, negative and otherwise) has elevated people’s awareness of the issue here in California. Nevertheless, there are plenty of facts underneath the proverbial fog. Vacancy rates, waiting lists and housing prices are just a few among many definitive indicators the housing shortage is real, and it is widespread. From a resource perspective, the subject does seem to boil down to supply vs. demand economics; there simply aren’t enough affordable units. From a social service perspective, the “answers” are more elusive, particularly around homelessness. It has taken time for the public sector to arrive at a Housing First perspective, and arguably, more focus is needed on preserving housing security for those who still have it.

In contrast, the Transportation and Streets Domain is less strife with moral and ethical dilemmas. It is also much more visible; we can literally see the speed of traffic, the scope of congestion, the condition of public transit, the availability of accessible parking, and the difficulty walkers of any age can experience while trying to cross a busy intersection. For these reasons, our collective perception of the problem may be the most accurate on this particular subject, no matter how large or small one’s individual view of “community” may be. The advent of Uber and Lyft have spotlighted the need and desire for micro-transit, and public transit providers are adapting. At the same time, there continues to be a strong tendency for low-income and rural residents to be left behind on the path to progress.

Assessing the Needs of LGBTQ Populations

The Age-Friendly Community Survey asked respondents about their gender identity and sexual orientation. The original, unweighted sample for PSA 4 includes 20 Lesbians, 14 Gay men, 3 Bisexuals, 0 Transgender individuals and 1 Questioning respondent for a total of 38 out of 1,646 or 2.3%. Nationally, experts believe about 5% of ALL Americans will self-identify as LGBT in an anonymous survey. We would expect a lower percentage among people age 60+ but a higher percentage among Californians, so our sample may or may not be representative.

Researchers at UCLA (2016) have found Older Adults who self-identify as L, G or B are more likely to be depressed and more likely to report being in poor mental and physical health than heterosexuals in the same age group.

Projecting the Future Needs of Older Adults

Thanks to the California Department of Finance, we have detailed projections on the growing populations of people age 60+ in our service area. There is no mystery about what is happening. There will be a steady increase in the number of Older Adults and a steady increase in their life expectancies.

We know it is critical for individuals and families to plan ahead because those who deny and ignore the inevitabilities of aging and long-term care are far more likely to find themselves in desperate circumstances. We know there are not enough “safety net” services for older people with the greatest

needs (including Meals on Wheels, Legal Services, Personal Care, Transportation, Elder Abuse Prevention and Caregiver Respite).

Today, amid the new global reality of COVID-19, fifty years of conventional wisdom about providing aging services that *maximize* socialization has been turned upside down in a matter of weeks. Until there is a Coronavirus vaccine, we expect isolated Older Adults – the people most in need of social contact – will be the last to come out of their homes and the last to seek out social interaction for fear of the potential consequences. Until then, local agencies on aging and their funded partners will continue to be needed more than ever before.

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SECTION 6. TARGETING

Older Americans Act (OAA) services are available to people regardless of their gender identity, sexual orientation, race, ethnicity, citizenship, religion, political views, appearance, abilities, limitations, education, socio-economic status, or employment status. The OAA requires that special efforts be made to serve eligible individuals with the “*greatest social and economic needs.*” Broadly, this term refers to people whose status or circumstance is likely to present barriers to their long term care. To help ensure consistent interpretation of this concept, AAA4 has established three priority categories as described below. A person may meet multiple criteria across and within these categories at the same time.

1) **Existing Clients:** Funded Partners SHALL evaluate the needs of any clients who had been receiving services under the same service category in the same geographic service area during the period just prior to the start of a new contract cycle. Such existing clients whose needs are equal to or greater than those of new prospective clients should be served first. Thereafter, people do not necessarily retain any priority status solely for being existing clients.

2) **Target Groups:** The Older Californians Act, the California Department of Aging and the AAA4 Area Plan identify people having certain characteristics as “target” populations. The requirements with respect to these populations vary as follows:

- a) Select Funded Partners are required to serve primary target populations at least at a proportionate percentage, based upon their projected numbers within the specific geographic service area. The primary groups are people who are:
 - i. Living at or below the Federal Poverty Level.
 - ii. Ethnic Minorities.
 - iii. Living in a rural area.
- b) Select Funded Partners shall make reasonable efforts to serve secondary target populations. The secondary groups are people who:
 - i. Reside at home and are at risk of institutionalization because of limitations on their ability to function independently.
 - ii. Are patients in hospitals and are at risk of prolonged institutionalization.
 - iii. Are patients in long-term care facilities, but who can return to their homes if community-based services can be provided to them.
 - iv. Have themselves (or persons of any age who are caring for someone with) a diagnosis of Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.
 - v. Are isolated (culturally, socially or physically).
 - vi. Have language barriers.
 - vii. Have physical or mental disabilities.
- c) All Funded Partners are expected to conduct some form of outreach activity intended to reach tertiary target populations. The tertiary groups are people who:
 - i. Have dementia.
 - ii. Are family caregivers.
 - iii. Are frail.
 - iv. Are neglected or exploited.
 - v. Self-identify as LGBTQ (lesbian, gay, bi-sexual, transgender and questioning/queer).
 - vi. Are unemployed and seeking work.
 - vii. Are Holocaust survivors.

3) **Special Circumstances:** AAA4 recognizes that in addition to the categories above, special circumstances may exist which warrant priority consideration. In extreme cases, such circumstances may include:

- a) An Older Adult or the primary caregiver of an Older Adult or the live-in spouse/partner of an Older Adult has a terminal diagnosis and is actively dying.
- b) An Older Adult is being released from a hospital or from a LTC facility to a home or other non-medical setting.
- c) An Older Adult has no financial assets whatsoever and no means to obtain income/assets.
- d) A court of law has found an Older Adult to be defrauded without gross negligence on his/her own behalf and whose unrecoverable losses have impoverished them.
- e) An Older Adult is being placed in a LTC facility although the placement is not medically necessary and the individual does not pose a danger to themselves or others.
- f) An Older Adult is homeless or near homeless.
- g) An Older Adult has no access to food or water whatsoever.
- h) An Older Adult has no means of transportation whatsoever.

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Measuring Economic Need

Table C (below) illustrates the number and proportion of older adults with greatest economic need in each of the seven counties. At 10.6%, Sacramento County has the highest poverty rate among Older Adults in PSA 4; it is followed closely by Yuba (10.2%). Placer and Nevada counties have the lowest poverty rate at 8.0% and 8.1% respectively.

The poverty rates in Table C include the year 2019. At that time, the federal government defined poverty as having an annual income below \$12,490 for a single person or below \$16,910 for a couple. Presently (2023), the poverty level for a single person is \$14,580; for a couple it is \$19,720.

As is true in the general population, a disproportionate number of ethnic elders are in poverty. The percentage of impoverished Black seniors is nearly double the figure for White seniors (15.6% vs. 8.1%). The poverty rates for all other older adults of color in our area are high as well.

Table C: Greatest Economic Need by County (Estimated Figures for 2023)

Older Adults (60+) in Greatest Economic Need (100% Poverty)	PSA 4	Nevada	Placer	Sacramento	Sierra	Sutter	Yolo	Yuba
TOTAL (count) ¹	58,201	3,093	9,706	37,108	---	2,168	4,054	1,633
Poverty Rate ²	9.8%	8.1%	8.0%	10.6%	---	9.7%	9.1%	10.2%
Poverty Rate by Ethnic Group ²								
American Indian	13.7%	---	8.4%	15.5%	---	18.8%	---	19.8%
Asian	13.0%	---	4.4%	14.6%	n/a	10.0%	9.0%	---
Black	15.6%	---	8.8%	16.0%	n/a	---	23.5%	---
Hispanic/Latino	12.8%	16.8%	14.5%	12.4%	---	15.8%	13.8%	5.5%
Pacific Islander	11.3%	n/a	---	11.7%	n/a	---	n/a	---
Multi-Racial/Other	13.1%	---	13.9%	13.1%	n/a	---	---	n/a
White	8.1%	7.7%	7.7%	8.4%	---	7.9%	7.3%	10.6%

¹ Imputed from 2023 California Department of Finance Population Projections by County (July 2021 release)

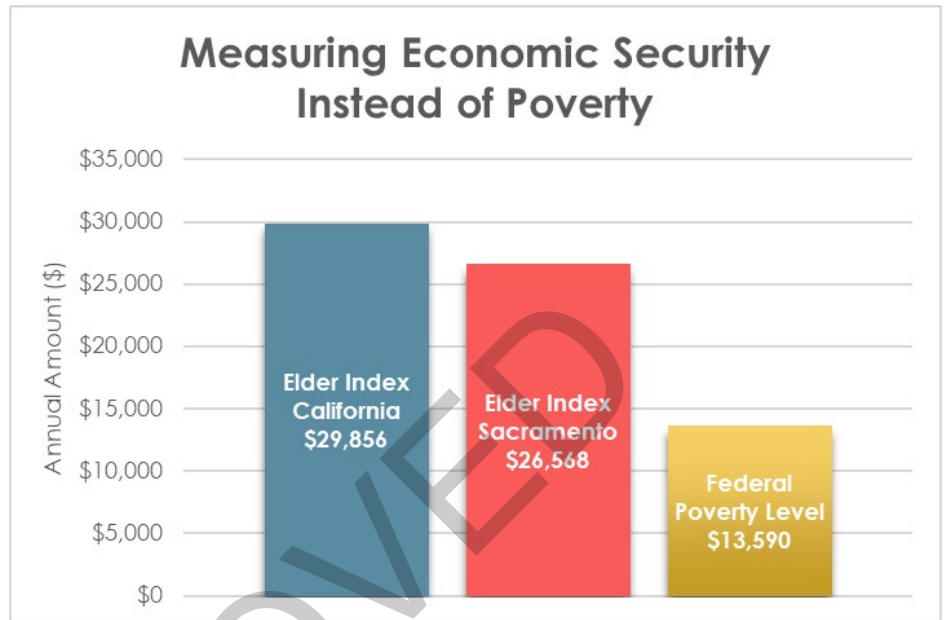
² Data taken from 2015-19 American Community Survey Special Tabulation on Aging (5-year estimate)

“---“ Indicates that accurate estimations cannot be made due to very small sample sizes

The “Hidden Poor”

Since 2008, UCLA’s Center for Health Policy Research has been counting how many Older Californians (age 65+) are not officially considered poor but are not able to make ends meet either. Using a tool called the Elder Economic Security Standard Index (Elder Index or EI), the Center has consistently found that the median cost of living for older people around the State is about twice the Federal Poverty Level.

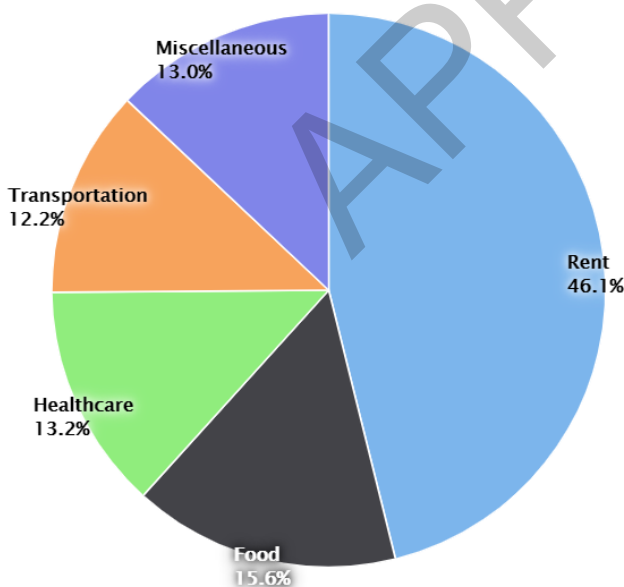
The simple bar chart to the right shows the median costs for a single renter in 2022 in California and in Sacramento County. The chart below shows what the \$26,568 Elder Index includes in Sacramento, based upon a modest household budget. In PSA 4, the cost of living for single renters is highest in Nevada County (\$29,988) and lowest in Yuba County (\$26,448).



Deeper examination of Elder Index data too complex to fully

describe here reveals that the amount of money needed to meet one’s basic needs varies widely based upon the size of the household (single person vs. couple), the housing type (owner vs. renter), and housing costs (mortgage vs. no mortgage). The last of these, housing costs, are the single largest expense for everyone except those without a mortgage, and the housing item accounts for all of the cost variation within the “person” and the “couple” categories. Thus when it comes to costs, having housing that is less than 30% of one’s annual earnings is truly (empirically) the key to economic security for older Californians.

Monthly Household Living Expenses



On the other side of the ledger, median Social Security payments in the Sacramento area are \$13,215 for a single renter (about 59% of the median cost of living) and \$20,646 for a renting couple (about 67% of the median cost of living). Without significant streams of revenue from other sources, many older folks will struggle to make ends meet.

Based on its research, UCLA (2016) recently estimated that 24.2% of all Californians age 65+ are among the “**hidden poor**” – above the poverty line but below the Elder Index.

Additional information about the Elder Index, including a county dashboard, is available at:

<https://healthpolicy.ucla.edu/programs/health-disparities/elder-health/elder-index-data/Pages/elder-index-data.aspx>

Measuring Social Need

The number and proportion of older adults with the greatest social need is shown in Table D below. Because the characteristics are not mutually exclusive, a total figure cannot be calculated.

Table D: Greatest Social Need by County for People 60+

Older Adults (60+) in Greatest Social Need	PSA 4	Nevada	Placer	Sacramento	Sierra	Sutter	Yolo	Yuba
Lives in a Remote Rural Geographically Isolated Area ¹	41,636	11,707	12,428	6,251	1,020	2,905	3,110	4,215
% of Population	7.5%	31.4%	11.0%	1.9%	75.4%	13.6%	7.4%	28.1%
Ethnic Minority ¹	170,743	2,774	18,294	123,713	113	7,833	13,949	4,067
% of Population	30.7%	7.4%	16.2%	37.9%	8.4%	36.7%	33.4%	27.1%
Non English-Speaking ¹	17,535	200	730	12,780	0	1,580	2,020	225
% of Population	3.2%	0.5%	0.6%	3.9%	N/A	7.4%	4.8%	1.5%
Has Any Disability ²	180,240	10,005	30,859	112,643	317	7,982	13,193	5,168
% of Population	32.4%	26.8%	27.3%	34.5%	23.4%	37.4%	31.6%	34.5%

¹ Data taken from the 2020 California Department of Aging Population Projections by PSA

² Data taken from the 2012-16 American Community Survey Special Tabulation on Aging (5-year estimate)

Planning and Service Area 4 (PSA 4) has more Older Adults living in isolated rural areas than any other PSA in California. The majority of these folks live in the foothills and on either side of the Nevada-Sierra summit. About 30% of all older residents in Nevada and Yuba counties live in remote areas. If not for a Reno zip code that spills over the state border, the frontier County of Sierra would be exclusively rural. The remaining residents in this category live on or near agricultural land in the outlying portions of Sacramento County and throughout Yolo County.

The age 60+ population continues to become more ethnically diverse as Baby Boomers keep “arriving” at the six decade mark. The central valley counties are substantially more diverse than the foothills and mountains. Overall, only 3% of Older Adults do not speak English at all. Many of these folks are immigrants from parts of the world where English is neither the primary nor secondary language spoken, including portions of Southeast Asia, India/Pakistan and the former Soviet Union.

Typically, about one-third of Older Adults self-identify as having one or more disabilities, as defined by the Census Bureau. Table D shows PSA 4 as a whole fits that tendency perfectly. As expected, the pattern across the individual counties mirrors the poverty rate. Nevada, Placer and Sierra counties are below average while the counties in the valley are near or above average. Having a disability is associated with reduced earnings and, therefore, a greater likelihood to be living in poverty, especially later in life.

SECTION 7. PUBLIC HEARINGS

At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act Reauthorization Act of 2016, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ² Yes or No	Was hearing held at a Long-Term Care Facility? ³ Yes or No
2020-2021	6/18/20	Virtual via Zoom	15	No	No
2021-2022	4/22/21	Virtual via Zoom	27	No	No
2022-2023	2/24/22	Virtual via Zoom	18	No	No
	4/8/22	Virtual via Zoom	53	No	No
	4/14/23	AAA4 1401 El Camino Ave. Sacramento, CA	34	No	No
2023-2024	4/14/23 & 12/8/23	AAA4 1401 El Camino Ave. Sacramento, CA	34 & 31	No & No	No & No

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

- Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.
 A notice appeared in the Sacramento Bee, the meeting was featured on the A4AA website and e-mails were sent out to all A4AA-funded service providers. A4AA also welcomed written input.
- Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?
 Yes. Go to question #3
 Not applicable, PD and/or C funds are not used. Go to question #4
- Summarize the comments received concerning proposed expenditures for PD and/or C.
 No comments were received.

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

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

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

No comments were received.

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

No comments were received.

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

No comments were received.

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Setting Priorities

For an Area Agency on Aging (AAA), the business of setting **local priorities** is both a directive and a prerogative that occurs within the constraints of federal, state and municipal policies and budgets. Ostensibly, the major goals contained in an Area Plan embody the AAA's priorities. Yet, a look at the associated expenditures might give an observer a far different notion of what the Agency considers most important. Perhaps a better way to gauge an AAA is to look at *how* it does the things it does.

About Area Plan Goals

Each of our seven counties has one dedicated goal which includes all of the activities (objectives) the Agency plans to undertake there. True to the Older Americans Act itself, AAA4 recognizes there is one overarching goal that is needed in every corner of our region – **to maintain and enhance coordinated systems of care for older adults and their caregivers**. In the large and varied geographic region of Area 4, there is not a single long-term care system but a jumbled collection of local systems that often overlap one another.

Agency representatives have agreed that Yuba and Sutter counties shall be combined in a single goal because in many respects, social services and supports in the greater Marysville-Yuba City area already function as a single system. The seventh and final goal proposed is for Planning and Service Area 4 (PSA 4) and will describe activities that will be undertaken region wide.

Beyond the Area Plan Goals

By far, the greatest expenditure of dollars in PSA 4 is for the Elderly Nutrition Program with the primary benefactors being folks who reside in the Sacramento metropolitan area, including the majority of Sacramento County and the cities of West Sacramento (Yolo County) and Roseville/Rocklin/Granite Bay (Placer County). Nutrition in general and Meals on Wheels in particular are fiscal priorities for the federal and state government, and public dollars are allocated based on the size of senior populations.

So although its genesis was hardly local, AAA4 certainly embraces Meals on Wheels (home-delivered meals) as the centerpiece of our operation. We channel additional OAA dollars there, and we consider it a “critical” service that should always be available to those in dire circumstances, despite a history of waiting lists in most areas.

AAA4 continues to administer the Yuba-Sutter Meals on Wheels program as well as the “Dine Around Town” restaurant voucher program in place of traditional congregate meal sites. RFP Applicants are now given the option to propose similar approaches, and new meal voucher models are being explored in extreme rural areas. In addition, the Governing Board has established **food security** as a priority issue for Older Adults in our region. AAA4 will be working both with our Funded Partners and with the wider community to address the growing epidemic of senior hunger.

AAA4 rolled out DEEP (the Diabetes Empowerment Education Program) in 2017 to complement our nutrition focus and assist local Older Adults managing this chronic disease. In 2020, the Agency seeks to add two additional evidence-based programs to the mix: Cooking Matters and Eat Smart, Live Strong.

Due to the alarming explosion of homelessness among Older Adults, **housing security** has quickly risen to priority status as well. Substantial time and energy has been invested in building relationships with local housing agencies. We have called attention to unique challenges that come with serving an aging clientele and to first-time homelessness for those age 50+. We have worked with these new partner organizations to find more effective ways to address folks in the most dire circumstances while also looking “upstream” to curb underlying causes of homelessness.

Last but not least, AAA4 is committed to building and expanding **ADRCs** (Aging and Disability Resource Connections) throughout our region. As discussed in Section 3, the most fundamental flaw of our own Aging Services Network is its inherent and seemingly inevitable fragmentation. In 2015, the California Senate Select Committee on Aging and Long Term Care wrote “Reliance upon our existing patchwork of programs and services to serve our growing aging and disabled population will result in unnecessary expenditures, inequitable access, and irrelevant services. Furthermore, under the existing fragmented structure there is no leader to oversee or coordinate the entire range of services, and no mechanism for accountability or improvement.”

