



SAN MATEO COUNTY HEALTH  
**AGING & ADULT  
SERVICES**

San Mateo County  
**Planning and Service Area 8**  
Area Agency on Aging

**Area Plan**

**July 1, 2024 – June 30, 2028**

**Submission date: May 1, 2024**

# **San Mateo County PSA 8 Area Agency on Aging Area Plan FY 2024-2028**

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## 2024-2028 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 5-1-24 only*

Section	Four-Year Area Plan Components	4-Year
TL	Transmittal Letter – <i>Can be electronically signed and verified, email signed letter or pdf copy of original signed letter can be sent to <a href="mailto:areaplan@aging.ca.gov">areaplan@aging.ca.gov</a></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 & Identification of Priorities	<input checked="" type="checkbox"/>
5	Needs Assessment & Targeting	<input checked="" type="checkbox"/>
6	Priority Services & Public Hearings	<input checked="" type="checkbox"/>
7	Area Plan Narrative Goals and Objectives:	<input checked="" type="checkbox"/>
7	Title IIIB Funded Program Development (PD) Objectives	<input checked="" type="checkbox"/>
7	Title IIIB Funded Coordination (C) Objectives	<input checked="" type="checkbox"/>
7	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
8	Service Unit Plan (SUP) and Long-Term Care Ombudsman Outcomes	<input checked="" type="checkbox"/>
9	Senior Centers and Focal Points	<input checked="" type="checkbox"/>
10	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
11	Legal Assistance	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
14	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
15	Governing Board	<input checked="" type="checkbox"/>
16	Advisory Council	<input checked="" type="checkbox"/>
17	Multipurpose Senior Center Acquisition or Construction	<input checked="" type="checkbox"/>
18	Organization Chart	<input checked="" type="checkbox"/>
19	Assurances	<input checked="" type="checkbox"/>

**TRANSMITTAL LETTER**  
**2024-2028 Four Year Area Plan/ Annual Update**  
**Check one:**  **FY 24-25**  **FY 25-26**  **FY 26-27**  **FY 27-28**

**AAA Name:** San Mateo County Aging and Adult Services

**PSA** 8

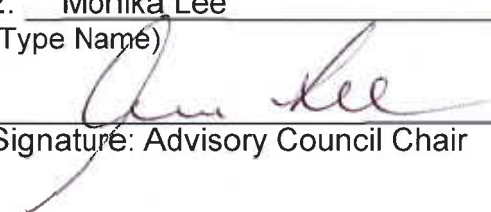
This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director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

1. Warren Slocum  
(Type Name)

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


\_\_\_\_\_  
Date

2. Monika Lee  
(Type Name)

  
\_\_\_\_\_  
Signature: Advisory Council Chair

3/11/2024  
Date

3. Lisa Mancini  
(Type Name)

  
\_\_\_\_\_  
Signature: Area Agency Director

3/11/2024  
Date

<sup>1</sup> Original signatures or electronic signatures are required.

## **SECTION 1. MISSION STATEMENT**

Area Agencies on Aging (AAA) were created as a result of the Older Americans Act (OAA) of 1965 and are designed to help older Americans continue to live independently in their own homes and communities. The OAA created a multi-level aging network consisting of the Federal Administration on Aging, State Units on Aging, and AAAs. Area Agencies on Aging function as focal points for planning and advocacy on older adult issues. In addition, the OAA provides a limited amount of funding for an array of nutritional and supportive services at the local level.

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

Our Mission: Under the umbrella of San Mateo County Health whose mission is to help everyone in San Mateo County live longer and better lives, the Aging and Adult Services (AAS) Division functions as the AAA and strives to ensure the delivery of client-centered, compassionate, and fiscally responsible services that foster self-determination, meet professional standards and ethics, and reflects the county's vision. This is accomplished by offering services that provide a combination of protection, support, prevention and advocacy.

Aging and Adult Services has the following goals:

- Lead in addressing the needs of older adults and adults with disabilities in San Mateo County.
- Promote consumers and other public involvement in the planning and delivery of services.
- Develop systems of care in the community that support independence for older adults and adults with disabilities.
- Administer federal, state, local and private funds in support of an integrated system of care.

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

### Physical Characteristics of San Mateo County

San Mateo County (SMC) is in the Bay Area and is bordered by the Pacific Ocean to the west and San Francisco Bay to the east. The County was formed in April 1856 out of the southern portion of then-San Francisco County.

Within its 455 square miles, SMC is home to some of the most spectacular and varied geography in the United States. It includes redwood forests, rolling hills, farmland, tidal marshes, creeks, and beaches.

The county is known for its mild climate and scenic vistas. No matter the starting point, a 20-minute drive can take a visitor to a vista point with a commanding view of the bay or Pacific Ocean, a mossy forest or a shady park or preserve.

SMC has long been a center for innovation. It is home to numerous colleges and research parks and is within the “golden triangle” of three of the top research institutions in the world: Stanford University, the University of California, San Francisco, and the University of California, Berkeley. Today, SMC’s bioscience, computer software, green technology, hospitality, financial management, health care, and transportation companies are industry leaders. Over the past decade, companies that are transforming how we communicate and share information through social media have moved in, stretching the boundary of Silicon Valley ever northward.

As in all counties in California, SMC government plays a dual role that differs from cities. Cities generally provide basic services such as police and fire protection, sanitation, recreation programs, planning, street repair, and building inspection. There are 20 cities within SMC, each governed by its own city council.

As subdivisions of the state, counties provide a vast array of services for all residents. These include social services, public health protection, housing programs, property tax assessments, tax collection, elections, and public safety. Counties also provide basic city-style services for residents who live in an unincorporated area, not a city.

San Mateo County voters elect five Supervisors to oversee county government operations. SMC is governed by a five-member Board of Supervisors:

**District One (Dave Pine):** Burlingame, Hillsborough, Millbrae, and portions of San Bruno and South San Francisco; the unincorporated communities of San Mateo Highlands, Baywood Park and Burlingame Hills; and the San Francisco Airport.

**District Two (Noelia Corzo):** Cities of San Mateo, Foster City, and Belmont (north of Ralston.) .

**District Three (Ray Mueller):** Cities of Atherton, southeast Belmont, Half Moon Bay, Menlo Park, Pacifica, Portola Valley, San Carlos, and Woodside; and the unincorporated areas of Devonshire Canyon, El Granada, Emerald Lake Hills, Kings Mountain, La Honda, Ladera, LomaMar, Los Trancos Woods, Miramar, Montara, Moss Beach, Palomar Park, Pescadero, Princeton By-The-Sea, San Gregorio, Skyline, Skylonda, Stanford Lands, Vista Verde, and West Menlo Park.

**District Four (Warren Slocum):** Cities of Redwood City, East Palo Alto, the areas within the City of Menlo Park east of El Camino Real and including Belle Haven, and the unincorporated community of North Fair Oaks.

**District Five (David Canepa):** Cities of Brisbane, Colma, Daly City, San Bruno (north of Sneath Lane and west of Interstate 280), South San Francisco (west of Interstate 280 until Avalon Drive then west of Junipero Serra Boulevard, and north of Hickey, Hillside and Sister Cities Boulevard to Highway 101); and the unincorporated areas of Broadmoor Village, San Bruno Mountain Park and Brisbane Quarry.



# SUPERVISORIAL DISTRICTS (2022)

C O U N T Y O F S A N M A T E O

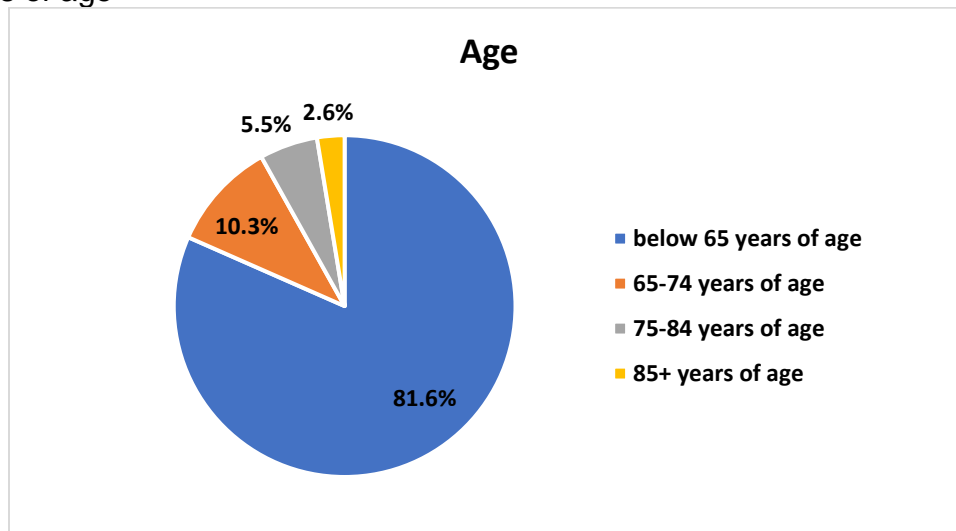
*\* Updated based on the "Communities Together" map approved by San Mateo County Board of Supervisors in December, 2021*



