

**Sonoma County**  
**Area Agency on Aging**  
**Four-Year Area Plan on Aging**

July 1, 2020 to June 30, 2024

Created for the  
California Department of Aging

May 2020

# Table of Contents

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Overview .....	3
Area Plan (AP) Checklist: <i>Submit with the Four-Year AP due 5/1/20</i> .....	4
Area Plan Update (APU) Checklist: <i>Submit with APUs due 5/1/21, 5/1/22, 5/1/23</i> .....	5
Transmittal Letter .....	6
Section 1. Mission Statement .....	7
Section 2. Description of the Planning and Service Area (PSA) .....	7
Section 3. Description of the Area Agency on Aging (AAA) .....	7
Section 4. Planning Process / Establishing Priorities .....	7
Section 5. Needs Assessment .....	7
Section 6. Targeting .....	7
Section 7. Public Hearings .....	8
Section 8. Identification of Priorities .....	10
Section 9. Area Plan Narrative Goals and Objectives .....	11
Section 10. Service Unit Plan (SUP) Objectives .....	12
Section 11. Focal Points .....	35
Section 12. Disaster Preparedness .....	36
Section 13. Priority Services .....	37
Section 14. Notice of Intent to Provide Direct Services .....	38
Section 15. Request for Approval to Provide Direct Services .....	39
Section 16. Governing Board .....	40
Section 17. Advisory Council .....	41
Section 18. Legal Assistance .....	43
Section 19. Multipurpose Senior Center Acquisition or Construction Compliance Review	45
Section 20. Family Caregiver Support Program .....	46
Section 21. Organization Chart .....	48
Section 22. Assurances .....	50

## Overview

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**Purpose** Area Plan Guidance Part II: Format and Templates includes all forms referenced in Part I: Instructions and References.

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**Regulation** In accordance with the Older Americans Act (OAA) Reauthorization Act of 2016, Sections 306(a) and 307(a)(1), Area Plans shall be submitted in a uniform format specified by the State Agency. The forms and templates contained in this Guidance constitute the required Area Plan format.

In the event of an amendment to the OAA during the Fiscal Year (FY) 2020-2024 Area Plan cycle, CDA will issue a Program Memo (PM) describing the changes and provide relevant guidance and any necessary form and template changes pertaining to the Area Plan.

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**Content** The following components comprise the Area Plan:

- Area Plan Required Components Checklist – found in Part II.
  - Transmittal Letter – found in Part II.
  - Sections 1 – 22 (The Area Plan) as delineated in Part II.
- Additional Instructions, Information and Logistics are at the end of Part I.
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APPROVED

**2020-2024 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST**  
**To ensure all required components are included, “X” mark the far-right column boxes.**  
**Enclose a copy of the checklist with your Area Plan; submit this form with the Area Plan due 5-1-20 only**

<b>Section</b>	<b>Four-Year Area Plan Components</b>	<b>4-Year Plan</b>
	Transmittal Letter – <i>must have original, ink signatures or official signature stamps- no photocopies</i>	<input checked="" type="checkbox"/>
1	Mission Statement	<input checked="" type="checkbox"/>
2	Description of the Planning and Service Area (PSA)	<input checked="" type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)	<input checked="" type="checkbox"/>
4	Planning Process / Establishing Priorities	<input checked="" type="checkbox"/>
5	Needs Assessment	<input checked="" type="checkbox"/>
6	Targeting	<input checked="" type="checkbox"/>
7	Public Hearings	<input checked="" type="checkbox"/>
8	Identification of Priorities	<input checked="" type="checkbox"/>
9	Area Plan Narrative Goals and Objectives:	<input checked="" type="checkbox"/>
9	Title IIIB Funded Program Development (PD) Objectives	<input checked="" type="checkbox"/>
9	Title IIIB Funded Coordination (C) Objectives	<input checked="" type="checkbox"/>
9	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
10	Service Unit Plan (SUP) Objectives and Long-Term Care Ombudsman Outcomes	<input checked="" type="checkbox"/>
11	Focal Points	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Priority Services	<input checked="" type="checkbox"/>
14	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
15	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>
18	Legal Assistance	<input checked="" type="checkbox"/>
19	Multipurpose Senior Center Acquisition or Construction Compliance Review	<input type="checkbox"/>
20	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
21	Organization Chart	<input checked="" type="checkbox"/>
22	Assurances	<input checked="" type="checkbox"/>

## AREA PLAN UPDATE (APU) CHECKLIST

PSA 27

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

*Use for APUs only*

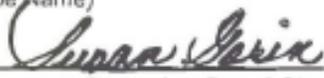
AP Guidance Section	APU Components (To be attached to the APU)	Check if Included
	➤ <i>Update/Submit A) through I) <u>ANNUALLY</u>:</i>	
n/a	<b>A) Transmittal Letter-</b> (requires <u>hard copy</u> with original ink signatures or official signature stamp- <b>no photocopies</b> )	<input type="checkbox"/>
n/a	<b>B) APU-</b> (submit entire APU electronically only)	<input type="checkbox"/>
2, 3, or 4	<b>C) Estimate-</b> of the number of lower income minority older individuals in the PSA for the coming year	<input type="checkbox"/>
7	<b>D) Public Hearings-</b> that will be conducted	<input type="checkbox"/>
n/a	<b>E) Annual Budget</b>	<input type="checkbox"/>
10	<b>F) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes</b>	<input type="checkbox"/>
18	<b>G) Legal Assistance</b>	<input type="checkbox"/>
	➤ <i>Update/Submit the following only if there has been a <b>CHANGE</b> 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"/> C <input type="checkbox"/> N/C
5	Needs Assessment	<input type="checkbox"/> C <input type="checkbox"/> N/C
9	AP Narrative Objectives:	<input type="checkbox"/> C <input type="checkbox"/> N/C
9	• System-Building and Administration	<input type="checkbox"/> C <input type="checkbox"/> N/C
9	• Title IIIB-Funded Programs	<input type="checkbox"/> C <input type="checkbox"/> N/C
9	• Title IIIB-Transportation	<input type="checkbox"/> C <input type="checkbox"/> N/C
9	• Title IIIB-Funded Program Development/Coordination (PD orC)	<input type="checkbox"/> C <input type="checkbox"/> N/C
9	• Title IIIC-1	<input type="checkbox"/> C <input type="checkbox"/> N/C
9	• Title IIIC-2	<input type="checkbox"/> C <input type="checkbox"/> N/C
9	• Title IIID	<input type="checkbox"/> C <input type="checkbox"/> N/C
20	• Title IIIE-Family Caregiver Support Program	<input type="checkbox"/> C <input type="checkbox"/> N/C
9	• HICAP Program	<input type="checkbox"/> C <input type="checkbox"/> N/C
12	Disaster Preparedness	<input type="checkbox"/> C <input type="checkbox"/> N/C
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/> C <input type="checkbox"/> N/C
15	Request for Approval-to Provide Direct Services	<input type="checkbox"/> C <input type="checkbox"/> N/C
16	Governing Board	<input type="checkbox"/> C <input type="checkbox"/> N/C
17	Advisory Council	<input type="checkbox"/> C <input type="checkbox"/> N/C
21	Organizational Chart(s)	<input type="checkbox"/> C <input type="checkbox"/> N/C

AAA Name: Sonoma County

PSA 27

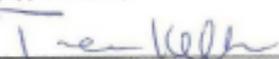
This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and the Area Agency 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. Susan Gorin  
(Type Name)

  
Signature: Governing Board Chair <sup>1</sup>

4/28/2020  
Date

2. Terry Kelley  
(Type Name)

  
Signature: Advisory Council Chair

04/28/2020  
Date

3. Paul Dunaway  
(Type Name)

  
Signature: Area Agency Director

4/28/20  
Date

<sup>1</sup> Original signatures or official signature stamps are required

The Sonoma County Area Agency on Aging provides leadership, services and advocacy to promote the dignity, independence and quality of life for seniors, adults with disabilities, and their caregivers.

The Sonoma County Area Agency on Aging is also guided by the California Department on Aging mission: To provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.

**SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA****A. Physical and Demographic Characteristics****1. PHYSICAL CHARACTERISTICS:**

Sonoma County is an amazing place to live and age. The geography includes majestic redwood forests, the rugged coastline of the Pacific Ocean, hills and valleys, and globally known wineries and vineyards. The cities and towns are home to top food and wine destinations and regional parks include more than 50 parks and miles of walkable trails for all mobility levels. Santa Rosa, the county seat, was recently named the 9<sup>th</sup> happiest city in America and has been within the top 20 for several years.

- One of 9 counties that make up the San Francisco Bay Area
- Approximately 60 miles north of San Francisco
- Neighboring counties include Marin to the south, Napa and Lake to the east, and Mendocino to the north
- Covers 1,768 square miles

**2. DEMOGRAPHIC CHARACTERISTICS:****a. Population Totals (2015-2018 American Community Survey (ACS) 5-Year Estimates)**

Total population of Sonoma County	499,942
Total population of people age 60+	134,385
% of people age 60+	27%

<b>Age Breakdown</b>	<b>Number 60+</b>	<b>Percent of 60+</b>
60-64	36,355	27%
65-69	34,672	26%
70-74	25,550	19%
75-79	16,420	12%
80-84	9,408	7%
85+	11,980	9%

**b. 2030 Projections** (Department of Finance 2019 Baseline):

Total population of Sonoma County	494,750
Total population of people age 60+	167,053
% of people age 60+	33%

**c. Age 60+ Populations by Census Subdivisions – Reflects Count of Entire County**  
(2015-2018 American Community Survey (ACS) 5-Year Estimates)

Subdivisions	Number of 60+	Percent of 60+ in Subdivision
Cloverdale-Geyserville	4,310	29.5%
Healdsburg-Windsor	12,980	26.3%
Petaluma-Rohnert Park-Cotati	29,991	22.1%
Russian River-Sonoma Coast	9,922	39.3%
Santa Rosa-Kenwood	50,949	23.1%
Sebastopol-Graton	10,922	33.8%
Sonoma Valley	15,312	34.7%
<b>TOTAL</b>	<b>134,385</b>	

**d. Age 60+ Populations of the 9 Incorporated Cities and Towns of Sonoma County**  
Reflects Count of Specific City/Town

9 Incorporated Cities & Towns	Number of 60+	Percent of 60+ in City/Town
Cloverdale	2,436	27.7%
Cotati	1,446	19.4%
Healdsburg	3,709	31.4%
Petaluma	14,303	23.6%
Rohnert Park	7,939	18.6%
Santa Rosa	40,768	22.5%
Sebastopol	2,356	30.7%
Sonoma	4,211	38.0%
Windsor	5,761	20.9%

**e. Age 60+ Populations by Geographic Regions of Sonoma County:**  
(US Census by “Census Designated Place”) Reflects Count of Specific City/Town

**Santa Rosa/Central County:**

City/Town	Number of 60+	Percent of 60+ in City/Town
Fulton	64	20.4%
Larkfield/Wikiup	2,296	25.7%
Santa Rosa	40,768	22.5%

**Coastal Area:**

<b>City/Town</b>	<b>Number of 60+</b>	<b>Percent of 60+ in City/Town</b>
Bodega	300	63.4%
Bodega Bay	440	60.0%
Jenner	7	21.9%
Salmon Creek	20	100.0%
Sea Ranch	815	70.2%
Sereno del Mar	39	47.6%
Timber Cove	66	44.3%

**Sonoma Valley:**

<b>City/Town</b>	<b>Number of 60+</b>	<b>Percent of 60+ in City/Town</b>
Boyes Hot Springs	1,699	21.6%
El Verano	992	29.0%
Eldridge	227	16.8%
Fetters Hot Springs-Agua Caliente	992	21.1%
Glen Ellen	355	48.8%
Kenwood	381	47.6%
Sonoma	4,211	38.0%
Temelec	1,480	94.6%