A successful ADRC makes a resource-centered system function as though it were a person-centered system, and in doing so, it provides a critical lifeline for the largest segment of the older population – those who don’t qualify for “free” case management (via MSSP) and those who can’t afford to pay for geriatric care management out of pocket.

Mitigating Factors

Local priorities cannot be set without some fiscal context. To ensure an equitable distribution of funds among the seven counties in PSA 4, we apply the Intrastate Funding Formula (IFF) – the same formula used by the California Department of Aging (CDA) to distribute funds to the AAAs statewide. This “parity” system is based upon Census figures, and it makes special allowances for ethnic, low-income and rural populations. These factors are weighted as follows:

<u>Weight</u>	<u>Factor</u>
1.0	Non-Minority 60+ Population
2.0	Minority 60+ Population
2.0	Low Income 60+ Population
1.5	Geographically Isolated 60+ Population

When a county’s population (especially its minority and low-income population) increases in relation to the others, there is a corresponding increase in service dollars. Parity is recalculated regularly as new population figures become available. AAA4 makes efforts to approximate parity during the multi-year contract cycle as fluctuations occur, but we generally do not reduce grants that have already been awarded. Modest increases in funds often provide some latitude. When more latitude is necessary, larger “corrections” between county funding levels are made during the next major RFP process.

Well before the final funding forecast is known, AAA4 can begin to consider program priorities by essentially “matching” local needs with OAA Service Categories intended to meet those needs. In the end, the central question in each county is: Where will investments of limited resources yield the best results possible for Older Adults and their caregivers? The Agency’s Grants Review Committee will begin this work in the Summer of 2020, just ahead of the 2021-25 contract cycle.

Managing Fiscal Ebbs and Flows

Given the surging demand for home and community-based services, AAA4 is well prepared to receive an influx of additional revenue. We are somewhat prepared for the more probable scenario. Virtually all the dollars AAA4 receives come from governmental sources: federal, state and county. Thus we are extremely vulnerable to policy changes that have direct or indirect impacts on the availability of public funds. We are also acutely aware of how tenuous the underlying political forces have steadily become.

For planning purposes, AAA4 staff are currently proceeding as though funding levels will remain constant. We will continue in that mindset until there is sufficient cause to believe otherwise, while closely monitoring developments in both the State Capitol and Washington DC.

In the event of a permanent funding reduction, the type of funds affected and the magnitude of the cut would dictate our options. Currently, AAA4 has about 25 service contracts with organizations located throughout the region (only HICAP is provided in all seven counties by a single service provider). While this is a community-friendly model, it is not a very scalable one at this time. Modest reductions across the board could lead AAA4 to eliminate “non-mandated” services such as Residential Repairs/Modifications and Peer Counseling. Transfers would likely be requested to protect Nutrition programs.

Substantial funding reductions could easily put many of our small nonprofit partners into the red, if not out of business altogether. Larger organizations might be able to continue at a reduced scope and/or through a condensed service model. The most fiscally secure providers could replace lost public dollars with revenue from other sources; however, they could also find that dropping dwindling government funds completely, along with the onerous rules and regulations attached thereto, would be a more attractive alternative for them and for their clients/customers. In short, we would expect a substantial cut to ultimately unfold as a lose-lose-lose proposition for PSA 4.

SECTION 9 - AREA PLAN NARRATIVE GOALS AND OBJECTIVES

PSA: 4

GOAL #1: IN THE COUNTY OF **NEVADA**, ADVANCE AAA4’S MISSION TO CREATE AND SUPPORT OPPORTUNITIES THAT ENHANCE THE LIVES OF OLDER ADULTS AND THEIR FAMILIES TO BE SAFE, HEALTHY AND INDEPENDENT.

Rationale: AAA4 seeks to use all methods at its disposal to move the mission forward by convening, guiding and encouraging fellow aging advocates; by providing Long-Term Services & Supports (LTSS) to those in need, either directly or through subcontracts with community-based organizations; by coordinating with local advisory bodies and key stakeholder groups; and, where feasible, by developing new programs to benefit Older Adults’ unmet needs, with special emphasis on Food Security and Housing Security.

1.1 Administrative Activities	7/20 to 6/24	A	Ongoing
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(A) Convene Funded Partners: Periodically convene AAA4-Funded Partners serving Nevada County to facilitate ongoing coordination of efforts between all parties in cost-effective ways that result in: 1) Older Adults having better access to the full array of AAA4-Funded services available to them; and, 2) AAA4’s Governing Board and Advisory Council having current information as to the local capacity and limitations of the Funded Partners as a whole.

Regional Services Administrator & Direct Services Administrator, Regional Services Specialists.

(B) Consider New Focal Points: Assess venues in Nevada County to determine whether they meet the standards required for designation as publicly accessible Focal Points where some form of nutrition services for Older Adults are available and where information about other local programs and services of interest can be obtained. Recommendations are welcomed.

Regional Services Administrator & Regional Services Specialists.

1.2 Contracted Services	7/23 to 6/24	CS	Updated
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(A) Support, Monitor & Evaluate Funded Partners: For each of the contracted services in Nevada County listed below, provide direct support to the Funded Partners as needed and/or requested; monitor their compliance with data, fiscal and program requirements; and, evaluate their progress in meeting pre-defined goals in a way that balances the needs of the organization with the needs of current and prospective clients. In addition, assist each Funded Partner to promote Food Security and Housing Security within their existing scope of work as appropriate.

- | | |
|-------------------------|--------------------------------------|
| 1) Congregate Meals | 4) Residential Repairs/Modifications |
| 2) Home-Delivered Meals | 5) Senior Information & Assistance |
| 3) Legal Assistance | 6) Transportation |

All Regional Services Staff & Contracts Coordinator, Dietician, Nutrition Program Manager, Accountants/Auditors, Systems Specialist.

1.3 Direct Services	7/23 to 6/24	DS	Updated
{See Objective 7.3 for the direct services available in all seven counties}			

1.4 Coordination Activities	7/23 to 6/24	C	Updated
<p>(A) <u>Engage Focal Points</u>: For the primary purpose of resolving problems related to service delivery, engage each of the AAA4 designated Focal Points in Nevada County listed below that are non-OAA funded to promote optimal coordination with AAA4-funded services as appropriate, including the special emphasis on Food Security and Housing Security. AAA4 shall also assess the quantity and quality of service referrals, work with facility staff and volunteers to make improvements as needed, then reassess service referrals to measure progress. 2021 Update: All Focal Points closed their doors to the general public due to COVID-19; AAA4 Staff have recently reached out to determine which facilities have reopened and which programs/services have been restored. 2022 Update: AAA4 staff will continue to work with and offer technical assistance to focal points who have reopened and resumed activities. 2023 Update: As the California COVID-19 state of emergency phases out, staff are providing guidance to Focal Points, providing technical assistance and updated outreach materials.</p> <p>1) Nevada City Senior Apartments 3) Tahoe Donner Senior Apartments 2) North San Juan Community Center</p> <p><i>All Regional Services Staff & Nutrition Program Manager, Assistant Director.</i></p>			

1.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
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(B) Coordinate with Advisory Bodies: For the primary purpose of avoiding duplication of effort, validate non-OAA funded groups that represent the collective interests of older residents of Nevada County and/or their caregivers by publicly acknowledging and/or supporting their efforts, and seek to actively collaborate with such groups if doing so advances the goals of AAA4, particularly with respect to Food Security and Housing Security. Collaborations could include dedicated advocacy, promotion and training that yields tangible results for both parties. Such advisory bodies include but are not limited to the following. 2021 Update: Following the pandemic, both the AFSC and the Health Collaborative began to meet via Zoom. AAA4 staff worked with the Commission on remote service delivery and technical adaptation. 2022 Update: AAA4 staff continue to collaborate and offer technical support to AFSC and the Health Collaborative. 2023 Update: AAA4 staff continue to offer technical support and project assistance to Advisory Bodies as the California COVID-19 state of emergency phases out and meetings transition back to in-person.

- 1) The AFSC: Adult and Family Services Commission (County Commission on Aging)
- 2) The Community Health Partnership
- 3) The Elder Care Providers' Coalition
- 4) The Nevada County Health Collaborative
- 5) The Truckee-Tahoe Community Collaborative
- 6) Housing Committees
- 7) Transportation Committees
- 8) Veterans Committees

All Regional Services Staff & Nutrition Program Manager, Assistant Director.

1.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
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(C) Connect with Key Stakeholders: For the purposes of building and sustaining Long-Term Services and Supports for older residents of Nevada County (i.e., improving services), urge collaborative efforts at the local level that include key, non-OAA funded stakeholders who represent the broad areas listed below. AAA4 can help community leaders understand how the rapid aging of the population impacts the work they do, and AAA4 can offer practical, cost-effective solutions to reduce any negative effects and to increase positive outcomes for the people they serve. 2021 Update: This objective has been inactive since the pandemic; however, local efforts to develop a Master Plan for Aging may prompt a reactivation. 2022 Update: AAA4 staff offer technical support to the County of Nevada in developing a MPA Local Playbook. 2023 Update: AAA4 staff continue to work with Key Stakeholders to implement the MPA Local Playbook, coordinate resources and connections, facilitate opportunities for collaboration, and provide guidance and technical assistance.

- 1) The public sector: Protecting vulnerable elders from abuse, hunger and homelessness; streamlining eligibility and access to benefits; planning around housing, transportation and health care issues with a long-term perspective about people’s future needs. (e.g., City of Grass Valley, City of Nevada City, County of Nevada, Town of Truckee)
- 2) The private sector: Helping employees plan appropriately for retirement; supporting family caregivers at work; hiring older workers. (e.g., Briarpatch Community Market, Donner Ski Ranch, Robinson Enterprises Inc.)
- 3) The nonprofit sector: Filling gaps, especially around hunger and homelessness; recruiting volunteers; forming alliances. (e.g., Family Resource Center of Truckee, Nevada County United Way)
- 4) Health care providers: Preparing for growth in all care settings; emphasizing self-care, including proper nutrition and shelter; investing in telemedicine. (e.g., Sierra Nevada Memorial Hospital, Tahoe Forest Hospital)
- 5) Faith-based organizations: Staying connected with the eldest members; spiritually supporting family caregivers; helping with end-of-life decisions. (e.g., Interfaith Food Ministries of Nevada County, Whispering Pines Church of God)
- 6) Fraternal and charitable groups/foundations: Providing direct financial support for Older Adults and their family caregivers or indirect support via food and shelter. (e.g., Sierra Nevada Memorial Hospital Foundation, Tahoe Truckee Community Foundation)
- 7) Social organizations: Providing social support for Older Adults and their family caregivers, including those experiencing hunger and homelessness. (e.g., Helping Hands Caregiver Resource Center)

All Regional Services Staff & Nutrition Program Manager, Assistant Director, Executive Director.

1.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
<p>(D) <u>Promote the State-Designated ADRC</u>: Promote the goals and objectives of the Nevada County Aging and Disability Resource Connection by working with extended partners (e.g., Domestic Violence & Sexual Assault Coalition, Nevada County Fall Prevention Coalition, the Salvation Army, Western Sierra Medical Clinic and others) to enhance and support a continuum of help for people in need of Long-Term Services and Supports (i.e., improve services). 2021 Update: Hold an Annual Aging and Disability Conference in July 2021 to facilitate implementation of the Master Plan for Aging’s Local Playbook. This virtual Conference will be jointly coordinated between the Nevada, Placer and Yuba-Sutter ADRCs. Complete and implement the Rapid Assessment Tool to identify local priorities and organizational steps to take to address impacts of COVID-19 and other local emergencies. 2022 Update: Assisted 211 Nevada with rollout of a Community Information Exchange (CIE). PCC provided staff support for emergency response when FREED’s Grass Valley office was closed due to an extreme weather event (snow storm). PCC provided Wal-Mart and Target gift cards to needy individuals for one-time purchases. The website has been enhanced. 2023 Update: AAA4 Staff continue to work on: helping to develop the MPA local playbook; revising the referral process for consumers wanting case management; rolling out the CIE; cross-training the advisory committee; and, conducting community trainings for the general public.</p> <p><i>Executive Director & Program Manager/Developer, All Regional Services Staff.</i></p>			

1.5 Program Development	n/a	PD	Not Applicable
<p>(A) <i>Not Applicable at this time.</i></p>			

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GOAL #2: IN THE COUNTY OF PLACER, ADVANCE AAA4'S MISSION TO CREATE AND SUPPORT OPPORTUNITIES THAT ENHANCE THE LIVES OF OLDER ADULTS AND THEIR FAMILIES TO BE SAFE, HEALTHY AND INDEPENDENT.

Rationale: AAA4 seeks to use all methods at its disposal to move the mission forward by convening, guiding and encouraging fellow aging advocates; by providing Long-Term Services & Supports (LTSS) to those in need, either directly or through subcontracts with community-based organizations; by coordinating with local advisory bodies and key stakeholder groups; and, where feasible, by developing new programs to benefit Older Adults' unmet needs, with special emphasis on Food Security and Housing Security.

2.1 Administrative Activities	7/20 to 6/24	A	Ongoing
<p>(A) <u>Convene Funded Partners</u>: Periodically convene AAA4-Funded Partners serving Placer County to facilitate ongoing coordination of efforts between all parties in cost-effective ways that result in: 1) Older Adults having better access to the full array of AAA4-Funded services available to them; and, 2) AAA4's Governing Board and Advisory Council having current information as to the local capacity and limitations of the Funded Partners as a whole.</p> <p><i>Regional Services Administrator & Direct Services Administrator, Regional Services Specialists.</i></p>			

2.1 Administrative Activities (continued)	7/20 to 6/24	A	Completed
<p>(B) <u>Consider New Focal Points</u>: Assess venues in Placer County to determine whether they meet the standards required for designation as publicly accessible Focal Points where some form of nutrition services for Older Adults are available and where information about other local programs and services of interest can be obtained. Of particular interest are:</p> <ol style="list-style-type: none"> 1) Auburn Senior Center 2) Lincoln Senior Center <p><i>Regional Services Administrator & Regional Services Specialists.</i></p>			

2.2 Contracted Services	7/23 to 6/24	CS	Updated
<p>(A) <u>Support, Monitor & Evaluate Funded Partners</u>: For each of the contracted services in Placer County listed below, provide direct support to the Funded Partners as needed and/or requested; monitor their compliance with data, fiscal and program requirements; and, evaluate their progress in meeting pre-defined goals in a way that balances the needs of the organization with the needs of current and prospective clients. In addition, assist each Funded Partner to promote Food Security and Housing Security within their existing scope of work as appropriate.</p> <ol style="list-style-type: none"> 1) Caregiver Respite (In-Home Personal Care, Day Care & Overnight Care) 2) Caregiver Support (Assessment & Case Management) 3) Congregate Meals 4) Home-Delivered Meals 5) Legal Assistance 6) Residential Repairs/Modifications 7) Senior Information & Assistance 8) Transportation <p><i>All Regional Services Staff & Contracts Coordinator, Dietician, Nutrition Program Manager, Accountants/Auditors, Systems Specialist.</i></p>			

2.3 Direct Services	7/23 to 6/24	DS	Updated
<p>(A) <u>Support, Monitor & Evaluate Direct Services</u>: For direct services offered in Placer County, AAA4's Leadership Team shall provide support as needed and/or requested; monitor compliance with data, fiscal and program requirements; and, evaluate progress in meeting pre-defined goals in a way that balances the needs of the organization with the needs of current and prospective clients. AAA4 shall also promote Food Security and Housing Security within the existing scope of work as appropriate. {See Objective 7.3 for a listing of services available in all seven counties}</p> <ol style="list-style-type: none"> 1) Bingocize (a Title III-D Evidence-Based program) 2) Employment (Title III-B Job Readiness Program) 3) Case Management (Title III-B Person-Centered Counseling Program) Start Date: January 1, 2022 <p><i>Executive Director & Assistant Director, Direct Services Administrator, Fiscal Services Administrator, Program Manager/Developer, Person-Centered Counselors, Regional Services Administrator, Strategic Planning Administrator.</i></p> <p><i>Health Promotion Coordinators.</i></p>			

2.4 Coordination Activities	7/23 to 6/24	C	Updated
<p>(A) <u>Engage Focal Points</u>: For the primary purpose of resolving problems related to service delivery, engage each of the AAA4 designated Focal Points in Placer County listed below that are non-OAA funded to promote optimal coordination with AAA4-funded services as appropriate, including the special emphasis on Food Security and Housing Security. AAA4 shall also assess the quantity and quality of service referrals, work with facility staff and volunteers to make improvements as needed, then reassess service referrals to measure progress. 2021 Update: All Focal Points closed their doors to the general public due to COVID-19; AAA4 Staff have recently reached out to determine which facilities have reopened and which programs/services have been restored. 2022 Update: AAA4 staff have confirmed Maidu Community Center is now open. 2023 Update: As the California COVID-19 state of emergency phases out, staff are providing guidance to Focal Points, providing technical assistance and updated outreach materials.</p> <ol style="list-style-type: none"> 1) Maidu Community Center 2) Lincoln Senior Center 3) Auburn Senior Center <p><i>All Regional Services Staff & Nutrition Program Manager, Assistant Director.</i></p>			

2.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
<p>(B) <u>Coordinate with Advisory Bodies</u>: For the primary purpose of avoiding duplication of effort, validate non-OAA funded groups that represent the collective interests of older residents of Placer County and/or their caregivers by publicly acknowledging and/or supporting their efforts, and seek to actively collaborate with such groups if doing so advances the goals of AAA4, particularly with respect to Food Security and Housing Security. Collaborations could include dedicated advocacy, promotion and training that yields tangible results for both parties. Such advisory bodies include but are not limited to those listed below. 2021 Update: Since the pandemic, AAA4 Staff have worked with the Placer Collaborative on food delivery and with the Placer County Transportation Planning Agency on transportation strategies. 2022 Update: AAA4 staff continue to work with OAAC to confront a variety of community issues (i.e., economic impact, housing, transportation, etc.). 2023 Update: As the California COVID-19 state of emergency phases out, staff are providing technical support and project assistance to the OAAC and PCN as the groups transition back to in-person meetings.</p> <ol style="list-style-type: none"> 1) The Older Adult Advisory Commission (OAAC) (currently serving as the County Commission on Aging) 2) The Placer Collaborative Network 3) Health Committees 4) Housing Committees 5) Transportation Committees 6) Veterans Committees 7) Placer Health Collaborative <p><i>All Regional Services Staff & Nutrition Program Manager, Assistant Director.</i></p>			

2.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
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(C) Connect with Key Stakeholders: For the purposes of building and sustaining Long-Term Services and Supports for older residents of Placer County (i.e., improving services), urge collaborative efforts at the local level that include key, non-OAA funded stakeholders who represent the broad areas listed below. AAA4 can help community leaders understand how the rapid aging of the population impacts the work they do, and AAA4 can offer practical, cost-effective solutions to reduce any negative effects and to increase positive outcomes for the people they serve. 2021 Update: Since the pandemic, AAA4 Staff have worked with Auburn Interfaith Food Closet on meal deliveries. 2022 Update: AAA4 staff will coordinate with Key Stakeholders (including Placer County APS) to develop a program to address severe instances of hoarding that threaten individuals' ability to continue living in their own homes. 2023 Update: AAA4 staff deemed the hoarding program coordination as not viable for AAA4. Staff continue to assist in the implementation of the MPA Local Playbook, as well as coordinating efforts with Key Stakeholders to prevent homelessness and address the shortage of affordable housing.

1) The public sector

Protecting vulnerable elders from abuse, hunger and homelessness; streamlining eligibility and access to benefits; planning around housing, transportation and health care issues with a long-term perspective about people's future needs. (e.g., City of Auburn, City of Colfax, City of Lincoln, City of Roseville, City of Rocklin, County of Placer, Town of Loomis)

2) The private sector

Helping employees plan appropriately for retirement; supporting family caregivers at work; hiring older workers. (e.g., Oracle, PRIDE Industries, Union Pacific Railroad)

3) The nonprofit sector

Filling gaps, especially around hunger and homelessness; recruiting volunteers; forming alliances. (e.g., Food Bank of Placer County)

4) Health care providers

Preparing for growth in all care settings; emphasizing self-care, including proper nutrition and shelter; investing in telemedicine. (e.g., Lighthouse Counseling and Family Resource Center, Sutter Auburn Faith Hospital)

5) Faith-based organizations

Staying connected with the eldest members; spiritually supporting family caregivers; helping with end-of-life decisions. (e.g., Bayside Church, Interfaith Food Ministry)

6) Fraternal and charitable groups/foundations

Providing direct financial support for Older Adults and their family caregivers or indirect support via food and shelter. (e.g., Placer Community Foundation)

7) Social Organizations

Providing social support for Older Adults and their family caregivers, including those experiencing hunger and homelessness. (e.g., The ARC of Placer County)

8) Colleges and universities

Educating everyone about the aging process; offering more professional geriatric training; doing research on older subjects. (e.g., Sierra College)

All Regional Services Staff & Nutrition Program Manager, Assistant Director, Executive Director.