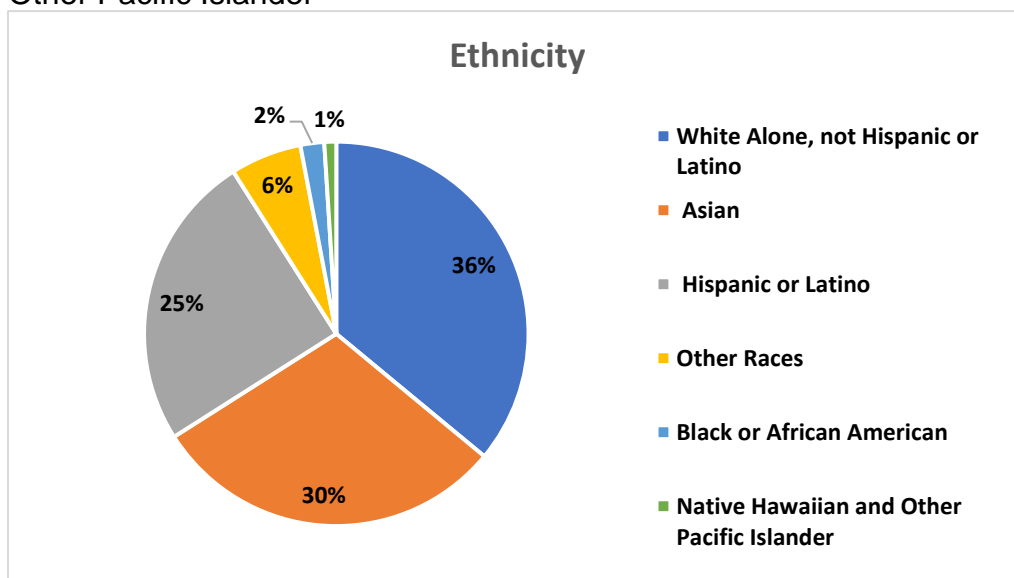
## Demographic Characteristics of San Mateo County

San Mateo County (SMC) is among the most culturally and ethnically diverse communities. Asian and Latino residents, along with older adults are expected to continue to become increasingly greater proportions of the population. According to the 2020 United States Census and the 2023 American Community Survey, San Mateo County has 764,442 residents. 54% are female and 46% are male. \$145,388 is the median household income. 8.7% of those 65 years of age and older are defined as in poverty.

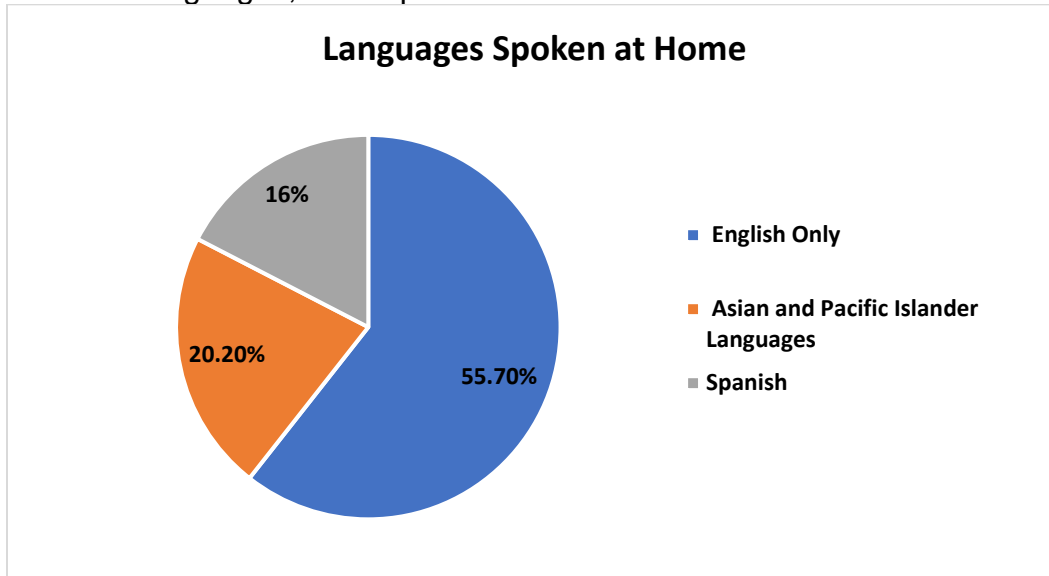
- Age: 10.3% are 65-74 years of age, 5.5% are 75-84 years of age, 2.6% are 85+ years of age



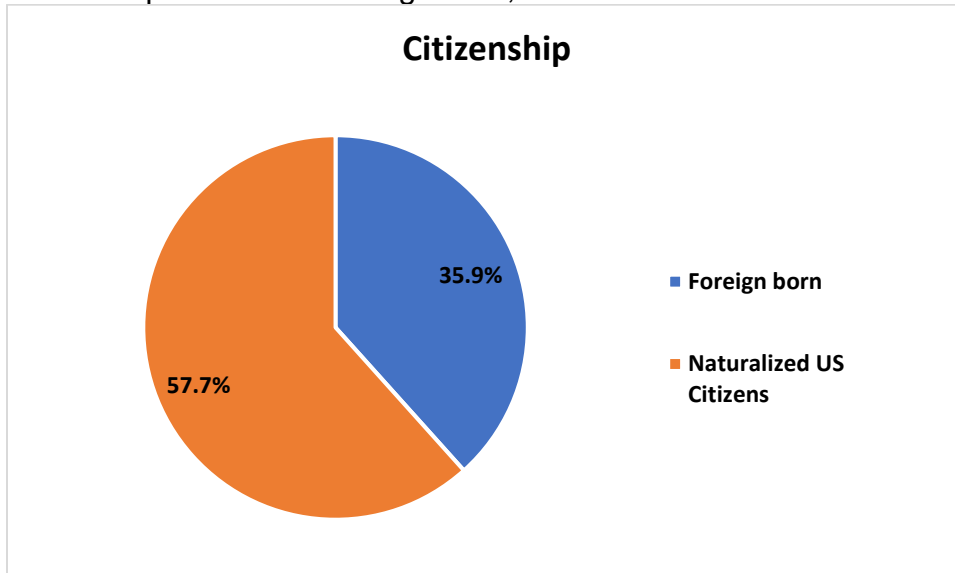
- Ethnicity: 36% White Alone, not Hispanic or Latino, 30% Asian, 25% Hispanic or Latino, 6% Other Races, 2% Black or African American, 1% Native Hawaiian and Other Pacific Islander



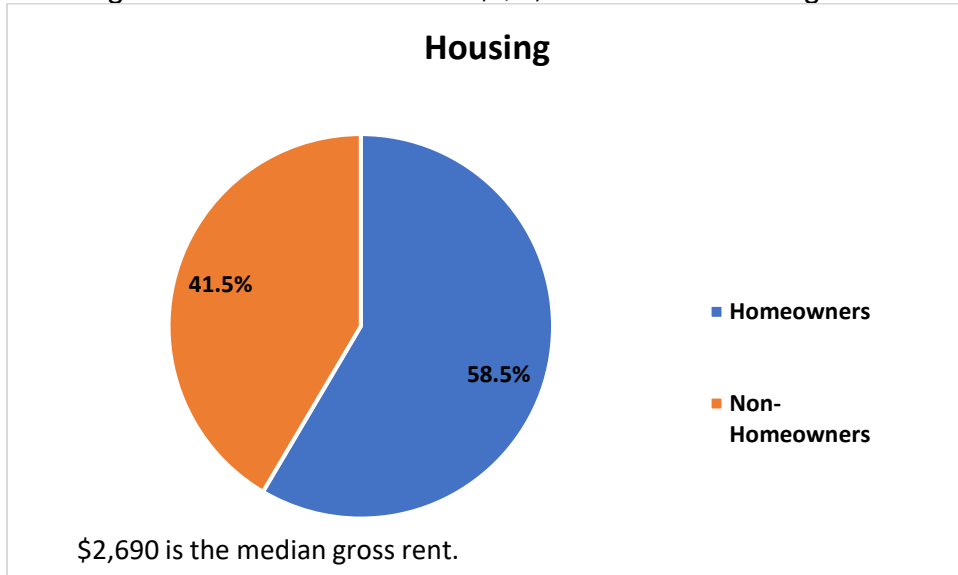
- Languages Spoken at Home: 55.7% English Only, 20.2% Asian and Pacific Islander Languages, 16% Spanish



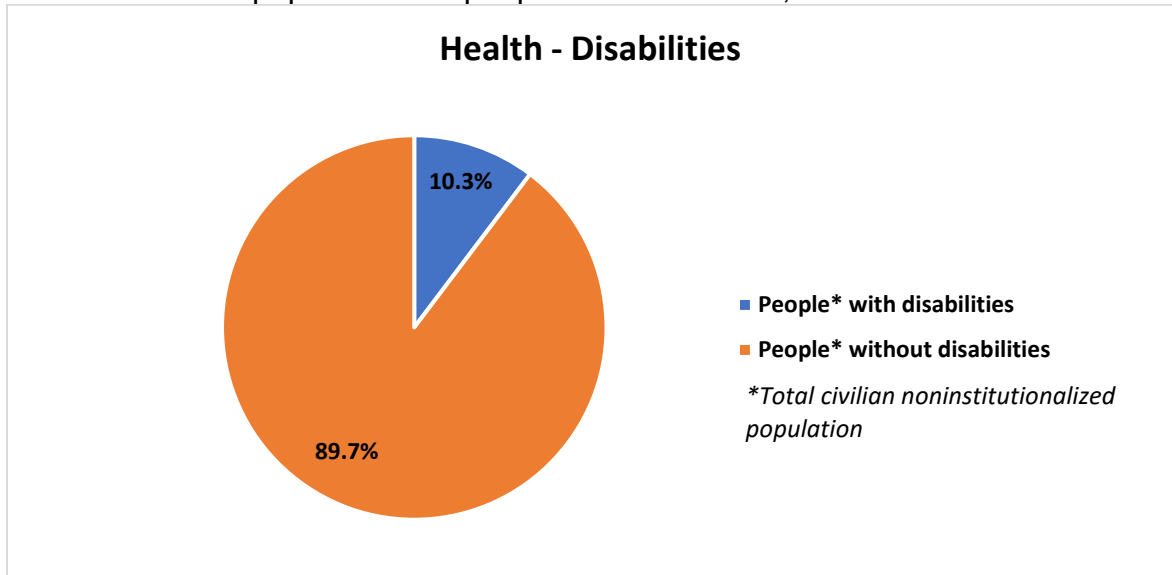
- Citizenship: 35.9% are foreign born, 57.7% are Naturalized US Citizens