**North County:**

<b>City/Town</b>	<b>Number of 60+</b>	<b>Percent of 60+ in City/Town</b>
Cloverdale	2,436	27.7%
Geyserville	237	25.5%
Healdsburg	3,709	31.4%
Windsor	5,761	20.9%

**South County:**

<b>City/Town</b>	<b>Number of 60+</b>	<b>Percent of 60+ in City/Town</b>
Bloomfield	85	22.0%
Cotati	1,446	19.4%
Petaluma	14,303	23.6%
Penngrove	748	25.3%
Rohnert Park	7,939	18.6%

**West County:**

<b>City/Town</b>	<b>Number of 60+</b>	<b>Percent of 60+ in City/Town</b>
Cazadero	123	42.7%
Forestville	1,242	33.7%
Graton	532	28.3%
Guerneville	1,632	33.9%

City/Town	Number of 60+	Percent of 60+ in City/Town
Monte Rio	392	33.9%
Occidental	480	57.6%
Sebastopol	2,356	30.7%
Valley Ford	10	6.8%

**f. Gender of people age 60+**

- Female = 54.5%
- Male = 45.5%

**g. Race of people age 60+**

Race	Number of 60+	Percent of 60+ Population
American Indian & Alaska Native	538	.04%
Asian	4,300	3.2%
Black or African American	1,881	1.4%
Native Hawaiian and other Pacific Islander	403	.3%
White	118,528	88.2%
Some other Race	5,913	4.4%
Two or More Races	2,822	2.1%

**h. Ethnicity of people age 60+**

Ethnicity	Number of 60+	Percent of 60+ Population
Hispanic or Latinx	13,976	10.4%
White	111,405	82.9%
Other	9,004	6.7%

**i. People with Disabilities Age 60+**

Reports include some type of physical, mental and/or emotional condition

Number of 60+	Percent of 60+ Population
36,015	26.8%

**j. Geographically Isolated**

(from 2020 CDA Population Demographics by County and PSA)

Based on the definition in the Older Americans Act

Number of 60+	Percent of 60+ Population
17,953	13.4%

**k. Urban and Rural Age 60+**

	Number of 60+	Percent of 60+ Population
Rural	56,442	42%
Urban	77,943	58%

**I. Financial Stability/Poverty Level (Census 2017 ACS 5 Year Estimate)**

**1. Financial Stability-What it Costs to Live in Sonoma County:**

(from Elder Economic Security Standard Index 2019 for Sonoma County)

(Expenses below include cost of food, transportation, housing, health & other)

Expenses	Single Older Adult			Older Adult Couple		
	Renter	Homeowner with mortgage	Homeowner without mortgage	Renter	Homeowner with mortgage	Homeowner without mortgage
<b>Total</b>	\$31,140	\$38,832	\$21,036	\$41,472	\$49,164	\$31,368

**2. Poverty Level Statistics:**

Total population below Poverty Level	52,707
Total population of people age 60+	8,542
% of people age 60+	16%
% of total population below Poverty Level	10.7%

**Federal Poverty Level 2020 by Number in Household:**

One	\$12,760
Two	\$17,240
Three	\$21,720
Four	\$26,200
Five	\$30,680

**B. Unique Resources and Constraints**

This growth in Sonoma County’s older adult population has major implications for both individual and community life by enriching the county with increasing wisdom and a wealth of inter-generational connections as well as the need for planning for the changing needs and increases in services for the most vulnerable populations.

The economic profile of the county’s senior population reflects growing financial challenges. Older adults tend to become poorer as they age and their economic status is also linked to social determinants such as ethnicity, education, and employment history. Members of ethnic and racial groups other than white non-Latinx, on the whole, face greater financial challenges.

Other resources and constraint factors include:

**1. Geographic Areas**

Geographic areas pose challenges for older adult populations in both access to services and isolation. Refer to Section 6, Item A–Rural/Geographically Isolated Areas for details.

## 2. Disaster Responses

Sonoma County is prone to experiencing natural disasters such as floods and fires as well as PG&E Public Safety Power Shut-downs (PSPS). In March of 2020, the community and nation experienced the viral outbreak of COVID-19 Coronavirus.

In each emergency event, the AAA program, AAA contracted service providers, and other non-profit organizations work in tandem with county support systems to coordinate the needs of older adults in providing food, caregiver supports, case management, transportation, and friendly check-in calls to isolated individuals. As part of the Human Services Department, AAA staff are emergency workers with primary task of working with the county Office of Emergency Services and the Emergency Operations Center in staffing the Care and Shelter section of the county effort as well with the American Red Cross in assisting in shelter management when shelters are opened.

**2017 Fires** – In October, multiple fires devastated the community destroying 7,000 structures and over 5,500 homes county-wide. An unfortunate statistic shows that of those who lost their lives, the majority were people in their 70s and 80s, many living in areas with high concentration of older adults. Emergency shelters were activated throughout the county sheltering a large number of people age 60+ and people with disabilities.

**2018 Flood** – In February, the Russian River flooded the rural towns of the western region of Sonoma County. Many people were left stranded in their homes, unable to access road and bridges. Many were evacuated to shelters that were activated until the waters receded with many individuals age 60+ receiving assistance.

**2019 Fire** – In October, the Kincaid fire ravaged the north-east region of the community, destroying structures and homes in the towns and cities in Cloverdale, Healdsburg, Windsor area. Emergency shelters were activated throughout the county with a large number of people age 60+ and people with disabilities sheltered during that event.

**2020 COVID-19 Coronavirus** – In March the nation faced the pandemic of COVID-19 Coronavirus. On March 17<sup>th</sup>, the Sonoma County Public Health Officer issued a county-wide “Shelter in Place/Stay at Home Order” for all residents. County-wide supports were put in place to address the specific needs of older adults, mainly food; both home-delivered and option to pick up of prepared meals at regional locations, food bank food boxes and grocery delivery, pharmacy deliveries, transportation to needed medical services, and programs addressing isolation and loneliness where an older adult receives a personal call daily to several times a week to chat, check-in, and assess any needs. The federal government, through the Families First Coronavirus Act (HR6201) provided the Area Agency on Aging additional funding to support food distribution for people 60+ with coordinated efforts and partnerships with local non-profits and other organizations.

## 3. Transportation barriers are a major issue.

- Travel distances to essential health and social services and supports can be long with an average travel time of 40 minutes by car and 90 minutes by bus from the most remote regions of the county.
- Bus and paratransit services are limited in rural and geographically isolated areas
- Non-drivers look to friends and family for rides which can be unreliable
- Lacking transportation increases isolation and loneliness
- Health care appointments (medical and dental) are not scheduled or are postponed

## C. Service System

The Sonoma County Area Agency on Aging contracts with local providers for the majority of Older Americans Act funded programs. Regionally located senior service providers form the nucleus of diverse agencies serving older adults, caregivers, and adults with disabilities. These agencies and other community partners are the backbone of senior services delivery. Major components of the AAA service system include the following:

**Area Agency on Aging Advisory Council of Sonoma County** – Planning and advocacy for the needs of older adults, people with disabilities, and their caregivers.

**Age-Friendly Sonoma County** – A World Health Organization supported initiative that enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age, a place that makes it easy for older people to stay connected to people that are important to them, and helps people stay healthy and active even at the oldest ages and provides appropriate support to those who can no longer look after themselves.

**Aging Together** - Aging Together leadership includes government officials, local agencies and community-based organizations. Its mission is to create a county-wide community that ages together and creates opportunities and resources that foster insight, respect and interdependence, while honoring our community's diversity and varying needs as we age. For the well-being of the entire community, it promotes programs and policies that enable residents, at all stages of life, to access supportive community resources that improve their quality of life.

**Behavioral Health Initiatives** – Direct services, education and collaborative leadership partnering with the Sonoma County Department of Health Services to promote prevention and early intervention for older adults experiencing mental health issues.

**Caregiver Support** – AAA contracted services supporting caregiver support groups, assessment for English and Spanish caregivers, and caregiver respite. AAA contracted service supporting caregiver support groups, and earlier access to mental health services including screening for depression in later life.

**Evidence-Based Health Programs** – Proven health education and behavior change programs to promote health, prevent injury through fall prevention programs (A Matter of Balance), earlier access to mental health services including screening for depression in later life, as well as evidence-based caregiver support groups.

**Depression in Older Adults** – Sonoma Collaborative Care Project Archstone grant that embeds a community-based social worker into the care team at local community health centers by integrating physical and behavior health treatments for older adults with symptoms of depression.

**Elder Justice Coalition** – Community-wide coalition with members from local older adult service providers, AAA Advisory Council, Family Justice Center, and law enforcement that address abuse prevention and education, training, and advocacy activities on behalf of older adults at-risk for experiencing abuse or neglect.

**Home Safe** – This program supports the housing stability of older and dependent adults who are being served by Adult Protective Services (APS). The Home Safe program is designed specifically for APS clients who are at risk of abuse, neglect, or self-neglect and also are recently homeless or are at risk of homelessness and provides intensive case management services and direct financial assistance for housing-related needs.

**Food and Nutrition Services** – Through AAA contracted services, supporting lunches at congregate sites and home-delivered meal programs that include nutrition education and connecting older adults with the CalFresh program and the California Department of Food and Agriculture Senior Farmers' Market Nutrition Program Coupon Booklets.

**Health Insurance Counseling and Advocacy Program (HICAP)** – AAA contracted service supporting free, expert peer counseling to assist older adults in navigating the complex Medicare and private insurance systems.

**Housing and Disability Advocacy Program (HDAP)** - This program assists individuals who are homeless or at risk of homelessness and need benefits advocacy to receive assistance with both finding housing and applying for benefits (such as SSI, Veteran's benefits).

**Housing Committee and County Initiatives** – Convening monthly, AAA Housing Standing Committee is comprised of members of the public and Advisory Council members. Advisory Council members and AAA staff participate in county-wide initiatives focused on assisting older adults to obtain appropriate housing to age in place.

**LGBTQ Coalition** – Plans for, implements, and evaluates strategies for agencies, professionals, and consumers to work together and provide leadership to increase accessibility to services and community support for LGBTQI seniors in Sonoma County.

**Ombudsman Program** – AAA contracted service supporting program that provides investigation and resolution of complaints, including allegations of elder abuse, made by or on behalf of residents in long-term care facilities.

### **Outreach and Education**

1. "Senior Resource Guide" in English and Spanish- Hard copies widely distributed throughout the county providing access to much needed services in the community. Electronic version of the guides can be found on the Sonoma County AAA website at: <http://socoaaa.org/pdf/SRG-eng.pdf>
2. Information & Assistance - Callers receive guidance on helpful community services for age 60+ adults
  - a) 707-565-INFO Line (707-565-4636) – A county-wide Information & Assistance phone line staffed by social workers who also provide follow-up support by phone.
  - b) Community non-profit organizations – Regional Older Adult Service Providers provide Information and Assistance and referrals to needed resources.
3. Presentations in the community by AAA Advisory Council members, AAA Staff, Information & Assistance social workers, attending/tabling at older adult and Latinx focused fairs and forums.

**Supportive Services** – AAA contracted services supporting services that include adult day programs, Alzheimer's day programs, case management, information & assistance, senior legal services and transportation services.

**Transportation and Mobility Initiatives** – Information and education to promote safe driving and advocacy for expanded transportation options such as volunteer driver programs, travel voucher programs, and travel training for older adults and people with disabilities as well as a transportation information and resource website [www.sonomasenioraccess.org](http://www.sonomasenioraccess.org)

**Veterans Services Grants** - Through Proposition 63 Mental Health Services Act (MHSA) funding two programs will be created in FY2020-21 that provides mental health outreach and counseling to vulnerable veterans and their dependents, with an emphasis on those who have experienced sexual trauma in the military as well as implementing a Veteran Peer Specialist (VPS) program, providing mental health outreach by peers to the veteran population.