2.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
<p>(D) <u>Advance the Emerging ADRC</u>: Advance the goals and objectives of the Placer County Aging and Disability Resource Connection through continued participation in the development, implementation and ongoing operation of the Placer ADRC. Apply for State redesignation by December 2021; efforts will focus on coordinating ADRC core services which will reduce duplication of effort in the assessment process and facilitate person-centered care by creating a holistic “picture” of each client. 2021 Update: Hold an Annual Aging and Disability Conference in July 2021 to facilitate implementation of the Master Plan for Aging’s Local Playbook. This virtual Conference will be jointly coordinated between the Nevada, Placer and Yuba-Sutter ADRCs. 2022 Update: Achieved ADRC designation. Participating in a MPA Local Playbook project for Placer County. Hired a Navigator who is regularly stationed in Auburn. Have begun a CTI (Care Transition Intervention) program with Auburn Faith Hospital. The website has been enhanced. 2023 Update: AAA4 hired a second Navigator who will be out-stationed at PIRS and at Seniors First. Work is underway with Dignity Hospital in Roseville to establish a CTI partnership. The CTI target for Auburn Faith Hospital is being increased. In the Fall, AAA4 will host a conference on the MPA Playbook.</p> <p><i>Executive Director & Program Manager/Developer, All Regional Services Staff.</i></p>			

2.5 Program Development	7/21 to 6/24	PD	Updated
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(A) Home Share Pilot Project: In Western Placer County, partner with Placer People of Faith Together (PPOFT) to assist with the development of a Home Share program to match individuals seeking a roommate with individuals seeking affordable housing. The service model is based heavily upon the *Home Share Vermont* approach in which the goal is to pair a homeowner who has some needs (e.g., computer tutoring, light housekeeping, occasional transportation/shopping, extra income to meet monthly expenses) with a home-seeker willing to meet those needs, usually in exchange for reduced rent and/or utility costs. Either the “host” or the “guest” would be an Older Adult, or both parties may be Older Adults.

The primary, first-year objectives are, as appropriate: 1) to provide partial financial support to PPOFT to help make the project operational 2) to help secure partnerships with local organizations well-positioned to identify and refer prospective guests and hosts on an ongoing basis; 3) to provide partial financial support to PPOFT to help “launch” the project; and, 4) to partially cover project operating costs. As of March of 2022, HomeShare American River (HSAR) has already successfully matched several hosts and guests.

The primary, second-year objectives are: 1) to use targeted publicity and promotion to further expand partnerships with local organizations well-positioned to refer prospective hosts; 2) to assist HSAR with program development working including policy & procedures and quality assurance calls; and, 3) help PPOFT identify additional sources of funding.

The primary, third-year objectives are: 1) Continue to provide financial support while helping to identify additional funding sources; 2) Continue to use targeted publicity and promotion to further expand partnerships with local organizations well-positioned to refer prospective hosts and residents; and, 3) Provide technical support and guidance to assist in establishing attainable program benchmarks.

Assistant Director & All Regional Services Staff.

2.5 Program Development	7/20 to 6/21	PD	Inactive
(B) <u>Diabetic Meals Pilot Project</u>			

GOAL #3: IN THE COUNTY OF SACRAMENTO, ADVANCE AAA4'S MISSION TO CREATE AND SUPPORT OPPORTUNITIES THAT ENHANCE THE LIVES OF OLDER ADULTS AND THEIR FAMILIES TO BE SAFE, HEALTHY AND INDEPENDENT.

Rationale: AAA4 seeks to use all methods at its disposal to move the mission forward by convening, guiding and encouraging fellow aging advocates; by providing Long-Term Services & Supports (LTSS) to those in need, either directly or through subcontracts with community-based organizations; by coordinating with local advisory bodies and key stakeholder groups; and, where feasible, by developing new programs to benefit Older Adults' unmet needs, with special emphasis on Food Security and Housing Security.

3.1 Administrative Activities	7/20 to 6/24	A	Ongoing
<p>(A) <u>Convene Funded Partners</u>: Periodically convene AAA4-Funded Partners serving Sacramento County to facilitate ongoing coordination of efforts between all parties in cost-effective ways that result in: 1) Older Adults having better access to the full array of AAA4-Funded services available to them; and, 2) AAA4's Governing Board and Advisory Council having current information as to the local capacity and limitations of the Funded Partners as a whole.</p> <p><i>Regional Services Administrator & Direct Services Administrator, Regional Services Specialists.</i></p>			
<p>(B) <u>Consider New Focal Points</u>: Assess venues in Sacramento County to determine whether they meet the standards required for designation as publicly accessible Focal Points where some form of nutrition services for Older Adults are available and where information about other local programs and services of interest can be obtained. Of particular interest is:</p> <p>1) Citrus Heights Community Center</p> <p><i>Regional Services Administrator & Regional Services Specialists.</i></p>			

3.2 Contracted Services	7/23 to 6/24	CS	Updated
<p>(A) <u>Support, Monitor & Evaluate Funded Partners</u>: For each of the contracted services in Sacramento County listed below, provide direct support to the Funded Partners as needed and/or requested; monitor their compliance with data, fiscal and program requirements; and, evaluate their progress in meeting pre-defined goals in a way that balances the needs of the organization with the needs of current and prospective clients. In addition, assist each Funded Partner to promote Food Security and Housing Security within their existing scope of work as appropriate.</p> <ol style="list-style-type: none"> 1) Caregiver Respite (In-Home Personal Care, Day Care & Overnight Care) 2) Caregiver Support (Assessment & Case Management) 3) Congregate Meals 4) Grandparent Support (Support Groups) 5) Home-Delivered Meals 6) Legal Assistance 7) Peer Counseling 8) Personal Care 9) Residential Repairs/Modifications 10) Senior Information & Assistance 11) Transportation <p><i>All Regional Services Staff & Contracts Coordinator, Dietician, Nutrition Program Manager, Accountants/Auditors, Systems Specialist.</i></p>			

3.3 Direct Services	7/23 to 6/24	DS	Updated
<p>(A) <u>Support, Monitor & Evaluate Direct Services</u>: For direct services offered in Sacramento County, AAA4's Leadership Team shall provide support as needed and/or requested; monitor compliance with data, fiscal and program requirements; and, evaluate progress in meeting pre-defined goals in a way that balances the needs of the organization with the needs of current and prospective clients. AAA4 shall also promote Food Security and Housing Security within the existing scope of work as appropriate. {See Objective 7.3 for a listing of services available in all seven counties}</p> <ol style="list-style-type: none"> 1) Bingocize (a Title III-D Evidence-Based program) 2) Employment (Title III-B Job Readiness Program) 3) Case Management (Title III-B Person-Centered Counseling Program) Start Date: January 1, 2022 <p><i>Executive Director & Assistant Director, Direct Services Administrator, Fiscal Services Administrator, Program Manager/Developer, Person-Centered Counselors, Regional Services Administrator, Strategic Planning Administrator.</i></p> <p><i>Health Promotion Coordinators.</i></p>			

3.4 Coordination Activities	7/23 to 6/24	C	Updated
<p>(A) <u>Engage Focal Points</u>: For the primary purpose of resolving problems related to service delivery, engage each of the AAA4 designated Focal Points in Sacramento County listed below that are non-OAA funded to promote optimal coordination with AAA4-funded services as appropriate, including the special emphasis on Food Security and Housing Security. AAA4 shall also assess the quantity and quality of service referrals, work with facility staff and volunteers to make improvements as needed, then reassess service referrals to measure progress. 2021 Update: All Focal Points closed their doors to the general public due to COVID-19; AAA4 Staff have recently reached out to determine which facilities have reopened and which programs/services have been restored. 2022 Update: AAA4 staff will continue to work with and offer technical assistance to focal points who have reopened and resumed activities. 2023 Update: As the California COVID-19 state of emergency phases out, staff are providing guidance to Focal Points, providing technical assistance and updated outreach materials.</p> <ol style="list-style-type: none"> 1) ACC Senior Services [Funded Partner] 2) Chabolla Community Center 3) Ethel McLeod Hart Multipurpose Senior Center 4) Mission Oaks Community Center 5) Neil Orchard Senior Activities Center 6) Samuel C. Pannell Meadowview Community Center 7) Senior Center of Elk Grove 8) Stanford Settlement Senior Center [Funded Partner] <p><i>All Regional Services Staff & Nutrition Program Manager, Assistant Director.</i></p>			

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3.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
<p>(B) <u>Coordinate with Advisory Bodies</u>: For the primary purpose of avoiding duplication of effort, validate non-OAA funded groups that represent the collective interests of older residents of Sacramento County and/or their caregivers by publicly acknowledging and/or supporting their efforts, and seek to actively collaborate with such groups if doing so advances the goals of AAA4, particularly with respect to Food Security and Housing Security. Collaborations could include dedicated advocacy, promotion and training that yields tangible results for both parties. Such advisory bodies include but are not limited to those listed below. 2021 Update: Since the pandemic, AAA4 Staff have worked with AAC and OAC on vaccination outreach. 2022 Update: AAA4 staff have continued to work with AAC and OAC on vaccination outreach, and coordinate with the Mobility Advisory Council (MAC) to resume transportation services. 2023 Update: As the California COVID-19 state of emergency phases out, staff continue to offer technical support and project assistance to Advisory Bodies as coordination transitions back to an in-person setting. Staff are also working with Galt Commission on Aging to establish emergency protocols and resources.</p> <ol style="list-style-type: none"> 1) The Adult and Aging Commission (AAC) (currently serving as the County Commission on Aging) 2) The Older Adult Collaborative (mental health group) 3) Galt Commission on Aging 4) Health Committees 5) Housing Committees 6) Transportation Committees 7) Veterans Committees <p><i>All Regional Services Staff & Nutrition Program Manager, Assistant Director.</i></p>			

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3.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
<p>(C) <u>Connect with Key Stakeholders</u>: For the purposes of building and sustaining Long-Term Services and Supports for older residents of Sacramento County (i.e., improving services), urge collaborative efforts at the local level that include key, non-OAA funded stake-holders who represent the broad areas listed below. AAA4 can help community leaders understand how the rapid aging of the population impacts the work they do, and AAA4 can offer practical, cost-effective solutions to reduce any negative effects and to increase positive outcomes for the people they serve. 2021 Update: In response to the first shelter in place orders in March of 2020, AAA4 quickly partnered with Drewski’s (a private food truck business) to cook and box excess meals for delivery to older adults unable to leave their homes. 2022 Update: AAA4 staff continue to participate and collaborate with the City of Sacramento Food Access Collaborative on the food services available in the city and county. 2023 Update: AAA4 staff are working with rural communities and underserved populations to improve access to services and supports, increase awareness of local resources.</p> <ol style="list-style-type: none"> 1) The public sector Protecting vulnerable elders from abuse, hunger and homelessness; streamlining eligibility and access to benefits; planning around housing, transportation and health care issues with a long-term perspective about people’s future needs. (e.g., City of Citrus Heights, City of Elk Grove, City of Folsom, City of Galt, City of Isleton, City of Rancho Cordova, City of Sacramento, County of Sacramento, SMUD) 2) The private sector Helping employees plan appropriately for retirement; supporting family caregivers at work; hiring older workers. (e.g., Amazon, Golden One Credit Union, VSP Vision Care) 3) The nonprofit sector Filling gaps, especially around hunger and homelessness; recruiting volunteers; forming alliances. (e.g., Foundation Aiding the Elderly, Leading Age California, United Way Capitol Region) 4) Health care providers Preparing for growth in all care settings; emphasizing self-care, including proper nutrition and shelter; investing in telemedicine. (e.g., Dignity, Kaiser, Sutter, UC Davis) 5) Faith-based organizations Staying connected with the eldest members; spiritually supporting family caregivers; helping with end-of-life decisions. (e.g., Interfaith Council of Greater Sacramento, Muslim American Society of Sacramento, Sacramento ACT) 6) Fraternal and charitable groups/foundations Providing direct financial support for Older Adults and their family caregivers or indirect support via food and shelter. (e.g., Sacramento Golden State Lions Club, Sacramento Region Community Foundation) 7) Social Organizations Providing social support for Older Adults and their family caregivers, including those experiencing hunger and homelessness. (e.g., El Hogar Community Services, Mutual Assistance Network, Women’s Civic Improvement Club) 8) Colleges and universities Educating everyone about the aging process; offering more professional geriatric training; doing research on older subjects. (e.g., American River College, Sacramento State University, UC Davis Medical School) <p><i>All Regional Services Staff & Nutrition Program Manager, Assistant Director, Executive Director.</i></p>			

3.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
<p>(D) <u>Advance the ADRC</u>: In coordination with Resources for Independent Living (RIL) and ACC Senior Services, begin initial planning and development work for a Sacramento County Aging and Disability Resource Connection as funding resources become available. 2022 Update: Received emerging ADRC status. A kick-off event is planned for April 7. Actively recruiting Advisory Committee members. Steering Committee meetings are underway. Worked with 211 Sacramento on development of service pathways, warm hand-offs and website enhancement. Developing a shared database. 2023 Update: Monthly training meetings with front-line workers and Advisory Committee members are underway. AAA4 is working on the application for ADRC Designation (due in October). An (800) number has been introduced for ADRC consumers. The ADRC website has been completed. AAA4 has received a CalGROWS grant to provide training to direct care workers. The ADRC will support the Sacramento County Senior Connection Program to reduce social isolation via case management, transportation and digital connections.</p> <p><i>Executive Director & Program Manager/Developer, All Regional Services Staff.</i></p>			

3.5 Program Development	7/21 to 6/24	PD	Updated
<p>(A) <u>Senior Safe House Graduation Project</u>: In Sacramento County, develop alternatives for “graduates” of the Senior Safe House who would otherwise be transitioning to (or back to) homelessness because they cannot safely return to their previous place of residence. The Senior Safe House provides short-term support services to Older Adults who have experienced severe abuse and who do not have a safe place to stay while they are recovering. Given AAA4’s longstanding ties to the Safe House, this project may represent our best opportunity to directly divert homelessness among those in the highest risk category.</p> <p>The primary, first-year objectives are: 1) to secure a formal agreement with Volunteers of America, the operator of the Safe House, regarding overall coordination of efforts, particularly regarding protocols for information sharing and direct communications with residents in the secure facility; 2) to seek partnerships with the County and the City of Sacramento, Sacramento Steps Forward, Sacramento Self-Help Housing and other funders and providers of affordable, supportive housing for the purpose of establishing “back channel” access to key staff and to reserve supportive housing slots for graduates; 3) to write a nonprofit business plan to find ongoing funding streams to support the same or a similar service; and, 4) to establish policies and procedures.</p> <p>2022 Update: Although AAA4 Staff have been working with Staff at the Safe House to establish a more complete understanding of the needs of guests and how best to address them in a coordinated fashion, to date none of the first-year objectives have been achieved.</p> <p>2023 Update: Since this objective was created the County’s role in supporting the Safe House has changed and there is a new Executive Director at Volunteers of America. AAA4 Staff are currently in the process of reevaluating whether we can provide value.</p> <p><i>Assistant Director & All Regional Services Staff.</i></p>			

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GOAL #4: IN THE COUNTY OF **SIERRA**, ADVANCE AAA4'S MISSION TO CREATE AND SUPPORT OPPORTUNITIES THAT ENHANCE THE LIVES OF OLDER ADULTS AND THEIR FAMILIES TO BE SAFE, HEALTHY AND INDEPENDENT.

Rationale: AAA4 seeks to use all methods at its disposal to move the mission forward by convening, guiding and encouraging fellow aging advocates; by providing Long-Term Services & Supports (LTSS) to those in need, either directly or through subcontracts with community-based organizations; by coordinating with local advisory bodies and key stakeholder groups; and, where feasible, by developing new programs to benefit Older Adults' unmet needs, with special emphasis on Food Security and Housing Security.

4.1 Administrative Activities	7/20 to 6/24	A	Ongoing
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(A) Convene Funded Partners: Periodically convene AAA4-Funded Partners serving Sierra County to facilitate ongoing coordination of efforts between all parties in cost-effective ways that result in: 1) Older Adults having better access to the full array of AAA4-Funded services available to them; and, 2) AAA4's Governing Board and Advisory Council having current information as to the local capacity and limitations of the Funded Partners as a whole.

Regional Services Administrator & Direct Services Administrator, Regional Services Specialists.

(B) Consider New Focal Points: Assess venues in Sierra County to determine whether they meet the standards required for designation as publicly accessible Focal Points where some form of nutrition services for Older Adults are available and where information about other local programs and services of interest can be obtained. Recommendations are welcomed.

Regional Services Administrator & Regional Services Specialists.

4.2 Contracted Services	7/23 to 6/24	CS	Updated
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(A) Support, Monitor & Evaluate Funded Partners: For each of the contracted services in Sierra County listed below, provide direct support to the Funded Partners as needed and/or requested; monitor their compliance with data, fiscal and program requirements; and, evaluate their progress in meeting pre-defined goals in a way that balances the needs of the organization with the needs of current and prospective clients. In addition, assist each Funded Partner to promote Food Security and Housing Security within their existing scope of work as appropriate.

- 1) Congregate Meals
- 2) Home-Delivered Meals
- 3) Legal Assistance
- 4) Outreach
- 5) Residential Repairs/Modifications

All Regional Services Staff & Contracts Coordinator, Dietician, Nutrition Program Manager, Accountants/Auditors, Systems Specialist.

