

CONTRA COSTA COUNTY



AREA PLAN UPDATE

FISCAL YEAR 2022-2023

CONTRA COSTA COUNTY

EMPLOYMENT & HUMAN SERVICES

**Aging & Adult Services Bureau,
Area Agency on Aging**

400 Ellinwood Way, Pleasant Hill, CA 94523

AREA PLAN UPDATE (APU) CHECKLIST

PSA 07

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	
	➤ <i>Update/Submit A) through I) <u>ANNUALLY</u>:</i>		
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	n/a	
10	F) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes	<input checked="" type="checkbox"/>	
18	G) Legal Assistance	<input checked="" type="checkbox"/>	
	➤ <i>Update/Submit the following only if there has been a CHANGE or the section was not included in the 2020-2024</i>	Mark Changed/Not Changed (C or N/C)	
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	AP Narrative Objectives:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• System-Building and Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Funded Programs	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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: Contra Costa County Area Agency on Aging

PSA 7

This Area Plan 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. Karen Mitchoff
(Type Name)

Signature: Governing Board Chair ¹ _____
Date

2. James Donnelly
(Type Name)

Signature: Advisory Council Chair _____
Date

3. Kathy Marsh
(Type Name)

Signature: EHSD Acting Director _____
Date

¹ Original signatures or official signature stamps are required.

EXECUTIVE SUMMARY

The Contra Costa County Area Agency on Aging (AAA) is pleased to present its Area Plan Update for Fiscal Year 2022-2023 (APU 2022-23). Contra Costa County is designated as Planning and Service Area #7 (PSA 7) in the State of California, overseen by a local AAA responsible for planning, coordinating, implementing, and funding programs and services for older persons, adults with disabilities, and family caregivers. APU 2022-23 is the AAA's annual update to its current four-year Area Plan (2020-2024) that describes changes in the needs of its client population and the priorities, strategies, and activities planned in the coming year to address these concerns.

Conforming to the California Department of Aging's (CDA) guidelines on the development of updates to the Area Plan, only the sections that have changes from prior submissions are included in APU 2022-23. In addition to the required updates on objectives, service unit plans, disaster preparedness, etc., new information is presented in the APU 2022-23 that includes the following:

- New demographic data from the 2020 Census and 2022 CDA demographic projections (Section 2)
- Data on low-income populations age 60 years and older by race and location (section 2)
- Implementation of the Master Plan for Aging in Contra Costa County (Section 4)
- Analysis of need during the pandemic years using Information and Assistance and 2-1-1 calls data (Section 5)
- Prioritization of services procured for the Older Americans Act Title IIIB Supportive Services (Section 5)

The disruption of the pandemic on the lives of every individual has been enormous, yet it revealed our resilience, ingenuity, and ability to come together as a community of service providers and neighbors to support those who are most vulnerable among us. The pandemic exposed the fissures and inequities in our system, which had been there all along, but now has a platform to discuss and create meaningful change.

The Master Plan for Aging (MPA) provides opportunities to make aging for all Californians equitable, inclusive, affordable, and effective. As the coordinator of the local implementation of the MPA, the Area Agency on Aging, with support from the Board of Supervisors through Measure X funding, the County demonstrates its commitment and leadership in ensuring that Contra Costa County residents of all ages and abilities feel safe, healthy, and purposeful.

The 2020 Census ranks Contra Costa as the ninth most populous county in California, numbering 1,165,927 residents, which represents an eleven percent increase from 2010. Contra Costa is a diverse community and has increasingly become more so in the last decade, registering a diversity index of 73% in 2020, which measures the probability that two people chosen at random will be from different racial and ethnicity groups. Contra Costa’s diversity ranking moved up from eighth place out of 58 counties in California in 2010 to fourth place in 2020.

According to the 2022 California Department of Aging (CDA) Population Demographic Projections, a data set used by the State to establish the Intrastate Funding Formula and calculate funding allocations for each county, Contra Costa County’s residents age 60 and older show the following characteristics:

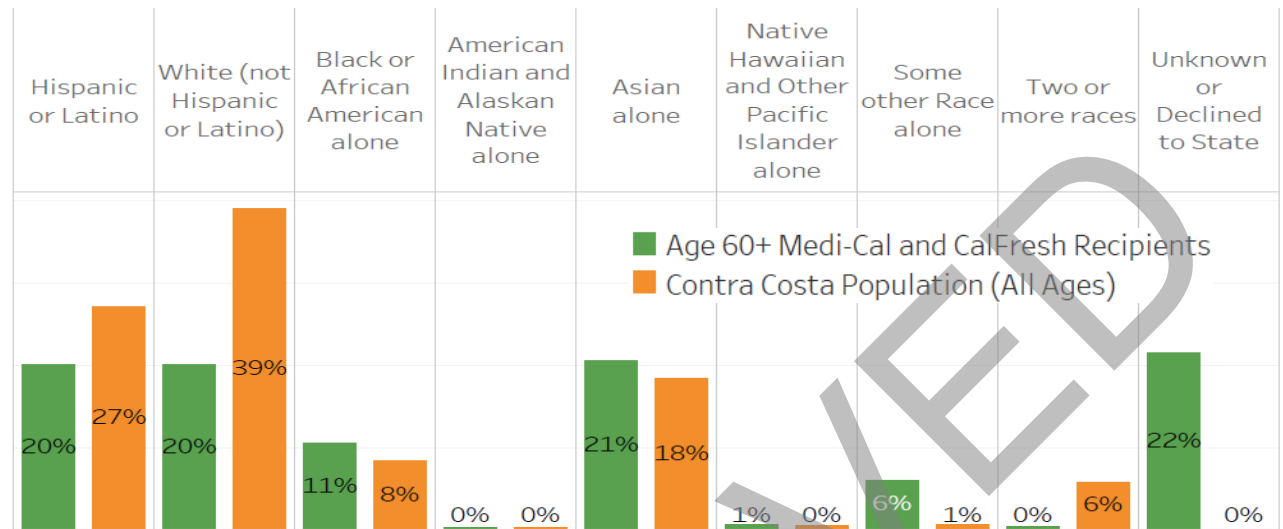
CHARACTERISTIC	TOTAL	% of 60+ Population
Total Population age 60 and over	304,792	100%
Non-Minority	137,714	45%
Minority	167,078	55%
Non-English-Speaking	6,315	2%
Low-Income	21,465	7%
Geographically Isolated	1,769	1%
Lives Alone	48,180	16%

Central to the role of the AAA, and as required by the State, is the prioritization of programs and services to targeted groups, including older adults who are low-income and/or are from communities of color. The Census Bureau defines household income that is at or below 100% of the Federal Poverty Level as “in poverty.”

An exploration of CalWIN data¹ found 45,230 Contra Costa residents aged 60 and over currently active in Medi-Cal, CalFresh, or both programs. Due to the limited data available through the U.S. Census for the population of interest, Medi-Cal and CalFresh recipient data was used as a proxy to determine low-income status by race among individuals age 60 and older. It is important to note that both Medi-Cal and CalFresh eligibility rules may allow specific individuals to qualify even if their income exceeds 100% of the Federal Poverty Level. The presence of these eligibility rules may explain the higher number of persons age 60+ (45,230 people) presently enrolled in Medi-Cal and CalFresh, compared to the Census estimates of 16,066 individuals in this cohort (+/- 1,082 margin of error) who are “below the poverty level.” The following table shows the recipients of Medi-Cal and CalFresh in PSA 7 age 60 years and older broken down by primary race and ethnicity categories. The data suggests a slight overrepresentation of Black/African American and Asian recipients of Medi-Cal and CalFresh who are age 60+, compared to the county population.