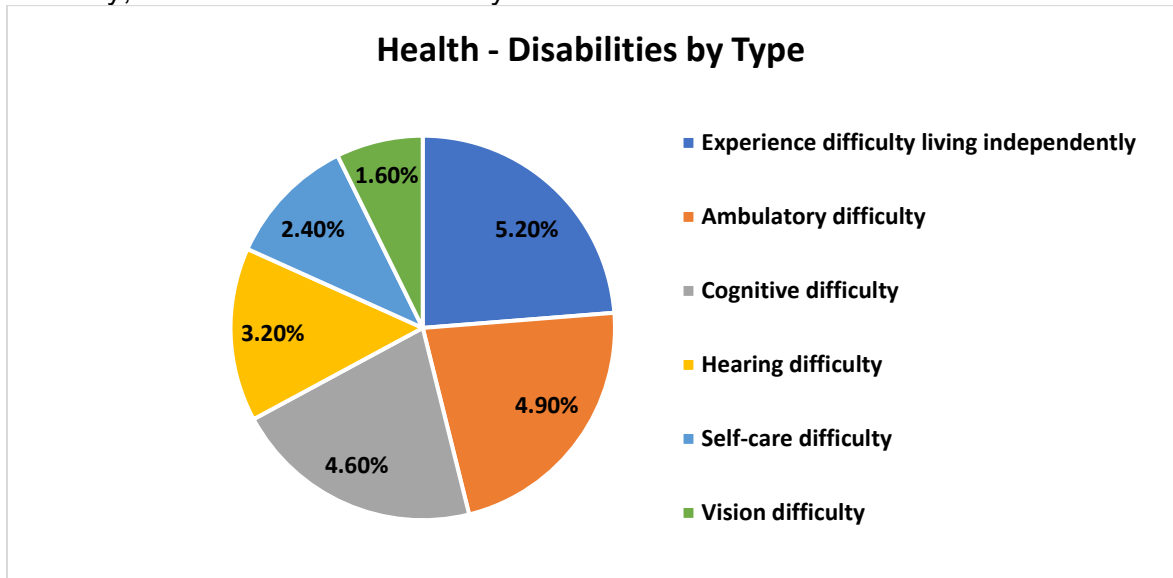
- Housing: 58.5% are homeowners, \$2,690 is the median gross rent



- Health: 10.3% of population are people with disabilities,



- 5.2% experience difficulty living independently, 4.9% have ambulatory difficulty, 4.6% have cognitive difficulty, 3.2% have hearing difficulty, 2.4% have self-care difficulty, 1.6% have vision difficulty



- 2023 CDA Population Demographic Projections: 201,581 60+ population, 101668 non-minority 60+ population, 99,913 Minority 60+ population, 15,035 low income 60+ population, 26,713 Medi-Cal Eligible 60+ population, 5,499 SSI/SSP 65+ population

## **Unique Resources and Constraints**

San Mateo County is fortunate to have support from other county departments, divisions, health plans, and community-based providers that assist our Area Agency on Aging (AAA):

### **HUMAN SERVICES AGENCY (HSA)**

The county's Human Services Agency provides services to the adult population that complements the continuum of adult services provided by the county's Aging and Adult Services (AAS) Division. Its mission is to enhance the well-being of children, adults, and families by providing professional, responsive, caring, and supportive service. Values include client experience, employee excellence, community engagement, continuous improvement, results-focused, innovation, responsive, and fiscal stewardship.

### **BEHAVIORAL HEALTH AND RECOVERY SERVICES (BHRS)**

Behavioral Health and Recovery Services (BHRS) provides services for children, youth, families, adults and older adults for the prevention, early intervention, and treatment of mental illness and/or substance use conditions. They are committed to supporting treatment of the whole person to achieve wellness and recovery, and promoting the physical and behavioral health of individuals, families and communities we serve. They offer outpatient, inpatient, residential, rehabilitation, detoxification, medicated assisted treatment and other services for individuals who are eligible for Medi-Cal, Medicare, members of the Health Plan of San Mateo (HPSM) and in some instances, individuals with private insurance. They also assist uninsured and undocumented residents of San Mateo County (SMC) and people of any age in a major crisis.

Over-arching BHRS Strategies are:

- Prevention and Early Intervention
- Reducing Cultural and Linguistic Disparities
- Welcoming and Engagement
- Empowering Clients and Families
- System of Care Enhancements and Supports Total Wellness.

### **OLDER ADULT SYSTEM of INTEGRATED SERVICES (OASIS)**

OASIS is a program available to SMC residents, age 60 and over, dealing with mental health issues that impact their day-to-day functioning. Clients come into the program with multiple co-occurring conditions related to physical health, cognitive impairment, substance use, functional limitations and social isolation, in addition to their serious mental health conditions. This requires more hands-on case management, and greater collaboration between psychiatrists and

primary care providers to ensure proper medication management and preventative medicine to enable and support the clients to remain in a community-based setting.

### **COLLABORATIVE CARE TEAM (CCT)**

The Collaborative Care Team (CCT) is a multidisciplinary team that supports clients throughout their recovery process. The team is comprised of healthcare professionals from the following Health Department divisions: BHRS, AAS, and the San Mateo Medical Center (SMMC). The team is led by a supervisor and a program specialist. It includes two social workers, a nurse practitioner, a public guardian, a management analyst and a consulting psychiatrist. CCT will serve as a liaison between clients, their families, healthcare facilities, community agencies and the SMC Health System by providing regular visits and case management support. CCT will monitor client progress in out-of-county facilities, recommend appropriate and timely interventions, and assess and transition clients to the least restrictive level of care. CCT also serves to place and assist complex cases out of the hospital and into a healthcare facility that best addresses the clients' needs.

### **MEDICATION ASSISTED TREATMENT (MAT) SERVICES**

In early 2015, HPSM partnered with BHRS to enhance Medication Assisted Treatment services (MAT) in San Mateo County. MAT is a progressive approach to treating substance use disorders that combines behavioral therapies and medications. The target population is individuals with chronic alcohol-related issues who frequent San Mateo Medical Center (SMMC) emergency services, jail/probation, and Primary Care. These individuals are often disconnected from traditional county behavioral health services and sometimes known as "high utilizers" of emergency services. This collaborative effort recognizes that enhancing outreach and offering MAT is a strong, effective approach towards not only reducing high-cost emergency services and incarceration, but in helping this population link to better health, wellness and recovery.

The partnership has brought new programming to BHRS Alcohol & Other Drug Services, Primary Care Interface, Voices of Recovery, Palm Ave Detox and HealthRight 360 to help outreach, engage and link this population. Services include outreach, education, adjunct case management, benefits enrollment, peer coaching and linkage to MAT with a goal to reduce alcohol cravings and consumption, connect with treatment resources, and increase outpatient utilization.

MAT clinic is designed to provide MAT services to those not already connected to behavioral health or primary care services.

## **OTHER SERVICE DELIVERY SYSTEMS PROVIDING SERVICES**

### **WITHIN PSA 08 HEALTH PLAN OF SAN MATEO (HPSM)**

Since 2014, Health Plan of San Mateo's (HPSM's) Community Care Settings Program (CCSP) has helped over 190 older adults and people with disabilities to transition from long term care facilities back into their own homes and community. By coordinating a wide range of resources, such as housing, medical, behavioral health, social, home health, adult day care and transportation services, CCSP empowers participants to be fully engaged community members. Current program partners in providing care are Institute on Aging who manages care and Brilliant Corners who helps in finding homes that best fit the participants' situation.

### **HIP HOUSING**

HIP Housing's Home Sharing program matches Home Providers with extra space available with Home Seekers who currently live, work, or attend school in San Mateo County or have a housing voucher to live in the county. Two types of home sharing arrangements are facilitated: (1) Match arrangement in which a home provider is matched with a home seeker who pays rent, and (2) A Reduced Rent exchange (often involving older adults) that entails a home seeker who agrees to provide extra household chores for reduced rent.

Their Housing Readiness Program empowers those interested in remaining or seeking homes in San Mateo County to navigate the complex local housing landscape. Staff and trained volunteers and interns support people to become "housing ready." Support can include providing housing resources, assistance completing housing applications, and offering activities that help prepare people to access housing.

Case Management for older adults is also available to assist in assessing housing needs, develop a housing plan, add to wait lists and complete housing applications, review budget and debt, and connect to community resources.

### **AGING AND ADULT SERVICES (AAS)**

San Mateo County Aging and Adult Services (AAS) is a division of San Mateo County Health and serves as the Area Agency on Aging (AAA) for Planning and Service Area (PSA) 8. AAS receives federal and state funds from the California Department of Aging (CDA) and contracts services with cities and community-based organizations for the service delivery of Older American Act (OAA) programs. Current contracted programs are listed below:

- Adult Day Care/Adult Day Health Care

- Congregate Nutrition
- Family Caregiver Support Program
- Health Promotion
- Home Delivered Meals
- Information and Assistance
- Legal Assistance
- Ombudsman
- Transportation

A contracted program funded outside of OAA that is authorized under the Older Californians Act as a community-based program is HICAP of San Mateo County.

In addition, AAS provides a wide range of services to help older adults, people with disabilities, dependent adults and caregivers live safely and as independently as possible in the community.

#### Aging and Adult Services Hotline

As the gateway into the world of Aging and Adult Services, the hotline team is responsible for fielding inquiries, providing information about and assisting with referrals to community organizations for elder and dependent adult services. Serving as the information and referral arm of AAS, staff are highly trained regarding resources available in San Mateo County. When allegations of emergent elder and dependent adult abuse arise, the AAS Hotline staff are available to immediately conduct field assessments and initiate services to alleviate unsafe situations. The AAS Hotline staff also acts as the initial contact for the International Social Services (ISS) when it becomes necessary for San Mateo County residents who are US citizens and living abroad to be repatriated to the USA.