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

**PSA 27**

The Sonoma County Area Agency on Aging (AAA), under the leadership of the Sonoma County Board of Supervisors and administered by the Adult & Aging Services Division of the Sonoma County Human Services Department, is part of a national system of Area Agencies on Aging created by the Older Americans Act. AAA's mission is to *provide leadership, services, and advocacy to promote the dignity, independence, and quality of life for older adults, adults with disabilities, and their caregivers.*

In July 1994, the AAA became a program of the Sonoma County Human Services Department's Adult & Aging Division. The division consolidates the AAA, Adult Protective Services (APS), In-Home Supportive Services (IHSS), Linkages, Multipurpose Senior Services Program (MSSP), Public Administrator/Public Guardian/Public Conservator (PA/PG/PC), IHSS Public Authority (PA), and the Veterans Service Office in one location to better serve the community.

AAA and its 21-volunteer member Advisory Council plan, coordinate, and allocate Older American Act funds for services for persons 60+ years of age in Sonoma County. The composition of the Advisory Council is as follows: the Sonoma County Board of Supervisors appoints 10 members; 2 members from each of the 5 supervisorial districts; and the AAA Advisory Council elects 11 members, 1 from each of the 5 supervisorial districts and 6 members-at-large.

The AAA convenes 4 monthly standing committees to discuss and address the top concerns for AAA's targeted populations where involvement of older adults, adults with disabilities, and their caregivers are invited to participate in the development of the community-based system of care. As part of the committee work, each committee creates discussion items to be brought to the Executive Team (AAA Chair, Vice-Chair, Secretary, and the Chairs of each of the 4 Standing Committees) for further discussion and direction, then brought to the full monthly Advisory Council meeting for public comment and Advisory Council review and approval.

The 4 Standing Committees are:

1. Civic Engagement Committee
2. Housing Committee
3. Planning & Funding Committee
4. Transportation & Mobility Committee

Section 3: *Description of the Area Agency on Aging* illustrates the flow of communication and decision-making process from the four monthly Standing Committees to the full Advisory Council for review and approval on matters affecting older adults, people with disabilities, and their caregivers. The process also incorporates the involvement of public in the planning through public meetings and written information distributed to the public by newsletters, press releases and social media.

Further explanation of collecting community input from the public, public agencies, Government entities, and other organizations that serve targeted populations and establishing top community concerns for setting priorities is discussed in Section 5: Needs Assessment. Establishing priorities and setting Adequate Proportions is discussed in Section 8: Identification of Priorities.

**SECTION 5. NEEDS ASSESSMENT****A. PROCESSES AND METHODS OF NEEDS ASSESSMENT:**

The Needs Assessment was conducted utilizing three data collection approaches:

- Surveys
- Focus groups
- Key informant interviews with leaders from the Latinx Community

**1. SURVEYS – English and Spanish**

- Paper and On-Line; return envelopes provided/postage paid
- 3,956 total survey responses received
- Requested people of all ages to participate to answer about their own experiences or how they think about their future as they age
- Included Sexual Orientation/Gender Identity (SOGI) and “Declined to State” data elements
- Paid for a “spadea” advertisement page in the Press Democrat, the largest, widely distributed newspaper in Sonoma County
- Multiple press releases published by regional newspapers and newsletters

**a) Paper Surveys:**

- 15,000 printed surveys were distributed
- 1,958 responses received
- 8,000 inserted in Council on Aging, Sonoma County’s larger older adult service providers’ May 2019 Monthly Newsletter
- Remainder through:
  - County-wide Senior Centers
  - County-wide libraries
  - County-wide mobile home parks
  - Senior Living Communities
  - In-Home Supportive Services (IHSS) participants intake and renewal packets
  - Public Authority caregiver classes
  - Adult & Aging Division lobby
  - Home Delivered Meals participants
  - Faith-based Communities

## **b) On-line Surveys:**

- 1,998 responses received
- Link added AAA and County website
- Link and press release information added to county-wide neighborhood social media apps “Next Door”
- Requested link to be added to service providers, senior centers, Advisory Council members’ personal and professional websites and social media

## **2. FOCUS GROUPS**

- 19 focus groups held – 163 Participants
  - 10 at regional Senior Centers
    - 1 LGBT
    - 2 Rural /geographic/socially isolated
  - 1 People with Disabilities
  - 1 Senior Living
  - 3 Caregiver
  - 2 Latino
  - 2 Social worker for perspective/insight

## **3. KEY INFORMANT INTERVIEWS WITH LATINX LEADERS**

- 2 interviews held
- Results identified key needs specific to the Latino populations due to very low representation from Surveys and Focus Groups despite multiple targeted outreach efforts.

## **B. RESULTS:**

### **1. 5 TOP CONCERNS:**

5 top concerns were identified with “Having Enough Money to Live On” or financial stability being the overarching theme expressed in each concern listed below in alphabetical order:

- 1) CAREGIVING**
- 2) HEALTH**
- 3) HOUSING**
- 4) SUPPORTIVE SERVICES (Knowing About and Accessing)**
- 5) TRANSPORTATION**

### **2. GOALS AND OBJECTIVES SETTING:**

After the Needs Assessment identified the TOP 5 CONCERNS, the AAA Planning & Funding Committee completed “Problem Solving Statement” discussion exercises for each concern. The brainstorming session asked “What is the Problem We are Solving?” From this discussion, Area Plan Objectives were created that are informed and consistent with the Needs Assessment.

To incorporate the overarching Financial Stability concern, Section 9: Area Plan Narrative Goals and Objectives; Goal 3 Rationale; has been updated to include “*financial stability*” as part of assessing, planning for, and responding to increasing needs of individuals throughout the lifespan. The AAA’s Civic Engagement/Legislative Committee will take the lead in creating awareness of the importance of planning for financial stability incorporating an intergenerational approach implementation.

### **C. RESOURCES AVAILABLE TO ADDRESS NEEDS:**

Also refer to Section 2. Description of the Planning and Service Area (PSA); for description of service delivery system. Short recap includes:

- Older Americans Act funded service provider contracts with local non-profit organizations
- Information & Assistance phone line (707-565-INFO) dedicated to assisting ages 60+
- Senior Resource Guide – hard copy and searchable, up-to date on-line resources
- Partnerships with multiple community organizations on county-wide initiatives and grant funded services serving older adults

### **D. UNMET NEEDS/BARRIERS PREVENTING ACCESS TO SERVICES:**

1) Focus group unmet responses and known issues in Sonoma County:

- Affordable housing
- Affordable Assisted Living/Skilled Nursing/Memory Care
- Home modifications to remain at home
- Homelessness – assistance and services need
- Caregiver shortage
- Caregiver affordability
- Caregiver cultural competency for LGBT care receivers
- Transportation options for non-drivers
- Transportation for residents in rural and remote areas. Not enough bus routes which means paratransit doesn't service all areas (fixed-route buses must provide paratransit within ¼ miles of routes)
- Transportation – Older adults need more assistance; door through door with bags, mobility devices (buses, volunteer driver, taxi, Uber/Lyft)
- Food insecurity
- Dental care for low-income individuals
- Health care; especially mental health care, needs for those who are homebound
- Lack of geriatricians and doctors/nurses/dieticians that specialize in serving older adults
- Cultural and language (non-white, non-English speaking)
- Isolation and Loneliness – need for friendly visiting; companion programs; caregiving can be a lonely occupation
- Walkable communities – sidewalk repairs and benches needed
- Technology – Access to internet, affording phones and cost of plans, knowing how to use

2) Barriers for AAA Reaching and Serving Vulnerable Populations:

- **LGBT** - Demographic data for LGBT populations is lacking. Data collection tools had not included Gender Identity and Sexual Orientation (SOGI) options to allow for establishing population estimates. California legislation changed this (AB959) mandating state agencies to collect this data. SOGI options were included on the AAA

Needs Assessment Survey. Low response rates were received for non-female/male gender and non-heterosexual sexual identity showing need to increase outreach in this area. AAA Needs Assessment Survey response rates:

- Gender Identity:
  - 97.3% = Male or Female
  - 1.7% = Transgender (male to female, female to male), Genderqueer/Gender non-binary)
  - 1% = Declined to State
- Sexual Orientation:
  - 84.8% = Heterosexual
  - 5.1% = Gay/Lesbian/Same Gender Loving
  - 4.2% = Declined to State
  - 1.8% = Bi-Sexual
  - .2% = Questioning/Unsure
  - .8% = Self-Defined
  - .3.1% = Skipped
- **Latinx:** Despite outreach effort over many years, AAA struggles to connect with the Latinx community. Key informant interviews with Latino Leaders and known issues in Sonoma County identified the following issues:
  - Providing a sufficient number of AAA staff and services by people who are Latinx and speak Spanish
  - Need for establishing trust before accessing county government assistance (Public Charge) as well as non-profit organizations
  - Create partnerships where older Latino adults gather; churches, community clubs
  - Engage caregivers, adult children; those who can speak to the needs

Needs Assessment Survey response rate was low at 3.3%.

- **Individuals Not Connected to Services/Don't Know What Services are Available**  
Reaching individuals who may not know what services are available.

The Sonoma County Area Agency on Aging targets program participants and services as outlined in the Older Americans Act regulations (OAA 306(a)(4)(B)) and the California Code of Regulations (CCR Title 22, Division 1.8, Chapter 3, Article 3, § 7310 (a) and (b)) which are identified in items A-E below.

Item F: LGBT has been added to align with the LGBT Disparities Act of 2016 as a targeted subgroup for inclusion in serving targeted populations and providing outreach efforts.

#### **A. RURAL/GEOGRAPHICALLY ISOLATED AREAS:**

Individuals living in rural/geographically isolated areas face significant challenges in maintaining health, quality of life, and independence as they age as compared to those that live in urban areas.

- Eight of the nine incorporated cities and towns are home to populations fewer than 65,000 with Santa Rosa, the county's largest city, with approximately 178,000 residents
- Sonoma County has a large geographic area covering 1,768 square miles; creates long travel times on limited roads to access the spectrum of service needs
- Some rural areas are in remote regions of Sonoma County where senior and disabled populations are physically isolated
- Santa Rosa is hub of health and social services creating a barrier to access to services who live in geographically distant locations
- Approximately 56,000 older adults live in unincorporated towns and rural areas
- Of the 56,000, approximately 18,000 are considered geographically isolated as defined by the Older Americans Act
- 60% live off the major highway 101 -- in Santa Rosa, Windsor, Rohnert Park, Petaluma; other 40% off of 3 rural roadways (1 lane each way).

#### Barriers and effects on the targeted populations include:

- Transportation
  - Travel distances to essential health and social services and supports located in or near Santa Rosa are long with an average travel time of 40 minutes by car and 90 minutes by bus
  - Bus and paratransit services are limited in rural and geographically isolated areas
  - Non-drivers look to friends and family for rides which can be unreliable
  - Lacking transportation increases isolation and loneliness
  - Health care appointments (medical and dental) are not scheduled or are postponed
  - The percentage of people living without access to a vehicle has been on the rise both nationally and around the region. Almost 1 in 25 Bay Area households do not have access to a vehicle, and for households with a person 60+ at the head, the number is closer to 1 in 10.
  - Minimal options for those who are no longer able, or choose not to drive

- Isolation
  - Reduced or non-existent social contact with friends and family due to proximity
  - Less aware of available services and supports and how to access them
  - Foregoing adequate nutrition
  - Increase in health issues

Programs and plans for addressing needs include:

- Volunteer driver program expansion – currently serving:
  - Sebastopol and parts of West Sonoma County
  - Sonoma – Town of Sonoma to Kenwood
  - Petaluma – Including Rohnert Park and limited unincorporated areas in close proximity
  - Healdsburg – City of Healdsburg residents only
  - Windsor – Town of Windsor and parts of northwestern Santa Rosa
  - Santa Rosa – Limited service area with boundaries close to Highway 101 corridor
- Travel Voucher programs prioritizing isolated and rural individuals
  - Taxis
  - Uber/Lyft/Other TNC programs
- Continue submitting transportation grant proposals. Past and current awards include:
  - 2008 to present – Multiple Caltrans awards for volunteer driver expansion
  - 2018 – Caltrans Connected Communities Planning Grant Study – Community engagement to collaboratively identify barriers, gaps in service, efficiencies in service, and opportunities of growth in accessible transportation service options
- Serving older adults residing in the northern Sonoma Coastal region (most remote area of Sonoma County)
  - Expanding partnership with Coastal Seniors, a Mendocino based older adult service provider currently contracting with AAA to provide home delivered meals and congregate meals in this region as well as southern Mendocino County, known as “Mendonoma”.