¹ MR0007E February 2022 & Monthly CalWIN Data Extract for February 2022

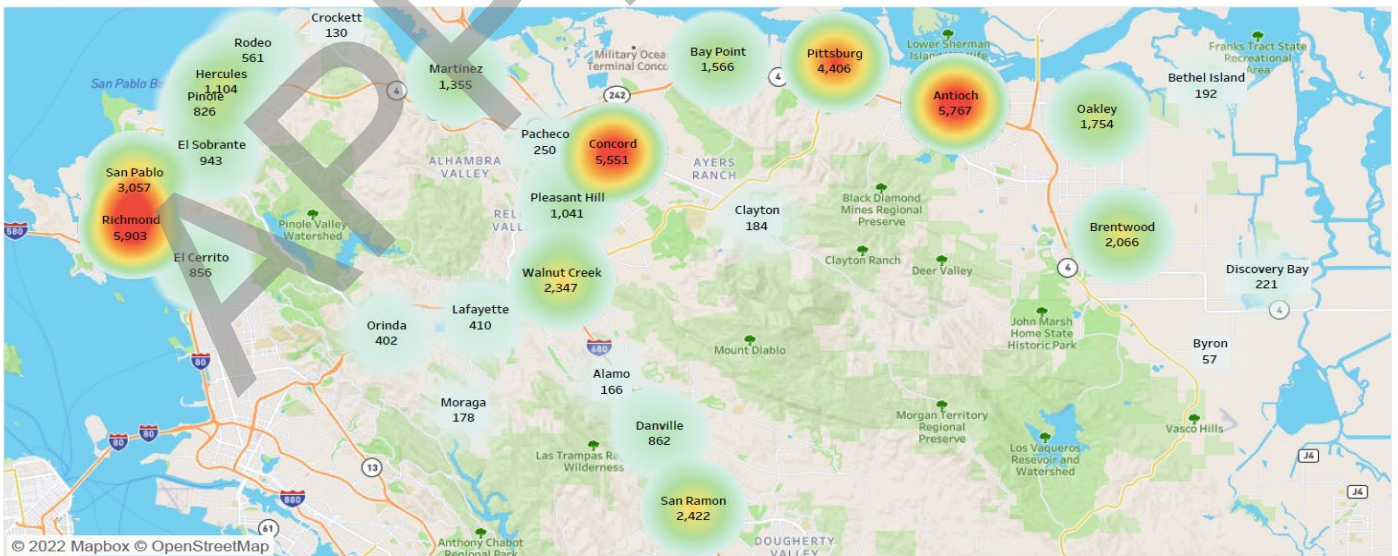
Race and Ethnicity Breakdown of Age 60 and Over Medi-Cal and CalFresh Recipients Compared to Contra Costa County Population (All Ages)



Source: CalWIN and 2020 Census Redistricting Data

Critical to planning and targeting of programs and services is knowing where to direct efforts to maximize impact and outcomes. The map below shows that Richmond, Antioch, Concord, and Pittsburg have the highest counts of age 60 and over Medi-Cal and CalFresh recipients in the county. These hot spots deserve special attention, and outreach should be directed in these areas.

Map of Age 60 and Over Medi-Cal and CalFresh Recipients in Contra Costa County



Note: Excluded from this view are: 1) Individuals who listed home addresses in cities and unincorporated areas NOT within Contra Costa County, and 2) Cities and unincorporated areas where there are twenty (20) or less individuals.
 Source: CalWIN

The increasing diversity of Contra Costa County is a source of pride and a reminder of the criticality of foregrounding equity, inclusion, and cultural and language competency in serving the community. The data on older residents presented in this section also draws attention to older adults who are at-risk because they live alone, have lower incomes, possess limited-English speaking abilities, and reside in geographically isolated areas. Governor Gavin Newsom’s passage of Executive Order N-14-19 in June 2019 that catalyzed the development of the Master Plan for Aging (MPA) validates the importance of addressing these issues and activates local communities to take action.

APPROVED

The Master Plan for Aging is a 10-year blueprint to prepare California for its rapidly graying population and to maintain its leadership in promoting a healthy and equitable aging for all Californians. This vision will be accomplished through the MPA's five bold goals:

- Housing for all ages and stages
- Health reimagined
- Equity and inclusion, not isolation
- Caregiving that works
- Affording aging

On June 24, 2021, the MPA was introduced in Contra Costa at a forum that drew more than 150 stakeholders representing public, private, nonprofit, and elected office. Fifteen local priorities in support of the MPA's five bold goals were identified by stakeholders. Key themes that emerged from the identified priorities are as follows:

- **Address affordability, availability, and accessibility** of housing, supportive services, food and nutrition, transportation, and other resources for older adults, persons with disabilities, and family caregivers.
- **Develop the workforce** by providing equitable living wage for paid caregivers, developing geriatric training, and creating certificate programs for professionals.
- **Expand choices and options** for various housing types, alternative living arrangements, in-home/out-of-home homecare, end-of-life care, and community development/City planning, permitting and building.
- **Reframe attitudes, beliefs, and behaviors** through anti-ageism, anti-ableism, and caregiver awareness campaigns that also examine intersecting issues.
- **Prioritize at-risk and hidden populations** including low- to very-low income seniors, persons with disabilities, and middle-income individuals who do not qualify for public programs yet cannot afford to pay out-of-pocket for services.
- **Develop data infrastructure and systems** to cross-share information among providers working with clients and consumers.

Contra Costa is in a unique position to successfully implement the MPA. On November 16, 2021, the Board of Supervisors adopted the Measure X policy and funding allocation expenditure plan, which includes \$1.25 million in the first year and \$2 million annually thereafter to support the local implementation of the MPA. Measure X is a half-cent sales tax approved by Contra Costa County voters in November 2020 to generate revenue for essential services and to support vulnerable populations.

The AAA has been delegated to coordinate the implementation of the MPA locally. Measure X funding will be used to develop the **Contra Costa County MPA Local Playbook**, which involves: (1) engaging in a year-long planning process to set the

groundwork for the local implementation of the MPA and develop a plan; (2) strengthening the capacity of the service provider network through organizational development trainings and direct funding of programs and services; and (3) identifying, funding, and implementing initiatives to provide a viable and sustainable path forward for older adults and persons with disabilities in the community.

A Contra Costa County IMPACT Steering Committee, comprised of leaders and decision makers from various County departments, community-based agencies, elected offices, and advocacy groups, had been established. Subcommittees are currently forming to address specific priority areas and establish approaches and initiatives to enable Contra Costa residents of all abilities to reach their full potential as they age.

APPROVED

At least once every four years, the AAA is required to release an open invitation to solicit proposals from qualified community-based agencies to procure goods and services funded under the Older Americans Act (OAA). Supportive Services funded under the OAA Title IIIB came due for solicitation, and the AAA issued a Request for Proposal (RFP) in March 2022.

To ensure that services procured in the Title IIIB Supportive Services RFP are relevant and responsive to current needs, the AAA conducted an analysis of calls data from the AAA's Information and Assistance (I&A) program and 2-1-1 to determine the services and resources community members inquired most about since the AAA's last countywide needs assessment in 2019. Of special interest is the pandemic's impact on the needs of residents in the last two years. Table 1 shows the most sought after services prior to and during the pandemic.

Table 1. Top Service Needs Based on I&A and 2-1-1 Calls Data

Services Sought	2018-19	2019-20	2020-21
Homeless Services	12,145	9,011	6,852
Financial Assistance	3,202	4,401	5,750
Housing	5,254	5,092	5,700
Medical/Mental Health	5,412	5,596	4,673
Food	2,465	4,929	2,804
Legal Services	1,671	1,598	1,861
Substance Use Services	1,340	1,293	1,145
Senior Services (general)	752	1,922	1,026
Disability Services (general)	404	405	883
Transportation	1,342	804	471
Caregiver Support	722	529	432
Homecare/Home Health	260	141	210
Case Management	231	96	141

Highlights of calls data results presented in Table 1 are as follows:

- The predominance of calls for homeless services may be skewed by 2-1-1 data, which serves as the Coordinated Entry System for the unhoused population in the county.
- The need for financial assistance and housing support have increased in the last two years, possibly due to the impact of COVID-19 on the economic security of many Contra Costa residents.
- Calls for food assistance more than doubled during the first year of the pandemic and has since stabilized to pre-COVID levels. Nutrition services, particularly for home-delivered meals, received major funding boost from federal and state

sources during the pandemic, including the CARES Act, Family First Coronavirus Response Act, and the Great Plates Delivered program.

- Legal services remain a critical need.
- Persons with disabilities needed a lot of support this past year, registering a doubling of calls compared to the last two years.
- The reduction of calls for transportation during the pandemic years may be deceiving. COVID-19 has immobilized seniors' participation in community activities. Places frequented by seniors, including senior centers and congregate meal sites, have remained closed.
- The reduction of calls for family caregiver support during the pandemic should also be interpreted with caution. Community-based supportive services for caregivers all but ceased during the pandemic. Some family members shifted to remote work, providing extra support for their loved ones in need of care at home, but this came at a great cost to their physical and mental health.
- The AAA's 2019 needs assessment identified case management and homecare support as a need, and calls data from the last two years have confirmed continued demand for these services.

The stresses of the pandemic on older adults, family caregivers, and persons with disabilities are clearly visible from the calls for resources and supports people have made in the last two years. The disproportionality of the impact of the pandemic on communities of color, caregivers, older adults, and persons with disabilities exposed the vulnerabilities of a system plagued by chronic underfunding and the entrenched institutional biases that have marginalized certain populations for decades.

Using the results of the calls data, the AAA established priorities for the procurement of the following OAA Title IIIB Supportive Services:

- Adult Day Care
- Adult Day Health
- Assisted Transportation
- Case Management
- Homecare
- Legal Assistance
- Telephone Reassurance
- Visiting

Lessons learned from the pandemic reaffirmed the need for continued targeting of services for low-income, geographically isolated, limited English-proficient, and racial and ethnic minority populations. These considerations were stressed in the RFP. The AAA also reassessed the reimbursement rates for these services by gathering information from other counties to inform the current procurement and help set equitable compensation rates that supports the viability of providers.