#### 24 Hour On-Call Team

Staffed by seasoned AAS case managers, this team provides a connection between the public and AAS during the time when the AAS offices are closed. Urgent calls to AAS are routed to the answering service and are then forwarded to the case manager on-call, who assesses the situation to provide vital information and/or takes action to alleviate the situation. Such actions could involve law enforcement and/or initiate referrals to the various community and AAS programs. Activity on each call is documented to inform the appropriate AAS staff when the offices open the following business day. One case manager serves an on-call shift at a time and is supported by the AAS Director or an AAS manager.

#### Adult Protective Services (APS)

APS staff investigate allegations of elder abuse to validate or refute those allegations. Working with law enforcement and the District Attorney's Office, confirmed allegations of abuse are brought forward to the Court for criminal prosecution. APS staff also



provide case management services to infuse stability to the person's situation which includes but is not limited to developing care plans, assisting the client in meeting the goals of that care plan and making referrals with or on behalf of the client to community programs and services.

A subset of APS, the Elder and Dependent Adult Protection Team (EDAPT) focuses on financial abuse. Governed under Division 33 of the California Department of Social Services (CDSS) Manual of Policies and Procedures, both programs serve persons 60 years of age and older as well as dependent adults. Elder Abuse Prevention Funds in the Area Plan are allocated to support EDAPT work.

### Linkages

As the title depicts, this program "links" clients to services that are deemed necessary to maintain the health and safety of a client. It is a voluntary program and many that are served are resistant to change. These challenging cases are managed closely and frequently with the goal of patiently working with clients to identify goals that can be met. Achievable goals can include acceptance of community services, curbing unsafe behavior, accepting medical treatment or mental health consultation. Income and Medi-Cal eligibility are not a requirement to be considered for this program.

### Enhanced Case Management (ECM) and Partners for Independence (PFI) Programs

Geared towards preventing placement into a skilled nursing facility (SNF), the ECM program requires membership with the Health Plan of San Mateo and no share-of-cost Medi-Cal eligibility. The client must generally meet the criteria for eligibility into a SNF but can be managed safely on an out-patient basis. Intensive case management services are provided for individuals 18 years of age and older who have medical and psycho-social needs.

The PFI program serves those with medical and psycho-social risk factors and who require In-Home Supportive Services (IHSS). PFI participants must be enrolled in IHSS and receive Medi-Cal with or without share-of-cost. The goals of both programs follow:

- Preserve client self-determination to remain home safely for as long as possible
- Promote positive client outcomes through intensive case management
- Provide coordinated care using a collaborative approach with service providers
- Prevent or delay out-of-home care

### In Home Supportive Services (IHSS)

The In-Home Supportive Services (IHSS) program provides services to Medi-Cal eligible aged, blind, or disabled individuals including children that assist them to remain safely in their own homes as an alternative to out-of-home care. IHSS is the largest home and community-based program in our division and is a core component of the state's long term care system. Types of services include help with preparing meals, bathing, dressing, laundry, shopping or transportation. Some types of wound care may

also be provided. The program can also provide protective supervision for people who need extra support to stay safe due to dementia or a developmental disability.

### Public Authority (PA)

The Public Authority (PA) assists In-Home Supportive Services (IHSS) consumers by referring homecare workers who match the consumer's needs. A registry of qualified individuals is maintained, background checks are completed, and training is offered to providers and consumers. While the consumer is responsible for hiring and supervising a provider, the PA is available to provide assistance to consumers who require additional help in establishing and maintaining a positive relationship with their provider.

### Public Guardian/Public Conservatorship Program

The Public Guardian/Public Conservatorship program serves frail elderly adults and adults with disabilities who, due to cognitive impairment or a developmental disability, lack the capacity to provide themselves with food, clothing or shelter and/or manage their finances or resist fraud or undue influence. The Superior Court makes the decision to appoint a guardian or conservator for these adults. A public guardian is appointed to provide ongoing support and management of the clients' affairs.

### Public Administrator

The Public Administrator Program serves the public by investigating and administering the estates of persons who die without a will or who are without an appropriate person willing or able to act as the administrator. The primary duties are as follows:

- Make appropriate burial arrangements
- Protect the decedent's property from waste, loss or theft
- Conduct thorough investigations to discover all assets
- Pay the decedent's bills and taxes
- Locate persons entitled to inherit from the estate and ensure they receive their inheritance
- Liquidate assets at public sale or distribute assets to heirs as appropriate

Funding for the division's programs comes from a variety of sources: State and federal grants, client fees, fines, Realignment Sales Tax, foundation grants, and the County General Fund.

# System of Care for Older Adults and People with Disabilities in San Mateo County



**For information, advice and 24-hour emergency  
response call: 1-844-868-0938**

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

The Aging and Adult Services (AAS) Division of San Mateo County Health is continuously involved in leading and developing relationships throughout the county to build and support quality care for all older adults, people with disabilities, and caregivers.

AAS staffs and supports three advisory bodies whose members are appointed by the Board of Supervisors (BoS) to represent the interests of these populations.

#### **Commission on Aging (CoA)**

The mission of the San Mateo Commission on Aging is to maintain, enhance, and improve the quality of life for older adults and adults with disabilities in San Mateo County through the promotion of independence and self-sufficiency, mental and physical health, and social and community involvement.

Seventeen Commissioners representing a variety of senior groups, organizations, and communities engage in regional and local activities:

- Attend public forums on the needs of older adults
- Outreach at events to share information on the work of the Commission and Aging and Aging and Adult Services
- Review Older American Act funding allocations
- Review and approval of the Area Plan
- Dialogue with community organizations to assure the quality and integrity of services
- Advocate on issues related to older adults and adults with disabilities
- Support planning and development of programs for the county's ethnically, culturally, and racially diverse population
- Promote diversity, equity, and inclusion for all older residents

The CoA has formed four committees to focus on key issues and develop recommendations for BoS and AAS consideration:

- The Executive Committee
- The Resource Access and Inclusion Committee (RAIC)
- The Middle Income Senior Opportunity (MISO) Committee
- The Transportation and Aging in Community (TAIC) Committee

Meetings are held monthly and the work of the Commission is presented in the form of an annual report to the BoS in the month of May to celebrate and acknowledge Older Americans month in the county.

#### **Commission on Disabilities**

San Mateo County BoS authorized Resolution No. 55400, adopted on September 10, 1991 and last modified by Resolution 65334, adopted on June 18, 2002 to confirm the creation of the Commission on Disabilities whose purpose is to ensure full community participation of people with disabilities.

21 members are appointed by the Board of Supervisors. The purpose of the Commission follows:

- Advise the Board of Supervisors on disabilities-related issues
- Educate San Mateo County on the needs of people with disabilities
- Create opportunities for people with disabilities
- Coordinate resources for people with disabilities
- Advocate for people with disabilities on systems issues
- Highlight the accomplishments of people with disabilities

The CoD has formed six committees to focus on key issues and develop recommendations for BoS consideration:

- The Executive Committee
- The Legislation, Advocacy & Outreach Committee
- Americans with Disabilities Act (ADA) Compliance Committee
- Special Events Committee
- Youth and Family Committee
- Accessible Transportation Committee

Meetings are held monthly and the work of the Commission is presented in the form of an annual report to the BoS in the month of October to acknowledge Disability Awareness Month.

#### Public Authority Advisory Committee

The Public Authority Advisory Committee provides public input in the operation of the In-Home Supportive Services (IHSS) homecare provider Registry, the training for IHSS providers and consumers, and ongoing advice and assistance about Public Authority policy and program development. The Committee meets 6 times per year and consists of 5 members. Most members are current or past users of IHSS.

These three advisory groups are platforms offering ongoing opportunity for consumers and interested community advocates to influence and participate in the development of policy and systems change recommendations.

Our AAA also has active coalitions who organize and elevate the needs of our older adults and people with disabilities and their families.

#### New Beginning Coalition

The New Beginning Coalition (NBC), convened by the AAA, is a broad-based group of providers whose mission is to improve the quality of life of San Mateo County's (SMC's) diverse population of older adults and adults with disabilities. The group is responsible for the long-range planning of a continuum of services, community education and advocacy efforts that include the participation of a wide range of individuals and organizations. The purpose of this coalition is to implement a goal-based strategic planning approach across the system of services in SMC.

Through their participation, all NBC members can stay informed about issues and resources, and collaborate, to close gaps in the service-delivery system. NBC members may also participate in planning projects, providing services, and/or assessing community needs.

Currently, NBC participates in collaborative groups to implement aspects of Area Plan goals including:

- BHRS Older Adult Committee
- CoA Committees
- CoD, including the ADA Compliance Committee
- Health Equity Initiatives Initiative (led by BHRS staff and consists of individuals who are concerned about the mental health needs of the OAA population in SMC)
- Fall Prevention Coalition of San Mateo County

It is expected that some of the members of these collaboratives will continue to work on implementing the new Area Plan. Workgroups will be formed as needed to implement the FY 2024-2028 Area Plan goals.

#### Age Forward Coalition of San Mateo County

Acknowledging the increasing challenges being faced by NBC Coalition members in providing services with limited resources, providers identified a need to organize a new advocacy centered body that could develop a platform to support the program and service needs of older adults and adults with disabilities in the County independent from the AAA. In 2019, the Age Forward Coalition of San Mateo County was formed. The Age Forward Coalition is a broad consortium of San Mateo County nonprofit and community organizations and advocates who have come together to address the growing need for services and support for people aged 60 years and older, adults with disabilities, and their caregivers.

- The Coalition is committed to maintaining, protecting, promoting and enhancing services to the target population in San Mateo County to ensure the highest possible attainment of independence, health and well-being, and to making San Mateo County a more aging- and disability-friendly community.
- The Coalition provides a means for community organizations to network, exchange information, provide leadership, build community-wide capacity and address goals for improving the lives of San Mateo County older adults, adults with disabilities, and their caregivers. The Coalition engages in advocacy and acts as a catalyst for community partnerships

to work together to find funding for the target population.