**B. GREATEST ECONOMIC AND SOCIAL NEED** (with focus on low-income minority)

Older adults tend to become poorer as they age and their economic status is also linked to social determinants such as ethnicity, education and employment history.

Members of ethnic and racial groups other than white non-Latinx are, on the whole, poorer than their white counterparts.

- Approximately 25,000 older adults in Sonoma County live in poverty, falling below the Elder Economic Security Index
- Approximately 12,000 older adults are Hispanic or Latino
- Approximately 9,300 older adults identify as Other Race (non-white)

Barriers and effects on the targeted populations include:

- Living on a fixed-income

- Social Security as primary source is not sufficient to lift out of poverty
- Affordability of basic needs such as:
  - Housing
  - Transportation
  - Timely medical, dental, and vision care visits
  - Medications
  - Food
  - Clothing
  - Caregivers
  - Financial security/having enough money to live on
- Awareness of available services and supports and how to access them
- Educational attainment relating to higher paying employment opportunities
- Cultural and language barriers
  - Finding culturally competent services and service providers
  - Ability to access needed services
  - Ability to participate, engage, and contribute in civic engagement activities
- Living in neighborhoods with:
  - Crime and violence
  - Substandard housing
  - Unsafe streets
- Lack of access to:
  - Transportation
  - Mental health services and supports
  - Long-term care services

Programs and plans for addressing needs include:

- AAA Advisory Council Standing Committees for advocacy, planning, community engagement and partnerships
  - Transportation & Mobility Committee
    - AAA Volunteer Driver Program
    - Travel Voucher Programs
    - Expansion of transportation options
  - Housing Committee
    - Housing Workshop – Affordable housing application tools
    - Promote stable housing through health care partnerships and services
  - Legislative and Civic Engagement Committee
    - Financial security/future planning presentations for all ages (beginning in 2020)
    - Engaging and informing elected officials and their district directors on aging matters
- AAA Older Americans Act funded contract language includes prioritizing services to individuals with greatest economic and social need

## C. DISABILITES

Approximately 36,000 older adults in Sonoma County have at least one disability.

Disability among older adults is attributable to multiple causes, including congenital conditions, chronic and communicable disease, injury, and behavioral health conditions such as substance abuse or mental illness. Many individuals, especially those with more than one disability, find their needs for care and support changing frequently as their health status changes.

Barriers and effects on the targeted populations include:

- Access to enjoy all that the community has to offer:
  - Improved sidewalks
  - Assistive technology available for hearing and vision impairments
  - Building access (public and private)
  - Use of public transportation
- Affordability of:
  - Caregivers that are suitable to accommodate needs
  - Having enough caregivers
  - Remaining in the home of choice
  - Home modifications – current and future needs
- Social isolation and loneliness

Programs and plans for addressing needs include:

- Partnership with local independent living center Disability & Legal Service Center (DSLCC)
  - DSLCC representative attends AAA Housing Committee
  - Future collaboration includes creation of Adult and Disability Resource Center (ADRC)
- Home modification pilot program discussions for feasibility of implementation
- AAA member of Transit-Paratransit Coordinating Council (TPCC)
- AAA participant on Paratransit User Group (PUG)
- AAA Older Americans Act contract for family caregiver support and respite to reduce caregiver stress to ensure healthy and stable caregiver workforce
- In-Home Support Caregiver training for paid registered caregivers
- LGBT Caregiver Awareness Training provided for caregiver agencies, professionals and care receivers
- Age-Friendly Sonoma County Partnership – Domains include accessibility of all ages and abilities:
  - Outdoor spaces and buildings – (walkable communities)
  - Transportation options
  - Varied Housing options
  - Respect and social inclusion
  - Social/Civic participation and employment
  - Communication and information

- Community and health services
- Lifelong learning
- Community-based health, mental health, and social services

#### **D. LIMITED ENGLISH-SPEAKING ABILITY**

Approximately 18,000 older adults speak a language other than English

Barriers and effects on the targeted populations include:

Barriers and effects for Limited English-speaking ability individuals are similar to many stated in items A-F of this section for all targeted populations. Specific to this population includes:

- Cultural and language barriers
  - Finding culturally competent services and service providers
  - Ability to access needed services
  - Ability to participate, engage, and contribute in civic engagement activities
- Awareness of available services and supports and how to access them

Programs and plans for addressing needs include:

- AAA Older Americans Act funded contract language includes prioritizing services to individuals who are limited English proficient
- Create an Area Plan Objective to increase outreach efforts
- Hold focus groups on needs
- Meet with minority community leadership

#### **E. ALZHEIMER'S DISEASE OR RELATED NEUROLOGICAL AND BRAIN DISORDERS AND THEIR CAREGIVERS**

Contracted services supported by AAA focus mainly on caregiver supports and caregiver respite. Statistics below from the Alzheimer's Association (website [www.alz.org/facts](http://www.alz.org/facts))

Alzheimer's Statistics for Sonoma County (2015)

- 8,586 age 65+ are living with cognitive impairments (i.e. Alzheimer's and other related dementias) approximately 1 in 10
- 2030 Projections are 15,396 individuals; a 79% increase from 2015
- African Americans, Latinos, and women are disproportionately impacted
- Only 45% of people with Alzheimer's report being told of their diagnosis

Alzheimer's Statistics for California (2017)

- 670,000 total population of those living with cognitive impairments (i.e. Alzheimer's and other related dementias):
  - 65-74 – 100,000
  - 75-84 – 280,000
  - 85+ - 290,000
- 70% of cost of care is provided by families from out-of-pocket health and long-term care expenses or from the value of unpaid care
- 5<sup>th</sup> leading cause of death in California

## Caregivers

- Estimates that more than 16 million people nationally provide unpaid care
- Caregivers provided 18.5 billion hours of care nationally valued at nearly \$234 billion
- Twice as many caregivers of those with cognitive impairments indicate substantial emotional, financial, and physical difficulties
- 1 in 3 is age 65+ with most living with the person with cognitive impairments in their home
- Approximately 2/3 are women, more specifically, over 1/3 of dementia caregivers are daughters
- Approximately 1/3 are “sandwich generation” caregivers, meaning they not only care for an aging parent, but also for children under age 18

## Barriers and effects on the targeted populations include:

- Social isolation and loneliness
- Shortage of trained healthcare professionals in the field of cognitive impairments (i.e. Alzheimer’s and other related dementias)
- Caregiver workforce shortage
- Affordability of:
  - Caregivers that are suitable to accommodate needs
  - Remaining in the home of choice
  - Home modifications – current and future needs
- Finding caregivers that are knowledgeable and accepting of LGBT individuals
- Limited in-home and out of home respite care options
- Need for Caregiver stress and burn-out resources to remain healthy and stable
- Knowing about and accessing resources for caregivers

## Programs and plans for addressing needs include:

Many existing programs and plans mirror the needs of people living with disabilities, as stated in Item C: DISABILITIES and copies below:

- AAA Older Americans Act contracts supporting family caregivers in stress reduction to ensure healthy and stable caregivers
  - Caregiver Assessment in English and Spanish
  - Caregiver support groups
  - Caregiver respite
- AAA Older Americans Act contracts supporting Adult Day and Alzheimer’s Day programs serving people who have varied levels of cognitive impairments (i.e. Alzheimer’s and other related dementias), providing respite for caregivers and social interaction for program participants
- In-Home Support Caregiver training for paid registered caregivers
- LGBT Caregiver Awareness Training provided for caregiver agencies, professionals and care receivers

## F. LGBT

Item F has been added to align with the LGBT Disparities Act of 2016 to include LGBT individuals as a targeted subgroup in providing services and in targeting efforts. LGBT currently is not included in Older Americans Act or the California Code of Regulations as a targeted population.

Due to the systematic exclusion of data collection of LGBT individuals, significant disparities exist compared to the broader community. The passage of AB959 requires state agencies to collect sexual orientation and gender identity (SOGI) demographic data to accurately gather information to effectively implement and deliver critical services. The information is crucial for demographic analysis, coordination of care, quality improvement of services, conducting approved research, guiding policy or funding decisions, and assess the level of need to the underserved population.

### Barriers and effects on the targeted populations include:

- High rates of poverty and homelessness
- Social isolation and loneliness
- Health disparities compared to broader community
  - Mental health issues and receiving treatment
  - Not having health insurance
  - Substance abuse
  - Cancer and other diseases
- Finding knowledgeable and accepting of sexual orientation and gender identity service providers, organizations, health care providers, and caregivers
- Fear of being a victim of violence

### Programs and plans for addressing needs include:

- LGBTQI Opening Doors Coalition created in 2018
  - Includes 25 agency providers, service professionals, and consumers who have been involved in education and leadership on LGBTQI aging issues within their own organization
  - Coalition plans, implements, and evaluates strategies for agencies, professionals, and consumers to work together and provide leadership to increase accessibility to services
- Continuation of allocating AAA Older Americans Act funding to support projects and trainings. Past 5 years Program Development and Coordination (PDC) funding has been provided for this work:
  - LGBT Information & Assistance Phone Line at the Sebastopol Area Senior Center
  - LGBT Cultural Competency Trainings provided to social services providers
  - LGBT Caregiver Awareness Trainings provided for caregiver agencies, professionals and care receivers

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? <sup>2</sup> Yes or No	Was hearing held at a Long-Term Care Facility? <sup>3</sup> Yes or No
2020-2021	3/18/20	Zoom	21	No	N
2021-2022					
2022-2023					
2023-2024					

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

- Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or older individuals with disabilities. Paper and online surveys were sent to a wide range of individuals including those who live in adult facilities, homebound and individuals with disabilities. A focus group held included a targeted audience of people with disabilities.
- Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?  
 Yes. Go to question #3  
 Not applicable, PD and/or C funds are not used. Go to question #4
- Summarize the comments received concerning proposed expenditures for PD and/or C  
**No comments received.**
- 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:  


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

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

- Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services. **No comments received.**
- List any other issues discussed or raised at the public hearing. **No comments received.**
- Note any changes to the Area Plan which were a result of input by attendees. **No changes.**

### **A. Priorities**

The planning cycle priorities derived from the AAA Area Plan Needs Assessment include the continuation of funding for case management, nutrition programs, caregiver support and respite, elder abuse prevention, health promotion, Ombudsman services, transportation and mobility, adult day and Alzheimer's day programs, and senior legal services.

Integrated throughout the responses to the survey and the focus groups was an overarching apprehension of not having sufficient financial resources. Older people are worried about whether the money they have is enough to support them in the day to day as well as for the remainder of their lives. The fear about insufficient money extends from having enough to manage monthly bills for food, medications and dental care to having enough money to pay for needed care at home or in a care facility.

For this reason, the AAA has identified "Having Enough Money to Live On" as being the overall theme of the AAA Needs Assessment. Companionship and having someone to rely on is also woven into the top concerns identified as well.

The Top 5 Concerns identified are listed below in alphabetical order:

- 1) CAREGIVING
- 2) HEALTH
- 3) HOUSING
- 4) SUPPORTIVE SERVICES (Knowing About and Accessing)
- 5) TRANSPORTATION

The Goals and Objectives illustrated in Section 9 were created to incorporate action, advocacy, and planning to address all 5 concerns above.

In addition, before the release of the Four-Year Request for Proposals (RFP) cycle, the Planning & Funding Committee sets Funding Priorities for each of the Older Americans Act funded programs.