SECTION 7. PUBLIC HEARINGS**PSA 7**

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	July 13, 2020	Zoom-Web based	49	No	No
2021-2022	March 17, 2021	Zoom-Web based	45	No	No
2022-2023	March 16, 2022	Zoom-Web based	TBD	TBD	No
2023-2024					

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

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

Notice of the public hearing was posted in various social media outlets 30 days prior to the event. The AAA also sent an e-mail blast to all service providers on its master list and encouraged them to promote to their clients. The AAA reached out to Empowered Aging, the Long-Term Care Ombudsman provider in PSA 7, to help promote the public hearing at facilities throughout the county and encourage participation from residents. AAA staff has been announcing the public hearing at various community meetings, including the West County Senior Coalition, East County Senior Coalition, and Seniors and Adults with Disabilities Network.

2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?

Yes. Go to question #3

Not applicable, PD and/or C funds are not used. Go to question #4

3. Summarize the comments received concerning proposed expenditures for PD and/or C.

PD and C objectives were discussed. No comments were received.

4. Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services

Yes. Go to question #5

No, Explain:

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

Title IIIB adequate proportion of funding for priority services was discussed. No comments were received.

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

Questions raised at the public hearing and the responses provided are as follows:

- How is low-income defined, as it applies to Contra Costa County?
 - The federal Older Americans Act governs the work of the AAA. As such, the federal definition of low-income is used, which is at or below 100% of the federal poverty level. Given the higher cost of living in Contra Costa County, the inadequacy of using the federal definition was acknowledged.
- What are the biggest changes from last year to this year?
 - Last year was a bit chaotic due to the pandemic. The AAA received increases in funding with few guidance and unclear reporting requirements. There was an urgency to release the funding to assist our client population immediately while trying to figure out how to implement these new programs we've never done before, such as Great Plates. Thank you to the AAA staff for trying their best under the circumstances, even though they were stretched to the limit. Kudos to everything they did.
- How do we get involved with the Master Plan for Aging subcommittees?
 - The Contra Costa County IMPACT Steering Committee has established some subcommittees and will finalize them at the next meeting and identify players to serve on the subcommittees. Will soon announce a launch event to tell folks about this work and seek community participation.
- How is innovative defined?
 - Anything that is new. Outside of the box thinking. Promising practices that were successful in other communities that can be replicated in Contra Costa.

Other comments provided at the public hearing include the following:

- Thank you for using “persons of color” vs. minority.
- Equity is addressed throughout the document. The tragic lessons learned from the pandemic are clearly documented. Thank you to AAA.
- The Master Plan for Aging implementation process is inclusive, thoughtful, and grassroots. It is a time for hope. We are starting from behind, so we are starting from broken. We will get to a stage of working, then to thriving. The AAA director’s leadership and Aging and Adult Services Bureau director’s commitment make this feel doable.
- Disappointing to still have such a little amount from Older Americans Act funding from the federal level.
- We are not without challenges, but we are in a better place than we have been. Thank you to the AAA team.
- Kudos to the AAA.

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

No changes were made to the Area Plan Update FY 2022-23 as a result of input from attendees at the public hearing.

Goal # 1

The AAA will engage with older adults, community based providers, public organizations and philanthropy to incorporate resources contained in the Master Plan for Aging and “Local Playbook” to develop local initiatives that build age-friendly and disability-friendly communities.

Rationale: The California Department of Aging released the Master Plan for Aging (MPA) and associated “Playbook” for local communities to use in developing age friendly communities. The MPA reflects an unprecedented commitment to older adults and people with disabilities and provides a framework for planning and building communities that are friendly for all ages.

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
1. The AAA and Advisory Council on Aging Planning Committee will work with community members to review the Master Plan for Aging and “Local Playbook” developed by the California Department of Aging in order to design a local planning process for developing age friendly communities.	7/1/2021-6/30/2022 7/1/2022-6/30/2023		Continue
2. The AAA and Advisory Council on Aging Planning Committee will lead a process to engage local leaders and enlist their support in the local planning efforts.	7/1/2021-6/30/2022		Deleted
3. The AAA and Advisory Council on Aging Planning Committee will incorporate data from the 2020-2024 Area Plan and other data sources to review and understand the needs and gaps in services for older adults and people with disabilities. The Advisory Council on Aging’s Planning Committee will work with the AAA to Include a question in the contractor monitoring tool to gather information of contractors' unmet needs and inform future planning of programs and services.	7/1/2021-6/30/2022 7/1/2022-6/30/2023		Continue Revised
4. The AAA and Advisory Council on Aging Planning Committee members will develop an action plan for local initiatives.	7/1/2021-6/30/2022		Deleted
5. AAA staff, members of the Advisory Council on Aging, home- and community-based service providers, and other stakeholders will participate in a 12-18 month planning process, starting in October 2022, that will result in the development of the “Local Playbook,” a plan with bold, innovative, equitable, and sustainable strategies and action steps to implement the vision of the Master Plan for Aging in Contra Costa County.	7/1/2022-6/30/2023	PD	New

Goal #2

Goal: The AAA will promote the development for age-friendly communities, ensure that community infrastructure fully and meaningfully includes older adults and families by having accessible housing, transportation and community amenities for all ages and stages of life.			
Rationale: AAA needs assessment, community forums, key informant results, and caller identified need through the Information and Referral line indicate that access to affordable housing and transportation are the highest priorities for older adults to remain living in their home communities. Contra Costa residents will have access to the help they need to live in the homes and communities they choose as they age.			
OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
1. Through the ACOA Housing Workgroup, the AAA Senior Staff Assistant is working in concert with housing service providers, County Housing Authority, affordable housing developers, homeless programs, and other stakeholders to identify and develop advocacy strategies and solutions to help seniors struggling to find affordable housing. Anticipated outcomes include developing collateral materials and streamlined referrals for seniors at risk of homelessness.	7/1/2020-6/30/2021	C	Completed
	7/1/2021-6/30/2022	C	Completed
2. To improve transportation services for Contra Costa County, the AAA will work with public agencies, ACOA Transportationworkgroup, transportation professionals, community-based organizations, and older adults to: <ul style="list-style-type: none"> Identify senior transportation issues and resources. Explore partnerships and collaborations to improve and expand services. 	7/1/2020-6/30/2021		Continued
	7/1/2021-6/30/2022		Continued
	7/1/2022-6/30/2023		Continued
3. Aging and Adult Services Senior Staff Assistants, Program Manager, Aging & Adult Services Director, and Advisory Council on Aging members will focus on education and promotion of “age-friendly” initiatives to ensure that access to housing, transportation and civic life are planned in localmunicipality’s policy decisions to address the needs of seniors. <i>Update: Age friendly initiative has been integrated into the larger Master Plan for Aging local implementation effort (see objective 2.6).</i>	7/1/2020-6/30/2021		Continued
	7/1/2021-6/30/2022		Deleted
4. The ACOA Transportation Workgroup will schedule six presentations by transportation service providers and stakeholders to get informed about services and identify opportunities for advocacy to improve transportation services in Contra Costa County.	7/1/2022-6/30/2023		New
5. Transportation Workgroup members will actively participate in the Paratransit Coordinating Council and the Contra Costa County Accessible Transportation Strategic Plan	7/1/2022-6/30/2023		New

implementation subcommittees to ensure that the transportation needs of older adults are not overlooked.			
6. Area Agency on Aging staff, Advisory Council on Aging members, and community stakeholders will develop at least one strategy or major activity in the “Local Playbook,” a plan that outlines the local implementation effort of the Master Plan for Aging in the PSA, leading to at least one city per fiscal year exploring the Age-Friendly designation from the World Health Organization.	7/1/2022-6/30/2023	PD	New
7. Co-create Contra Costa County’s Aging and Disability Resource Connection (ADRC) by formalizing the Core Partnership between the Area Agency on Aging and the Independent Living Center and developing a network of Extended Partners that will work together towards obtaining full ADRC designation from the State within 24 months.	7/1/2022-6/30/2023	PD	New
<p>8. Through the ACOA Housing Workgroup, the AAA Senior Staff Assistant will work in concert with housing service providers, County Housing Authority, affordable housing developers, homeless programs, and other stakeholders to identify and develop advocacy strategies and solutions to help seniors struggling to find affordable housing. Anticipated outcomes include:</p> <ul style="list-style-type: none"> • Developing and regularly updating the Housing White Paper, which provides information and data to guide advocates and policymakers on addressing housing affordability in local communities. • Developing and regularly updating the infographic called “No Place to Call Home,” which highlights and advocates for local senior housing issues and solutions. • Scheduling a minimum of eight presentations by non-profit, government, and private organizations to the Housing Workgroup to foster partnerships and learn about housing related programs and policies. 	7/1/2022-6/30/2023	C	New

Goal #3

Goal: The AAA will provide older adults with access to programs promoting health and well-being and will advocate for person-centered health care and services to optimize health and quality of life.