4.3 Direct Services	7/23 to 6/24	DS	Updated
<p>(A) <u>Support, Monitor & Evaluate Direct Services</u>: {See Objective 7.3 for services available in all seven counties}</p>			

4.4 Coordination Activities	7/23 to 6/24	C	Updated
<p>(A) <u>Engage Focal Points</u>: For the primary purpose of resolving problems related to service delivery, engage each of the AAA4 designated Focal Points in Sierra County listed below to promote optimal coordination with AAA4-funded services as appropriate, including the special emphasis on Food Security and Housing Security. AAA4 shall also assess the quantity and quality of service referrals, work with facility staff and volunteers to make improvements as needed, then reassess service referrals to measure progress. 2021 Update: The Loyaltan Senior Center remained operational during the pandemic, acting as a vital community resource for emergency response. 2022 Update: AAA4 staff will continue to work with and offer technical assistance to the Loyaltan Senior Center. 2023 Update: As the California COVID-19 state of emergency phases out, staff are providing guidance to Focal Points, providing technical assistance and updated outreach materials. AAA4 staff continue to work closely with the Loyaltan Senior Center to identify resources for the purpose of enhancing access, site improvements, and technology updates.</p> <p>1) Loyaltan Senior Center [Funded Partner]</p> <p><i>All Regional Services Staff & Nutrition Program Manager, Assistant Director.</i></p>			

4.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
<p>(B) <u>Coordinate with Advisory Bodies</u>: For the primary purpose of avoiding duplication of effort, validate non-OAA funded groups that represent the collective interests of older residents of Sierra County and/or their caregivers by publicly acknowledging and/or supporting their efforts, and seek to actively collaborate with such groups if doing so advances the goals of AAA4, particularly with respect to Food Security and Housing Security. Collaborations could include dedicated advocacy, promotion and training that yields tangible results for both parties. Such advisory bodies include but are not limited to those listed below. 2021 Update: This is a placeholder objective to both encourage and allow for future efforts by AAA4 to further support the local community. 2022 Update: AAA4 staff will seek out opportunities to support local communities through involvement with advisory bodies. 2023 Update: AAA4 staff continue to seek out opportunities to support local communities through involvement with advisory bodies.</p> <p>1) Health Committees 2) Housing Committees 3) Transportation Committees 4) Veterans Committees</p> <p><i>All Regional Services Staff & Nutrition Program Manager, Assistant Director.</i></p>			

4.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
<p>(C) <u>Connect with Key Stakeholders</u>: For the purposes of building and sustaining Long-Term Services and Supports for older residents of Sierra County (i.e., improving services), urge collaborative efforts at the local level that include key, non-OAA funded stakeholders who represent the broad areas listed below. AAA4 can help community leaders understand how the rapid aging of the population impacts the work they do, and AAA4 can offer practical, cost-effective solutions to reduce any negative effects and to increase positive outcomes for the people they serve. 2021 Update: This is a placeholder objective to both encourage and allow for future efforts by AAA4 to further support the local community. 2022 Update: AAA4 staff continues to provide technical assistance to community nutrition services. 2023 Update: AAA4 staff continue to work with Key Stakeholders to coordinate resources and connections, facilitate opportunities for collaboration, and provide guidance and technical assistance.</p> <ol style="list-style-type: none"> 1) The public sector Protecting vulnerable elders from abuse, hunger and homelessness; streamlining eligibility and access to benefits; planning around housing, transportation and health care issues with a long-term perspective about people’s future needs. (e.g., City of Loyalton, County of Sierra) 2) The private sector Helping employees plan appropriately for retirement; supporting family caregivers at work; hiring older workers. (e.g., Sierra County Chamber of Commerce, Sierra Energy) 3) The nonprofit sector Filling gaps, especially around hunger and homelessness; recruiting volunteers; forming alliances. (e.g., Western Sierra Residential Center) 4) Health care providers Preparing for growth in all care settings; emphasizing self-care, including proper nutrition and shelter; investing in telemedicine. (e.g., Western Sierra Medical Clinic) 5) Faith-based organizations Staying connected with the eldest members; spiritually supporting family caregivers; helping with end-of-life decisions. (e.g., Community Church of Loyalton) 6) Fraternal and charitable groups/foundations Providing direct financial support for Older Adults and their family caregivers or indirect support via food and shelter. (e.g., Downieville Lions Club) 7) Social Organizations Providing social support for Older Adults and their family caregivers, including those experiencing hunger and homelessness. (e.g., Golden Rays Senior Citizens of Sierra County Inc.) <p><i>All Regional Services Staff & Nutrition Program Manager, Assistant Director, Executive Director.</i></p>			

4.4 Coordination Activities (continued)	7/22 to 6/23	C	Discontinue
<p>(D) Explore an ADRC: In coordination with FREED and with the County of Sierra, explore development of a standalone ADRC for Sierra County. <i>Executive Director & Program Manager/Developer.</i></p>			

4.5 Program Development	n/a	PD	Not Applicable
<p>(A) <i>Not Applicable at this time.</i></p>			

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GOAL #5: IN THE COUNTY OF YOLO, ADVANCE AAA4'S MISSION TO CREATE AND SUPPORT OPPORTUNITIES THAT ENHANCE THE LIVES OF OLDER ADULTS AND THEIR FAMILIES TO BE SAFE, HEALTHY AND INDEPENDENT.

Rationale: AAA4 seeks to use all methods at its disposal to move the mission forward by convening, guiding and encouraging fellow aging advocates; by providing Long-Term Services & Supports (LTSS) to those in need, either directly or through subcontracts with community-based organizations; by coordinating with local advisory bodies and key stakeholder groups; and, where feasible, by developing new programs to benefit Older Adults' unmet needs, with special emphasis on Food Security and Housing Security.

5.1 Administrative Activities

7/20 to 6/24

A

Ongoing

(A) Convene Funded Partners: Periodically convene AAA4-Funded Partners serving Yolo County to facilitate ongoing coordination of efforts between all parties in cost-effective ways that result in: 1) Older Adults having better access to the full array of AAA4-Funded services available to them; and, 2) AAA4's Governing Board and Advisory Council having current information as to the local capacity and limitations of the Funded Partners as a whole.

Regional Services Administrator & Direct Services Administrator, Regional Services Specialists.

(B) Consider New Focal Points: Assess venues in Yolo County to determine whether they meet the standards required for designation as publicly accessible Focal Points where some form of nutrition services for Older Adults are available and where information about other local programs and services of interest can be obtained.

- 1) Winters Senior Center (opening date TBD)

Regional Services Administrator & Regional Services Specialists.

5.2 Contracted Services	7/23 to 6/24	CS	Updated
<p>(A) <u>Support, Monitor & Evaluate Funded Partners</u>: For each of the contracted services in Yolo County listed below, provide direct support to the Funded Partners as needed and/or requested; monitor their compliance with data, fiscal and program requirements; and, evaluate their progress in meeting pre-defined goals in a way that balances the needs of the organization with the needs of current and prospective clients. In addition, assist each Funded Partner to promote Food Security and Housing Security within their existing scope of work as appropriate.</p> <ol style="list-style-type: none"> 1) Caregiver Respite (In-Home Personal Care, Day Care & Overnight Care) 2) Caregiver Support (Assessment & Case Management) 3) Congregate Meals 4) Home-Delivered Meals 5) Legal Assistance 6) Senior Information & Assistance 7) Transportation (including Vouchers) <p><i>All Regional Services Staff & Contracts Coordinator, Dietician, Nutrition Program Manager, Accountants/Auditors, Systems Specialist.</i></p>			

5.3 Direct Services	7/23 to 6/24	DS	Updated
<p>(A) <u>Support, Monitor & Evaluate Direct Services</u>: For direct services offered in Sacramento County, AAA4's Leadership Team shall provide support as needed and/or requested; monitor compliance with data, fiscal and program requirements; and, evaluate progress in meeting pre-defined goals in a way that balances the needs of the organization with the needs of current and prospective clients. AAA4 shall also promote Food Security and Housing Security within the existing scope of work as appropriate. {See Objective 7.3 for a listing of services available in all seven counties}</p> <ol style="list-style-type: none"> 1) Employment (Job Readiness Program) 2) Case Management (Title III-B Person-Centered Counseling Program) Start Date: January 1, 2022 <p><i>Executive Director & Assistant Director, Direct Services Administrator, Fiscal Services Administrator, Program Manager/Developer, Person-Centered Counselors, Regional Services Administrator, Strategic Planning Administrator.</i></p> <p><i>Health Promotion Coordinators.</i></p>			

5.4 Coordination Activities	7/23 to 6/24	C	Updated
<p>(A) <u>Engage Focal Points</u>: For the primary purpose of resolving problems related to service delivery, engage each of the AAA4 designated Focal Points in Yolo County listed below that are non-OAA funded to promote optimal coordination with AAA4-funded services as appropriate, including the special emphasis on Food Security and Housing Security. AAA4 shall also assess the quantity and quality of service referrals, work with facility staff and volunteers to make improvements as needed, then reassess service referrals to measure progress. 2021 Update: All Focal Points closed their doors to the general public due to COVID-19; AAA4 Staff have recently reached out to determine which facilities have reopened and which programs/services have been restored. 2022 Update: AAA4 staff will continue to work with and offer technical assistance to focal points who have reopened and resumed activities. 2023 Update: As the California COVID-19 state of emergency phases out, staff are providing guidance to Focal Points, providing technical assistance and updated outreach materials. For those Focal Points that have not reopened, staff are providing guidance and assistance in reopening.</p> <ol style="list-style-type: none"> 1) Davis Senior Center 2) RISE (Esparto Office) 3) West Sacramento Community Center 4) Woodland Community & Senior Center <p><i>All Regional Services Staff & Nutrition Program Manager, Assistant Director.</i></p>			

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5.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
<p>(B) <u>Coordinate with Advisory Bodies</u>: For the primary purpose of avoiding duplication of effort, validate non-OAA funded groups that represent the collective interests of older residents of Yolo County and/or their caregivers by publicly acknowledging and/or supporting their efforts, and seek to actively collaborate with such groups if doing so advances the goals of AAA4, particularly with respect to Food Security and Housing Security. Collaborations could include dedicated advocacy, promotion and training that yields tangible results for both parties. Such advisory bodies include but are not limited to those listed below. 2021 Update: Since the pandemic, AAA4 Staff have worked with Yolo County Public Health on COVID response and emergency preparedness. 2022 Update: AAA4 staff continue to work with advisory bodies to collaborate on food insecurity and food access in rural areas, and assess the impacts of economic change. 2023 Update: As California phases out the COVID-19 state of emergency, AAA4 staff continues to work with Advisory Bodies to reinstate in-person meetings, collaborate on food security efforts, and establish emergency preparedness protocols.</p> <ol style="list-style-type: none"> 1) The Yolo County Commission on Aging (serving as the County Commission on Aging) 2) The Davis Senior Citizens Commission 3) The VFW: Veterans of Foreign Wars (Davis, West Sacramento & Woodland) 4) The Winters Aging Commission 5) The Woodland Commission on Aging 6) The West Sacramento Parks, Recreation and Intergenerational Services (serving as the City Commission on Aging) 7) The Yolo County Homeless & Poverty Action Coalition (HPAC) (addressing housing issues) 8) Yolo County Health Council 9) Yolo County Local Mental Health Board 10) Yolo County Health and Human Services Agency: Healthy Yolo Project – Healthy Aging Workgroup 11) Housing Committees 12) Transportation Committees <p><i>All Regional Services Staff & Nutrition Program Manager, Assistant Director.</i></p>			

5.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
<p>(C) <u>Connect with Key Stakeholders</u>: For the purposes of building and sustaining Long-Term Services and Supports for older residents of Yolo County (i.e., improving services), urge collaborative efforts at the local level that include key, non-OAA funded stakeholders who represent the broad areas listed below. AAA4 can help community leaders understand how the rapid aging of the population impacts the work they do, and AAA4 can offer practical, cost-effective solutions to reduce any negative effects and to increase positive outcomes for the people they serve. 2021 Update: Since the pandemic, AAA4 Staff have contracted with the County of Yolo and with Drewski’s to provide meals to older adult participants in the room key program. 2022 Update: As the pandemic continues, AAA4 offers technical support to agencies that are offering wellness checks. 2023 Update: AAA4 staff continue efforts to develop dementia resources and establish a No Wrong Door community center with St. John’s Retirement Village Stakeholders.</p> <ol style="list-style-type: none"> 1) The public sector Protecting vulnerable elders from abuse, hunger and homelessness; streamlining eligibility and access to benefits; planning around housing, transportation and health care issues with a long-term perspective about people’s future needs. (e.g., City of Davis, City of West Sacramento, City of Winters, City of Woodland, County of Yolo) 2) The private sector Helping employees plan appropriately for retirement; supporting family caregivers at work; hiring older workers. (e.g., Raley’s) 3) The nonprofit sector Filling gaps, especially around hunger and homelessness; recruiting volunteers; forming alliances. (e.g., Yolo Healthy Aging Alliance Yolo Food Bank) 4) Health care providers Preparing for growth in all care settings; emphasizing self-care, including proper nutrition and shelter; investing in telemedicine. (e.g., CommuniCare Health Centers) 5) Faith-based organizations Staying connected with the eldest members; spiritually supporting family caregivers; helping with end-of-life decisions. (e.g., Center for Spiritual Living) 6) Fraternal and charitable groups/foundations Providing direct financial support for Older Adults and their family caregivers or indirect support via food and shelter. (e.g., Yolo Community Foundation) 7) Social Organizations Providing social support for Older Adults and their family caregivers, including those experiencing hunger and homelessness. (e.g., Citizens Who Care) 8) Colleges and universities Educating everyone about the aging process; offering more professional geriatric training; doing research on older subjects. (e.g., UC Davis) <p><i>All Regional Services Staff & Nutrition Program Manager, Assistant Director, Executive Director.</i></p>			

5.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
<p>(D) <u>Advance the Emerging ADRC</u>: In partnership with Resources for Independent Living (RIL) and the Yolo Healthy Aging Alliance (YHAA), advance the goals and objectives of the Yolo County Aging and Disability Resource Connection by completing the application process and implementing the services. 2021 Update: The primary objective in 2021-22 is to complete the process for State designation which will require, among other things, completion and incorporation of the Rapid Assessment Tool. By standardizing the way client needs are captured and shared, the Tool will reduce duplication of effort in the assessment process and facilitate person-centered care by creating a holistic “picture” of each client. 2022 Update: Achieved ADRC designation. Seeking office space in Woodland to expand the local presence. Established a designated phone number for the Yolo ADRC. The webpage has been enhanced. Data-sharing agreements have been put in place. 2023 Update: AAA4 continues to attempt to secure ADRC office space in Woodland and to hire staff to be out-stationed there. RIL has been activated multiple times as the PSPS (public safety power shutoff) operator during emergencies. YHAA is providing nursing support and options counseling at mobile nutrition sites. The ADRC continues to explore opportunities for CTI with local hospitals.</p> <p><i>Executive Director & Program Manager/Developer, All Regional Services Staff.</i></p>			

5.5 Program Development	7/21 to 6/24	PD	Updated
<p>(A) <u>Alternative Transportation Programs</u>: Explore the development and implementation of non-traditional transit options for individuals who live outside transit service areas and for individuals who are unable (or have great difficulty) using existing transit services due to age, injury, frailty or cognitive impairments.</p> <p>The primary, first-year objective is to evaluate the feasibility of separate pilot projects already underway in Yolo County and elsewhere. As of March 2022, AAA4 staff continue to evaluate pilot transportation programs and unmet needs in Yolo County.</p> <p>As of February 2023 as COVID-19 state of emergency orders are phased out, AAA4 staff are evaluating existing and emerging transportation programs to determine viability and sustainability.</p> <p><i>All Regional Services Staff & Assistant Director.</i></p>			

GOAL #6: IN THE YUBA – SUTTER AREA, ADVANCE AAA4’S MISSION TO CREATE AND SUPPORT OPPORTUNITIES THAT ENHANCE THE LIVES OF OLDER ADULTS AND THEIR FAMILIES TO BE SAFE, HEALTHY AND INDEPENDENT.

Rationale: AAA4 seeks to use all methods at its disposal to move the mission forward by convening, guiding and encouraging fellow aging advocates; by providing Long-Term Services & Supports (LTSS) to those in need, either directly or through subcontracts with community-based organizations; by coordinating with local advisory bodies and key stakeholder groups; and, where feasible, by developing new programs to benefit Older Adults’ unmet needs, with special emphasis on Food Security and Housing Security.

6.1 Administrative Activities

7/20 to 6/24

A

Ongoing

(A) Convene Funded Partners: Periodically convene AAA4-Funded Partners serving the Yuba – Sutter area to facilitate ongoing coordination of efforts between all parties in cost-effective ways that result in: 1) Older Adults having better access to the full array of AAA4-Funded services available to them; and, 2) AAA4’s Governing Board and Advisory Council having current information as to the local capacity and limitations of the Funded Partners as a whole.

Regional Services Administrator & Direct Services Administrator, Regional Services Specialists.

(B) Consider New Focal Points: Assess venues in the Yuba – Sutter area to determine whether they meet the standards required for designation as publicly accessible Focal Points where some form of nutrition services for Older Adults are available and where information about other local programs and services of interest can be obtained. Recommendations are welcomed.

Regional Services Administrator & Regional Services Specialists.

6.2 Contracted Services	7/23 to 6/24	CS	Updated
<p>(A) <u>Support, Monitor & Evaluate Funded Partners</u>: For each of the contracted services in the Yuba – Sutter area listed below, provide direct support to the Funded Partners as needed and/or requested; monitor their compliance with data, fiscal and program requirements; and, evaluate their progress in meeting pre-defined goals in a way that balances the needs of the organization with the needs of current and prospective clients. In addition, assist each Funded Partner to promote Food Security and Housing Security within their existing scope of work as appropriate.</p> <ol style="list-style-type: none"> 1) Caregiver Respite 2) Legal Assistance 3) Residential Repairs/Modifications (Sutter Only) 4) Senior Information & Assistance 5) Transportation (Vouchers Only) <p><i>All Regional Services Staff & Contracts Coordinator, Accountants/Auditors, Systems Specialist.</i></p>			

6.3 Direct Services	7/23 to 6/24	DS	Updated
<p>(A) <u>Support, Monitor & Evaluate Direct Services</u>: For direct services offered in the Yuba – Sutter area, AAA4’s Leadership Team shall provide support as needed and/or requested; monitor compliance with data, fiscal and program requirements; and, evaluate progress in meeting pre-defined goals in a way that balances the needs of the organization with the needs of current and prospective clients. AAA4 shall also promote Food Security and Housing Security within the existing scope of work as appropriate. {See Objective 7.3 for a listing of services available in all seven counties}</p> <ol style="list-style-type: none"> 1) Cash/Material Aid (Grocery Vouchers) 2) Congregate Meals (Restaurant Vouchers) 3) Home-Delivered Meals 4) Case Management (Title III-B Person-Centered Counseling Program) Start Date: January 1, 2022 <p><i>Executive Director & Assistant Director, Direct Services Administrator, Fiscal Services Administrator, Program Manager/Developer, Person-Centered Counselors, Regional Services Administrator, Strategic Planning Administrator.</i></p> <p><i>Dietician, Nutrition Program Manager, Nutrition Services Coordinator A.</i></p>			

6.4 Coordination Activities	7/23 to 6/24	C	Updated
<p>(A) <u>Engage Focal Points</u>: For the primary purpose of resolving problems related to service delivery, engage each of the AAA4 designated Focal Points in the Yuba – Sutter area listed below that are non-OAA funded to promote optimal coordination with AAA4-funded services as appropriate, including the special emphasis on Food Security and Housing Security. AAA4 shall also assess the quantity and quality of service referrals, work with facility staff and volunteers to make improvements as needed, then reassess service referrals to measure progress. 2021 Update: All Focal Points closed their doors to the general public due to COVID-19; AAA4 Staff have recently reached out to determine which facilities have reopened and which programs/services have been restored. 2022 Update: AAA4 staff will continue to work with and offer technical assistance to the Loyalton Yuba City Senior Center. 2023 Update: As the California COVID-19 state of emergency phases out, staff are providing guidance to the Yuba City Senior Center and continue to provide technical assistance and outreach materials.</p> <p>1) Yuba City Senior Center</p> <p><i>All Regional Services Staff & Nutrition Program Manager, Assistant Director.</i></p>			

6.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
<p>(B) <u>Coordinate with Advisory Bodies</u>: For the primary purpose of avoiding duplication of effort, validate non-OAA funded groups that represent the collective interests of older residents of the Yuba – Sutter area and/or their caregivers by publicly acknowledging and/or supporting their efforts, and seek to actively collaborate with such groups if doing so advances the goals of AAA4, particularly with respect to Food Security and Housing Security. Collaborations could include dedicated advocacy, promotion and training that yields tangible results for both parties. Such advisory bodies include but are not limited to those listed below. 2021 Update: Since the pandemic, AAA4 Staff have worked with the Health Care Council on COVID response and have provide technical support to help resume County Commission on Aging meetings. 2022 Update: AAA4 staff continue to develop a plan to engage the county to resume commission activities. 2023 Update: Staff are working with County leaders to try to reestablish the Yuba and Sutter Commissions on Aging, post-pandemic.</p> <p>1) The Sutter County Commission on Aging 2) The Yuba City Senior Commission 3) The Yuba County Commission on Aging 4) The Yuba – Sutter Health Care Council 5) Housing Committees 6) Transportation Committees 7) Veterans Committees</p> <p><i>All Regional Services Staff & Nutrition Program Manager, Assistant Director.</i></p>			