### San Mateo County Age-Friendly Initiative

The San Mateo County Age-Friendly Initiative began in 2018. With support from the Board of Supervisors, funds were allocated to AAS to execute a contract with Center for Age Friendly Excellence (CAFÉ) to embark on having every city in the county receive “Age Friendly” designation. Since the initiative began, all cities were approached and offered an opportunity to receive support in developing an “age friendly” application for submission to the World Health Organization. In subsequent years, AARP became the agency that continued this work now known as “AARP Network of Age Friendly States and Communities.” They believe that the places where we live are more livable, and better able to support people of all ages, when local leaders commit to improving the quality of life for the very young, the very old, and everyone in between. AAS hosts monthly core team meetings with CAFÉ to stay informed on this work that continues countywide.

### Measure K

In 2012, San Mateo County Board of Supervisors placed a half-cent sales tax on the November ballot as a means of raising local funds for local needs. It was placed on the ballot following several years of budget cuts due to the recession and because of decreased or unpredictable funding from the state and federal governments. Originally Measure A, the positive impact made with these funds was supported by voters who passed a 20-year extension of the sales tax on the November 2016 ballot. As a result of a randomized alphabet drawing, Measure A is now Measure K.

As a result of successful advocacy and testimonies made at public hearings in 2022-2023, seniors (older adults) were added as a priority area/population for allocations. Measure K Notice of Funding Opportunity applications were released in October 2023. Measure K NOFOs recommended for funding will enter into contracts in July 2023. We are hopeful that additional funds will help to address the increasing needs of our community.

### Master Plan for Aging (MPA)

Since the release of California’s Master Plan on Aging in January 2021, the CoA, NBC, Age Forward Coalition of San Mateo County and existing OAA contracted providers have discussed and assessed the Five Bold Goals and Initiatives developed. There is great interest in beginning the development of a local play book but work is yet to start. Further discussions and the identification of funds to support this work is being assessed.

## **SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES**

In preparation for Area Plan 2024-2028, the New Beginnings Coalition Steering Committee, the Commission on Aging, the Commission on Disabilities, Age Forward Coalition of San Mateo County and CAFÉ (Center for Age-Friendly Excellence) were included in the planning process for review and establishment of priorities. Aging and Adult Services (AAS) staff attend and assist in facilitating regular meetings held by each entity where updates were shared on the planning process.

A major change in planning was the inclusion of the state's Community Assessment Survey for Older Adults (CASOA)<sup>1</sup>. The California Department of Aging (CDA) launched this first ever statewide survey. The goal: to gather insights directly from adults 55+ years of age residing in California about the programs and services needed in the coming years. The survey results were provided to each Area Agency on Aging (AAA) that participated and identified six essential dimensions affecting older adults wellbeing and satisfaction in their geographic area. The dimensions follow:

- Community Design
- Employment and Finances
- Equity and Inclusivity
- Health and Wellness
- Information and Assistance
- Productive Activities

To avoid survey fatigue, decision was made to focus on the CASOA survey results for San Mateo County to help shape goals and objectives for this plan. Local surveys were also conducted and included in our review:

- Spring 2022-2023 Community Health Needs Assessment compiled by the San Mateo County Health Office of Epidemiology and Evaluation
- December 2023 Long Term Care Survey conducted by Ombudsman Services of San Mateo County

Results from the surveys were presented to the community at the February 12<sup>th</sup> CoA General meeting and the March 5<sup>th</sup> New Beginnings Coalition Summit. Based on the data and feedback from attendees, the Title IIIB funds “adequate proportions” remain unchanged.

1. Community Assessment Survey for Older Adults, December 2022



Gaps and Service needs identified are listed below:

- High cost of living and housing are problematic for older adults
- Depression and isolation are identified as mental health issues where support is needed
- Increasing trends for pain/asthma/arthritis/chronic lung disease are health issues identified
- Need to address fall prevention and support
- Overall, older adults do not know about services available and most do not use senior centers
- Increase in transportation options and availability
- Family caregiving that works while providing caregiver respite and support
- Additional food resources

The planning results were taken to develop goals and objectives for review and input at the March 11<sup>th</sup>, 2024 Public Hearing.

## **SECTION 5. NEEDS ASSESSMENT & TARGETING**

As an Area Agency on Aging (AAA), Aging and Adult Services is required to direct support to older adults who face the greatest economic and social need as defined in Welfare and Institutions Code (WIC) section 9015. “Greatest economic need” means the need resulting from an income level at or below the poverty threshold established by the Bureau of the Census.”<sup>1</sup> Greatest social need includes these factors: physical or mental disability, language barriers, and cultural or social isolation caused by, among other things, racial and ethnic status, sexual orientation, human immunodeficiency virus (HIV) status, gender identity, or gender expression.” In 2021, HIV status was added to the factors that constitute “greatest social need.”

Important to note is the Federal Poverty Level used to define older adults in “greatest economic need” is a measure that does not factor in the cost of living for our county. In 2015 the UCLA Center for Health Policy Research created the Elder Economic Security Standard Index to identify the “hidden poor,” defined as those whose income is above the federal poverty line but below the Elder Index to maintain a decent standard of living at home.<sup>2</sup> Cost of living and housing costs by county provide a better measurement to use.

In 2024, The 100% Federal Poverty Guideline (FPG) used to determine “greatest economic need” for Older Americans Act (OAA) Title III programs is \$15,060 annual income for one person in a family or household. In contrast, the Elder Index has determined that an older adult in good health needs \$50,784 annual income to afford living in San Mateo County.<sup>3</sup> The disparity here is significant and highlights the economic challenges the “hidden poor” are facing in our county. Our Commission on Aging has established a Middle-Income Senior Opportunity (MISO) Committee to focus on the support needed by this segment of older adults.

Prioritization of support for those in “greatest social need” continues. AAS is a division that focuses on diversity, equity and inclusion at all levels of service. Behavioral Health and Recovery Services is another division in County Health, and we work closely with them to partner, connect and provide services and support for those facing mental health concerns. San Mateo Medical Center is part of County Health and older adults receiving care are connected to our programs as needed. Their mission is to partner with the community to provide excellent healthcare for patients including those experiencing social, environmental or economic challenges. They commit to equity. They include and prioritize the voices, experiences, interests, and needs of those who are most impacted by social injustices.

1. WELFARE AND INSTITUTIONS CODE, DIVISION 8.5. MELLO-GRANLUND OLDER CALIFORNIANS ACT, Section 9015

[https://leginfo.ca.gov/faces/codes\\_displayText.xhtml?lawCode=WIC&division=8.5.&title=&part=&chapter=1.&article=](https://leginfo.ca.gov/faces/codes_displayText.xhtml?lawCode=WIC&division=8.5.&title=&part=&chapter=1.&article=)

2. The Hidden Poor: Over Three-Quarters of a Million Older Californians Overlooked by Official Poverty Line,

<https://healthpolicy.ucla.edu/publications/Documents/PDF/2015/HiddenPoor-brief-aug2015.pdf>

3. Elder Index,

[https://elderindex.org/explore?state\\_county%5B%5D=5999&views\\_fields\\_combined\\_on\\_off\\_form=0&fields\\_on\\_off\\_hidden\\_submitte d=1&housing\\_status%5Bfield\\_housing\\_renter%5D=field\\_housing\\_renter&health\\_status=field\\_health\\_good](https://elderindex.org/explore?state_county%5B%5D=5999&views_fields_combined_on_off_form=0&fields_on_off_hidden_submitte d=1&housing_status%5Bfield_housing_renter%5D=field_housing_renter&health_status=field_health_good)

Demographic Data for our county supports the fact that our county is ethnically diverse. 36% identify as White Alone, not Hispanic or Latino and the remaining 64% are people of color: 30% Asian, 25% Hispanic or Latino, 6% Other Races, 2% Black or African American, 1% Native Hawaiian and Other Asian Pacific Islander.<sup>4</sup> Staffing and programming to support the growing diversity of our county continues as a high priority to provide the appropriate levels of language, care and support our older adults require and deserve.

The county continues working on identifying and increasing connections and support for older adults, people with disabilities and caregivers residing in rural areas and coast side communities where services are limited. Through the current needs assessment process, supports needed for these communities were expressed and are included in our goals and objectives section.

In collaboration with San Mateo County Health's Public Health, Policy and Planning, the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual Plus (LGBTQIA+) Commission conducted the first wellness assessment in 15 years of LGBTQIA+ community members of San Mateo County entitled, "Measuring and Improving LGBTQ Wellness in San Mateo County 2017-2018."

Commission members designed and deployed an online needs assessment survey in 2017 for adults and for youth. The adult survey asked questions in the following areas: demographics of respondents; personal economy; housing; discrimination; safety; welcoming environment; social isolation; mental health; and health care. In addition to the actual survey results, the report includes findings from an analysis of comments submitted from two open-ended questions in both surveys. The report was presented to the Board of Supervisors which emphasized five themes for policy recommendations in 2019.

Key findings of the survey results are:

- 20% of survey respondents were over the age of 59
- 75% stated that public parks or recreational areas were important to them
- 55% find LGBTQIA+ groups/resources difficult to access
- 86% are worried about having a reliable place to live for themselves and family
- Older adults (65 and over) are more socially isolated than younger adults

Access to information and resources, housing, and social isolation are needs identified in 2019 and continue today. These needs are included in our goals and objectives section.