Rationale: The Master Plan on Aging calls out reimagined healthcare for older adults and people with disabilities. Contra Costa residents must have access to quality care social services throughout their life span.

OBJECTIVES	Projected Start and End Dates	Title IIB Funded PD or C ⁴	Update Status ⁵
1. AAA Staff will collaborate with the Department of Health Services (Senior Nutrition program) to increase meal sites and alternative meals programs in the less accessible areas (food deserts) of the county. Update: deleting objective because of redundancy with objective below.	7/1/2020-6/30/2021 7/1/2021-6/30/2022		Deleted
2. AAA Program Manager/ Senior Staff Assistant will work with Dept. of Public Health/Health Services and CBO's to expand services in the identified food desert in East County to provide greater access to nutritious meals through alternative delivery systems, including restaurant meals delivery or voucher program. The program goal is to provide meals to 50 consumers. <i>Update: Piloted ethnic meal program with a Mexican restaurant in FY 21-22 serving the Latinx community in East County. Program had been taken over by a CBO using non-OAA funding. AAA will continue to explore piloting ethnic meals with other restaurants in food desert areas or underserved communities.</i>	7/1/2020-6/30/2021 7/1/2021-6/30/2022 7/1/2022-6/30/2023	PD C C	Continued Continued Continued
3. AAA Staff will seek new partners (e.g., Behavioral Health) who are not part of the Aging network to include them and provide greater services to older adults in great need, such as homeless and crisis shelters. <i>Update: This objective has been integrated into the larger Master Plan for Aging (MPA) local implementation effort (see objective 1.5). The AAA is leading the effort and includes new non-OAA funded partners, such as Ability Now, Behavioral Health, Contra Costa Transportation Agency, Health, Homelessness, and Housing, Independent Living Resources Center, etc.</i>	7/1/2020-6/30/2021 7/1/2021-6/30/2022	C C	Continued Deleted

<p>4. The AAA will support the support the health of older adults by providing programs that are evidenced based, including Matterof Balance, Otago Exercise program in the community, and Otago home based exercise programs. All program have been peer reviewed and sanctioned by the Administration of Community Living.</p>	7/1/2020-6/30/2021		Continued
	7/1/2021-6/30/2022		Continued
	7/1/2022-6/30/2023		Continued

APPROVED

Goal #4

Goal: The AAA will improve access to information, assistance and resources in order to achieve equity of resources and services among all older adults in our community and to address isolation of older adults.

Rationale: The AAA Needs Assessment results, Key Informant Survey responses and the Senior Town Hall participants expressed many concerns about ongoing threats of potential financial exploitation by the many scams targeting older adults. The COVID Epidemic has increased the social isolation of seniors and shown that the public health and social services systems are poorly prepared to address the needs of vulnerable adults.

OBJECTIVES	Projected Start and End Dates	Title IIB Funded PD or C ⁴	Update Status ⁵
1. The AAA Program Manager, Aging and Adult Services Senior Staff Assistants, and the ACOA will work collaboratively with community-based organizations to develop and plan special programs/events/services to help address economic insecurity in retirement.	7/1/2020-6/30/2021		Delete
2. AAA Program Manager, Senior Staff Assistants and the Advisory Council will work with various services providers and other interested stakeholders to coordinate elder abuse prevention activities for seniors vulnerable to or at risk of exploitation. <ul style="list-style-type: none"> • The Elder Abuse Prevention Workgroup of the ACOA will provide trainings and will disseminate elder abuse prevention materials and other related presentations to the public several times per year. • AAA/APS staff members in conjunction with Empowered Aging (LTC Ombudsman) will assist with hosting seminars, fairs, or other educational events related to elder abuse and Elder Abuse Month. • The ACOA Health Workgroup will coordinate with Adult Protective Services (APS) to present three (3) Elder Abuse Awareness and Prevention forums. 	7/1/2020-6/30/2021 7/1/2021-6/30/2022 7/1/2022-6/30/2023	C	Continued Continued Continued
3. The AAA will explore partnerships with the Centers for Independent Living (core partner) and other organizations to develop an Aging, Disability and Resource Connection (ADRC). Success will be measured by development of a memorandum of understanding between core partners to pursue designation as an ADRC. <i>Update: Objective has been deleted and incorporated into objective 2.7 ADRC development effort under the Master Plan for Aging.</i>	7/1/2020-6/30/2021 7/1/2021-6/30/2022	PD C	Continued Deleted

4. In order to address the needs of the Lesbian, Gay, Bisexual, and Transgender (LGBTQ) community, the AAA will: <ul style="list-style-type: none"> • Support CBOs to provide services for LGBTQ clients; • Encourage training for CBOs to ensure safe and welcoming environments to people of all sexual orientation and gender identities. 	7/1/2020-6/30/2021		Continued
	7/1/2021-6/30/2022		Continued
	7/1/2022-6/30/2023		Continued
5. The AAA Staff will work with APS, ACOA Health Workgroup, ACOA Technology Workgroup, and other agencies to promote awareness of the health risks of social isolation. AAA Staff will work with CBOs to alleviate isolation by: <ul style="list-style-type: none"> • Creating an accessible AAA website that will showcase events and community activities to ensure that community resources are available to everyone throughout the county. • Ensuring that county social workers and others (outside of the AAA) have access to resources to connect clients to services that provide socialization. 	7/1/2020-6/30/2021		Continued
	7/1/2021-6/30/2022		
6. The AAA Staff, Advisory Council on Aging and other community members will: <ul style="list-style-type: none"> • Present a forum for older adults on retirement planning and options. The event is planned for Spring 2022 and will include numerous speakers on various subject matters. The AAA anticipates having an attendance of approximately 300 people. <p><i>Update: Objective was not accomplished and had been discontinued due to prohibitions gathering in large crowds during a pandemic and public health concerns of spreading COVID.</i></p>	7/1/2021-6/30/2022	C	Continued
	7/1/2022-6/30/2022	C	Deleted
7. The Advisory Council on Aging Technology Workgroup will develop strategies for distribution of technology devices, broadband (by others) and training to seniors and disabled adults who are underserved.	7/1/2022-6/30/2023		New
8. ACOA Technology Workgroup will participate in MPA local Playbook subcommittee and ensure addressing the digital divide and its impact on seniors is considered in the initiatives developed. Assist in development of initiative or initiatives.	7/1/2022-6/30/2023		New
9. The AAA Staff, Advisory Council on Aging, and other community members will present a forum in November 2022 on the Contra Costa County MPA “Local Playbook.”	7/1/2022-6/30/2023	C	New

1 Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

2 Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted

**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	N/A		
2021-2022	N/A		
2022-2023	N/A		
2023-2024			

Homemaker (In-Home)

Unit of Service = 1 hour

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

Chore (In-Home)

Unit of Service = 1 hour

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

Home-Delivered Meal**Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	500,000	1, 3	
2021-2022	500,000	3	
2022-2023	500,000	3	3.2
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	4,455	1,3	
2021-2022	4,455	3	
2022-2023	4,455	3	
2023-2024			

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	1,635	2	4
2021-2022	1,635	2	
2022-2023	1,635	2	2.2
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	133,000	1	
2021-2022	133,000	3	
2022-2023	133,000	3	
2023-2024			

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

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

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	3,458	4	
2021-2022	3,458	3	
2022-2023	3,458	3	
2023-2024			

Nutrition Education

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	19,950	2	
2021-2022	19,950	3	
2022-2023	19,950	3	
2023-2024			

Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	17,500	1,2,3,4	
2021-2022	17,500	4	
2022-2023	20,000	4	
2023-2024			

Outreach (Access)

Unit of Service = 1 contact

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

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.

Telephone Reassurance

Unit of Service= 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	10,140	1,3,4	
2021-2022	10,140	3	
2022-2023	3,000	3	
2023-2024			

Visiting

Unit of Service= 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	11,960	1,2,3,4	
2021-2022	11,960	3	
2022-2023	2,000	3	
2023-2024			

3. Title IIID/ Disease Prevention and Health Promotion

Instructions for Title IIID Disease Prevention and Health Promotion: : Enter the name of each proposed program that meets the criteria for evidence-based programs described in PM 15-10, proposed units of service, and the Program Goal and Objective number(s).