6.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
<p>(C) <u>Connect with Key Stakeholders</u>: For the purposes of building and sustaining Long-Term Services and Supports for older residents of the Yuba – Sutter area (i.e., improving services), urge collaborative efforts at the local level that include key, non-OAA funded stakeholders who represent the broad areas listed below. AAA4 can help community leaders understand how the rapid aging of the population impacts the work they do, and AAA4 can offer practical, cost-effective solutions to reduce any negative effects and to increase positive outcomes for the people they serve. 2021 Update: Since the pandemic, AAA4 Staff have worked with the local United Way on meal services for older adults sheltering in place. 2022 Update: AAA4 Staff is developing CalAIM partnerships for medical tailored meals. Staff is also collaborating with the Yuba and Sutter Healthcare Council with events and other initiatives. 2023 Update: Staff are collaborating with myriad stakeholders to identify community needs, establish a volunteer network, combat homelessness in Yuba and Sutter Counties, and improve food security. The CalAIM partnership is currently on hold.</p> <ol style="list-style-type: none"> 1) The public sector Protecting vulnerable elders from abuse, hunger and homelessness; streamlining eligibility and access to benefits; planning around housing, transportation and health care issues with a long-term perspective about people’s future needs. (e.g., City of Live Oak, City of Marysville, City of Wheatland, City of Yuba City, County of Sutter, County of Yuba, Yuba-Sutter Center for Economic Development) 2) The private sector Helping employees plan appropriately for retirement; supporting family caregivers at work; hiring older workers. (e.g., Hard Rock Casino Sunsweet Growers Inc., Toyota Amphitheater) 3) The nonprofit sector Filling gaps, especially around hunger and homelessness; recruiting volunteers; forming alliances. (e.g., Yuba-Sutter-Colusa United Way) 4) Health care providers Preparing for growth in all care settings; emphasizing self-care, including proper nutrition and shelter; investing in telemedicine. (e.g. Adventist Health, Peach Tree Health) 5) Faith-based organizations Staying connected with the eldest members; spiritually supporting family caregivers; helping with end-of-life decisions. (e.g., Christian Assistance Network) 6) Fraternal and charitable groups/foundations Providing direct financial support for Older Adults and their family caregivers or indirect support via food and shelter. (e.g., Sutter Yuba Community Foundation) 7) Social Organizations Providing social support for Older Adults and their family caregivers, including those experiencing hunger and homelessness. (e.g., Volunteer Outreach for Independent Citizens & Elderly) 8) Colleges and universities Educating everyone about the aging process; offering more professional geriatric training; doing research on older subjects. (e.g., Yuba College) <p><i>All Regional Services Staff & Nutrition Program Manager, Assistant Director, Executive Director.</i></p>			

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6.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
<p>(D) <u>Advance the Emerging ADRC</u>: In partnership with FREED Center for Independent Living, Yuba-Sutter Transit and others, advance the goals and objectives of the Yuba-Sutter Aging and Disability Resource Connection through continued development of protocols and submission of a final application for State designation by December 2021 which will require, among other things, completion and incorporation of the Rapid Assessment Tool. By standardizing the way client needs are captured and shared, the Tool will reduce duplication of effort in the assessment process and facilitate person-centered care by creating a holistic “picture” of each client. 2021 Update: Hold an Annual Aging and Disability Conference in July 2021 to facilitate implementation of the Master Plan for Aging’s Local Playbook. This virtual Conference will be jointly coordinated between the Nevada, Placer and Yuba-Sutter ADRCs. 2022 Update: Achieved ADRC designation. PCC provided Wal-Mart and Target gift cards to needy individuals for one-time purchases. The website has been enhanced. Met with county agencies to explore funding for a 211 system. 2023 Update: The ADRC has begun to discuss a MPA Local Playbook project which includes ongoing dialogue about a potential 211 system for the Yuba-Sutter area. ADRC Staff are out-stationed at FREED’s Yuba City office. AAA4 Staff have assisted FREED with their PSPS response to winter storms.</p> <p><i>Executive Director & Program Manager/Developer, All Regional Services Staff.</i></p>			

6.5 Program Development	n/a	PD	Not Applicable
(A) <i>Not Applicable at this time.</i>			

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GOAL #7: THROUGHOUT PLANNING AND SERVICE AREA 4 (PSA 4), ADVANCE AAA4'S MISSION TO CREATE AND SUPPORT OPPORTUNITIES THAT ENHANCE THE LIVES OF OLDER ADULTS AND THEIR FAMILIES TO BE SAFE, HEALTHY AND INDEPENDENT.

Rationale: AAA4 seeks to use all methods at its disposal to move the mission forward by convening, guiding and encouraging fellow aging advocates; by providing Long-Term Services & Supports (LTSS) to those in need, either directly or through subcontracts with community-based organizations; by coordinating with local advisory bodies and key stakeholder groups; and, where feasible, by developing new programs to benefit Older Adults' unmet needs, with special emphasis on Food Security and Housing Security.

7.1 Administrative Activities	7/20 to 6/24	A	Ongoing
<p>(A) <u>Convene Nutrition Directors</u>: Periodically convene the Directors of all AAA4-Funded Congregate and Home-Delivered Meal programs for the purposes of training, networking and improved delivery of services.</p> <p><i>Nutrition Program Manager & All Regional Services Staff, Assistant Director, Dietician, Nutrition Program Coordinators.</i></p>			
<p>(B) <u>Public Information</u>: Utilize print materials, the AAA4 website, Facebook and other appropriate means to distribute information about: 1) the Agency's goals, activities and priority issues, 2) the various services available through Funded Partners, and 3) other public programs and resources for Older Adults and Family Caregivers.</p> <p><i>Strategic Planning Administrator & Contracts/Office Administrator, Executive Director, Job Readiness Coordinator, Regional Services Coordinator, Systems Specialist.</i></p>			
<p>(C) <u>Legislative Advocacy</u>: Work with the Legislative Committee to track and evaluate state and federal legislation, policies and budget decisions that impact Older Adults in PSA 4 and/or affect AAA4 priority issues, then take positions and promote those positions via public testimony and/or letters of support.</p> <p><i>Assistant Director & Administrative Specialist, Executive Director.</i></p>			
<p>(D) <u>Convene Registered Database Users</u>: For the purposes of training, networking and problem-solving, periodically convene all AAA4-Funded program staff who are required to enter client-level information into the GetCare database.</p> <p><i>Strategic Planning Administrator & Regional Services Coordinator, Systems Specialist.</i></p>			

7.2 Contracted Services	7/23 to 6/24	CS	Updated
<p>(A) <u>Support, Monitor & Evaluate Funded Partners</u>: For the following service under a single contract to cover PSA 4 as well as PSA 11 (San Joaquin County) and PSA 29 (El Dorado County), provide direct support to the Funded Partner as needed and/or requested; monitor their compliance with data, fiscal and program requirements; and, evaluate their progress in meeting pre-defined goals in a way that balances the needs of the organization with the needs of current and prospective clients. In addition, assist the Funded Partner to promote Food Security and Housing Security within their existing scope of work as appropriate.</p> <p>1) Health Insurance Counseling & Advocacy Program (HICAP)</p> <p><i>Regional Services Specialist A & Accountants/Auditors, Assistant Director, Contracts Coordinator, Controller, Regional Services Specialist B, Systems Specialist.</i></p>			
7.3 Direct Services	7/23 to 6/24	DS	Revised
<p>(A) <u>Support, Monitor & Evaluate Direct Services</u>: For direct services offered in PSA 4, AAA4's Leadership Team shall provide support as needed and/or requested; monitor compliance with data, fiscal and program requirements; and, evaluate progress in meeting pre-defined goals in a way that balances the needs of the organization with the needs of current and prospective clients. AAA4 shall also promote Food Security and Housing Security within the existing scope of work as appropriate.</p> <p>1) Cash/Material Aid 2) Elder Abuse Prevention 3) Employment (Job Readiness Program) 4) Health Promotion/Disease Prevention (Title III-D) a) DEEP: Diabetes Empowerment Education Program b) Matter of Balance (Fall Prevention Program) c) SAIL: Stay Active & Independent for Life (Exercise Program) d) Walk with Ease (Exercise Program) 5) LTC Ombudsman 6) Nutrition Education a) Cooking Matters (an Evidence-Based program) b) Eat Smart, Live Strong (an Evidence-Based program) 7) Caregiver Support via BRICC: Benjamin Rose Institute Care Consultation (an Evidence-Based program) 8) Housing (HomeShare American River): June 1 – June 30, 2024</p> <p><i>Executive Director & Assistant Director, Direct Services Administrator, Fiscal Services Administrator, Regional Services Administrator, Strategic Planning Administrator.</i></p> <p><i>All Ombudsman Staff, Dietician, Health Promotion Coordinators, Job Readiness Coordinator, Program Manager/Developer, Person Centered Counselors & HomeShare Coordinator.</i></p>			

7.4 Coordination Activities	7/23 to 6/24	C	Updated
<p>(A) <u>Engage Age-Friendly Communities</u>: For the primary purpose of improving services, Validate each of the non-OAA funded Age-Friendly Communities in PSA 4 that have been designated (or are seeking designation) from AARP California by publicly acknowledging and/or supporting their efforts, and seek to actively collaborate with such groups if doing so advances the goals of AAA4. Collaborations could include dedicated advocacy, promotion and training that yields tangible results for both parties. 2021 Update: Since the pandemic, AAA4 Staff have been working with both the City and the County of Sacramento to help advance their path to designation. 2022 Update: AAA4 staff is currently working with several jurisdictions on the development of Age-Friendly Communities. 2023 Update: AAA4 staff are actively supporting the County of Sacramento in its Age-Friendly work which is seeking to coordinate efforts with other local jurisdictions.</p> <ol style="list-style-type: none"> 1) City of Roseville (Designated) 2) City of Rancho Cordova (considering enrollment) 3) City of Sacramento (Designated) 4) City of West Sacramento (Designated) 5) City of Winters (considering enrollment) 6) County of Sacramento (Designated) 7) County of Placer (Designated) 8) City of Davis (considering enrollment) <p><i>Executive Director & All Regional Services Staff, Strategic Planning Administrator, Assistant Director.</i></p>			

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7.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
<p>(B) <u>Coordinate with Regional Advisory Bodies</u>: For the primary purpose of avoiding duplication of effort, validate non-OAA funded groups that represent the collective interests of older residents of PSA 4 and/or their caregivers by publicly acknowledging and/or supporting their efforts, and seek to actively collaborate with such groups if doing so advances the goals of AAA4, particularly with respect to Food Security and Housing Security. Collaborations could include dedicated advocacy, promotion and training that yields tangible results for both parties. Such advisory bodies include but are not limited to those listed below. 2021 Update: Since the pandemic, AAA4 Staff have worked with SACOG on their periodic efforts to assess unmet transportation needs in Placer, Sacramento, Sutter, Yolo and Yuba counties. AAA4 Staff are currently engaging with StopFalls Sacramento to explore a potential grant opportunity. 2022 Update: AAA4 staff continues to engage Regional Advisory Bodies in reestablishing public transportation services. 2023 Update: AAA4 staff continue to offer technical support and project assistance to Advisory Bodies as collaborations transition back to in-person meetings.</p> <ol style="list-style-type: none"> 1) The California Commission on Aging (CCoA) 2) The Triple-A Council of California (TACC) 3) The Sacramento Area Council of Governments (SACOG) 4) StopFalls Sacramento 5) Regional Health Committees 6) Regional Housing Committees 7) Regional Veterans Committees <p><i>Executive Director & All Regional Services Staff, Assistant Director, Direct Services Administrator, Health Promotion Coordinator, Nutrition Program Manager.</i></p>			

7.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
<p>(C) <u>Connect with Key Regional Stakeholders</u>: For the purposes of building and sustaining Long-Term Services and Supports for older residents of PSA 4 (i.e., improving services), urge collaborative efforts that include key, regional, non-OAA funded stakeholders who represent the broad areas listed below. AAA4 can help community leaders understand how the rapid aging of the population impacts the work they do, and AAA4 can offer practical, cost-effective solutions to reduce any negative effects and to increase positive outcomes for the people they serve. 2021 Update: Since the pandemic, AAA4 has partnered with PG&E to provide small grants which help older adults with one-time financial needs. 2022 Update: AAA4 continues to partner with PG&E (meals during Power Shutoff) and FREED (Disability of any age). AAA4 staff will continue to look for opportunities to coordinate with Home Safe 2.0. 2023 Update: AAA4 staff continue to work with Key Stakeholders to coordinate resources and connections, facilitate opportunities for collaboration, and provide guidance and technical assistance.</p> <ol style="list-style-type: none"> 1) The public sector Protecting vulnerable elders from abuse, hunger and homelessness; streamlining eligibility and access to benefits; planning around housing, transportation and health care issues with a long-term perspective about people’s future needs. (e.g., PG&E) 2) The private sector Helping employees plan appropriately for retirement; supporting family caregivers at work; hiring older workers. (e.g., AT&T, Goodwill Industries of Northern CA, US Bank) 3) The nonprofit sector Filling gaps, especially around hunger and homelessness; recruiting volunteers; forming alliances. (e.g., Eskaton) 4) Health care providers Preparing for growth in all care settings; emphasizing self-care, including proper nutrition and shelter; investing in telemedicine. (e.g, Dignity, Kaiser, Mercy, UC Davis) 5) Faith-based organizations Staying connected with the eldest members; spiritually supporting family caregivers; helping with end-of-life decisions. (e.g., Faith Community Nurses Association) 6) Fraternal and charitable groups/foundations Providing direct financial support for Older Adults and their family caregivers or indirect support via food and shelter. (e.g., Sierra Health Foundation) 7) Social Organizations Providing social support for Older Adults and their family caregivers, including those experiencing hunger and homelessness. (e.g., YMCA) 8) Colleges and universities Educating everyone about the aging process; offering more professional geriatric training; doing research on older subjects. (e.g., University of Phoenix) <p><i>All Regional Services Staff & Nutrition Program Manager, Assistant Director, Executive Director.</i></p>			

7.4 Coordination Activities (continued)	7/22 to 6/23	C	Discontinue
<p>(D) <u>Advance ADRCs Statewide</u>: Advance the shared goals and objectives of all Aging and Disability Resource Connections by working closely with the State ADRC Program Director and by participating in the Statewide Advisory Committee. Coordination at the State level reduces duplication of effort at the local level for aspiring, emerging and designated ADRCs. Additionally, AAA4 is a member of the SCAN Foundation’s Community of Constituents – a statewide coalition to promote best practices in Long-Term Services and Supports. This requires periodic calls among all the members to discuss best practices and share successes. AAA4 participates in those calls, as well as the annual Community of Constituents Conference and quarterly regional meetings. 2022 Update: AAA4 Staff regularly participate in the ADRC Partner Roundtable group and the ADRC Statewide Advisory Committee. Current priorities include fiscal sustainability and the CHARM project (development of a common database for all AAAs and all ADRCs).</p> <p><i>Executive Director & Assistant Director, Program Manager/Developer, Regional Services Specialist B.</i></p>			
7.4 Coordination Activities (continued)	7/23 to 6/24	C	Updated
<p>(E) <u>Close the Digital Divide</u>: To supplement existing grants outside of the Older Americans Act through the California Department of Aging (CHAT) and through the Counties of Placer and Sacramento (Assistive Technology), work with the California Department of Technology to secure affordable broadband internet access, partner with Get Set Up and other software vendors to provide free digital literacy, and coordinate with Elli-Q and other hardware suppliers to provide interactive devices to individuals as appropriate.</p> <p><i>Direct Services Administrator & Job Readiness Coordinator, Digital Navigators</i></p>			
7.5 Program Development	7/21 to 12/21	PD	Completed
<p><u>(A) Person-Centered Counseling Services (PCC)</u></p>			

SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES

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

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service. They are defined in the [NAPIS State Program Report \(SPR\)](#)

For services not defined in NAPIS, refer to the [Service Categories and Data Dictionary and the National Ombudsman Reporting System \(NORS\) Instructions](#).

1. Report the units of service to be provided with **ALL funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VIIA. Only report services provided; others may be deleted.

Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	4,000	3	3.2(A)8
2021-2022	0	3	Discontinued
2022-2023			
2023-2024			

Home-Delivered Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	454,911	1, 2, 3, 4, 5 & 6	1.2(A)2, 2.2(A)5, 3.2(A)6, 4.2(A)2, 5.2(A)4 & 6.3(A)2
2021-2022	454,911	1, 2, 3, 4, 5 & 6	1.2(A)2, 2.2(A)5, 3.2(A)6, 4.2(A)2, 5.2(A)4 & 6.3(A)2
2022-2023	646,005	1, 2, 3, 4, 5 & 6	1.2(A)2, 2.2(A)5, 3.2(A)6, 4.2(A)2, 5.2(A)4 & 6.3(A)2
2023-2024	646,005	1, 2, 3, 4, 5 & 6	1.2(A)2, 2.2(A)5, 3.2(A)6, 4.2(A)2, 5.2(A)4 & 6.3(A)2

Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	202,700	1, 2, 3, 4, 5 & 6	1.2(A)1, 2.2(A)3, 3.2(A)3, 4.2(A)1, 5.2(A)3 & 6.3(A)1
2021-2022	202,700	1, 2, 3, 4, 5 & 6	1.2(A)1, 2.2(A)3, 3.2(A)3, 4.2(A)1, 5.2(A)3 & 6.3(A)1
2022-2023	11,606	1, 2, 3, 4, 5 & 6	1.2(A)1, 2.2(A)3, 3.2(A)3, 4.2(A)1, 5.2(A)3 & 6.3(A)1
2023-2024	11,606	1, 2, 3, 4, 5 & 6	1.2(A)1, 2.2(A)3, 3.2(A)3, 4.2(A)1, 5.2(A)3 &

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	59,703	1, 2, 3, 5 & 6	1.2(A)6, 2.2(A)8, 3.2(A)11, 5.2(A)7 & 6.2(A)5
2021-2022	59,703	1, 2, 3, 5 & 6	1.2(A)6, 2.2(A)8, 3.2(A)11, 5.2(A)7 & 6.2(A)5
2022-2023	59,703	1, 2, 3, 5 & 6	1.2(A)6, 2.2(A)8, 3.2(A)11, 5.2(A)7 & 6.2(A)5
2023-2024	59,703	1, 2, 3, 5 & 6	1.2(A)6, 2.2(A)8, 3.2(A)11, 5.2(A)7 & 6.2(A)5

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	7,913	1, 2, 3, 4, 5 & 6	1.2(A)3, 2.2(A)5, 3.2(A)6, 4.2(A)3, 5.2(A)5 & 6.2(A)2
2021-2022	7,913	1, 2, 3, 4, 5 & 6	1.2(A)3, 2.2(A)5, 3.2(A)6, 4.2(A)3, 5.2(A)5 & 6.2(A)2
2022-2023	7,913	1, 2, 3, 4, 5 & 6	1.2(A)3, 2.2(A)5, 3.2(A)6, 4.2(A)3, 5.2(A)5 & 6.2(A)2
2023-2024	7,913	1, 2, 3, 4, 5 & 6	1.2(A)3, 2.2(A)5, 3.2(A)6, 4.2(A)3, 5.2(A)5 & 6.2(A)2

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	22,000	1, 2, 3, 4, 5, 6 & 7	7.3(A)5 & All objectives above for Congregate and Home-Delivered Meals
2021-2022	22,000	1, 2, 3, 4, 5, 6 & 7	7.3(A)5 & All objectives above for Congregate and Home-Delivered Meals
2022-2023	22,000	1, 2, 3, 4, 5, 6 & 7	7.3(A)5 & All objectives above for Congregate and Home-Delivered Meals
2023-2024	22,000	1, 2, 3, 4, 5, 6 & 7	7.3(A)5 & All objectives above for Congregate and Home-Delivered Meals

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	32,807	1, 2, 3, 5 & 6	1.2(A)5, 2.2(A)7, 3.2(A)10, 5.2(A)6 & 6.2(A)4
2021-2022	32,807	1, 2, 3, 5 & 6	1.2(A)5, 2.2(A)7, 3.2(A)10, 5.2(A)6 & 6.2(A)4
2022-2023	32,807	1, 2, 3, 5 & 6	1.2(A)5, 2.2(A)7, 3.2(A)10, 5.2(A)6 & 6.2(A)4
2023-2024	32,807	1, 2, 3, 5 & 6	1.2(A)5, 2.2(A)7, 3.2(A)10, 5.2(A)6 & 6.2(A)4

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	950	4	4.2(A)4
2021-2022	950	4	4.2(A)4
2022-2023	950	4	4.2(A)4
2023-2024	950	4	4.2(A)4

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

- Each **Title IIIB** “Other” service must be an approved NAPIS Program service listed above on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.
- Identify **Title IIIB** services to be funded that were not reported in NAPIS categories. (Identify the specific activity under the Other Supportive Service Category on the “Units of Service” line when applicable.)