4. United States Census, <https://data.census.gov/all?q=San%20Mateo%20County,%20California>

**SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS**

**2024-2028 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>2</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 2024-25 through FY 2027-2028

**Access:**

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

2024-25 <u>42</u> %	25-26 <u>42</u> %	26-27 <u>42</u> %	27-28 <u>42</u>
<u>                    </u> %			

**In-Home Services:**

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

2024-25 <u>45</u> %	25-26 <u>45</u> %	26-27 <u>45</u> %	27-28 <u>45</u>
<u>                    </u> %			

**Legal Assistance Required Activities:**<sup>3</sup>

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

2024-25 <u>13</u> %	25-26 <u>13</u> %	26-27 <u>13</u> %	27-28 <u>13</u>
<u>                    </u> %			

<sup>2</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>3</sup> Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

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

To determine adequate proportions, needs assessment data, information received at the Public Hearing, and current proportions were reviewed. Program utilization and expenditures in programs that have under-expended and/or not met their objectives were analyzed. Assessment results included the following: High cost of living and housing is problematic for older adults; depression and isolation are identified as mental health issues where support is needed; older adults do not know about services available and most do not use senior centers; increasing trends for pain/asthma/arthritis/chronic lung disease and falls are health issues.

Funding is allocated to support these needs with 42% for Access, 45% for In-Home Services and 13% for Legal Assistance Required Activities.

**PUBLIC HEARING:** 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 2020, Section 314(c)(1).

<b>Fiscal Year</b>	<b>Date</b>	<b>Location</b>	<b>Number of Attendees</b>	<b>Presented in languages other than English?<sup>4</sup> Yes or No</b>	<b>Was hearing held at a Long-Term Care Facility?<sup>5</sup> Yes or No</b>
<b>2024-2025</b>	3/11/2024	455 County Center, Room 100, Redwood City, CA 94063	33	NO	NO
<b>2025-2026</b>					
<b>2026-2027</b>					
<b>2027-2028</b>					

<sup>4</sup> A translator is not required unless the AAA determines a significant number of attendees require translation services.

<sup>5</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.

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

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

A public hearing notice was posted in The Daily Journal with the highest circulation in San Mateo County, 30 days prior to the hearing. The notice was also e-mailed to all contracted Older Americans Act (OAA) providers in the service area for PSA 8, including providers that serve those in long-term care, those that are homebound and adults that have disabilities. To reach non-contracted providers and the community at large, the notice was e-mailed to the New Beginning Coalition (a group of 215 contracted and non-contracted providers and community members). The public hearing notice was also posted on the County Health website for 30 days prior to the meeting.

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

Yes. Go to question #3

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

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

Not applicable

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

Yes. Go to question #5

No, Explain:

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

After hearing of the current programs being funded and the needs assessment findings, the overall consensus is to support the continuation of minimum percentages currently being used for Title IIIB funds. Existing providers need funding support available to continue addressing participant needs which have changed post pandemic. Service delivery has changed and it is increasingly difficult to find the right balance of in person, virtual, and hybrid programming.

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

No other issues were discussed or raised.

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

No changes were made.

**SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES****Goals and Objectives are required per California Code of Regulations Title 22**

**Section 7300 (c)** Goals are statements of ideal conditions that the AAA wishes to achieve through its planned efforts. Objectives are measurable statements of action to meet the goals. Objectives indicate all of the following:

- (1) The nature of the action.
- (2) The party responsible for the action.
- (3) How the action will be accomplished.
- (4) The anticipated outcome of that action.
- (5) How the outcome of the action will be measured.
- (6) The projected dates for starting and completing the action.
- (7) Any program development and coordination activities, as specified in Section 9400, Welfare and Institutions Code, that are associated with the objective.

**Goal # 1**

**Goal: The AAA will continue identifying and implementing methods to distribute information and education regarding supportive services available for older adults, adults with disabilities and caregivers.**

**Rationale: Needs assessment data gathered and input from presentations and summit held unanimously expressed the need to improve and increase outreach on services available. Information on how to access services is essential for older adults and adults with disabilities who seek to age in place.**

<b>List Objective Number(s) <u>      </u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)</b>	<b>Projected Start and End Dates</b>	<b>Type of Activity and Funding Source<sup>6</sup></b>	<b>Update Status<sup>7</sup></b>
<b>1a. The AAS staff will work with the Public Information Officer to identify potential of developing a resource site/portal on services.</b>	<b>7/1/2024 – 6/30/2028</b>	<b>Admin</b>	
<b>1b. The AAS staff will assist the CoA Resource Access and Inclusion Committee to support tabling at events in the county.</b>	<b>7/1/2024 – 6/30/2028</b>	<b>Admin</b>	



<b>1c. The AAS staff will increase production of Help@Home guides and other program brochures/materials in various languages to provide to the public.</b>	<b>7/1/2024 – 6/30/2028</b>	<b>Admin</b>	
<b>1d. The AAS staff will research and identify additional locations where older adults gather/congregate and information on services can be made available</b>	<b>7/1/2024 – 6/30/2028</b>	<b>Admin</b>	
<b>1e. The AAS staff will promote the new ADRC program launching on July 1, 2024, increasing capacity to inform and connect services with older adults and people with disabilities</b>	<b>7/1/2024 – 6/30/2028</b>	<b>Admin ADRC Grant</b>	

**Goal # 2**

**Goal: The AAA will promote community and health services that can assist older adults and adults with disabilities to remain in their communities and “age in place.”**

**Rationale: Access to health and community support services that promote wellness have shown to enhance the quality of life for older adults and adults with disabilities increasing their capacity to age in place.**

<b>List Objective Number(s) _____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)</b>	<b>Projected Start and End Dates</b>	<b>Type of Activity and Funding Source<sup>6</sup></b>	<b>Update Status<sup>7</sup></b>
<b>2a. The AAS staff will support the work of the Fall Prevention Coalition of San Mateo County and administer the Dignity at Home Fall Prevention Grant</b>	<b>7/1/2024 - 6/30/2028</b>	<b>Admin and grant support</b>	

<b>2b. The AAS staff will promote the PEARLS (Program to Encourage Active, Rewarding Live) evidenced based program.</b>	<b>7/1/2024 – 6/30/2028</b>	<b>Admin CDA Title IIID Contract</b>	
<b>2c. The AAS staff will continue work with Behavioral Health and Recovery Services to connect and collaborate on ways to support older adults through existing programs.</b>	<b>7/1/2024- 6/30/2028</b>	<b>Admin</b>	

**Goal # 3**

**Goal: The AAA will strengthen the capacity of caregivers to provide the care needed for their family members to remain safely at home and out of institutionalized care settings.**

**Rationale: Knowledge of support and services available for caregivers was identified as a gap. In order for informal caregivers to improve the quality and quantity of care of care they can provide, they must be aware of the support services available.**

<b>List Objective Number(s) _____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)</b>	<b>Projected Start and End Dates</b>	<b>Type of Activity and Funding Source<sup>6</sup></b>	<b>Update Status<sup>7</sup></b>
<b>3a. The AAS staff will work with the Family Caregiver Collaborative to identify training opportunities for caregivers to build their skills to handle caregiving tasks</b>	<b>7/1/2024- 6/30/2028</b>	<b>Admin General</b>	
<b>3b. The AAS staff will explore opportunities to collaborate with the IHSS PA on developing connections of respite support for FCSP caregivers</b>	<b>7/1/2024 – 6/30/2028</b>	<b>Admin Title IIIE</b>	

Goal # 4

**Goal:** The AAA will prioritize opportunities to support programs and services that can address social isolation and depression faced by older adults and adults with disabilities.

**Rationale:** San Mateo County Board of Supervisors passed a resolution in January 2024 declaring Social Isolation and Loneliness among our older adults as a public health crisis. Needs assessment and feedback received at commission meetings and the NBC summit also highlighted this as a concern.

List Objective Number(s) _____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source <sup>6</sup>	Update Status <sup>7</sup>
4a. The AAS staff will initiate meetings with BHRS to discuss additional ways to partner and provide support for those experiencing these feelings	7/1/2024 – 6/30/2028	Admin	
4b. The AAS staff will support the work of the Institute on Aging’s Friendship Line whose goal is to provide intervention and support for those in crisis.	7/1/2024 – 6/30/2028	Admin County	

<sup>6</sup> Indicate if the objective is Administration (Admin,) Program Development (PD) or Coordination (C). If a PD objective is not completed in the timeline required and is continuing in the following year, provide an update with additional tasks. For program specific goals and objectives please identify service category where applicable.

<sup>7</sup> Use for the Area Plan Updates to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

**SECTION 8. SERVICE UNIT PLAN (SUP)****TITLE III/VII SERVICE UNIT PLAN  
CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) uses the Older Americans Act Performance System (OAAPS) Categories and units of service. They are defined in the OAAPS State Program Report (SPR).

For services not defined in OAAPS, refer to the [Service Categories and Data Dictionary](#).

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

**Personal Care (In-Home)**

Unit of Service = 1 hour

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>	N/A		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

**Homemaker (In-Home)**

Unit of Service = 1 hour

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>	N/A		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

**Chore (In-Home)**

Unit of Service = 1 hour

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>	N/A		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

Adult Day Care/ Adult Day Health (In-Home)

Unit of Service = 1 hour

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>	2,932	2,3,4	
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

Case Management (Access)

Unit of Service = 1 hour

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>	N/A		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

Assisted Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>	N/A		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>	24,265	2, 3,4	
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>	4,950	1	
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>	N/A		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

Legal Assistance

Unit of Service = 1 hour

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>	2,616	1, 2, 3	
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

Congregate Meals

Unit of Service = 1 meal

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2024-2025</b>	122,315	1, 2, 3, 4	
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

Home-Delivered Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	215,197	1, 2, 3, 4	
2025-2026			
2026-2027			
2027-2028			

Nutrition Counseling

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	4	1, 2	
2025-2026			
2026-2027			
2027-2028			

Nutrition Education

Unit of Service = 1 session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	76	1, 2	
2025-2026			
2026-2027			
2027-2028			

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

- Each **Title IIIB** “Other” service must be an approved OAAPS Program service listed 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 OAAPS 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 Device, 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** **Unit of Service**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
<b>2024-2025</b>	N/A		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

**3. Title IIID/Health Promotion—Evidence-Based**

- Provide the specific name of each proposed evidence-based program.