Unit of Service = 1 contact

Evidence-Based Program Name(s): **A Matter of Balance and Otago Classes**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	1,140	3	3
2021-2022	1,140	3	4
2022-2023	1,050	3	3.4
2023-2024			

APPROVED

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>1,520</u> + number of partially resolved complaints <u>492</u> divided by the total number of complaints received <u>2,425</u> = Baseline Resolution Rate <u>83</u> % FY 2020-2021 Target Resolution Rate <u>93</u>%</p>

<p>2. FY 2019-2020 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>1303</u> divided by the total number of complaints received <u>1376</u> = Baseline Resolution Rate 95 % FY 2021-2022 Target Resolution Rate <u>93</u> %</p>

<p>3. FY 2020 - 2021 Baseline Resolution Rate: Number of complaints partially or fully resolved 2,830 divided by the total number of complaints received 3,023 = Baseline Resolution Rate 94 % FY 2022-2023 Target Resolution Rate 94 %</p>
--

4. FY 2021-2022 Baseline Resolution Rate:
 Number of complaints partially or fully resolved _____ divided by the total number
 of complaints received _____ = Baseline Resolution Rate _____ %
 FY 2023-2024 Target Resolution Rate _____

Program Goals and Objective Numbers: 4

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

1. FY 2018-2019 Baseline: Number of Resident Council meetings attended 65
2. FY 2020-2021 Target: 70
2. FY 2019-2020 Baseline: Number of Resident Council meetings attended 42 FY
 2021-2022 Target: 50
3. FY 2020-2021 Baseline: Number of Resident Council meetings attended 20 _____
 FY 2022-2023 Target: 20 _____
4. FY 2021-2022 Baseline: Number of Resident Council meetings attended _____
 FY 2023-2024 Target: _____

Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of Family Council meetings attended 0
2. FY 2020-2021 Target: 8 _____
2. FY 2019-2020 Baseline: Number of Family Council meetings attended 2 _____
 FY 2021-2022 Target: 8 _____
3. FY 2020-2021 Baseline: Number of Family Council meetings attended 0 _____
 FY 2022-2023 Target: 0 _____
4. FY 2021-2022 Baseline: Number of Family Council meetings attended _____
 FY 2023-2024 Target: _____

Program Goals and Objective Numbers: 4

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.

1. FY 2018-2019 Baseline: Number of Instances 1,104
 FY 2020-2021 Target: 1,500
3. FY 2019-2020 Baseline: Number of Instances 2520
 FY 2021-2022 Target: 2,500
3. FY 2020-2021 Baseline: Number of Instances 5,054 _____
 FY 2022-2023 Target: 5,054 _____
4. FY 2021-2022 Baseline: Number of Instances _____
 FY 2023-2024 Target: _____

Program Goals and Objective Numbers: _____

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>1,911</u> FY 2020-2021 Target: <u>2,000</u>
3. FY 2019-2020 Baseline: Number of Instances <u>2535</u> FY 2021-2022 Target: <u>3,000</u>
3. FY 2020-2021 Baseline: Number of Instances <u>11,757</u> FY 2022-2023 Target: <u>11,757</u>
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
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>20</u>
2. FY 2019-2020 Baseline: Number of Sessions <u>6</u> FY 2021-2022 Target: <u>15</u>
3. FY 2020-2021 Baseline: Number of Sessions <u>9</u> FY 2022-2023 Target: <u>9</u>
4. FY 2021-2022 Baseline: Number of Sessions _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: <u>1</u>

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
<p>FY 2020-2021 Systems Advocacy Effort(s): Ombudsman Services will continue to work with Healthcare Career Pathway partners to expand and improve the education for caregivers and licensed care professionals. The partnership will work to deepen the pathway into east Contra Costa County and improve person centered education and access to students with addressable barriers. The partnership will work to develop a secondary training site and expand offerings to programs like RNA, HHA, LVN</p>
FY 2021-2022
<p>Outcome of FY 2020-2021 Efforts: Working in partnership with Opportunity Junction and Mt. Diablo Adult Education the Healthcare Career Pathway continues to thrive and is preparing to launch its fourth cohort at MDAE and first cohort at the secondary site at Opportunity Junction (in April 2021. The partners are still working to add stackable training programs such as Home Health Aid and other pathways in the allied healthcare system.</p> <p>FY 2021-2022 Systems Advocacy Effort(s): Ombudsman Services will continue its efforts to advance the Healthcare Career Pathway by focusing on statewide expansion in order to make the program available to other communities. The program was featured in the Master Plan on Aging Local Playbook and several Legislators are in conversation regarding advancing the program via legislative action.</p>
FY 2022-2023
<p>Outcome of FY 2021-2022 Efforts: Secured funding in the State budget:</p> <ol style="list-style-type: none"> 1. To support Healthcare Career Pathway program in Contra Costa County, and 2. To expand Healthcare Career Pathway program to other California counties. <p>FY 2022-2023 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) Empowered Aging will continue as a partner in the local (Contra Costa) Healthcare Career Pathways program and will work with its project collaborators to support possible growth into additional medical careers. EA will also continue to support the statewide HCP pilot expansion.</p>
FY 2023-2024

Outcome of 2022-2023 Efforts:

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

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:

APPROVED

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 <u>29</u> FY 2021-2022 Target: 94 %
2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>0</u> FY 2021-2022 Target: 94%
3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 28% <u>divided by the total number of Nursing Facilities 30 = Baseline 93%</u> FY 2022-2023 Target: 93%
4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ FY 2023-2024 Target: %
Program Goals and Objective Numbers: <u>4</u>

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>345</u> FY 2020-2021 Target: 93
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>0</u> FY 2021-2022 Target: 90

3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 289 divided by the total number of RCFEs 406 = Baseline 71%
 FY 2022-2023 Target: 85%

4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____
 FY 2023-2024 Target: _____ %

Program Goals and Objective Numbers: 1, 4

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>5.51</u> FTEs FY 2020-2021 Target: <u>5.5</u> FTEs
2. FY 2019-2020 Baseline: <u>5.3</u> FTEs FY 2021-2022 Target: <u>5.5</u> FTEs
3. FY 2020-2021 Baseline: <u>4</u> FTEs FY 2022-2023 Target: <u>4</u> FTEs
4. FY 2021-2022 Baseline: _____ FTEs FY 2023-2024 Target: _____ FTEs
Program Goals and Objective Numbers: <u>1, 4</u>

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers <u>25</u> FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers <u>25</u>
3. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers <u>17</u> FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers <u>15</u>
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers <u>7</u> FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers <u>7</u>
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers ((<u> </u>) FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers <u> </u>
Program Goals and Objective Numbers: <u>1, 4</u>

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

Ombudsman has recently added an Intake Lead responsible for overseeing the intake process and who works closely with program leaders to ensure all complaints are dispatched quickly and responded to as soon as possible.

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: **Contra Costa County Senior Legal Services**

Fiscal Year	Total # of Public Education Sessions	Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	9	2020-2021	5
2021-2022	9	2021-2022	5
2022-2023	10	2022-2023	5
2023-2024		2023-2024	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E	Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020-2021	N/A	2020-2021	N/A
2021-2022	N/A	2021-2022	N/A
2022-2023	N/A	2022-2023	N/A
2023-2024		2023-2024	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020-2021	500	Identity theft and account fraud; Elder Court/Senior Self-Help Clinic; What Should I Know About Elder Abuse; Consumer Fraud
2021-2022	500	
2022-2023	600	
2023-2024		

Fiscal Year	Total Number of Individuals Served
2020-2021	950
2021-2022	950
2022-2023	950
2023-2024	

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: 75 Total est. audience for above: 5,332	2	
2021-2022	# of activities: 75 Total est. audience for above: 5,332	3	
2022-2023	# of activities: 75 Total est. audience for above:	3	
2023-2024	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2020-2021	984	1	
2021-2022	984	3	
2022-2023	1,000	3	
2023-2024			

Access Assistance		Total contacts	
Support Services	Total hours		
2020-2021	1,620	1	
2021-2022	1,620	3	
2022-2023	1,620	3	
2023-2024			
Respite Care	Total hours		
2020-2021	2,904	1, 4	
2021-2022	2,904	3	
2022-2023	2,904	3	
2023-2024			
Supplemental Services	Total occurrences		
2020-2021	225	1,3,4	
2021-2022	225	3	
2022-2023	225	3	
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: 0 Total est. audience for above:		
2021-2022	# of activities:0 Total est. audience for above:		
2022-2023	# of activities: 0 Total est. audience for above:		
2023-2024	# of activities: 0 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	200	1	
2021-2022	200	3	
2022-2023	450	3	
2023-2024			
Support Services	Total hours		
2020-2021	350	1	
2021-2022	350	3	
2022-2023	500	3	
2023-2024			
Respite Care	Total hours		
2020-2021	475	1	
2021-2022	475	3	
2022-2023	475		
2023-2024			
Supplemental Services	Total occurrences		
2020-2021	59	1, 3	
2021-2022	0	N/A	
2022-2023	0	N/A	
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).