Title IIIB, Other Priority and Non-Priority Supportive Services

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

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

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

Other Title III-B Category: Employment**Unit of Service = Activities**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	118	7	7.3(A)3
2021-2022	118	2, 3, 5	2.3(A)3, 3.3(A)3 & 5.3(A)3
2022-2023	118	2, 3, 5	2.3(A)3, 3.3(A)3 & 5.3(A)3
2023-2024	118	2, 3, 5	2.3(A)3, 3.3(A)3 & 5.3(A)3

Other Title III-B Category: Peer Counseling

Unit of Service = Hours

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	14,616	3	3.2(A)7
2021-2022	0	3	No RFP Applicants
2022-2023	0	N/A	N/A
2023-2024			

Other Title III-B Category: Residential Repairs

Unit of Service = One Modification

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	331	1, 2, 3, 4 & 6	1.2(A)4, 2.2(A)6, 3.2(A)9, 4.2(A)5 & 6.2(A)3
2021-2022	331	1, 2, 3 & 6	1.2(A)4, 2.2(A)6, 3.2(A)9 & 6.2(A)3
2022-2023	331	1, 2, 3 & 6	1.2(A)4, 2.2(A)6, 3.2(A)9 & 6.2(A)3
2023-2024	331	1, 2, 3 & 6	1.2(A)4, 2.2(A)6, 3.2(A)9 & 6.2(A)3

Other Title III-B Category: Cash/Material Aid

Unit of Service = One Assistance

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	120	6 & 7	6.3(A)1 & 7.3(A)1
2021-2022	0	6 & 7	Inactive
2022-2023	0	6 & 7	Inactive
2023-2024	0	6 & 7	Inactive

Other Title III-B Category: Case Management

Unit of Service = Hours

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	0	N/A	N/A
2021-2022	1,058	2, 3, 5 & 6	2.3(A)3, 3.3(A)3, 5.3(A)3 & 6.3(A)3
2022-2023	2,116	2, 3, 5 & 6	2.3(A)3, 3.3(A)3, 5.3(A)3 & 6.3(A)3
2023-2024	2,116	2, 3, 5 & 6	2.3(A)3, 3.3(A)3, 5.3(A)3 & 6.3(A)3

Other Title III-B Category: Housing

Unit of Service = Placements

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	0	N/A	N/A
2021-2022	0	N/A	N/A
2022-2023	0	N/A	N/A
2023-2024	1	7	7.3(A)8

3. Title IIID/ Disease Prevention and Health Promotion

Instructions for Title IIID Disease Prevention and Health Promotion: Enter the name of the proposed program to be implemented, proposed units of service and the Program Goal and Objective number(s) that provide a narrative description of the program, and explain how the service activity meets the criteria for evidence-based programs described in PM 15-10 if not ACL approved.

Unit of Service = 1 contact

Service Activities: DEEP: Diabetes Education & Empowerment Program

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	60	7	7.3.A.4.a
2021-2022	60	7	7.3.A.4.a
2022-2023	60	7	7.3.A.4.a
2023-2024	60	7	7.3.A.4.a

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

2020-2024 Four-Year Planning Cycle

As mandated by the Older Americans Act Reauthorization Act of 2016, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of ensuring their dignity, quality of life, and quality of care.

Each year during the four-year cycle, analysts from the Office of the State Long-Term Care Ombudsman (OSLTCO) will forward baseline numbers to the AAA from the prior fiscal year National Ombudsman Reporting System (NORS) data as entered into the Statewide Ombudsman Program database by the local LTC Ombudsman Program and reported by the OSTLCO in the State Annual Report to the Administration on Aging (AoA).

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

Complete all Measures and Targets for Outcomes 1-3;

Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. Older Americans Act Reauthorization Act of 2016, Section 712(a)(3), (5)]

Measures and Targets:

A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition).

The average California complaint resolution rate for FY 2017-2018 was 73%.

<p>1. FY 2018-2019 Baseline Resolution Rate: Number of complaints resolved <u>521</u> + number of partially resolved complaints <u>645</u> divided by the total number of complaints received <u>1426</u> = Baseline Resolution Rate <u>82</u> % FY 2020-2021 Target Resolution Rate <u>82</u> %</p>
<p>2. FY 2019-2020 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>1077</u> divided by the total number of complaints received <u>1145</u> = Baseline Resolution Rate <u>94</u> % FY 2021-2022 Target Resolution Rate <u>95</u> %</p>
<p>3. FY 2020 - 2021 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>1538</u> divided by the total number of complaints received <u>1993</u> = Baseline Resolution Rate <u>77</u> % FY 2022-2023 Target Resolution Rate <u>80</u> %</p>

<p>4. FY 2021-2022 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>2,245</u> divided by the total number of complaints received <u>2,455</u> = Baseline Resolution Rate <u>91</u> % FY 2023-2024 Target Resolution Rate <u>85%</u></p>
<p>Program Goals and Objective Numbers: _____</p>

B. Work with Resident Councils (NORS Elements S-64 and S-65)

<p>1. FY 2018-2019 Baseline: Number of Resident Council meetings attended <u>24</u> FY 2020-2021 Target: <u>24</u></p>
<p>2. FY 2019-2020 Baseline: Number of Resident Council meetings attended <u>11</u> FY 2021-2022 Target: <u>25</u></p>
<p>3. FY 2020-2021 Baseline: Number of Resident Council meetings attended <u>39</u> FY 2022-2023 Target: <u>25</u></p>
<p>4. FY 2021-2022 Baseline: Number of Resident Council meetings attended <u>87</u> FY 2023-2024 Target: <u>87</u></p>
<p>Program Goals and Objective Numbers: _____</p>

C. Work with Family Councils (NORS Elements S-66 and S-67)

<p>1. FY 2018-2019 Baseline: Number of Family Council meetings attended <u>2</u> FY 2020-2021 Target: <u>2</u></p>
<p>2. FY 2019-2020 Baseline: Number of Family Council meetings attended <u>0</u> FY 2021-2022 Target: <u>1</u></p>
<p>3. FY 2020-2021 Baseline: Number of Family Council meetings attended <u>2</u> FY 2022-2023 Target: <u>1</u></p>
<p>4. FY 2021-2022 Baseline: Number of Family Council meetings attended <u>8</u> FY 2023-2024 Target: <u>6</u></p>
<p>Program Goals and Objective Numbers: _____</p>

D. Information and Assistance to Facility Staff (NORS Elements S-53 and S-54) Count of instances of Ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by telephone, letter, email, fax, or in-person.

<p>1. FY 2018-2019 Baseline: Number of Instances <u>227</u> FY 2020-2021 Target: <u>1,200</u></p>
<p>2. FY 2019-2020 Baseline: Number of Instances <u>962</u> FY 2021-2022 Target: <u>250</u></p>
<p>3. FY 2020-2021 Baseline: Number of Instances <u>724</u> FY 2022-2023 Target: <u>600</u></p>
<p>4. FY 2021-2022 Baseline: Number of Instances <u>428</u> FY 2023-2024 Target: <u>428</u></p>
<p>Program Goals and Objective Numbers: _____</p>

E. Information and Assistance to Individuals (NORS Element S-55) Count of instances of Ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by: telephone, letter, email, fax, or in person.

1. FY 2018-2019 Baseline: Number of Instances <u>2,023</u> FY 2020-2021 Target: <u>1,200</u>
2. FY 2019-2020 Baseline: Number of Instances <u>1086</u> FY 2021-2022 Target: <u>1000</u>
3. FY 2020-2021 Baseline: Number of Instances <u>1261</u> FY 2022-2023 Target: <u>1000</u>
4. FY 2021-2022 Baseline: Number of Instances <u>1244</u> FY 2023-2024 Target: <u>1244</u>
Program Goals and Objective Numbers: _____

F. Community Education (NORS Element S-68) LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants. This cannot include sessions that are counted as Public Education Sessions under the Elder Abuse Prevention Program.

1. FY 2018-2019 Baseline: Number of Sessions <u>9</u> FY 2020-2021 Target: <u>9</u>
2. FY 2019-2020 Baseline: Number of Sessions <u>8</u> FY 2021-2022 Target: <u>9</u>
3. FY 2020-2021 Baseline: Number of Sessions <u>8</u> FY 2022-2023 Target: <u>8</u>
4. FY 2021-2022 Baseline: Number of Sessions <u>9</u> FY 2023-2024 Target: <u>12</u>
Program Goals and Objective Numbers: _____

G. Systems Advocacy (NORS Elements S-07, S-07.1)

One or more new systems advocacy efforts must be provided for each fiscal year Area Plan Update. In the relevant box below for the current Area Plan year, in narrative format, please provide at least one new priority systems advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. The systems advocacy effort may be a multi-year initiative, but for each year, describe the results of the efforts made during the previous year and what specific new steps the local LTC Ombudsman program will be taking during the upcoming year. Progress and goals must be separately entered each year of the four-year cycle in the appropriate box below.

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, state-wide, or even national in scope. (Examples: Work with LTC facilities to improve pain relief or increase access to oral health care, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve

LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.) Be specific about the actions planned by the local LTC Ombudsman Program. Enter information in the relevant box below.

FY 2020-2021
FY 2020-2021 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts): Establish a memorandum of understanding (MOU) with local APS that defines jurisdiction and services. Establish professional working relationships with long-term care facilities to improve response, investigation, and resolution of complaints. Work collaboratively with other agencies such as DOJ, CCL and CDPH to improve the quality of care and life of long-term care residents. Follow State, Federal, local regulatory and public health sources. Increase contact with smaller facilities, such as the 6-bed board and care homes, with the focus on assistance and COVID-19 prevention.
FY 2021-2022
Outcome of FY 2020-2021 Efforts: Increased information and assistance to residents and facility staff in small 6-bed board and care homes, with the emphasis on COVID-19 prevention and reporting. Provided updated information on COVID-19 guidelines to smaller facilities, such as the 6-bed board and care homes.
FY 2021-2022 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) Continue to work with smaller facilities and provide assistance to ensure quality of care for residents. Emphasis on non-complaint general facility visits to identify operating and non-operating facilities.
FY 2022-2023
Outcome of FY 2021-2022 Efforts: Increased general facility visits to smaller facilities and provided more assistance to ensure the safety and quality of care for residents. Identified a large sum of closed facilities and updated facility list/data base.
FY 2022-2023 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) Begin to integrate elements of culture change into the Ombudsman program. We will engage with skilled nursing facilities on implementing the culture change model that will promote high levels of staff retention and improve the quality of care for residents.
FY 2023-2024

Outcome of 2022-2023 Efforts:

PSA-4 engaged in four (4) culture change meetings with the Office of the State Long-Term Care Ombudsman (OSLTCO). We provided information about the Pioneer Network Artifacts of Culture Change (ACC), a white paper on LTCOs role in culture change, training opportunities and recommendations provided by the Green House Project (GHP), a leader in cultural transformation of LTC. We also provided information about Person-Centered Care, a focus on residents’ emotional needs and care preferences consistent with their lifestyle.

The LTC State Office has decided to pursue other legislative actions consistent with President Biden’s Nursing Home Reform initiatives. The PSA-4 Culture Change Project is currently on hold.

FY 2023-2024 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

Long-Term Care Ombudsmen are victim advocates trained to investigate, empower, educate, and support victims of crime in LTC facilities. PSA-4 OMB program is meeting and working with WEAVE, DOJ, APS, Resident Councils, ADRCs, and other assistance and advocacy entities to increase awareness, provide reassurance, and address concerns to increase the quality of care in long-term care facilities.

Special Investigative Lead Regional Ombudsman, Ron Carrera, former Captain with Sacramento Police Department is coordinating efforts to have law enforcement, victim rights agencies, and other programs to provide ongoing care and support both during and after the OMB completes the investigation. This support and advocacy continue whether or not the complaint is substantiated. This strong advocacy method is resulting in better facility experiences, increased presence of the OMB in high need facilities, and physical and mental health improvements for LTC residents.

Outcome 2. Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2016), Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

A. Routine Access: Nursing Facilities (NORS Element S-58) Percentage of nursing facilities within the PSA that were visited by an Ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 7 divided by the total number of Nursing Facilities 64 = Baseline 11 %
FY 2020-2021 Target: **20** %

2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>0</u> divided by the total number of Nursing Facilities <u>65</u> = Baseline <u>0</u> % FY 2021-2022 Target: <u>90%</u>
3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>9</u> divided by the total number of Nursing Facilities <u>64</u> = Baseline <u>14%</u> FY 2022-2023 Target: <u>100%</u>
4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>61</u> divided by the total number of Nursing Facilities <u>64</u> = Baseline <u>95</u> % FY 2023-2024 Target: <u>95%</u>
Program Goals and Objective Numbers: _____

B. Routine access: Residential Care Communities (NORS Element S-61) Percentage of RCFEs within the PSA that were visited by an Ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>14</u> divided by the total number of RCFEs <u>791</u> = Baseline <u>1.8</u> % FY 2020-2021 Target: <u>15</u> %
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>0</u> divided by the total number of RCFEs <u>828</u> = Baseline <u>0</u> % FY 2021-2022 Target: <u>90%</u>
3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>1</u> divided by the total number of RCFEs <u>829</u> = Baseline <u><1</u> % FY 2022-2023 Target: <u>90%</u>
4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>639</u> divided by the total number of RCFEs <u>824</u> = Baseline <u>78</u> % FY 2023-2024 Target: <u>80%</u>
Program Goals and Objective Numbers: _____

C. Number of Full-Time Equivalent (FTE) Staff (NORS Element S-23) This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC

Ombudsman Program that considers full-time employment to be 40 hour per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

1. FY 2018-2019 Baseline: <u>4.8</u> FTEs FY 2020-2021 Target: <u>10.5</u> FTEs
2. FY 2019-2020 Baseline: <u>9.6</u> FTEs FY 2021-2022 Target: <u>11</u> FTEs
3. FY 2020-2021 Baseline: <u>11</u> FTEs FY 2022-2023 Target: <u>12</u> FTEs
4. FY 2021-2022 Baseline: <u>12</u> FTEs FY 2023-2024 Target: <u>12</u> FTEs
Program Goals and Objective Numbers: _____

D. Number of Certified LTC Ombudsman Volunteers (NORS Element S-24)

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers <u>11</u> FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers <u>5</u>
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers <u>5</u> FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers <u>8</u>
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers <u>3</u> FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers <u>3</u>
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers <u>2</u> FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers <u>5</u>
Program Goals and Objective Numbers: _____

Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2016, Section 712(c)]

Measures and Targets:

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

Some examples could include:

- Hiring additional staff to enter data
- Updating computer equipment to make data entry easier

- Initiating a case review process to ensure case entry is completed in a timely manner

FY20-21: Increase the accuracy of data by implementing a new quality control procedure and providing additional ODIN training and support to staff as needed. Update computer equipment and add new systems such as Ring Central (eFax Service) and Adobe to enhance the process of our services.

FY21-22: Continue to provide ongoing ODIN training to staff and volunteers while transitioning towards a 100% paperless system. Establishing policies to be more efficient in our work (e.g., deadlines for data entry).

FY22-23: (1) Establish a policies and procedures manual for staff and volunteers to adhere. Written policies and procedures will enhance performance and ODIN data consistency. (2) Transition all county phone lines into one phone line and update all facility Ombudsman poster contact information. As appropriate, coordinate with the new State Office of Long-Term Patient Representative.

FY23-24: In addition to having created new data entry requirements, reviews, and a policies and procedures manual (P&P) that mandate accurate and timely data entry, the LTCOP will implement a triple-data check and accounting review system to enhance quality control to both compliment and evaluate the effectiveness of the new P&P. To eliminate duplicate data and increase accurate data analysis, the program will implement aggressive quality control and analysis reviews through weekly data reports. The reports will be reviewed by the Data Specialist, an experienced Ombudsman, and the Lead Ombudsman. This strategy will result in data timeliness, completeness, consistency, and accuracy. Any changes to this process, if necessary, will be made as needed.

APPROVED

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

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

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

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

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

NOTE: The number of sessions refers to the number of presentations and not the number of attendees

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2016, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.

Educational Materials Distributed –Indicate the type and number of educational materials to

be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

- **Number of Individuals Served** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

APPROVED

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

The agency receiving Title VIIA Elder Abuse Prevention funding is: Agency on Aging \ Area 4

Fiscal Year	Total # of Public Education Sessions
2020-2021	1
2021-2022	1
2022-2023	1
2023-2024	1

Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	0
2021-2022	0
2022-2023	0
2023-2024	0

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2020-2021	0
2021-2022	0
2022-2023	0
2023-2024	0

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020-2021	0
2021-2022	0
2022-2023	0
2023-2024	0

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020-2021	1,000	Fact sheets and flyers from NCEA and other online sources; AAA4 created flyer
2021-2022	1,000	Fact sheets and flyers from NCEA and other online sources; AAA4 created flyer
2022-2023	1,000	Fact sheets and flyers from NCEA and other online sources; AAA4 created flyer
2023-2024	1,000	Fact sheets and flyers from NCEA and other online sources; AAA4 created flyer

Fiscal Year	Total Number of Individuals Served
2020-2021	150,000
2021-2022	150,000
2022-2023	120,000
2023-2024	120,000

TITLE IIIE SERVICE UNIT PLAN OBJECTIVES**CCR Article 3, Section 7300(d)****2020-2024 Four-Year Planning Period**

This Service Unit Plan (SUP) uses the five broad federally mandated service categories. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 2018 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

Direct and/or Contracted IIIE Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
Information Services	# of activities and Total est. audience for above		
2020-2021	# of activities: Total est. audience for above:		
2021-2022	# of activities: Total est. audience for above:		
2022-2023	# of activities: Total est. audience for above:		
2023-2024	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2020-2021			
2021-2022			
2022-2023			
2023-2024			

Access Assistance		Total contacts	
Support Services	Total hours		
2020-2021	5,468	2, 3, 5 & 7	2.2(A)2, 3.2(A)2, 5.2(A)2 & 7.3(A)7
2021-2022	5,468	2, 3, 5 & 7	2.2(A)2, 3.2(A)2, 5.2(A)2 & 7.3(A)7
2022-2023	5,468	2, 3, 5 & 7	2.2(A)2, 3.2(A)2, 5.2(A)2 & 7.3(A)7
2023-2024	5,468	2, 3, 5 & 7	2.2(A)2, 3.2(A)2, 5.2(A)2 & 7.3(A)7
Respite Care	Total hours		
2020-2021	13,298	2, 3 & 5	2.2(A)1, 3.2(A)1 & 5.2(A)1
2021-2022	13,298	2, 3 & 5	2.2(A)1, 3.2(A)1 & 5.2(A)1
2022-2023	13,298	2, 3 & 5	2.2(A)1, 3.2(A)1 & 5.2(A)1
2023-2024	13,298	2, 3 & 5	2.2(A)1, 3.2(A)1 & 5.2(A)1
Supplemental Services	Total occurrences		
2020-2021			
2021-2022			
2022-2023			
2023-2024			

Direct and/or Contracted III E Services

Grandparent Services Caring for Children	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2020-2021	# of activities: Total est. audience for above:		
2021-2022	# of activities: Total est. audience for above:		
2022-2023	# of activities: Total est. audience for above:		
2023-2024	# of activities: Total est. audience for above:		

Grandparent Services Caring for Children	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Access Assistance	Total contacts		
2020-2021			
2021-2022			
2022-2023			
2023-2024			
Support Services	Total hours		
2020-2021	288	3	3.2(A)5
2021-2022	288	3	3.2(A)5
2022-2023	288	3	3.2(A)5
2023-2024	288	3	3.2(A)5
Respite Care	Total hours		
2020-2021			
2021-2022			
2022-2023			
2023-2024			
Supplemental Services	Total occurrences		
2020-2021			
2021-2022			
2022-2023			
2023-2024			

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

MULTIPLE PSA HICAPs: If you are a part of a multiple-PSA HICAP where two or more AAAs enter into an agreement with one “Managing AAA,” to deliver HICAP services on their behalf to eligible persons in their AAA, then each AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

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

STATE & FEDERAL PERFORMANCE TARGETS: The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced revisions to the SHIP PMs in late 2016 in conjunction with the original funding announcement (ref HHS-2017-ACL-CIP-SAPG-0184) for implementation with the release of the Notice of Award (Grant No. 90SAPG0052-01-01 issued July 2017).

The new five federal PMs generally reflect the former seven PMs (PM 2.1 through PM 2.7), except for PM 2.7, (Total Counseling Hours), which was removed because it is already being captured under the *SHIP Annual Resource Report*. As a part of these changes, ACL eliminated the performance-based funding scoring methodology and replaced it with a Likert scale comparison model for setting National Performance Measure Targets that define the proportional penetration rates needed for improvements.