The Four-Year Funding Priorities document ranks each of the services on a 1 to 4 Priority Scale and is used when making funding decisions. Such decisions include total amounts allocated to each program at the time of the release of the RFP and informing which programs receive additional funding or reductions when allocation increases or decreases are realized. Current rankings set for 2017-2021 RFP cycle are:

#### Rank 1

Case Management, Information & Assistance, Home Delivered Meals, Caregiver Respite, Elder Abuse Prevention

#### Rank 2

Transportation, Ombudsman, Congregate Meals, Health Promotion, Caregiver Support Groups and Caregiver Assessment

Rank 3  
Adult Day, Alzheimer's Day

Rank 4  
Legal Services

**B. Adequate Proportions**

To determine the "Adequate Proportion", or the minimum percentage of applicable Title IIIB funding intended for annual expenditure throughout the four-year plan, the AAA follows the calculation defined in CCR Title 22 Section 7312 as stated in Section 13.

APPROVED

**Goal 1: Expand awareness of and access to available services and supports for older adults, people with disabilities, their families and caregivers.**

**Rationale:**

While many older adults are aware of and know how to access existing supportive services, many do not. Focus group and needs assessment survey participants reported that they often experience difficulty identifying services they need and from trusted sources. Older adults who are geographically and linguistically isolated are less likely to know about services available, and family members living outside the county often encounter special challenges in locating services for an aging family member from a distance. Conversely, older adults who are currently connected to any service or service provider (senior housing, a senior center, Meals on Wheels, Sonoma County Human Services programs) are more likely to learn of other services.

List Objective Number(s)_____and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
1.1 Participate in a minimum of 6 outreach events each year of planning cycle targeting older adults, individuals with disabilities, and their caregivers to expand awareness of older adult services.	7/1/2020 to 6/30/2024	C	
1.2 Provide at least 6 presentations in the community to non-Older Americans Act (OAA) funded agencies each year of planning cycle on the services available in the community for older adults, individuals with disabilities, and their caregivers.	7/1/2020 to 6/30/2024	C	
1.3 Meet with all five State Legislators representing Sonoma County and all five Sonoma County Board of Supervisor at least once each year of the planning cycle to advocate for older adults, discuss and recommend policy regarding older adults, people with disabilities, and caregivers as well as communicate the work of the AAA to ensure county-wide awareness. Focus on how to support their work during times of disasters (fire and flood) as well as providing support and advocacy for their legislative priorities.	7/1/2020 to 6/30/2024	C	
1.4 Write a minimum of 2 articles each year of the planning cycle for senior centers, community-based service provider newsletters, and other media outlets.	7/1/2020 to 6/30/2024		
1.5 Create new and update existing outreach materials, as needed, that improve services and address needs of the AAA eligible populations and ensuring mono-lingual Spanish speaking populations are served.	7/1/2020 to 6/30/2024	C	
1.6 Operate, maintain, and update existing AAA English and Spanish resource websites. (Sonoma Access transportation and resource information website and the Senior Resource Guide website).	7/1/2020 to 6/30/2024	C	
1.7 Research and plan for the creation of a Sonoma County ADRC (Adult and Disability Resource Connection/Center)	7/1/2020 to 6/30/2024	PD	

**Goal 2: Enhance the safety, mental and physical health, and wellbeing of older adults of all ages, emphasizing preparing for healthy aging throughout the lifespan.**

**Rationale:**

Needs assessment survey and focus groups respondents reported safety and health issues as their greatest concerns. Falls and other in-home injuries, stroke, heart attack, cognitive impairments (i.e. Alzheimer's and other related dementias), loss of mobility, depression, loss of eyesight and hearing, protections from elder abuse frauds and scams, and frailty were listed as major concerns. Many also reported the need for increased availability of general health care and mental health services. Other health-related needs included the need for healthy foods, nutrition programs and viable exercise options.

List Objective Number(s) _____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
2.1. Convene Older Americans Act (OAA) and non-OAA community partners annually to plan for expanded services of OAA funded program and research funding opportunities.	7/1/2020 to 6/30/2024	C	
2.2. Participate in 2 or more Elder Justice Coalition activities annually to educate older adults, professionals, and the community about elder abuse prevention, treatment and prosecution with community partners including the Family Justice Center, District Attorney, local law enforcement, the Family Violence Prevention Council, and others.	7/1/2020 to 6/30/2024		
2.3. Convene community partners to brainstorm the creation of a county-wide project to serve the LGBTQI+ community.	7/1/2020 to 6/30/2021	PD	
2.4. Collaborate with community partners engaged in development of a Sonoma County PACE program (Programs for All-Inclusive Care for the Elderly) with local health systems.	7/1/2020 to 6/30/2021		
2.5. Expand stress reduction programs for family caregivers by partnering with AAA contracted caregiver agencies to provide additional evidence-based trainings and support groups.	7/1/2020 to 6/30/2024		
2.6. Coordinate with Department of Health Services to implement SNAP-Ed Obesity Prevention and Nutrition Education within the Matter of Balance curriculum.	7/1/2020 to 6/30/2024		

**Goal 3: Strengthen our community’s capacity to assess, plan for, and respond to the increasing needs of Sonoma County’s Older Adult Population.**

**Rationale:**

Create a community that affords older adults the opportunity to live independently as long as possible while maintaining optimal health, wellbeing, and financial stability. This will take commitment and partnership from all sectors of the community. This includes continued input and feedback from older adults, their families and neighbors, service providers, local governments, and other stakeholders. Planning efforts to include the development of cost-effective, innovative, accessible, community wide systems of services and supports, both publicly and privately financed that have the ability to remain flexible to respond to the changing needs of the senior population as needs are identified throughout the four-year planning cycle.

List Objective Number(s) _____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
3.1. Meet with Sonoma County Human Services Department Disaster Preparedness Coordinator each year of the planning cycle to ensure the department’s disaster preparedness efforts include the needs of older adults, people with disabilities, and caregivers.	7/1/2020 to 6/30/2024		
3.2. Conduct at least 1 focus group each year of the planning cycle to assess for changing needs in the older adult, people with disabilities, and caregiver populations with focus on the needs of LGBTQI and Latinx communities.	7/1/2020 to 6/30/2024	C	
3.3. Create a plan to identify the community’s transportation gaps and barriers and develop resources to coordinate and expand existing transportation options for older adults and people living with disabilities in Sonoma County. Partners include non-profit and private organizations, members of the public, and county-wide transit/paratransit operators.	7/1/2020 to 6/30/2022	C	
3.4. Support the development of a fact sheet about healthcare in partnership with service providers, healthcare providers, and county representative to assist older adults better understand the services and resources available to navigate and manage healthcare needs and cost. Topics could include but not limited to: access to services, prescription drugs, dental care, and information and assistance.	7/1/2020 to 6/30/2022		
3.5. Develop a Financial Education and Awareness plan with community partners; meet at least 2 times each year to build programs supporting outreach and education to strengthen a sense of financial well-being in older adults.	7/1/2020 to 6/30/2022	PD	
3.6. Offer at least one cultural competency training online or in person annually inviting AAA council members and staff as well as AAA funded service provider and community partner staff and volunteers.	7/1/2020 to 6/30/2024	C	

**Goal 4: Involve and engage older adults as a valuable resource in the community.**

**Rationale:**

Older adults possess a wide variety of skills, knowledge, and experience developed throughout their lives, a relatively untapped resource. Engaging older adults to share life experiences and their needs associated with living independently is crucial for developing age-friendly communities; from breaking down generational barriers (creating intergenerational conversations) to engaging volunteer agencies, city governments, city planners, and other community development to include the needs of senior in all conversations.

According to the National Institute on Aging, older adults who are connected and engaged in the community (1) are less likely to develop certain diseases, including dementia; (2) have a longer lifespan; (3) are happier and less depressed; (4) are better prepared to cope with loss; and (5) improve their thinking abilities as well experience greater life satisfaction and a sense of purpose and accomplishment.

List Objective Number(s) _____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
4.1. Create a plan for engaging people of all ages to participate in shared learning and volunteer program opportunities to foster intergenerational learning and respect with partnerships including but not limited to school districts, local service providers, and events planned at local libraries.	7/1/2020 to 6/30/2022	C	
4.2. Schedule at least 2 meetings with Sonoma County Civil Servants (fire fighters, police, teachers, court worker, etc.) who interact with older adults and people with disabilities to offer education and awareness of services and assess availability of, and make connections to, volunteer opportunities that would benefit their organizations.	7/1/2020 to 6/30/2024	C	
4.3. Participate in the Age-Friendly Initiative by assisting cities to achieve Age-Friendly designation.	7/1/2020 to 6/30/2024	C	

<sup>4</sup> 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.

<sup>5</sup> 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)
<b>NOT FUNDING</b>			

**Homemaker (In-Home)**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>NOT FUNDING</b>			

**Chore (In-Home)**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>NOT FUNDING</b>			

**Home-Delivered Meal**

**Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	201,600	2	
<b>2021-2022</b>			
<b>2022-2023</b>			
<b>2023-2024</b>			

**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	17,000	2	2.1
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	5,692	2	2.1
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>NOT FUNDING</b>			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	44,109	2	2.1
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>NOT FUNDING</b>			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	10,901	2	2.1
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	4,000	2	2.1
2021-2022			
2022-2023			
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	7,140	2	2.1
2021-2022			
2022-2023			
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	3,000	3	2.1
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>NOT FUNDING</b>			

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

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

**Title IIIB, Other Priority and Non-Priority Supportive Services**

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

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

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

**Other Supportive Service Category: Alzheimer’s Day Care                      Unit of Service = Days**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
<b>2020-2021</b>	2,900	2	2.1
<b>2021-2022</b>			
<b>2022-2023</b>			
<b>2023-2024</b>			

**Other Supportive Service Category: Mobility Management                      Unit of Service = Hours**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
<b>2020-2021</b>	4,250	3	3.3
<b>2021-2022</b>			
<b>2022-2023</b>			
<b>2023-2024</b>			

### 3. Title IIID/ Disease Prevention and Health Promotion

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

**Unit of Service = 1 contact**

**Service Activities: A Matter of Balance and Caregiver Support Groups**

**A Matter of Balance**

A Matter of Balance is an evidence-based 8-week structured group intervention emphasizing practical strategies to reduce fear of falling and increase activity levels. Participants learn to view falls and fear of falling as controllable, set realistic goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength and balance

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	30	2	2.6
2021-2022			
2022-2023			
2023-2024			

**Caregiver Evidence-Based Support Groups**

1. Powerful Tools for Caregivers: Evidence-based 6-week class provides positive impact on caregiver health for a diverse group of caregivers including rural, ethnic minorities, adult children of aging parents, well-spouses/partners, caregivers at differing stages in their caregiving role, living situations, financial and educational backgrounds.

2. Stress-Busting for Family Caregivers: Evidence-based program that provides support for family caregivers of persons with chronic disease or illness. It is designed to:

- Improve the quality of life of family caregivers
- Help caregivers manage their stress and cope better with their lives

The nine-week 90 minute sessions with a small group of caregivers. Caregivers learn many new skills including information about the disease process, stress management techniques, and other content.