**Evidence-Based Program Name(s):** Program to Encourage, Active and Rewarding Lives (PEARLS)

*Add additional lines if needed.*

**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
<b>2024-2025</b>	150	1, 2, 3, 4	
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			



**TITLE IIIB and TITLE VII: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES**

**2024-2028 Four-Year Planning Cycle**

As mandated by the Older Americans Act Reauthorization Act of 2020, 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 2020, 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 2021-2022 was 57%.

Fiscal Year Baseline Resolution Rate	# of partially resolved or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	772	1174	66%	80% 2024-2025
2023-2024				_____ % 2025-2026
2024-2025				_____ % 2026-2027
2026-2027				_____ % 2027-2028

Program Goals and Objective Numbers:

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>  9  </u> FY 2024-2025 Target: <u>  20  </u>
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2022-2023 Baseline: Number of Family Council meetings attended <u>  6  </u> FY 2024-2025 Target: <u>  10  </u>
2. FY 2023-2024 Baseline: Number of Family Council meetings attended _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Family Council meetings attended _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Family Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

**D. Information and Assistance to Facility Staff (NORS Elements S-53 and S-54)**

Count of instances of Ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by telephone, letter, email, fax, or in-person.

1. FY 2022-2023 Baseline: Number of Instances <u>  190  </u> FY 2024-2025 Target: <u>  350  </u>
2. FY 2023-2024 Baseline: Number of Instances _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 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 2022-2023 Baseline: Number of Instances <u>690</u> FY 2024-2025 Target: <u>700</u>
2. FY 2023-2024 Baseline: Number of Instances _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 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 2022-2023 Baseline: Number of Sessions <u>45</u> FY 2024-2025 Target: <u>60</u>
2. FY 2023-2024 Baseline: Number of Sessions _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Sessions _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Sessions _____ FY 2027-2028 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.

<p><b>FY 2024-2025</b></p>
<p><b>FY 2024-2025 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p> <p>The staff will be working on the following new initiatives:</p> <ul style="list-style-type: none"> <li>• Work with CLTCOA to advocate for legislation to support Ombudsman efforts and protect the rights of residents in long-term care.</li> <li>• Set up monthly meetings to collaborate with the California Department of Social Services, the California Department of Public Health, and Golden Gate Regional Centers.</li> <li>• Recruit a specialized set of volunteers to support the ARF communities.</li> <li>• Provide Ombudsman training to first responders and community partners</li> <li>• Provide Community education and presentations to the cities that comprise our county</li> <li>• Provide Community education topics from elder abuse and resident neglect.</li> </ul>
<p><b>FY 2025-2026</b></p>
<p><b>Outcome of FY 2024-2025 Efforts:</b></p> <p><b>FY 2025-2026 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p>
<p><b>FY 2026-2027</b></p>
<p><b>Outcome of FY 2025-2026 Efforts:</b></p> <p><b>FY 2026-2027 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p>

**FY 2027-2028**

**Outcome of 2026-2027 Efforts:**

**FY 2027-2028 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)

**Outcome 2.**

Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2020), 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 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 16 divided by the total number of Nursing Facilities 16 = Baseline 100 %  
FY 2024-2025 Target: 100

2. FY 2023-2024 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 2025-2026 Target: \_\_\_\_\_

3. FY 2024-2025 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 2026-2027 Target: \_\_\_\_\_

4. FY 2025-2026 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 2027-2028 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 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 207 divided by the total number of RCFEs 223 = Baseline 93 %

FY 2024-2025 Target: 100 %

2. FY 2023-2024 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 2025-2026 Target: \_\_\_\_\_

3. FY 2024-2025 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 2026-2027 Target: \_\_\_\_\_

4. FY 2025-2026 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 2027-2028 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 2022-2023 Baseline: <u>6.22</u> FTEs FY 2024-2025 Target: <u>7.9</u> FTEs
2. FY 2023-2024 Baseline: _____ FTEs FY 2025-2026 Target: _____ FTEs
3. FY 2024-2025 Baseline: _____ FTEs FY 2026-2027 Target: _____ FTEs
4. FY 2025-2026 Baseline: _____ FTEs FY 2027-2028 Target: _____ FTEs
Program Goals and Objective Numbers: _____

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>26</u> FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <u>30</u>
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 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 2020, Section 712(c)]

**Measures and Targets:**

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.

Fiscal Year 2024-25 The provider has added a database expert to their team who also functions as the Office Manager. She ensures that data is entered correctly and consistently across all volunteer and staff ombudsmen. She is responsible for data reporting and data integrity. She reviews all cases each week to make sure there is timeliness and responsiveness for complaint resolution.
Fiscal Year 2025-2026
Fiscal Year 2026-2027
Fiscal Year 2027-2028



**TITLE VII ELDER ABUSE  
PREVENTION SERVICE UNIT  
PLAN**

The program conducting the Title VII Elder Abuse Prevention work is:

<input type="checkbox"/>	Ombudsman Program
<input type="checkbox"/>	Legal Services Provider
<input checked="" type="checkbox"/>	Adult Protective Services
<input type="checkbox"/>	Other (explain/list)

**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 2020, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Number of Individuals Served** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

**TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN**

The agency receiving Title VII Elder Abuse Prevention funding is: PSA 08

<b>Total # of</b>	<b>2024-2025</b>	<b>2025-2026</b>	<b>2026-2027</b>	<b>2027-2028</b>
<b>Individuals Served</b>	1,000			
<b>Public Education Sessions</b>	10			
<b>Training Sessions for Professionals</b>				
<b>Training Sessions for Caregivers served by Title III E</b>				
<b>Hours Spent Developing a Coordinated System</b>				

<b>Fiscal Year</b>	<b>Total # of Copies of Educational Materials to be Distributed</b>	<b>Description of Educational Materials</b>
<b>2024-2025</b>	13,000	Help@Home guides, fall prevention brochures and elder abuse materials.
<b>2025-2026</b>		
<b>2026-2027</b>		
<b>2027-2028</b>		

**TITLE III E SERVICE UNIT PLAN**

**CCR Article 3, Section  
7300(d)**

**2024-2028 Four-Year  
Planning Period**

This Service Unit Plan (SUP) uses the five federally mandated service categories that encompass 16 subcategories. Refer to the [CDA Service Categories and Data Dictionary](#) for eligible activities and service unit measures. Specify proposed audience size or units of **service for ALL** budgeted funds.

Providing a goal with associated objectives is mandatory for services provided. The goal states the big picture and the objectives are the road map (specific and measurable activities) for achieving the big picture goal.

For example: **Goal 3:** Provide services to family caregivers that will support them in their caregiving role, thereby allowing the care receiver to maintain a healthy, safe lifestyle in the home setting.

- Objective 3.1: Contract for the delivery of virtual self-paced caregiver training modules. Review data monthly to strategize how to increase caregiver engagement in these modules.
- Objective 3.2: Facilitate a monthly in person support group for caregivers where they can share success stories and challenges, share information regarding experiences with HCBS. Respite day care will be available for their loved one if needed.
- Objective 3.3: Do caregiver assessments every 6 months to stay connected to the caregiver and knowledgeable about their needs.

**Direct and/or Contracted III E Services**

<b>CATEGORIES (16 total)</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Family Caregivers - Caregivers of Older Adults and Adults who are caring for an individual of any age with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.</b>	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
<b>Caregiver Access Case Management</b>	<b>Total hours</b>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
<b>2024-2025</b>	<b>N/A</b>		

2025-2026			
2026-2027			
2027-2028			

Caregiver Access Information & Assistance	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	1051	1,2,3,4	
2025-2026			
2026-2027			
2027-2028			
Caregiver Information Services	# Of activities and Total est. audience (contacts) for above:	Required Goal #(s)	Required Objective #(s)
2024-2025	112 activities and Total est. audience 500 for above:	1,2,3,4	
2025-2026	# Of activities and Total est. audience (contacts) for above:		
2026-2027	# Of activities and Total est. audience (contacts) for above:		
2027-2028	# Of activities and Total est. audience (contacts) for above:		
Caregiver Respite In-Home	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	2,172	1,2,3,4	
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Other	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			

<b>Caregiver Respite Out-of-Home Day Care</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Respite Out-of-Home Overnight Care</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Assistive Technologies</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	39	3	
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Caregiver Assessment</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Caregiver Registry</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	N/A		
2025-2026			
2026-2027			

<b>2027-2028</b>			
<b>Caregiver Supplemental Services Consumable Supplies</b>	<b>Total occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	<b>N/A</b>		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Supplemental Services Home Modifications</b>	<b>Total occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	<b>N/A</b>		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Supplemental Services Legal Consultation</b>	<b>Total contacts</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	<b>N/A</b>		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Support Groups</b>	<b>Total sessions</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	<b>50</b>	<b>1,3,4</b>	
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Support Training</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	<b>50</b>	<b>1,3,4</b>	
<b>2025-2026</b>			
<b>2026-2027</b>			

<b>2027-2028</b>			
<b>Caregiver Support Counseling</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	N/A		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			



**Direct and/or Contracted IIIE Services- Older Relative Caregivers**

<b>CATEGORIES (16 total)</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Older Relative Caregivers</b>	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
<b>Caregiver Access Case Management</b>	<b>Total hours</b>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Access Information &amp; Assistance</b>	<b>Total hours</b>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	79	1,3,4	
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Information Services</b>	<b># Of activities and Total est. audience (contacts) for above</b>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	<b>10 activities: Total est. audience: 25</b>	1,3,4	
2025-2026	<b># Of activities: Total est. audience for above:</b>		
2026-2027	<b># Of activities: Total est. audience for above:</b>		
2027-2028	<b># Of activities: Total est. audience for above:</b>		
<b>Caregiver Respite In- Home</b>	<b>Total hours</b>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	N/A		

2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Respite Other</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Respite Out-of-Home Day Care</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Respite Out-of-Home Overnight Care</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Assistive Technologies</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			

<b>Caregiver Supplemental Services Caregiver Assessment</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Caregiver Registry</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Consumable Supplies</b>	<b>Total occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Home Modifications</b>	<b>Total occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Legal Consultation</b>	<b>Total contacts</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	N/A		
2025-2026			

<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Support Groups</b>	<b>Total sessions</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	<b>12</b>	<b>1,3,4</b>	
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Support Training</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	<b>250</b>	<b>1,3,4</b>	
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Support Counseling</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	<b>N/A</b>		
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)  
SERVICE UNIT PLAN  
CCR Article 3, Section 7300(d)  
WIC § 9535(b)**

**MULTIPLE PLANNING AND SERVICE AREA HICAPs (multi-PSA HICAP):** Area Agencies on Aging (AAA) that are represented by a multi-PSA, HICAPs must coordinate with their “Managing” AAA to complete their respective PSA’s HICAP Service Unit Plan.