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	6	4
2021-2022	6	3
2022-2023	6	3
2023-2024		

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021	30	4
2021-2022	30	3
2022-2023	30	3
2023-2024		

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021	9	1,4
2021-2022	9	3
2022-2023	9	3
2023-2024		

¹ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

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, CDASStandard 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 AAA ensures the preparedness of its organization and staff to meet the challenges of a disaster. The main responsibility of the AAA is to support the emergency management community to ensure that the disaster-related needs of older adults and persons with disabilities receive access to overall community disaster planning services. The AAA is part of the Contra Costa County structure and therefore conforms to the County's overall plan for disaster response and preparedness. One element of the County's plan enforces the requirement of County staff, including AAA staff, to serve as official disaster preparedness workers in accordance with Section 3100 of the California Government Code.

In response to COVID-19, the AAA partnered with the Family Caregiver Alliance and the John Muir Community Health Fund to co-create and co-facilitate the Seniors and Disabled Adults Network to ensure that older individuals, persons with disabilities, and family caregivers continue to receive support and information during the pandemic. The Network meets monthly to share information, problem-solve, and to support one another as service providers during this challenging time. The County's Public Health Officer and staff attend the meetings to provide updates and share information about cases, vaccine rollout, and public education campaigns to protect the community's most vulnerable populations. The Network continues to meet and is committed to continuing efforts to share information and collaborate to address the needs of its shared population post-pandemic. The AAA also partnered with the California Department of Aging, Community Care Licensing, County Public Health, and the local Ombudsman program to coordinate the distribution of over 26,000 test kits to more than 600 long-term care, adult residential care, and mental health facilities in Contra Costa County.

The AAA recognizes emergency preparedness and protection of older adults is a priority given the PG&E power shut-offs/outages, high heat in parts of the county and most recently, the COVID-19 pandemic. The pandemic disproportionality affected older adults, who were asked to shelter in place in mid-March. This affected their ability to obtain and access supportive programs and services, including the ability to purchase and obtain meals. Our organization serves as main point of access for Meals on Wheels as a resource for meals and nutrition.

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
Rick Kovar	OES Manager	Office: 925-655-0123	jcava001@so.cccounty.us
Julie Cavallero	Senior Emergency Planning Coordinator	Office: 925-655-0116	jcava001@so.cccounty.us

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Anthony Macias	Senior Staff Assistant	Office: 925-602-4175	amacias@ehsd.cccounty.us

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. Emergency shelters	a. County staff will staff shelters
b. Meals on Wheels	b. AAA staff will assist with meal delivery
c. I&A	c. Services will continue to provider services after a disaster. The program’s platform is online and can be accessed remotely by Social Workers (call center staff). Clients can continue to call the central intake phone number, and staff can pick-up the call from any location.
d. Long-Term Care Ombudsman	d. AAA to ensure that contractor continues to provide services to residents during a disaster. AAA to provide support to contractor.

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

The AAA is housed within the Contra Costa County Employment and Human Services Department which is responsible for care and shelter in the event of a major disaster. It has formal agreements with the American Red Cross, The ContraCosta County Office of Emergency Services, the Contra Costa County Health Department, and the Contra Costa Sherriff’s Department.

6. Describe how the AAA will:

- Identify vulnerable populations** - The AAA utilizes information obtained from the In-Home Support Services program and the aging network in Contra Costa County to identify vulnerable at-risk individuals. The aging network consists of a collaboration of Ombudsman Services, AAA contractors, and non-profit organizations whose purposes is to serve and advocate for older adults.

- **Follow-up with these vulnerable populations after a disaster event** - Protocols are in place to identify at risk populations and arrange for shelter care for those with special needs. AAA works with the Ombudsman Program to ensure skilled nursing facilities, assisted living facilities, and residential care homes provide for their clients, residents, and patients during and after a disaster.

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 funds⁵ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 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 20 % 21-22 20 % 22-23 20 % 23-24 _____ %

In-Home Services:

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer’s, Residential

2020-21 8 % 21-22 8 % 22-23 8 % 23-24 _____ %

Legal Assistance Required Activities:⁶

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

2020-21 11 % 21-22 11 % 22-23 11 % 23-24 _____ %

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. 7

The AAA conducted an analysis of calls to I&A and 2-1-1 for the last two years during the pandemic to inform the prioritization of services for the Title IIIB RFP issued in March 2022. Based on the analysis, Case Management and Homemaker services were added as new services funded through Title IIIB. Though ARPA funds were used to augment available funds and increase services units procured through the RFP, units were not included in this Area Plan Update, as instructed by CDA.

² 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.

³ 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 7

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

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

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

Check applicable direct services

	<u>check each applicable Fiscal Year</u>			
Title IIIB	20-21	21-22	22-23	23-24
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>
<input checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title IID	20-21	21-22	22-23	23-24
<input type="checkbox"/> Disease Prevention and Health Promo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title IIIE⁹	20-21	21-22	22-23	23-24
<input type="checkbox"/> Information Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title VIIA	20-21	21-22	22-23	23-24
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title VII	20-21	21-22	22-23	23-24
<input type="checkbox"/> Prevention of Elder Abuse, Neglect, And Exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Work collaboratively with community organizations to reach the targeted populations, including the East County Senior Coalition, West County Senior Coalition, faith-based groups, immigrant support agencies, and service providers.
- Provide interpretation services, as needed, to assist non-/or limited English speaking clients in all regions of the county.
- Conduct outreach by sponsoring events, presenting at community meetings, and participating in work groups focusing on addressing multicultural issues.
- Collaborate with other agencies to assist in identifying and servicing low-income, minority seniors who may be at risk of not accessing needed services. This includes cross-referring clients between the AAA and partner agencies.
- Focus on providing additional services to food deserts in the county.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 7

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: HICAP

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 service¹⁰: Contra Costa County AAA has provided HICAP as a direct service since the inception of HICAP. The location of HICAP within county government has aided client outcomes greatly in regards to its relationships to the County's Medi-Cal and IHSS staff, and can more effectively solve Medicare problems for people who also have Medi-Cal because of these relationships. No other AAAs are affected.

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

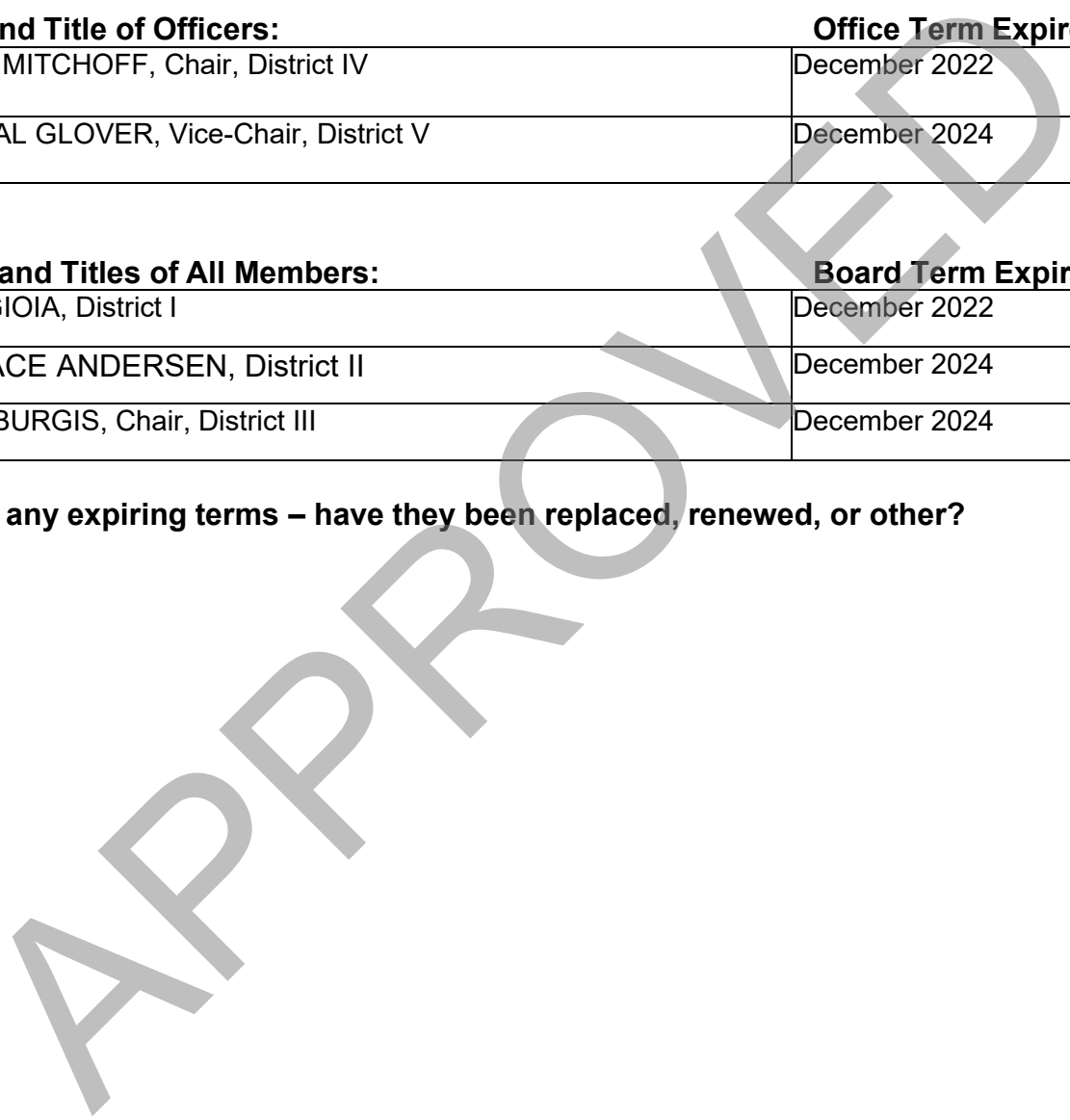
CCR Article 3, Section 7302(a) (11)