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	20	2	2.5
2021-2022			
2022-2023			
2023-2024			

**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>733</u> + number of partially resolved complaints _____  divided by the total number of complaints received <u>904</u> = Baseline Resolution Rate  <u>81</u> % FY 2020-2021 Target Resolution Rate <u>75</u> %</p>
<p>2. FY 2019-2020 Baseline Resolution Rate:  Number of complaints partially or fully resolved _____ divided by the total number  of complaints received _____ = Baseline Resolution Rate _____ %  FY 2021-2022 Target Resolution Rate _____ %</p>

<p>3. FY 2020 - 2021 Baseline Resolution Rate: _____          Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ %          FY 2022-2023 Target Resolution Rate _____ %</p>
<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 _____</p>
<p>Program Goals and Objective Numbers: _____</p>

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

<p>1. FY 2018-2019 Baseline: Number of Resident Council meetings attended <u>48</u> FY 2020-2021 Target: <u>68</u></p>
<p>2. FY 2019-2020 Baseline: Number of Resident Council meetings attended _____          FY 2021-2022 Target: _____</p>
<p>3. FY 2020-2021 Baseline: Number of Resident Council meetings attended _____          FY 2022-2023 Target: _____</p>
<p>4. FY 2021-2022 Baseline: Number of Resident Council meetings attended _____          FY 2023-2024 Target: _____</p>
<p>Program Goals and Objective Numbers: _____</p>

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

<p>1. FY 2018-2019 Baseline: Number of Family Council meetings attended <u>7</u> FY 2020-2021 Target: <u>9</u></p>
<p>2. FY 2019-2020 Baseline: Number of Family Council meetings attended _____          FY 2021-2022 Target: _____</p>
<p>3. FY 2020-2021 Baseline: Number of Family Council meetings attended _____          FY 2022-2023 Target: _____</p>
<p>4. FY 2021-2022 Baseline: Number of Family Council meetings attended _____          FY 2023-2024 Target: _____</p>
<p>Program Goals and Objective Numbers: _____</p>

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

<p>1. FY 2018-2019 Baseline: Number of Instances <u>458</u>          FY 2020-2021 Target: <u>458</u></p>
<p>2. FY 2019-2020 Baseline: Number of Instances _____          FY 2021-2022 Target: _____</p>
<p>3. FY 2020-2021 Baseline: Number of Instances _____          FY 2022-2023 Target: _____</p>

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>4,012</u> FY 2020-2021 Target: <u>4,000</u>
2. FY 2019-2020 Baseline: Number of Instances _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Instances _____ FY 2022-2023 Target: _____
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>14</u> FY 2020-2021 Target: <u>4</u>
2. FY 2019-2020 Baseline: Number of Sessions _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Sessions _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Sessions _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

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

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, state-wide, or even national in scope. (Examples: Work with LTC facilities to improve pain relief or increase access to oral health care, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.) Be specific about the actions planned by the local LTC Ombudsman Program. Enter information in the relevant box below.

<b>FY 2020-2021</b>
<p><b>FY 2020-2021 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p> <ol style="list-style-type: none"> <li>1) Bring awareness of the systemic issues surrounding the discharge of skilled nursing facility residents to homeless shelters after years of living in the facility. Seek to open the lines of communication with shelters and managed Med-iCal health care system (Partnership) to eliminate this practice.</li> <li>2) Work to expand the education, outreach and training for the volunteer program. Identify new resources that may serve as referral sources for appropriate individuals to serve as Ombudsman volunteers.</li> <li>3) Partner with Sonoma Elder Justice Initiative and Adult Protective Services in the planning of a World Elder Abuse Awareness Day.</li> </ol>
<b>FY 2021-2022</b>
<p><b>Outcome of FY 2020-2021 Efforts:</b></p> <p><b>FY 2021-2022 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p>
<b>FY 2022-2023</b>
<p><b>Outcome of FY 2021-2022 Efforts:</b></p> <p><b>FY 2022-2023 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p>
<b>FY 2023-2024</b>
<p><b>Outcome of 2022-2023 Efforts:</b></p> <p><b>FY 2023-2024 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p>

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

**Measures and Targets:**

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

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 20 divided by the total number of Nursing Facilities 21 = Baseline 95.2%  
FY 2020-2021 Target: 90%

2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint \_\_\_\_\_ divided by the total number of Nursing Facilities \_\_\_\_\_ = Baseline \_\_\_\_\_ %  
FY 2021-2022 Target: \_\_\_\_\_ %

3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint \_\_\_\_\_ divided by the total number of Nursing Facilities \_\_\_\_\_ = Baseline \_\_\_\_\_ %  
FY 2022-2023 Target: \_\_\_\_\_ %

4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint \_\_\_\_\_ divided by the total number of Nursing Facilities \_\_\_\_\_ = Baseline \_\_\_\_\_ %  
FY 2023-2024 Target: \_\_\_\_\_ %

Program Goals and Objective Numbers: \_\_\_\_\_

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

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 68 divided by the total number of RCFEs 172 = Baseline 39.5%  
FY 2020-2021 Target: 93% 163 visited out of 172

2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint \_\_\_\_\_ divided by the total number of RCFEs \_\_\_\_\_ = Baseline \_\_\_\_\_ %  
FY 2021-2022 Target: \_\_\_\_\_ %

3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ % FY 2022-2023 Target: _____ %
4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ % FY 2023-2024 Target: _____ %
Program Goals and Objective Numbers: _____

**C. Number of Full-Time Equivalent (FTE) Staff (NORS Element S-23)** This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hour per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

1. FY 2018-2019 Baseline: <u>3</u> FTEs FY 2020-2021 Target: <u>3.6</u> FTEs
2. FY 2019-2020 Baseline: _____ FTEs FY 2021-2022 Target: _____ FTEs
3. FY 2020-2021 Baseline: _____ FTEs FY 2022-2023 Target: _____ FTEs
4. FY 2021-2022 Baseline: _____ FTEs FY 2023-2024 Target: _____ FTEs
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers <u>18</u> 2. FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers <u>18</u>
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: _____

**Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [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

- 1) The monitoring report for FY18/19 where there were zero findings, demonstrates the excellent work to ensure accuracy, consistency and timeliness of the NORS data reporting. This agency commits to maintaining this high standard.
- 2) The agency has budgeted to improve the computer equipment to update existing equipment to modern standards. Consideration of equipment that can be used in the field, like laptops or tablets, was included in the planning.
- 3) The staff Ombudsman regularly trains all new volunteers on the use of ODIN. This provides immediate access to data entry from the field and enhances confidentiality as there is no paper.
- 4) Volunteers and staff continue to be trained by the state Ombudsman (OSLTCO) webinar trainings which serve to create consistency in reporting. Trainings are conducted on a monthly basis to ensure continuity and connectedness amongst volunteers and staff.

**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 cognitive impairments (i.e. Alzheimer's and other related dementias) or a related disorder with neurological and organic brain dysfunction.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.

**Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials

that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

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

**TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES**

The agency receiving Title VIIA Elder Abuse Prevention funding is: [Senior Advocacy Services](#)

Fiscal Year	Total # of Public Education Sessions
2020-2021	12
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	6
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2020-2021	2
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020-2021	20
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020-2021	200	Handouts listing tips for recognizing elder abuse and APS tri-fold brochures
2021-2022		
2022-2023		


<b>Fiscal Year</b>	<b>Total # of Copies of Educational Materials to be Distributed</b>	<b>Description of Educational Materials</b>
<b>2023-2024</b>		

<b>Fiscal Year</b>	<b>Total Number of Individuals Served</b>
<b>2020-2021</b>	500
<b>2021-2022</b>	
<b>2022-2023</b>	
<b>2023-2024</b>	

APPROVED

**TITLE III E 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 III E Services**

<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Family Caregiver Services Caring for Elderly</b>	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
<b>Information Services</b>	<b>NOT FUNDING</b>		
<b>Access Assistance</b>	<b>NOT FUNDING</b>		
<b>Support Services</b>	<b>Total hours</b>		
2020-2021	2,080	2	2.5
2021-2022			
2022-2023			
2023-2024			
<b>Respite Care</b>	<b>Total hours</b>		
2020-2021	6,000	2	
2021-2022			
2022-2023			
2023-2024			
<b>Supplemental Services</b>	<b>NOT FUNDING</b>		

**Direct and/or Contracted IIE Services**

<b>Grandparent Services Caring for Children</b>	<b><i>Proposed</i> Units of Service</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Optional</i> Objective #(s)</b>
<b>Information Services</b>	<b>NOT FUNDING</b>		
<b>Access Assistance</b>	<b>NOT FUNDING</b>		
<b>Support Services</b>	<b>NOT FUNDING</b>		
<b>Respite Care</b>	<b>NOT FUNDING</b>		
<b>Supplemental Services</b>	<b>NOT FUNDING</b>		

APPROVED

**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.

Sonoma County Area Agency on Aging is designated as lead agency for the Area Agency on Aging local Planning and Service Areas (PSA) for the North Bay HICAP contract through a Memorandum of Understanding with the following PSAs:

Lake/Mendocino – PSA 26

Marin – PSA 5

Napa/Solano – PSA 28

Sonoma – PSA 27

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

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

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

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

- PM 1.1 Clients Counseled ~ Number of finalized Intakes for clients/ beneficiaries that received HICAP services
- PM 1.2 Public and Media Events (PAM) ~ Number of completed PAM forms categorized as “interactive” events
- PM 2.1 Client Contacts ~ Percentage of one-on-one interactions with any Medicare beneficiaries
- PM 2.2 PAM Outreach Contacts ~ Percentage of persons reached through events categorized as “interactive”
- PM 2.3 Medicare Beneficiaries Under 65 ~ Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65

- PM 2.4 Hard-to-Reach Contacts ~ Percentage of one-on-one interactions with “hard-to-reach” Medicare beneficiaries designated as:
  - PM 2.4a Low-income (LIS)
  - PM 2.4b Rural
  - PM 2.4c English Second Language (ESL)
- PM 2.5 Enrollment Contacts ~ Percentage of contacts with one or more qualifying enrollment topics discussed

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

[https://www.aging.ca.gov/Providers\\_and\\_Partners/Area\\_Agencies\\_on\\_Aging/#pp-planning](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) <sup>6</sup>**

**Section 3: HICAP Legal Services Units of Service (if applicable) <sup>1</sup>**

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
NOT APPLICABLE		

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
NOT APPLICABLE		

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
NOT APPLICABLE		

<sup>6</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services.

<sup>1</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services.

**COMMUNITY FOCAL POINTS LIST**

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

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

<b>Designated Community Focal Point</b>	<b>Address</b>
Cloverdale Senior Center	P.O. Box 663 Cloverdale, CA 95425
Healdsburg Senior Center	133 Matheson Healdsburg, CA 95448
Petaluma Senior Center	211 Novak Drive Petaluma, CA 94954
Rohnert Park Senior Center	6800 Hunter Drive, Suite A Rohnert Park, CA 94928
Russian River Senior Center	15010 Armstrong Woods Road Guerneville, CA 95446
Sebastopol Area Senior Center	167 N. High Street Sebastopol, CA 95472
Vintage House	264 First Street East Sonoma, CA 95476
Windsor Senior Center	9231 Foxwood Drive P.O. Box 100
Santa Rosa Senior Center at Finley Person Senior Center	2060 College Avenue Santa Rosa, CA 95401

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

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

**Answer:** AAA is part of the Sonoma County Human Service Department and the county-wide disaster preparedness response plan. The AAA coordinates its efforts as directed by the County of Sonoma Emergency Operations Center (EOC) and Human Services Department Emergency Action Plan (EAP). The EOC stipulates that the Human Services Department (HSD) oversees the Care and Shelter Emergency Services in coordination with the American Red Cross. This includes staffing shelters as well assessing client needs by social work and public health nursing staff.

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**

Christopher Godley	Director, Department of Emergency Mgmt	Office: 707-565-1152	Christopher.godley@sonoma-county.org
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3. Identify the Disaster Response Coordinator within the AAA:

**Name Title Telephone email**

Tracy Repp	AAA Manager	Office: 707-565-5982	trepp@schsd.org
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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?**

<p><b>a</b> Nutrition Services – Home Delivered Meals</p> <p><b>b</b> Information &amp; Assistance</p>	<p><b>a</b> Provider contracts</p> <p><b>b</b> AAA I &amp; A phone line (707) 565-INFO and ; 2-1-1</p>
--	--

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

**Answer:**  
 American Red Cross – Shelter Management (a Sonoma County contract)  
 AAA contracted service providers coordination to ensure food distribution, friendly check-ins, and transportation to needed services such as medical, groceries, prescription pick-ups.

6. Describe how the AAA will:

- Identify vulnerable populations.

**Answer:** Program and agency specific emergency protocols include maintaining a list of program participants by level of need.

The AAA asks each contracted service provider agency to check in on their most vulnerable populations during disasters (fires, floods, viruses) and Public Safety Power Shut-downs (PSPS) and report updates to the AAA to report to the California Department of Aging.