Using ACL’s approach, CDA HICAP provides State and Federal Performance Measures with goal-oriented targets for each AAA’s Planning and Service Area (PSA). One change to all PMs is the shift to county-level data. In general, the State and Federal Performance Measures include the following:

- PM 1.1 Clients Counseled ~ Number of finalized Intakes for clients/ beneficiaries that received HICAP services
- PM 1.2 Public and Media Events (PAM) ~ Number of completed PAM forms categorized as “interactive” events
- PM 2.1 Client Contacts ~ Percentage of one-on-one interactions with any Medicare beneficiaries
- PM 2.2 PAM Outreach Contacts ~ Percentage of persons reached through events categorized as “interactive”
- PM 2.3 Medicare Beneficiaries Under 65 ~ Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65
- PM 2.4 Hard-to-Reach Contacts ~ Percentage of one-on-one interactions with “hard-to-reach” Medicare beneficiaries designated as:
 - PM 2.4a Low-income (LIS)
 - PM 2.4b Rural
 - PM 2.4c English Second Language (ESL)
- PM 2.5 Enrollment Contacts ~ Percentage of contacts with one or more qualifying enrollment topics discussed

AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at:

https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/#pp-planning.

(Reference CDA PM 17-11 for further discussion, including current HICAP Performance Measures and Definitions).

For current and future planning, CDA requires each AAA ensure that HICAP service units and related federal *Annual Resource Report* data are documented and verified complete/ finalized in CDA's Statewide HICAP Automated Reporting Program (SHARP) system per the existing contractual reporting requirements. HICAP Service Units do not need to be input in the Area Plan (with the exception of HICAP Paid Legal Services, where applicable).

HICAP Legal Services Units of Service (if applicable) ⁶

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2020-2021	200	7.2.A.1
2021-2022	200	7.2.A.1
2022-2023	200	7.2.A.1
2023-2024	200	7.2.A.1

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021	169	7.2.A.1
2021-2022	169	7.2.A.1
2022-2023	169	7.2.A.1
2023-2024	169	7.2.A.1

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021	128	7.2.A.1
2021-2022	128	7.2.A.1
2022-2023	128	7.2.A.1
2023-2024	151	7.2.A.1

² Requires a contract for using HICAP funds to pay for HICAP Legal Services.

COMMUNITY FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), (Older Americans Act Reauthorization Act of 2016, Section 306(a))

In the form below, provide the current list of designated community focal points and their addresses. This information must match the total number of focal points reported in the National Aging Program Information System (NAPIS) State Program Report (SPR), i.e., California Aging Reporting System, NAPISCare, Section III.D.

Designated Community Focal Point	Address
ACC Senior Services	7334 Park City Dr., Sacramento, CA 95831
Auburn Senior Center	550 High Street, Auburn, CA 95603
Chabolla Community Center	600 Chabolla Avenue, Galt, CA 95632
Davis Senior Center	646 A Street, Davis, CA 95616
Ethel McLeod Hart Multipurpose Senior Center	915 27th Street, Sacramento, CA 95816
Loyalton Senior Center	302 First Street, Loyalton, CA 96118
Maidu Community Center	1550 Maidu Drive, Roseville, CA 95661
Mission Oaks Community Center	4701 Gibbons Drive, Carmichael, CA 95608
Neil Orchard Senior Activities Center	3480 Routier Road, Rancho Cordova, CA 95827
Nevada City Senior Apartments	841 Old Tunnel Road, Grass Valley, CA 95945
North San Juan Community Center	29190 State Hwy 49, North San Juan, CA 95960
RISE, Inc.	17317 Freemont Street, Esparto, CA 95627
Samuel C. Pannell Meadowview Community Center	2450 Meadowview Road, Sacramento, CA 95833
Senior Center of Elk Grove	8230 Civic Center Drive, Elk Grove, CA 95757
Stanford Settlement Senior Center	450 West El Camino Avenue, Sacramento, CA 95833
Truckee Donner Senior Apartments	10040 Estates Drive, Truckee, CA 96161
West Sacramento Community Center	1075 W. Capitol Ave., West Sacramento, CA 95691
Woodland Community & Senior Center	2001 East Street, Woodland, CA 95776
Yuba City Senior Center	777 Ainsley Avenue, Yuba City, CA 95991

SECTION 12 - DISASTER PREPAREDNESS**PSA 4**

Disaster Preparation Planning Conducted for the 2020-2024 Planning Cycle Older Americans Act Reauthorization Act of 2016, Section 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

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

The disaster mission of AAA4 is to maintain the continuity of critical services to older persons and to ensure, to the maximum extent possible, that the special needs of all older adults persons are adequately met for a safe and full recovery from a disaster. In order to fulfill our mission, AAA4 has developed an Agency Emergency Plan to enable our organization to plan and prepare to meet the needs of our staff, subcontracted funded partners, and the people we serve in the event of a disaster. This includes continuation of essential office functions. Additionally, funded partners that provide these vital services are also required to maintain up-to-date disaster and emergency plans. The AAA4 Disaster Response Coordinator acts as the liaison between funded partners and CDA.

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

Name	Title	Telephone	email
Craig Griesbach	Nevada Co. OES: Director	Office: 530-265-1583 Cell:	oes@co.nevada.ca.us
Dominic Cooper	Placer Co. OES: Disaster Coordinator	Office: 530-886-5300 Cell: 530-217-8679	dcooper@placer.ca.gov
Mathew Hawkins	Sacramento Co. OES:	Office: 916-293-2769 Cell:	hawkinsm@sacoes.org
Lee Brown	Sierra Co. OES: OES Coordinador	Office: 530-289-2850 Cell:	lbrown@sierracounty.ca.gov
Zachary Hamill	Sutter Co. OES: OES Operations Manager	Office: 530-822-4575 Cell:	zhamill@co.sutter.ca.us
Johnson Kurt	Yolo Co. OES	Office: 530-406-4930 Cell: 530-406-3430	kurt.johnson@yolocounty.org
Oscar Marin	Yuba Co. OES: Emergency Ops Mgr.	Office: 530-749-7520 Cell:	omarin@co.yuba.ca.us

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
German Ayon	Regional Services Specialist	Cell: 714-271-4454 Office: 916-710-8367	gayon@agencyonaging4.org
Maggie Borowiak	Regional Services Administrator	Cell: 916-622-4097 Office: 916-710-8370	mborowiak@agencyonaging4.org

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

Critical Services	How Delivered?
a. Information & Assistance (I&A)	a. I&A Funded Partners must have emergency procedures in place that include how they will coordinate up-to-date post-emergency information with organizations in order to provide critical referrals to needed services. (e.g., shelter locations for people with disabilities and animals, forms completion, financial assistance, mental health, etc.)
b. Nutrition	b. Many of our nutrition funded partners maintain emergency meal inventories and/or have MOUs with alternate meal preparation sites in order to continue or expand food services.
c. In-Home Funded Partners	c. In-Home Funded Partners must contact all affected program participants and/or their emergency contacts to determine their safety. ("In-Home Funded Partners," are defined as any funded partner who goes into homes of clients to provide assessments, repairs, modifications, etc.)

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

AAA4 has no formal agreements with a preparation or response agencies. ~~AAA4 is a member of the Sacramento County Volunteer Organizations Active in Disasters (VOAD) Steering Committee to ensure that the needs of older adults are included in all preparedness and response activities within the County. AAA4 regularly attends Joint Operational Area Council meeting/ Emergency coordinator meetings in service area to ensure that the needs of older adults and persons with disabilities are included in all preparedness and response activities within the Counties.~~

6. Describe how the AAA will:

- Identify vulnerable populations.
AAA4 requires all subcontractors to designate Disaster Coordinators and Alternate Coordinators and will coordinate information and services with those individuals affected by an emergency, including how older adults have been affected. This information is reported to the CDA-AAA Disaster Assistance Coordinator.

- Follow-up with these vulnerable populations after a disaster event.
AAA4 Disaster Response Coordinator will follow-up with subcontractor Disaster coordinators In affected areas to determine the outcomes, if applicable, at various intervals following an emergency.

APPROVED

2020-2024 Four-Year Planning Cycle

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds⁷ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2020-21 through FY 2023-2024

Access:

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

2020-21 30 % 21-22 30 % 22-23 30 % 23-24 30 %

In-Home Services:

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

2020-21 10 % 21-22 5 % 22-23 5 % 23-24 5 %

Legal Assistance Required Activities:⁸

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

2020-21 10 % 21-22 10 % 22-23 10 % 23-24 10 %

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA.

Beginning in 2017, AAA4 agreed that these percentages should justly arise from the Community-Centered process described in Section 4. From the perspective of our Older Adult population, surely none of these allocations are “sufficient.” From an administrative perspective, AAA4 will be implementing a more stringent outcomes-based approach to evaluate how effectively each OAA-funded service is truly meeting the needs it is intended to meet; going forward, that information will provide a more stable foundation for discussing the relative sufficiency of these allocations.

1. Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.
2. Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

PSA 4

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

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

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

<u>Check applicable direct services</u>	<u>Check each applicable Fiscal Year</u>			
	20-21	21-22	22-23	23-24
Title IIIB				
<input type="checkbox"/> Information and Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Program Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Long Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title IID				
<input checked="" type="checkbox"/> Disease Prevention and Health Promo.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title IIIE⁹				
<input type="checkbox"/> Information Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title VIIA				
<input checked="" type="checkbox"/> Long Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title VII				
<input checked="" type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Describe methods to be used to ensure target populations will be served throughout the PSA. Targeting is explained in detail in Section 6 of this plan. In short, many of the direct services provided by AAA4 are designed to reach particular audiences that include one or more of the targeted groups. AAA4 makes a concerted effort to reach out to organizations that serve targeted communities to be sure they are aware of Older Americans and Older Californians Act programs.

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

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 4

Older Americans Act Reauthorization Act of 2016 Section
307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: Employment

Check applicable funding source:¹⁰

IIIB

IIIC-1

IIIC-2

IIID

IIIE

VIIA

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

FY 20-21 **FY 21-22** **FY 22-23** **FY 23-24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: See next page.

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

5. For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 15 – Employment

Agency on Aging \ Area 4 (AAA4) first received approval from the Department of Aging to provide a Title III-B Employment program as a direct service in 2001. AAA4 plans to continue this program for the remainder of the 2020-24 planning cycle in Placer, Sacramento, and Yolo counties.

Arguably, the most impactful and dignified way to help an able-bodied Older Adult maintain financial security is to empower them to return to the paid workforce in an occupation of their choosing.

The Mature Edge Job Readiness Program offers a series of interactive job readiness sessions designed to prepare the mature worker for a productive and successful job search. Sessions include preparing effective targeted resumes and cover letters, strategic interviewing, access to the job market, and the skills necessary to maintain a job. Additionally, the Program offers one-on-one job coaching, referrals appropriate employment opportunities, and access to area employers who are seeking older workers.

The Mature Edge Job Readiness Program is the only employment program for seniors in PSA 4 without income restrictions, and while there are employment programs in the area, the Job Readiness Program is the only employment program designed specifically to assist seniors sixty years of age and over. Mature Edge receives referrals from other programs that are not designed to assist the older worker.

AAA4 has assured an economical delivery of services and will continue to do so by only charging direct operational costs to the Job Readiness Program.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 4

Older Americans Act Reauthorization Act of 2016 Section
307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: Congregate Meals

Check applicable funding source:¹⁰

IIIB

IIIC-1

IIIC-2

IIID

IIIE

VIIA

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

FY 20-21 **FY 21-22** **FY 22-23** **FY 23-24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: See next page.

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

11. For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 15 – Congregate Meals

Since 2014, AAA4 has been providing a non-traditional meal program called Dine Around Town which features restaurant vouchers. Meals are provided at approved restaurants that comply with all applicable guidelines and regulations for regular congregate meals. Vouchers are only redeemable for specific, pre-approved menu items, and the meals must be eaten on site. Vouchers are periodically distributed to the program participants in person at the Yuba City Senior Center so that nutrition education and other pertinent information can be provided.

This continues to be a popular program. Participants enjoy being able to have breakfast, lunch or dinner at any time of day. Participating restaurants benefit from having a steady stream of clients. The community benefits because more dollars are staying in the local economy. It is a win-win-win service model for everyone involved.

Although less costly meals are readily available from other sources, healthy meals with good nutritional value for Older Adults are neither inexpensive nor easily accessible for the food insecure individuals whom Dine Around Town targets.

APPROVED

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 4

Older Americans Act Reauthorization Act of 2016 Section
307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: Home-Delivered Meals

Check applicable funding source:¹⁰

- IIIB
- IIIC-1
- IIIC-2
- IIID
- IIIE
- VIIA
- HICAP

Request for Approval Justification:

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

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

FY 20-21 **FY 21-22** **FY 22-23** **FY 23-24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: See next page .

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

11. For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 15 – Home-Delivered Meals

AAA4 became the lead administrative operator of **Yuba-Sutter Meals on Wheels** by default in 2013 when no other suitable organization stepped forward to fill an unexpected gap in contracted services. Four years later, no bids for the provision of home-delivered meals in the Yuba – Sutter area were submitted during the 2017-21 RFP. AAA4 intends to continue as the direct service provider until another organization is willing and able to take over the program in a more economical manner.

APPROVED

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 4

Older Americans Act Reauthorization Act of 2016 Section
307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: Nutrition Education

Check applicable funding source:¹⁰

IIIB

IIIC-1

IIIC-2

IIID

IIIE

VIIA

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

FY 20-21 FY 21-22 FY 22-23 FY 23-24

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: See next page.

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

11. For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 15 – Nutrition Education

Nutrition Education is mandated for C1 and C2 programs, and AAA4 is the provider of those programs in Yuba and Sutter counties. AAA4 plans to continue using its staff dietitian as the consulting Registered Dietitian (RD) for Dine Around Town and Yuba-Sutter Meals on Wheels.

APPROVED

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 4

Older Americans Act Reauthorization Act of 2016 Section
307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: Cash/Material Aid

Check applicable funding source:¹⁰

III B

III C-1

III C-2

III D

III E

VI A

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

FY 20-21 FY 21-22 FY 22-23 FY 23-24

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: See next page.

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

11. For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 15 – Cash/Material Aid

June 30, 2020 marks the end of an AAA4 pilot project in Brownsville (Yuba County) to provide frozen meals to individuals living in one of the most remote rural areas in our region. In the final months of the project as efforts were being made to transition to a fee-based model, it became clear that 95% of the participants were only continuing because of the secondary economic benefits; they did not particularly like the meals at all. Consequently, AAA4 now seeks CDA approval to utilize the Cash/Material Aid service category to establish a grocery voucher program in Brownsville (and in similar communities) where homebound Older Adults are highly dependent upon local general stores for basic commodities such as bread and milk. The program would target geographically isolated individuals who already rely upon friends and neighbors for transportation. Like AAA4's successful Dine Around Town program, participants would have flexibility and choice, and the cash value of the vouchers would benefit the local economy.

APPROVED

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 4

Older Americans Act Reauthorization Act of 2016 Section
307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: Housing

Check applicable funding source:¹⁰

IIIB

IIIC-1

IIIC-2

IIID

IIIE

VIIA

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

FY 20-21 **FY 21-22** **FY 22-23** **FY 23-24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: See next page.

1. Section 15 does not apply to Title V (SCSEP).
2. For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 15 – Housing

In 2021, Agency on Aging Area 4 (AAA4) received approval from the Department of Aging to use Program Development dollars to begin a Home Share Pilot Project (Objective 2.5(A)). The maximum three-year timeframe for Program Development ends in June of 2024. AAA4 wishes to transition this pilot project (now known as HomeShare American River) into a regular Older Americans Act program effective June 1, 2024.

Housing security is a paramount concern for older adults who are being affected by the severe shortage of housing units in the State and in the Sacramento region which is driving up costs for people who own their homes as well as those who rent a home.

HomeShare American River (HSAR) matches homeowners “hosts” with compatible home-seeker “guests” using the well-established National Shared Housing Resource Center affiliate service model for non-profit home-sharing programs. The goal is to pair a host who needs rental income, in-home overnight presence for safety and/or companion care (e.g., computer tutoring, light housekeeping, occasional transportation/shopping) with a guest willing to meet those needs, sometimes in exchange for reduced rent. Once a match is made, the program uses specially-trained staff or volunteers who provide ongoing support to help resolve any concerns that may arise as a result of the shared housing relationship.

HomeShare American River appeals to prospective hosts who (for a wide range of legitimate reasons) are leery of allowing a “stranger” to rent a room in their home. Unlike internet-only services, HSAR performs extensive in-person screenings of both parties and facilitates an in-person meeting between them. There can also be a brief “trial period” stay before hosts and guests mutually agree to abide by a written home-sharing agreement.

While there are not nearly enough affordable housing units to meet the demand, there are enough unoccupied bedrooms among the existing housing stock to potentially house hundreds of thousands of people. HomeShare American River provides a safe mechanism for homeowners to convert some of those spare rooms into living spaces, and it does so in a person-centered manner that brings tangible value to hosts, guests and the community at large.

SECTION 16 - GOVERNING BOARD

PSA 4

**GOVERNING BOARD MEMBERSHIP
2020-2024 Four-Year Area Plan Cycle**

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

Total Number of Board Members: 17**Name and Title of Officers:****Office Term Expires:**

Meghan Rose – Chair	12/31/23
Supervisor Sharon Dryden – 1 st Vice Chair	12/31/23
Tonya Beebe – 2 nd Vice Chair	12/31/23
VACANT – Secretary	12/31/23
Nancy Pennebaker – Treasurer/Auditor	12/31/22

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

Supervisor Lisa Swarhout (Nevada County)	12/31/24
Supervisor Ed Scofield, Alternate (Nevada County)	12/31/23
VACANT (Nevada County)	n/a
Supervisor Suzanne Jones (Placer County)	12/31/23
Supervisor Jim Holmes, Alternate (Placer County)	12/31/23
William Reed (Placer County)	12/31/24
VACANT (Sacramento County)	n/a
Supervisor Phil Serna, Alternate (Sacramento County)	12/31/23
Miko Sawamura (Sacramento County)	12/31/23
Supervisor Patrick Kennedy, Alternate (Sacramento County)	12/31/23
Carl Burton (Sacramento County)	12/31/23
Supervisor Rich Desmond, Alternate (Sacramento County)	12/31/23
Supervisor Sue Frost (Sacramento County)	12/31/24
Meghan Rose, Alternate (Sacramento County)	12/31/24
Supervisor Pat Hume (Sacramento County)	12/31/24
Rebecca Thornton Sloan, Alternate (Sacramento County)	12/31/23
Supervisor Sharon Dryden (Sierra County)	12/31/23
Supervisor Terry LeBlanc, Alternate (Sierra County)	12/31/24
Supervisor Lee Adams (Sierra County)	12/31/24
Supervisor Nick Micheli (Sutter County)	12/31/24
VACANT, Alternate (Sutter County)	n/a
Tonya Beebe (Sutter County)	12/31/23
Supervisor Jim Provenza (Yolo County)	12/31/24
Patti Huston, Alternate (Yolo County)	12/31/24
Nancy Pennebaker (Yolo County)	12/31/24
Supervisor Don Blaser (Yuba County)	12/31/24
Supervisor Andy Vasquez, Alternate (Yuba County)	12/31/24
Thomas McWhorter (Yuba County)	12/31/25

Explain any expiring terms – have they been replaced, renewed, or other?

AAA4 Governing Board members are appointed to two-year terms by the Board of Supervisors in each of the seven counties. Generally, decisions to re-appoint are not made more than 60 days in advance of the end of the term (12/31). Thus AAA4 Staff and the sitting members themselves usually learn of their status very late in the calendar year.