Total Number of Board Members: **5**_____

Name and Title of Officers:	Office Term Expires:
KAREN MITCHOFF, Chair, District IV	December 2022
FEDERAL GLOVER, Vice-Chair, District V	December 2024

Names and Titles of All Members:	Board Term Expires:
JOHN GIOIA, District I	December 2022
CANDACE ANDERSEN, District II	December 2024
DIANE BURGIS, Chair, District III	December 2024

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



**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) 40 (5 Vacancies)

Number of Council Members over age 60 23

Race/Ethnic Composition	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
White	<u>61%</u>	<u>79%</u>
Hispanic	<u>13%</u>	<u>0%</u>
Black	<u>8%</u>	<u>9%</u>
Asian/Pacific Islander	<u>.5%</u>	<u>9%</u>
Native American/Alaskan Native	<u>.2%</u>	<u>0%</u>
Other	<u>17.3%</u>	<u>3%</u>

Name and Title of Officers:	Office Term Expires:
James Donnelly, President/Chair	December 31, 2022
Jill Kleiner, Vice President	December 31, 2022
Dennis Yee, Secretary and Treasurer	December 31, 2022

Name and Title of other members:	Office Term Expires:
Aufhauser, Martin, Representing town of Moraga	September 30, 2023
Berman, Michelle, Representing City of Clayton	September 30, 2023
Bhambra, Jagjit, At Large #11	September 30, 2023
Bruns, Mary, At Large #15	September 30, 2022
Butler, Rhoda, At Large #5	September 30, 2023
Card, Deborah, At Large #5	September 30, 2022
Carterelliott, Kacey, Representing City of Pittsburg	September 30, 2023
Donnelly, James, Representing City of Danville	September 30, 2023
Donovan, Kevin MAL #17	September 30, 2022
Doran, Jennifer, Representing City of Hercules	September 30, 2022

Evans, Candace, Representing City of Orinda	September 30, 2023
Fernandez, Rudy, Representing City of Antioch	September 30, 2022
Freitag, Eric, Representing City of Walnut Creek	September 30, 2023
Haberkorn, John, Representing City of Concord	September 30, 2023
Harrington, Dale, At Large #13	September 30, 2022
Kee, Arthur, Representing City of Brentwood	September 30, 2023
Kleiner, Jill, At Large #19	September 30, 2023
Krohn, Shirley, At Large #2	September 30, 2022
Leasure, Nancy, At Large #8	September 30, 2023
Lipson, Steve, At Large #6	September 30, 2022
Neemuchwalla, Nuru, At Large #12	September 30, 2022
O'Toole, Brian, At Large #16	September 30, 2023
Partridge, Erin, Representing City of Lafayette	September 30, 2023
Reed, Penny, At Large #1	September 30, 2022
Richards, Gerald, At Large #9	September 30, 2023
Sakai-Miller, Sharon, At Large #20	September 30, 2023
Selleck, Sutter, At Large #7	September 30, 2022
Shafiabady Sara, At Large #4	September 30, 2022
Smith, Frances, Representing City of Richmond	September 30, 2022
Tobey, Terri, At Large #10	September 30, 2023
Van Ackeren, Lorna, Representing City of Pleasant Hill	September 30, 2022
Wener, Michael, At Large #18	September 30, 2022
Yee, Dennis, At Large #14	September 30, 2023

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

	Yes	No
Low Income Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disabled Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supportive Services Provider Representative	<input 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

Each new vacancy occurring on the Council is declared by Board Order. The Clerk of the Board’s Office is then instructed to advertise each vacancy for a period of 20 days prior to the filling of each seat to encourage and permit interested members of the public to apply. Vacancies are identified on the County’s website. Member at Large applicants are interviewed by the Council’s Membership Committee; Local Committee Seats are selected by the cities (usually the City Councils). All new appointments to the Council are made by Board Order. New members are given an orientation and advised of their duty to file FORM 700 and to complete ethics training for public officials as required by the Fair Political Practices Commission. Members are also provided video training on the Brown Act and the County’s own Better Governance Ordinance. Expired terms are renewed by mutual agreement.

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:
 - 11 % of adequate proportion of Title IIIB funding is directed to Legal Services.
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).
 - Prior to the COVID-19 pandemic, there was a steady increase in clients seen (over 10% increase in the four years pre-pandemic). Housing matters have increased. Approximately 40% of cases are housing related, up from 27%, primarily landlord/tenant disputes and eviction defense. Prior to the Omicron outbreak of the Coronavirus, the most urgent trends concerned threats to housing and economic stability. These issues are likely to become even more pronounced in the wake of the health crisis affecting our community.
 - With the closure of the senior centers, the legal services provider shifted to offering virtual clinics telephonically or through videoconferencing. This has proven challenging, as many clients do not have access to technology or the comfort level to use the online tools to take up this opportunity. As a result, the provider is serving fewer seniors at clinics, although the number of clients assisted directly remained stable. The pivot to remote work resulted in added expenses (e.g. remote secure access to client database, ongoing special cleaning, transcription of voice messages, increased support staff hours) that may not be covered by the contract.
 - The uncertainty and continued threat of the pandemic challenged the program this past year. As cases started to decrease in the summer of 2021, Legal Services cautiously and modestly re-opened services for in-person appointments, then a new surge hit in the winter and forced the program to retreat back to remote work. Legal clinics at senior centers halted once again. The pandemic resulted in increased expenses for the organization, including higher cleaning costs, IT expenses to support remote work, salary increases to stay competitive as an employer, etc. The provider worked diligently in raising funds to cover these additional costs, including conducting a Spring Peer to Peer Fundraiser, a Giving Tuesday Campaign, and a Year End Appeal. The provider also increased their grant writing efforts to support the program.

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, the agreement includes expectations to use the California Statewide Guidelines in the provision of OAA legal services.

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?

- Prevention of Elder Abuse
- Housing Preservation
- Access to Benefits
- 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, the AAA collaborates with our legal service provider, CCSLS, to identify our target population. The target population is older adults with the greatest social and economic need. The mechanism for reaching them is through outreach and education at senior centers, nutrition sites, senior housing complexes, community events, and gathering places with diverse racial/ethnic populations, such as San Pablo and Bay Point. CCSLS distributes brochures about its services in English, Spanish, and several Asian languages. CCSLS recently began outreach at dialysis clinics to advertise free health care directive services. CCSLS employs Spanish speaking staff and provides outreach to immigration fairs. Website can be accessed in many different languages (via Google translate); use of a language line for other languages (recently Farsi and Hindi).

Additionally, CCSLS collaborates with Ombudsman Services to reach those confined in long-term care facilities.

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

The targeted senior population are those with the Greatest Social Need: isolated, disabled, low-income, and limited-English speaking ability are all risk factors. Social factors, including sexual orientation, rural status, racial and ethnic minority background, and HIV/AIDS status are also prioritized. The Legal Services Provider reaches them through a website that is accessible and includes a video describing their services as well as a blog. It also relies on frequent in-person outreach (over 35 events since the start of the pandemic through the end of 2021), ongoing Google ads campaigns, distribute flyers in senior centers, food bank distribution sites and to Meals on Wheel clients. In addition, it receives referrals from Adult Protective Services, Family Justice Centers, Ombudsman Services, Contra Costa Bar Assn., local Senior Centers, Information & Assistance, etc.