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

**Answer:** Older and disabled adults connected to services are identified by the level of disaster preparedness required depending on their needs. AAA non-profit service providers and county social workers provide follow up by phone to participants who live in the affected areas of the disaster. Participant profiles indicate a variety of variables that assist to determine the degree of contact required (i.e. critical, urgent, moderate) including living arrangement and special impairments or risk factors. The follow up includes checking on the clients' safety, access to essential needs such as food, water, medicine, medical equipment, electricity, heat, etc., and providing referrals as necessary.

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 funds<sup>7</sup> 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 \_\_\_\_\_ %                      22-23 \_\_\_\_\_ %                      23-24 \_\_\_\_\_ %

**In-Home Services:**

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

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

**Legal Assistance Required Activities:<sup>8</sup>**

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

2020-21 8 %                      21-22 \_\_\_\_\_ %                      22-23 \_\_\_\_\_ %                      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.

**Answer:** The planning cycle priorities were derived from the needs assessment and include the continuation of funding for case management, nutrition programs, caregiver support and respite, elder abuse prevention, health promotion, transportation and mobility, adult day and Alzheimer’s day programs and senior legal services.

To determine the “Adequate Proportion”, or the minimum percentage of applicable Title IIIB funding intended for annual expenditure throughout the four-year plan, the AAA followed the calculation defined in CCR Title 22 Section 7312.

<sup>7</sup> 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.

<sup>8</sup> Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

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

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

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

<u>Check applicable direct services</u>	<u>Check each applicable Fiscal Year</u>			
<b>Title IIIB</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Program Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title IID</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input checked="" type="checkbox"/> Disease Prevention and Health Promo.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Title IIIE<sup>9</sup></b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input type="checkbox"/> Information Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VIIA</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VII</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe methods to be used to ensure target populations will be served throughout the PSA. The existing direct services case management program provided known as “Linkages” has included Information & Assistance (I&A) as part of their program services starting in FY16/17. Linkages is part of the Sonoma County Human Services Department, Adult & Aging Division, which provides case management services to older adults and people with disabilities so that can stay living at home. I&A is now a stand-alone program providing a designated and advertised telephone number for people 60+ to call a social worker for questions about aging. I&A social workers also provide “Options Counseling” to better determine the supports needed by callers. Other division programs include the Area Agency on Aging, In-Home Supportive Services, Multi-Purpose Senior Services Program, Adult Protective Services, Public Administrator/Guardian/Conservator, and Veterans Services.

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

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: \_**

Check applicable funding source:<sup>10</sup>

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 service<sup>11</sup>: \_\_\_\_\_

<sup>9</sup> Section 15 does not apply to Title V(SCSEP).

<sup>10</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

**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:**

Susan Gorin, Chair of the Sonoma County Board of Supervisors for Calendar Year 2020	December 2020
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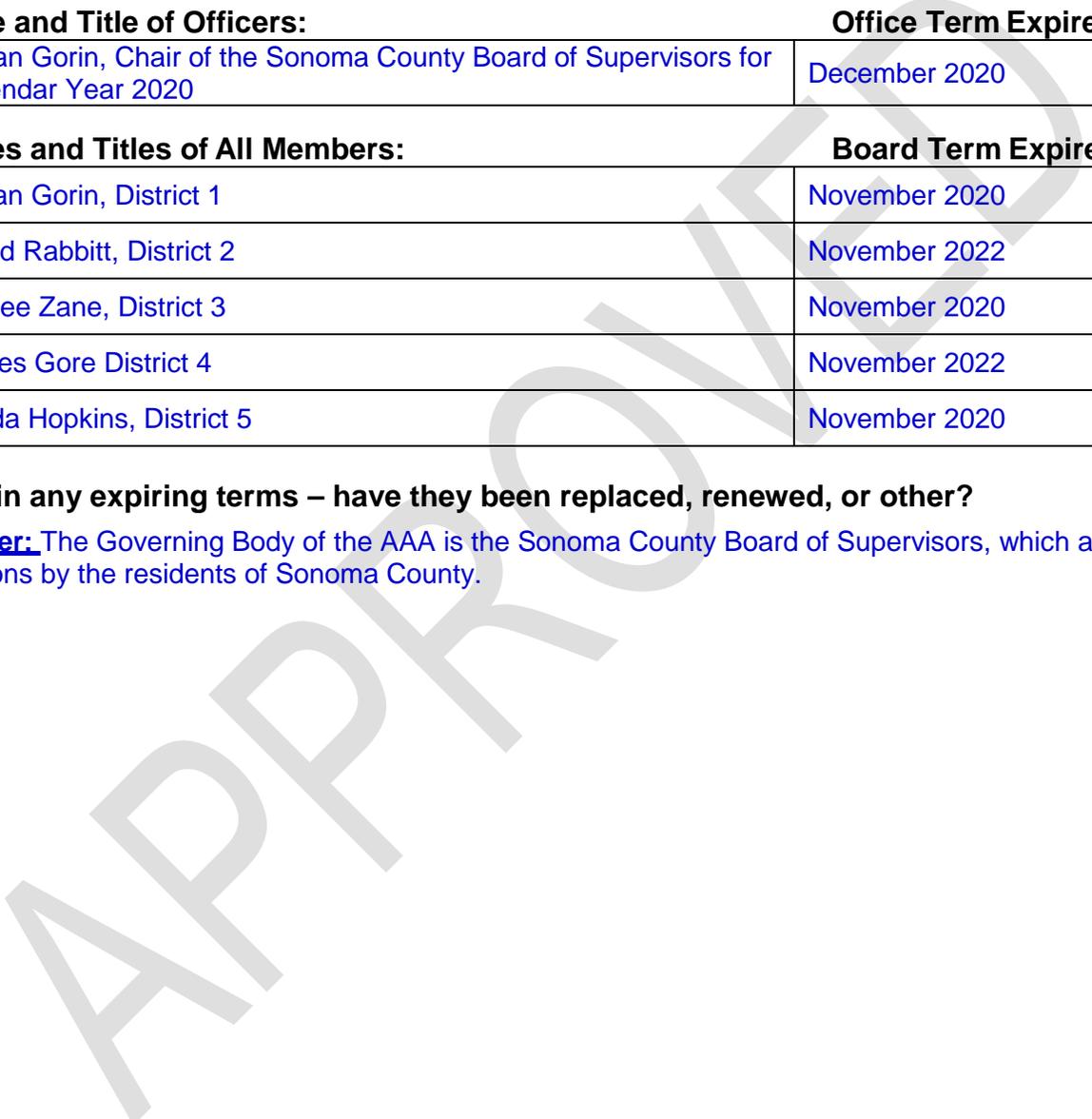
**Names and Titles of All Members:**

**Board Term Expires:**

Susan Gorin, District 1	November 2020
David Rabbitt, District 2	November 2022
Shirlee Zane, District 3	November 2020
James Gore District 4	November 2022
Lynda Hopkins, District 5	November 2020

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

**Answer:** The Governing Body of the AAA is the Sonoma County Board of Supervisors, which are elected positions by the residents of Sonoma County.



**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) 21

Number of Council Members over age 60 12

	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
<b>Race/Ethnic Composition</b>		
White	<u>88.2</u>	<u>95</u>
Hispanic	<u>10.4</u>	<u>5</u>
Black	<u>1.4</u>	<u>0</u>
Asian/Pacific Islander	<u>3.2</u>	<u>0</u>
Native American/Alaskan Native	<u>.4</u>	<u>0</u>
Other	<u>6.5</u>	<u>0</u>

<b>Name and Title of Officers:</b>	<b>Office Term Expires:</b>
Terry Kelley, Chair	6/30/20
Cynthia Scarborough, Vice Chair	6/30/20
Lea Black, Secretary	6/30/20

<b>Name and Title of other members:</b>	<b>Office Term Expires:</b>
Jen Arent, AAA Advisory Council Member	March 2020
Richard Baum, AAA Advisory Council Member	February 2021
Lea Black, AAA Advisory Council Member	April 2022
Dorothy Fried, AAA Advisory Council Member	February 2022
Jenny Helman, AAA Advisory Council Member	April 2022
Peter Holewinski, AAA Advisory Council Member	March 2020
Terry Kelley, AAA Advisory Council Member	April 2022
Bonnie Koagedal, AAA Advisory Council Member	February 2021
Sean Madison, AAA Advisory Council Member	October 2020
Jim Redding, AAA Advisory Council Member	September 2020
Rosa Reynoza, AAA Advisory Council Member	January 2022
Judy Rice, AAA Advisory Council Member	October 2020

Alain Serkissian, AAA Advisory Council Member	June 2020
Cynthia Scarborough, AAA Advisory Council Member	October 2020
Deanna Shaat, AAA Advisory Council Member	July 2020
Diane Spain, AAA Advisory Council Member	September 2020
Don Streeper, AAA Advisory Council Member	September 2020
Erin Stroud, AAA Advisory Council Member	November 2020
Three Vacancies	

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

	YES	NO
Low Income Representative	X	
Individuals with Disabilities Representative	X	
Supportive Services Provider Representative	X	
Health Care Provider Representative		X
Family Caregiver Representative	X	
Local Elected Officials		X
Individuals with Leadership Experience in Private and Voluntary Sectors	X	

Explain any "No" answer(s): \_\_\_\_\_

**Answer:** We do not have any current elected officials on the Advisory Council board due to time constraints of the officials. Outreach will continue to local city councils, mayors, and Board of Supervisor members to ask for their participation or by proxy. Local statewide elected official representation via their Legislative Aides participate in the Advisory Council Legislative Committee. We also are continue outreach to health care providers requesting consideration for advisory council applications submissions.

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

**Answer:** The members’ terms that are expiring are contacted the month prior to their term date to advise whether they will be continuing.

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

**Answer:** AAA staff recruits for new members using a recruitment flyer/application and submits a press release to media outlets as well as asks each of the 5 Board of Supervisors to post vacancies on their personal webpages. The Board of Supervisors appoints 10 of the members, 2 from each Supervisorial district. The Council elects 11 members, 5 of whom represent each of the Supervisorial districts and six member-at-large positions. A minimum of one member represents a minority population and one represents individuals with disabilities. The Executive Committee reviews all applications other than Supervisor appointment and takes into account the requirements stated above and makes a recommendation to the full Advisory Council. A majority vote of the full Council is required for final election.

### 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)]<sup>12</sup> 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](https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg)

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

**Answer:** The Sonoma County Area Agency on Aging provides leadership, services, and advocacy to promote the dignity, independence and quality of life for older adults, adults with disabilities, and their caregivers.

PSA 27 has always supported Legal Services and continues to do so with IIIB funding. The current contract is held by Legal Aid of Sonoma County. Contracted services include:

Giving priority to legal assistance to older adults 60+ related to the following:

- Income
- Healthcare
- Long-term care
- Housing
- Utilities
- Protected services
- Defense of guardianship or conservatorship
- Abuse
- Neglect
- Age discrimination

The AAA tracks IIIB funded contracted service units using the SAMS data collection application and monitors contract performance. The service provider is also required to submit CDA 1022 – California Legal Services Quarterly Aggregate Report by the 15<sup>th</sup> of the month after to the quarter end to ensure timely submission to CDA by the end of the month following the quarter end.

2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? **Discuss:** *Approximately 8%.*

3. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years). **Yes/No, Discuss:**  
**Answer:** The AAA funded service provider, Legal Aid of Sonoma County, prioritizes services to those in most social or financial need (low or very low income). Changes include increases in older adults facing mobile home park evictions, need for securing benefits, setting temporary restraining orders, consumer issues, other housing issues and financial abuse.

The October 2017 wildfires in Sonoma County exacerbated the need and the requests for the services described above. Legal Aid of Sonoma County saw a double-digit percent increase in calls for assistance, and have been part of the County recovery effort providing legal services to all community members affected by the fires.