APPROVED

**ADVISORY COUNCIL MEMBERSHIP
2020-2024 Four-Year Planning Cycle**

Older Americans Act Reauthorization Act of 2016 Section 306(a)(6)(D)
45 CFR, Section 1321.57
CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies) 35 seats

Number of Council Members over age 60 13 of 19

Race/Ethnic Composition	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
White	<u>71%</u>	<u>85%</u>
Hispanic	<u>10%</u>	<u>5%</u>
Black	<u>5%</u>	<u>5%</u>
Asian/Pacific Islander	<u>11%</u>	<u>5%</u>
Native American/Alaskan Native	<u>1%</u>	<u>0%</u>
Other	<u>2%</u>	<u>0%</u>

Name and Title of Officers:

Office Term Expires:

Kelly Carpenter, Chair (Nevada County)	6/30/23
Pam Epley, Vice Chair (Sutter County)	6/30/25
Debbie Panteloglow, Secretary-Clerk (Yuba County)	6/30/23

Name and Title of other members:

Office Term Expires:

Lindy Beatie (Nevada County)	6/30/24
Jon Katis (Nevada County)	6/30/25
Annie Mikal-Heine (Nevada County)	6/30/25
Jim Williams (Placer County)	6/30/25
David Wiltsee (Placer County)	6/30/25
Eduardo Rubalcava (Sacramento County)	6/30/23
Melissa Jacobs (Sacramento County)	6/30/25
Dr. Catheryn Koss (Sacramento County)	6/30/25
Carol Pickard (Sutter County)	6/30/24
Tanna Thomas (Sutter County)	6/30/23
Jim Bohon (Yolo County)	6/30/25
Dr. James W. Daniel (Yolo County)	<i>Appointment Pending</i>
Charlotte Dorsey (Yolo County)	6/30/25
Terry Kelley (Yolo County)	6/30/25
Theresa Abah (Member at Large)	6/30/24
Claire Buckley (Member at Large)	6/30/25

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

Yes **No**

- | | | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Low Income Representative |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Disabled Representative |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Supportive Services Provider Representative |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Health Care Provider Representative |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Family Caregiver Representative |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Local Elected Officials |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Individuals with Leadership Experience in Private and Voluntary Sectors |

Explain any "No" answer(s): _____

Explain any expiring terms – have they been replaced, renewed, or other?

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

AAA4 is a joint powers authority. The Governing Board is composed of members of each of the seven county Boards of Supervisors or their appointees. The 35-member Advisory Council is composed of representatives from each of the seven counties. Individual Advisory Council members may be appointed by County Boards of Supervisors, County Commissions on Aging (or their equivalents) or by the Council's Executive Committee, as Members At Large.

APPROVED

2020-2024 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2016 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]¹²

CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at:

https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg

1. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? **Discuss:** The minimum allocation is 10%; for SFY 2020-21 the actual allocation was 12.6%.
2. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years). **Yes/No, Discuss:** ~~Yes, in the past four years older adults in our region indicate that retaining housing is clearly a top legal need. The Covid-19 pandemic has further intensified the need for legal services to help clients maintain housing. Advanced Healthcare Directives, Estate Planning and Consumer Finance issues are also requested. In Yolo County income maintenance and Individual rights are also requested in high numbers. The minimum allocation of 10% has not changed.~~ Yes - housing continues to be the top legal need in our service region, and economic stability has also emerged as a top concern as a result of inflation. Other leading issues include civil rights, estate planning, family support, and Advanced Healthcare Directives.
3. Specific to Legal Services, does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Yes/No, Discuss:** Yes, in our Program Specifications and Standards we state that "LSPs shall have ready access to the following for all appropriate staff: relevant United States Code and Code of Federal Regulations; local laws and regulations; relevant California laws, regulations and rules; manuals for relevant government programs; relevant support center manuals, newsletters, information and referral manuals; and a law library."

In addition, clear instruction is given by the AAA4 Regional Services Specialist that the California Statewide Guidelines must be followed. These guidelines as well as the California Uniform Reporting System Instructions and Definitions are linked and referenced during the annual monitoring process.

¹² For Information related to Legal Services, contact Jeremy A. Avila at 916 419-7500 or Jeremy.Avila@aging.ca.gov

4. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA? **Yes/No, Discuss:** ~~Yes, we collaborate with all Legal Service Providers to establish specific priority issues. The top four (4) priority legal issues in PSA4 are Income/Nutrition, Housing/Utilities, Long-Term Care, and Health Care.~~ Yes, we collaborate with all Legal Service Providers to establish specific priority issues. The top four (4) priority legal issues in PSA4 are Housing, Income Stability, Civil Rights/Elder Abuse, and Access to Health Care
5. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? **Yes/No, Discuss:** Yes, we collaborate to identify target populations. Services are targeted to those people with the greatest social or economic need but not limited to low-income individuals, minorities, rural residents, and those with limited English proficiency. Groups that should be considered to receive priority for legal assistance services include older adults who are:
- Homebound
 - Residing in long-term care facility
 - Without access to transportation
 - Living alone with no support or geographically isolated
 - Experiencing chronic health problems
 - Abused Homelessness or at risk of homelessness
 - Deaf/hearing/visit impaired
 - LGBT
 - Limited English Proficiency
 - People with physical disabilities
 - People with dementia or other mental capacity issues
 - Grandparents caring for grandchildren
 - Formerly incarcerated

These target populations were gathered with a variety of input from our funded partners, Advisory Council, Governing Board and the knowledge of those in leadership at AAA4.

~~Due to the pandemic~~ Until recently, our funded partners have been limited in their ability to provide in-person outreach to target populations. ~~While some in-person activities have been resumed in a limited capacity, other~~ In order to maintain service delivery, creative outreach efforts have been successfully utilized, such as telephone appointments, virtual talks, and partnering with target population service providers to establish a referral network. As emergency orders continue to be lifted, in-person service delivery activities are becoming increasingly available to clients.

6. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? **Discuss:** See item 5 above.

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

Fiscal Year	# of Legal Assistance Services Providers
2020-2021	5
2021-2022	<i>4 anticipated</i>
2022-2023	4
2023-2024	4

8. What methods of outreach are Legal Services providers using? **Discuss:** It varies, but all of our LSPs do some educational programs, usually at designated Focal Points or at Community Centers. They also participate in outreach at senior health fairs and are often asked to be presenters at community events. During the COVID-19 Pandemic, legal service providers have been collaborating with local organizations to provide legal service information, Zoom presentations on legal issues, and outreach material for local drive through events targeting older adults.

9. What geographic regions are covered by each provider? **Complete table below:**

Fiscal Year	Name of Provider	Geographic Region covered
2020-2021	a. LSNC Sacramento b. LSNC Yolo c. LSNC Motherlode d. Yuba Sutter Legal Center e. Community Beyond Violence	a. Sacramento County b. Yolo County c. Placer County d. Yuba & Sutter Counties e. Nevada & Sierra Counties
2021-2022	a. LSNC Sacramento b. LSNC Yolo c. LSNC Motherlode d. Yuba Sutter Legal Center e. <i>LSNC Motherlode (anticipated provider)</i>	a. Sacramento County b. Yolo County c. Placer County d. Yuba & Sutter Counties e. Nevada & Sierra Counties
2022-2023	a. LSNC Sacramento b. LSNC Yolo c. LSNC Motherlode d. Yuba Sutter Legal Center	a. Sacramento County b. Yolo County c. Nevada, Placer & Sierra Counties d. Yuba & Sutter Counties
2023-2024	a. LSNC Sacramento b. LSNC Yolo c. LSNC Motherlode d. Yuba Sutter Legal Center	a. Sacramento County b. Yolo County c. Nevada, Placer & Sierra Counties d. Yuba & Sutter Counties

10. Discuss how older adults access Legal Services in your PSA and whether they can receive assistance remotely (e.g., virtual legal clinics, phone, U.S. Mail, etc.). **Discuss:** They Older Adults may call the Legal Service Provider in their county to access legal assistance

services. In some counties, Older Adults may immediately make appointments and be seen following a presentation ~~being held at a local focal point (pre/post pandemic)~~ given by a Legal Service Provider. When necessary, Legal Service Providers will see clients outside of ~~their~~ normal business hours and. In counties with ADRC's or emerging ADRC's, services may be accessed by calling an ADRC partner, resulting in a warm hand off to the Legal Service Provider.

11. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area): **Discuss:** In the past four years the percentage of older adults in our region seeking legal services for housing issues has continued to grow and clearly outpaces all other legal services. Advanced Healthcare Directives and Estate Planning are tied with Income/Consumer Finance issues for the next highest demand. ~~In Yolo County income maintenance and Individual rights are also reported in high numbers.~~
12. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. **Discuss:** While this varies by county, the ongoing pandemic has highlighted a few barriers to accessing legal services across all seven counties. Gaps in technology have limited some clients, as internet accessibility and reliability are limited, especially for individuals living in rural communities. Additionally, geographic barriers have developed, as public transportation presents both a real and perceived health risk, and ride services are heavily impacted, resulting in an inability for clients to visit legal offices for services requiring in-person legal assistance.
13. What other organizations or groups does your legal service provider coordinate services with? **Discuss:** All of our Legal Service Providers are quite active in their communities and attend meetings such as the Yuba County Commission on Aging, Placer County Multidisciplinary teams, Placer HomeSafe, Yolo Healthy Aging Alliance, and many more. In Sacramento County the Legal Service Provider has a robust relationship with County Services and collaborates with many Senior Centers and Service providers across the county.

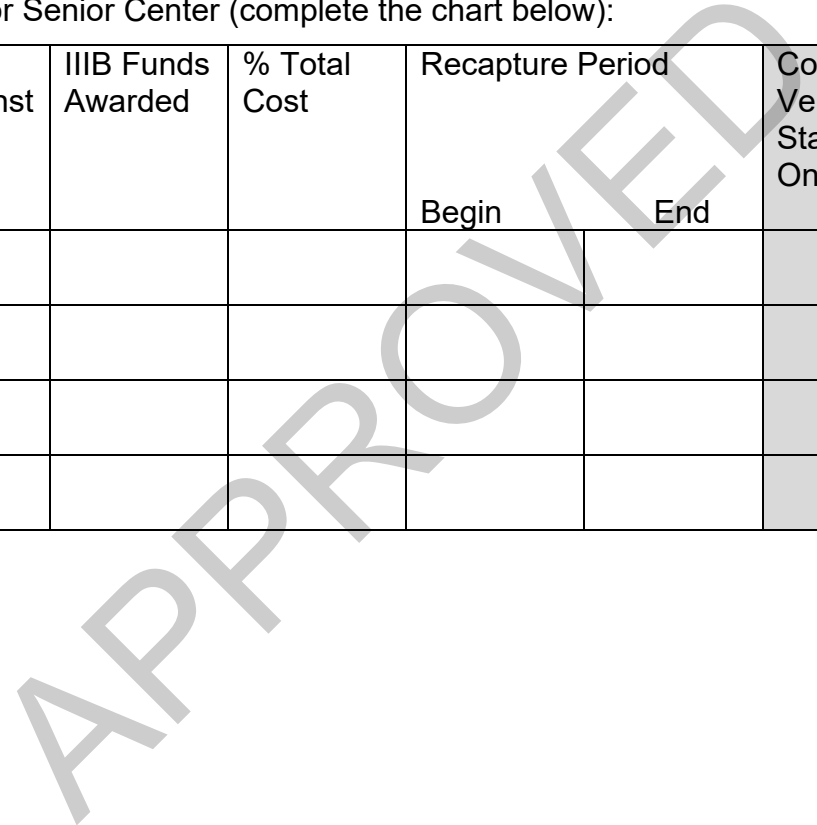
SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW¹³

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

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

Title III Grantee and/or Senior Center (complete the chart below):

Title III Grantee and/or Senior Center	Type Acq/Const	IIIB Funds Awarded	% Total Cost	Recapture Period		Compliance Verification State Use Only
				Begin	End	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						



³ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM

**Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services
Older Americans Act Reauthorization Act of 2016,
Section 373(a) and (b)**

2020-2024 Four-Year Planning Cycle

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

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

Family Caregiver Services

Category	2020-2021	2021-2022	2022-2023	2023-2024
Family Caregiver Information Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Access Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

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

Grandparent Services

Category	2020-2021	2021-2022	2022-2023	2023-2024
Grandparent Information Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Access Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Respite Care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

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

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

~~AN RFP FOR TITLE III E SERVICES IS CURRENTLY IN PROGRESS.~~

Family Caregiver Access, Information, Support and Supplemental Services

Del Oro Caregiver Resource Center
8421 Auburn Blvd., Suite 265
Citrus Heights, CA 95610

Del Oro provides Specialized Information, Short-term Counseling, Legal/Financial Consultation, and Education & Training throughout PSA 4. The highest volume of assistance being requested and provided to family caregivers is in Respite and Case Management hours, both of which require an initial Assessment. Thus those are the three Service Categories being utilized. As a Caregiver Resource Center, Del Oro receives funding via other sources to provide its core functions, namely information, counseling, consultation and training.

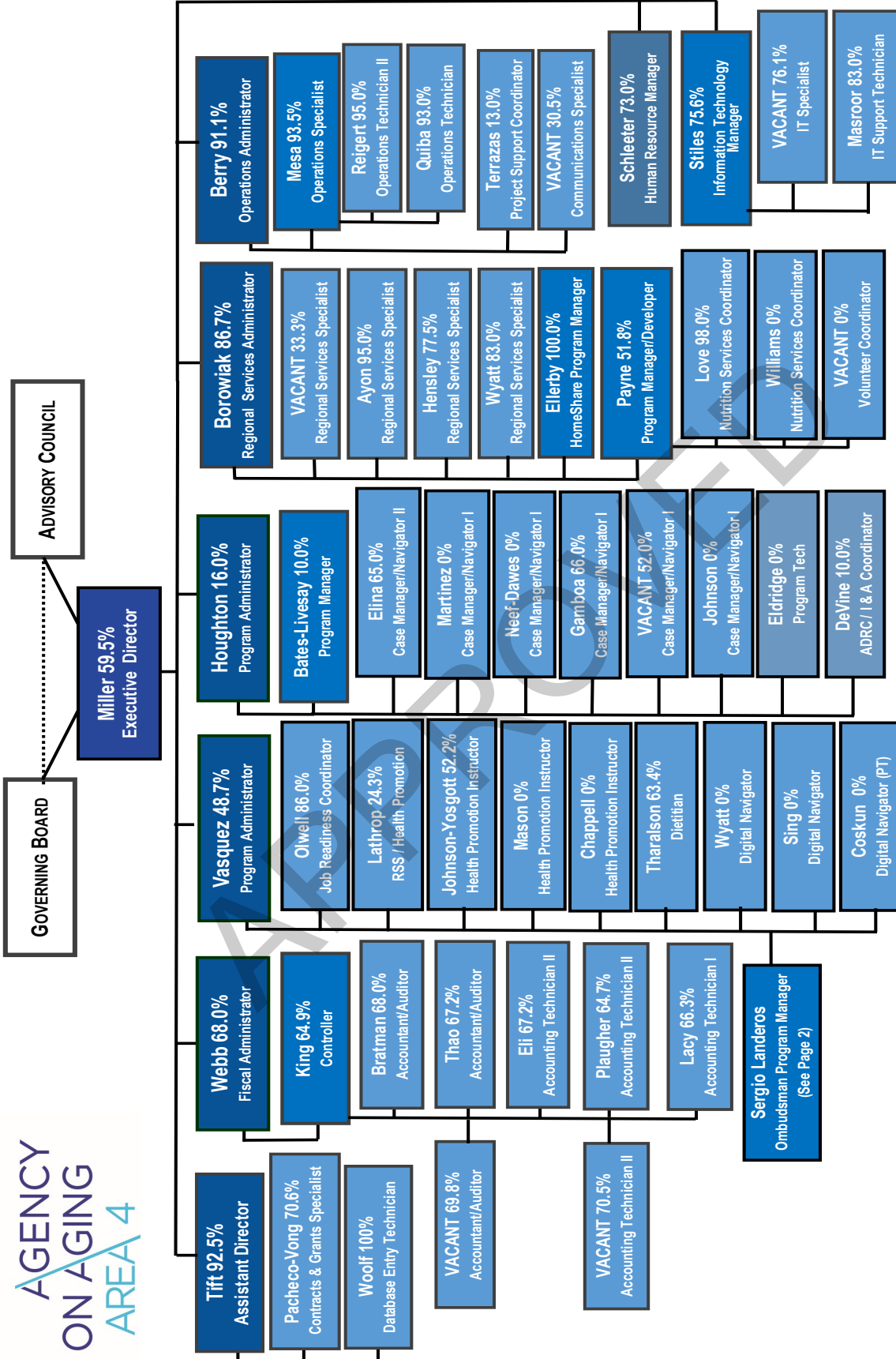
Grandparent Access, Information, Support Services, Supplemental Services & Respite Care

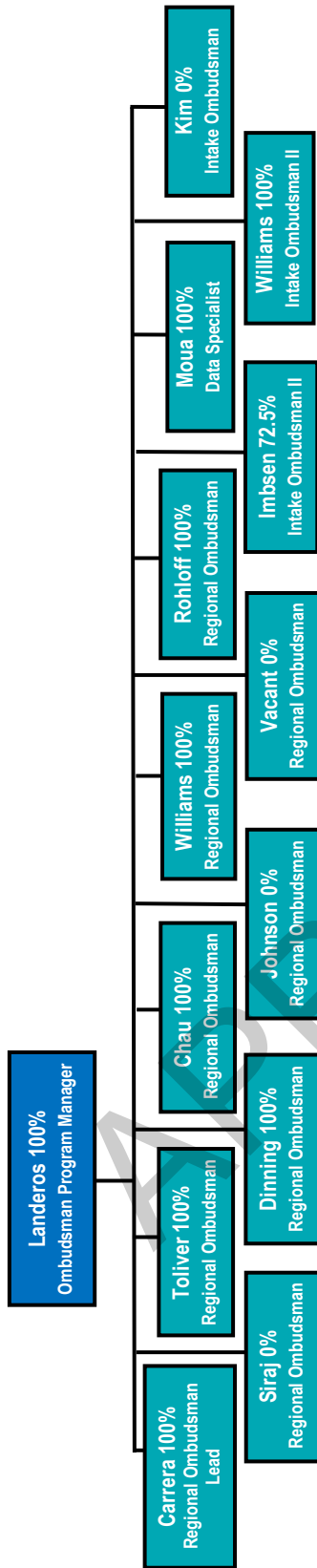
Lilliput Children's Services
8391 Auburn Blvd.
Citrus Heights, CA 95610

Lilliput partners with the Sacramento County Department of Health and Human Services to support two kinship support service centers in north and south Sacramento. These centers offer support groups, recreational activities, peer mentoring, respite care and referrals for low-cost legal and counseling services. On a very limited basis, individuals in need can also receive bus passes and emergency funds. Area 4 maintains communication with Lilliput to ensure services are continuing and that no significant unmet needs exist.

APPROVED

SECTION 21 - ORGANIZATION CHART





SECTION 22 - ASSURANCES

Pursuant to the Older Americans Act Reauthorization Act of 2016, (OAA), the Area Agency on Aging assures that it will:

A. Assurances

1. OAA 306(a)(2)

Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2016 Section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

With respect to the fiscal year preceding the fiscal year for which such plan is prepared—
(I) identify the number of low-income minority older individuals in the planning and service area;

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

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

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

Use outreach efforts that —

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

7. OAA 306(a)(5)

Provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(9)

Provide assurances that the Area Agency on Aging will carry out the State Long-Term Care Ombudsman program under 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

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

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) An assurance that the Area Agency on Aging will to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) An assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

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

11. 306(a)(14)

Provide assurances that preference in receiving services under this Title shall not be given to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

Provide assurances that funds received under this title will be used—

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in Older Americans Act Reauthorization Act of 2016, Section 306(a)(4)(A)(i); and
- (B) in compliance with the assurances specified in Older Americans Act Reauthorization act of 2016, Section 306(a)(13) and the limitations specified in Older Americans Act Reauthorization Act of 2016, Section 212;

13. OAA 305(c)(5)

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

14. OAA 307(a)(7)(B)
- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
 - (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
 - (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.
15. OAA 307(a)(11)(A)
- (i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;
 - (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
 - (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.
16. OAA 307(a)(11)(B)
- That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.
17. OAA 307(a)(11)(D)
- To the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and
18. OAA 307(a)(11)(E)
- Give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.
19. OAA 307(a)(12)(A)
- In carrying out such services conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -
- (i) public education to identify and prevent abuse of older individuals;
 - (ii) receipt of reports of abuse of older individuals;

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

20. OAA 307(a)(15)

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

(A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.

(B) To designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

21. OAA 307(a)(18)

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

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

22. OAA 307(a)(26)

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

23. OAA 307(a)(27)

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

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

24. CFR [1321.53(a)(b)]

- (a) The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.
- (b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall:
- (1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
 - (2) Provide a range of options;
 - (3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;
 - (4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
 - (5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;
 - (6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
 - (7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
 - (8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
 - (9) Have a unique character which is tailored to the specific nature of the community;
 - (10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)]

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

28. CFR [1321.61(b)(4)]

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

29. CFR [1321.61(d)]

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

30. CFR [1321.69(a)]

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

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