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

Fiscal Year	# of Legal Assistance
2020-2021	1
2021-2022	1
2022-2023	1
2023-2024	<i>Leave Blank until 2023</i>

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

The Legal Services Provider conducts outreach through a website that is accessible and includes a video describing its services. The provider also has a blog. The Legal Service Provider relies on frequent in-person and virtual outreach (over 35 events since the pandemic started through the end of 2021), ongoing Google Ads campaigns, flyer distribution in senior centers, food bank distribution sites, and Meals on Wheel clients. In addition, referrals are received from Adult Protective Services, Family Justice Centers, Ombudsman Services, Contra Costa Bar Association, local Senior Centers, Information & Assistance, etc.

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

Fiscal Year	Name of Provider	Geographic Region covered
2020-2021	Contra Costa Senior Legal Services	Contra Costa County
2021-2022	Contra Costa Senior Legal Services	Contra Costa County
2022-2023	Contra Costa Senior Legal Services	Contra Costa County
2023-2024	<i>Leave Blank until 2023</i>	<i>Leave Blank until 2023</i>

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:**

Older Adults can access the Legal Service provider at senior centers and at the agency's office in person or by telephone. It also conducts virtual and in-person clinics at senior housing sites, assisted living facilities, and has staff who can travel to the home of an older adult who is homebound and in need of urgent services.

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:**

The majority of cases handled by Contra Costa Senior Legal Services have to do with eviction and other housing issues. Other issues include debtors' rights and planning for incapacity.

- Housing: The title III Legal provider assists seniors with problems relating to housing, including assistance with publicly subsidized housing, eviction defense, improving housing conditions, lockouts and utility shut offs.
- Elder Abuse: The title III Legal provider assists victims of abuse to enforce their rights against their abusers. Services include advising seniors about financial elder abuse, fraud and senior scams; assisting seniors in obtaining Elder Abuse Restraining Orders; and, advising and assisting clients victimized by identity theft or fraud.
- Consumer and Individual Rights: The Title III legal provider advises debtors about their rights, assist with debt collector lawsuits, and with resolution of some contract disputes. It also drafts powers of attorney and Advance Health Care Directives.
- Public Benefits: The Title III legal advisor assists with waivers and reconsiderations in SSI overpayment matters.
- It also engages in planning for incapacity (Advance Health Care Directives and Durable Powers of Attorney) for older residents of the County

Prior to the recent outbreak of the coronavirus, the most urgent trends concerned threats to housing and economic stability. These issues are likely to become even more pronounced in light of the health crisis affecting our community.

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

The Legal Services Provider is small and has a limited ability to conduct outreach in languages other than Spanish and English. The Legal Services Provider is launching a survey to better understand awareness of services based on language and other demographics to improve its outreach efforts. It is also endeavoring to use volunteers to address this barrier. Seniors also have difficulty with transportation. While services are offered by telephone, many legal issues require review of documents or in person assessment of capacity. The legal services provider is collaborating with other agencies such as the Family Justice Center to provide services in the western and eastern portions of the county.

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

The Legal Service Provider coordinates services with Adult Protective Services, Family Justice Centers, Ombudsman Services, Contra Costa Bar Association, local Senior Centers, Information & Assistance, Meals on Wheels Diablo Region, etc. In addition, it collaborates on many projects including the Elder Abuse Prevention Project and Abuse

in Later Life Program (multiple agencies), East County Senior Resource Initiative (Meals on Wheels & others), the Resident Empowerment Program (Empowered Aging), and Pop up Legal Clinics (the Food Bank), etc.

APPROVED

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:						

¹ 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.

APPROVED

**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	2022-2022	2023-2024
Family Caregiver Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 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

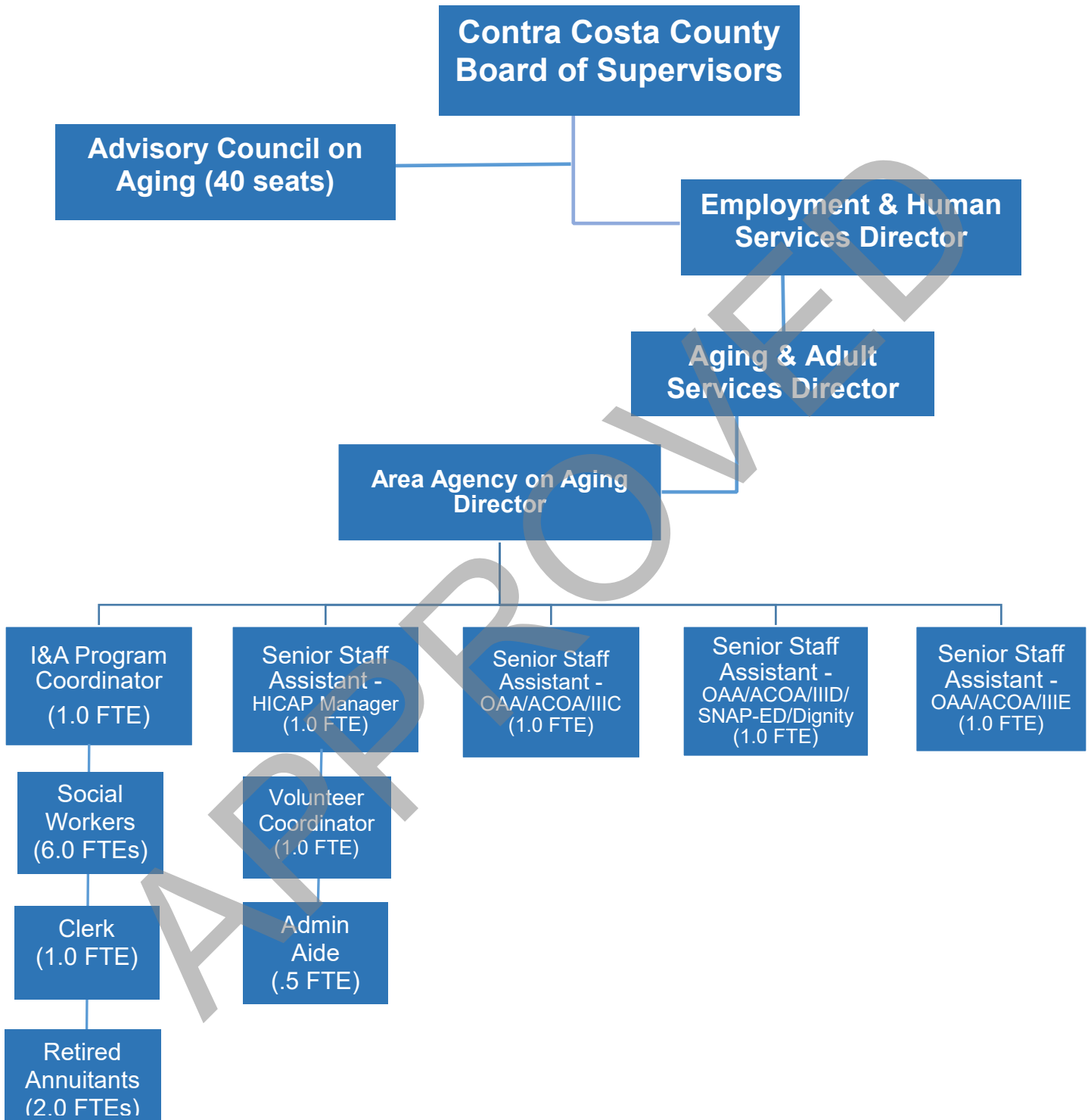
Grandparent Services

Category	2020-2021	2021-2022	2022-2022	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 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
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Grandparent 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
Grandparent Supplemental Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract

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
 - Please refer to the Data Dictionary for Service Category definitions. Please give an example of a service that will satisfy OAA Service Category requirements
- 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

SECTION 21. ORGANIZATIONAL CHART



SECTION 22 - ASSURANCES

Pursuant to the Older Americans Act Reauthorization Act of 2020, (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 and behavioral 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 with 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, specifically including survivors of the Holocaust; 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)(A)-(B)

(A) Provide assurances that the Area Agency on Aging, in carrying 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 2019 in carrying out such a program under this title;

(B) funds made available to the Area Agency on Aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

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, an assurance that 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 will not be given by the Area Agency on Aging 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 Section 306(a)(4)(A)(i); and
- (B) in compliance with the assurances specified in Section 306(a)(13) and the limitations specified in Section 212;

13: OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency 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)

(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)

Any Area Agency on Aging, in carrying out such services will 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)

Area Agencies on Aging will 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:

23. 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, inter-agency 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 persons, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

24. 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.

25. 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.

26. CFR [1321.53(c)]

Assure that services financed under the Older Americans Act in, or on behalf of, the community will be either based at, linked to or coordinated with the focal points designated.

27. CFR [1321.53(c)]

Assure access from designated focal points to services financed under the Older Americans Act.

CFR [1321.53(c)]

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

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.

APPROVED