The AAA funding for Legal Services has remained flat, as has the other IIIB funded programs. Service providers have had to fundraise and receive funding from other sources to be able to provide the level of service required. Legal Aid of Sonoma County was successful in asking the Sonoma County Board of Supervisors for additional County General Fund for the past 3 fiscal years to provide the *Elder Outreach Legal Services Program* which provides for an attorney to provide Legal Clinics at outreach locations throughout the county. This is a separate contract outside of Older American Act funding. This funding is not guaranteed and the request is made during budget hearings in June for the next fiscal year.

4. Specific to Legal Services, does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Yes/No, Discuss:**

**Answer:** Yes. The Request for Proposal and the contract scope of work includes the requirement that the service provider is to comply with and include processes for provision of legal services in their proposals based on the California Statewide Guidelines.

5. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA? **Yes/No, Discuss:**

**Answer:** The AAA jointly reviews priorities, not set them. Legal Aid of Sonoma County has seen an increase in the need of court representation, which is very labor intensive/time consuming and may result in the provision of less services in other areas. Other areas of increase are Housing, Elder Abuse/Neglect/Exploitation, and Estate Planning, Wills, and Trusts.

6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA **AND** what mechanism is used for reaching the target population? **Yes/No, Discuss:**

**Answer:** Legal Aid of Sonoma County, collaborates with the AAA and other service providers to provide information to case managers, home delivered meals recipients, and the Ombudsman program volunteers in order to target older adults with the greatest social and economic need. Legal clinics are held monthly at locations throughout the county. The AAA contract with Legal Aid states that they must prioritize serving older adults 60 years of age or older who are identified as meeting one of more of the following:

- a) Low-income
- b) Minority
- c) Limited English proficient
- d) Socially isolated
- e) Residing in rural areas
- f) Have the greatest economic and social need
- e) Are at risk for institutional placement

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

**Answer:** Please refer to answer in Question 6.

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

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

<sup>11</sup> For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or [chisorom.okwuosa@aging.ca.gov](mailto:chisorom.okwuosa@aging.ca.gov)

**9. Does your PSA have a hotline for legal services? Yes/No, Discuss:**

**Answer:** Legal Aid of Sonoma County is contracted by PSA27 to provide phone hours Monday through Friday for older adult legal assistance inquiries (9:15AM to 5PM, break between Noon and 1:15PM). PSA 27 has an Information & Referral phone line (707-565-INFO) staffed by highly trained social workers who understands aging issues and helpful community services. Callers are directed to Legal Aid of Sonoma County for legal assistance. Callers can also be referred to legal services through the local 2-1-1 Human Services Information and Assistance call center.

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

**Answer:** There are a variety of methods used to outreach, in order to gain a wide audience:

- Legal services are listed in the Senior Resource Guide (English and Spanish) which is distributed throughout the community and available in searchable, on-line format.
- Presentations are held monthly at mobile home parks, senior centers, and residential care facilities
- Advertisements on the radio and other media in English and Spanish
- Specific Spanish-speaking outreach in coordination with La Luz (local Latino community-based organization)
- Creation and distribution of information hand-outs
- Inclusion of regular articles in the various senior centers and community-based service provider newsletters, such as "Sonoma Older adults Today" a newsletter provided by Council on Aging, Sonoma County's largest senior service provider with a 10,000 person distribution
- Collaboration with the Area Agency on Aging to provide outreach through senior centers and other speaking engagement opportunities
- Also refer to answer #6

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

Fiscal Year	Name of Provider	Geographic Region covered
<b>2020-2021</b>	Legal Aid of Sonoma County	County-wide
<b>2021-2022</b>	<i>Leave Blank until 2021</i>	<i>Leave Blank until 2021</i>

<b>2022-2023</b>	<i>Leave Blank until 2022</i>	<i>Leave Blank until 2022</i>
<b>2023-2024</b>	<i>Leave Blank until 2023</i>	<i>Leave Blank until 2023</i>

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

**Answer:** Access is provided through telephone contacts, web access or by referral from a care provider or family member as well as mobile county-wide neighborhood-based legal clinics provided by Legal Aid of Sonoma County.

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

**Answer:** There has been a growing need to address financial abuse of older adults, bankruptcy/debt collection, landlord/tenant disagreements, temporary restraining orders, conservatorship, and estate planning such as wills and trusts, housing security and foreclosures. Also refer to answer #3 and #5.

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

**Answer:** Please see question #3, #5 and #13.

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

**Answer:** Barriers include cost, awareness, and available pro-bono attorney hours.

The AAA Legal Services contracted provider has implemented the following strategies to address the barriers:

1. Focus on redesigning the approach to reach low-income older adults. Additional staffing has allowed for this process to occur.
2. Community education meetings and legal clinics each quarter to discuss a variety of elder law issues, assist with legal issues, and offer information of Older Americans Act services offered.
3. Partnership with the Sonoma County Human Services Department and the Sonoma County Family Justice Center has resulted in conducting coordinated outreach to create awareness of elder abuse prevention and identity theft issues.

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

**Answer:** The Legal Services provider coordinates with Adult Protective Services, Senior Advocacy Services (Ombudsman program), the Family Justice Center, the Sonoma County Elder Protection Workgroup, the District Attorney's Office, local senior service providers, California Rural Legal Assistance, Sonoma County Bar Association, Disability Services and Legal Center, county-wide medical providers and health clinics.

**SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION PSA 27  
COMPLIANCE REVIEW<sup>13</sup>**

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:						

<sup>12</sup> 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.

**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.**

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

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

**Family Caregiver Services**

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

Family Caregiver Supplemental Services	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	Direct <input type="checkbox"/> Contract <input type="checkbox"/>			

Category	2020-2024	2020-2024	2020-2024	2020-2024
Grandparent Information Services	<b>NOT FUNDING</b>			
Grandparent Access Assistance				
Grandparent Support Services				
Grandparent Respite Care				
Grandparent Supplemental Services				

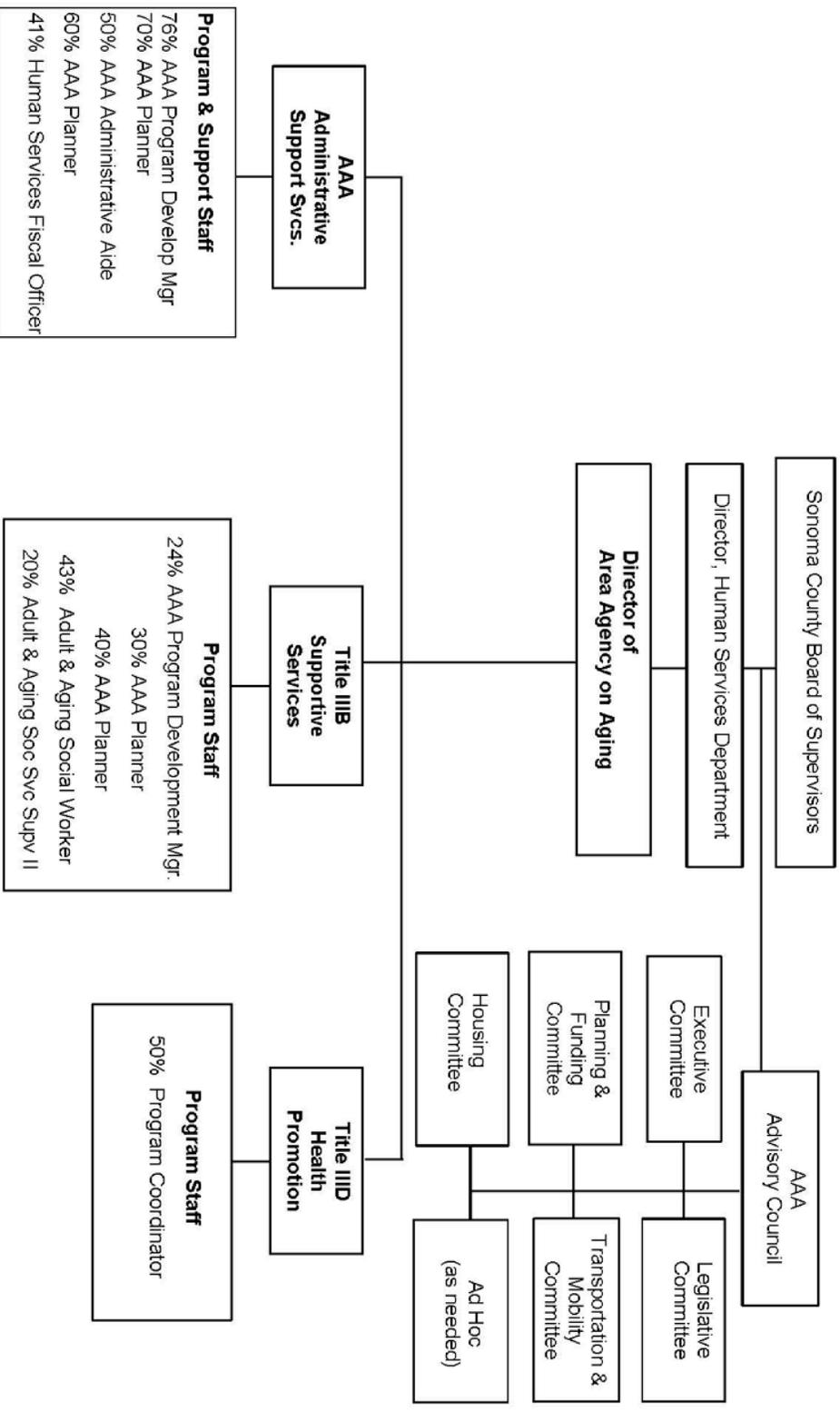
**Grandparent Services**

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

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# Area Agency on Aging Organization Chart (FY 2019/20)



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

A. Assurances

1. OAA 306(a)(2)

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

- (A) services associated with access to services (transportation, health services (including mental health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
- (B) in-home services, including supportive services for families of older individuals who have cognitive impairments (i.e. Alzheimer's and other related dementias) and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

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

- (I) provide assurances that the area agency on aging will-
  - (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
  - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and;
- (II) include proposed methods to achieve the objectives described in (aa) and (bb) of subclause (I);

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

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

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
- (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English

proficiency, and older individuals residing in rural areas within the planning and service area;

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

With respect to the fiscal year preceding the fiscal year for which such plan is prepared—

- (I) identify the number of low-income minority older individuals in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.

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

Use outreach efforts that —

- (i) identify individuals eligible for assistance under this Act, with special emphasis on—
  - (I) older individuals residing in rural areas;
  - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
  - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
  - (IV) older individuals with severe disabilities;
  - (V) older individuals with limited English proficiency;
  - (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
  - (VII) older individuals at risk for institutional placement; and
- (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

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

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

7. OAA 306(a)(5)

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

8. OAA 306(a)(9)

Provide assurances that the Area Agency on Aging will carry out the State Long-Term Care Ombudsman program under 307(a)(9), will expend not less than the total amount of

funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

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

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

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

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

11. 306(a)(14)

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

12. 306(a)(15)

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

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in Older Americans Act Reauthorization Act of

2016, Section 306(a)(4)(A)(i); and  
(B) in compliance with the assurances specified in Older Americans Act  
Reauthorization act of 2016, Section 306(a)(13) and the limitations specified  
in Older Americans Act Reauthorization Act of 2016, Section 212;

13: OAA 305(c)(5)

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

14. OAA 307(a)(7)(B)

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

15. OAA 307(a)(11)(A)

- (i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

16. OAA 307(a)(11)(B)

That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

17. OAA 307(a)(11)(D)

To the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

18. OAA 307(a)(11)(E)

Give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

19. OAA 307(a)(12)(A)

In carrying out such services conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

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

20. OAA 307(a)(15)

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

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

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

- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

21. OAA 307(a)(18)

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

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

22. OAA 307(a)(26)

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

23. OAA 307(a)(27)

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

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

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

(a) The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

(b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall:

- (1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
- (2) Provide a range of options;
- (3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;
- (4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
- (5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;
- (6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
- (7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
- (8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
- (9) Have a unique character which is tailored to the specific nature of the community;
- (10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)]

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

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.

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