CDA contracts with 26 AAAs to locally manage and provide HICAP services in all 58 counties. Four AAAs are contracted to provide HICAP services in multiple Planning and Service Areas (PSAs). The “Managing” AAA is responsible for providing HICAP services in a way that is equitable among the covered service areas.

**HICAP PAID LEGAL SERVICES:** Complete this section if HICAP Legal Services are included in the approved HICAP budget.

**STATE & FEDERAL PERFORMANCE TARGETS:** The HICAP is assessed based on State and Federal Performance Measures. AAAs should set targets in the service unit plan that meet or improve on each PM displayed on the *HICAP State and Federal Performance Measures* tool located online at:

[https://www.aging.ca.gov/Providers\\_and\\_Partners/Area\\_Agencies\\_on\\_Aging/Planning/](https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/Planning/)

HICAP PMs are calculated from county-level data for all 33 PSAs. HICAP State and Federal PMs, include:

- 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

HICAP service-level data are reported in CDA’s Statewide HICAP Automated Reporting Program (SHARP) system per reporting requirements.

**SECTION 1: STATE PERFORMANCE MEASURES**

<b>HICAP Fiscal Year (FY)</b>	<b>PM 1.1 Clients Counseled (Estimated)</b>	<b>Goal Numbers</b>
2024-2025	880	1,2,4
2025-2026		
2026-2027		
2027-2028		
<b>HICAP Fiscal Year (FY)</b>	<b>PM 1.2 Public and Media Events (PAM) (Estimated)</b>	<b>Goal Numbers</b>
2024-2025	70	1,2,4
2025-2026		
2026-2027		
2027-2028		

**SECTION 2: FEDERAL PERFORMANCE MEASURES**

<b>HICAP Fiscal Year (FY)</b>	<b>PM 2.1 Client Contacts (Interactive)</b>	<b>Goal Numbers</b>
2024-2025	2000	1,2,4
2025-2026		
2026-2027		
2027-2028		
<b>HICAP Fiscal Year (FY)</b>	<b>PM 2.2 PAM Outreach (Interactive)</b>	<b>Goal Numbers</b>
2024-2025	500	1,2,4
2025-2026		
2026-2027		
2027-2028		

<b>HICAP Fiscal Year (FY)</b>	<b>PM 2.3 Medicare Beneficiaries Under 65</b>	<b>Goal Numbers</b>
2024-2025	70	1,2,4
2025-2026		
2026-2027		
2027-2028		

<b>HICAP Fiscal Year (FY)</b>	<b>PM 2.4 Hard to Reach (Total)</b>	<b>PM 2.4a LIS</b>	<b>PM 2.4b Rural</b>	<b>PM 2.4c ESL</b>	<b>Goal Numbers</b>
2024-2025	800	400	X	400	1,2,4
2025-2026					
2026-2027					
2027-2028					

<b>HICAP Fiscal Year (FY)</b>	<b>PM 2.5 Enrollment Contacts (Qualifying)</b>	<b>Goal Numbers</b>
2024-2025	1700	1,2,4
2025-2026		
2026-2027		
2027-2028		

**SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)<sup>8</sup>**

<b>HICAP Fiscal Year (FY)</b>	<b>PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2024-2025	N/A	
2025-2026		
2026-2027		
2027-2028		
<b>HICAP Fiscal Year (FY)</b>	<b>PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2024-2025	N/A	
2025-2026		
2026-2027		
2027-2028		
<b>HICAP Fiscal Year (FY)</b>	<b>PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2024-2025	N/A	
2025-2026		
2026-2027		
2027-2028		

<sup>8</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services.



**SECTION 9. SENIOR CENTERS & FOCAL POINTS****COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST**

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c),  
Older Americans Act Reauthorization Act of 2020, Section 306(a) and  
102(21)(36)

In the form below, provide the current list of designated community senior centers and focal points with addresses. This information must match the total number of senior centers and focal points reported in the Older Americans Act Performance System (OAAPS) State Performance Report (SPR) module of the California Aging Reporting System.

<b>Designated Community Focal Point/Senior Center</b>	<b>Address</b>
1. Alzheimer's Association of Northern California & Northern Nevada	1060 La Avenida St. Mountain View, CA 94043
2. Catholic Charities CYO San Carlos Adult Day Services	787 Walnut Street San Carlos, CA 94070
3. Center for the Independence of Individuals with Disabilities	1515 S. El Camino Real, Suite 400 San Mateo, CA 94402
4. City of Belmont Senior and Community Center 20 Twin Pines Lane B	20 Twin Pines Lane Belmont, CA 94402
5. City of Brisbane Senior Center	2 Visitacion Avenue Brisbane, CA 94005
6. City of Burlingame Recreation Older Adult and Senior Programs	850 Burlingame Avenue Burlingame, CA 94010
7. City of Daly City Senior/Adult Services Doelger Center	101 Lake Merced Blvd. Daly City, CA 94015
8. City of Daly City Lincoln Community Center	901 Brunswick Street Daly City, CA 94014
9. City of East Palo Alto: East Palo Alto Senior Center Inc.	56 Bell Street East Palo Alto, CA 94303
10. City of Menlo Park Senior Center	110 Terminal Avenue Menlo Park, CA 94015
11. City of Millbrae Recreation Department Senior Activities	623 Magnolia Avenue Millbrae, CA 94030
12. City of Pacifica Senior Services Center	540 Crespi Drive Pacifica, CA 94044
13. City of San Bruno Senior Center	1555 Crystal Springs Road San Bruno, CA 94066
14. City of San Mateo Senior Center	2645 Alameda de las Pulgas San Mateo, CA 94403
15. City of San Mateo Martin Luther King Community Center	725 Mount Diablo San Mateo, CA 94401
16. City of South San Francisco Adult Day Care	601 Grand Avenue South San Francisco, CA 94080
17. City of South San Francisco Magnolia Senior Center	601 Grand Avenue South San Francisco, CA 94080
18. Coastside Adult Day Health Center	925 Main Street Half Moon Bay, 94019
19. Edgewood Center for Children and Families	957B Industrial Road San Carlos, CA 94070

20. Family Caregiver Alliance	101 Montgomery, Suite #2150 San Francisco, CA 94103
21. Fair Oaks Community Center	2600 Middlefield Road Redwood City, CA 94063
22. Foster City Senior Wing	650 Shell Blvd. Foster City, CA 94014
23. Hospital Consortium of San Mateo County	222 W. 39th Avenue San Mateo, CA 94403
24. Kimochi, Inc.	1715 Buchanan St. San Francisco, CA 94115
25. Legal Aid Society of San Mateo County	330 Twin Dolphin Drive, Suite 123 Redwood City, CA 94065
26. Ombudsman Services of San Mateo County, Inc.	711 Nevada Street Redwood City, CA 94061
27. Peninsula Family Service	24-2nd Avenue San Mateo, CA 94401
28. Peninsula Volunteers, Inc. Rosener House	500 Arbor Road Menlo Park, CA 94025
29. Peninsula Volunteers, Inc. Little House	800 Middle Avenue Menlo Park, CA 94025
30. Ron Robinson Senior Care Center San Mateo Medical Center	222 39th Avenue San Mateo, CA 94403
31. San Carlos Adult Community Center	601 Chestnut Street San Carlos, CA 94070
32. San Mateo County Aging and Adult Services	2000 Alameda de les Pulgas, San Mateo, CA94403
33. Second Harvest Food Bank Brown Bag Program	1051 Bing Street San Carlos, CA 94070
34. Self Help for the Elderly/HICAP	50 East 5th Avenue San Mateo, CA 94401
35. Senior Coastsiders	535 Kelly Avenue Half Moon Bay, CA 94019
36. Sequoia Hospital Health and Wellness Center	749 Brewster Redwood City, CA 94063
37. Veterans Memorial Senior Center	1455 Madison Avenue Redwood City, CA 94061

## **SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM**

### **Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services**

#### **Older Americans Act Reauthorization Act of 2020, Section 373(a) and (b) 2024-2028 Four-Year Planning Cycle**

Based on the AAA's needs assessment and subsequent review of current support needs and services for **family caregivers**, indicate what services the AAA **intends** to provide using Title III E and/or matching FCSP funds for both.

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 at least one service subcategory for each of the five main categories, a justification for services not provided is required in the space below.**

#### **Family Caregiver Services**

<b>Category</b>	<b>2024-2025</b>	<b>2025-2026</b>	<b>2026-2027</b>	<b>2027-2028</b>
<b>Caregiver Access</b> <input type="checkbox"/> Case Management <input checked="" type="checkbox"/> Information and Assistance	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
<b>Caregiver Information Services</b> <input checked="" type="checkbox"/> Information Services	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
<b>Caregiver Support</b> <input checked="" type="checkbox"/> Training <input checked="" type="checkbox"/> Support Groups <input type="checkbox"/> Counseling	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
<b>Caregiver Respite</b> <input checked="" type="checkbox"/> In Home <input type="checkbox"/> Out of Home (Day) <input type="checkbox"/> Out of Home (Overnight) <input type="checkbox"/> Other:	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
<b>Caregiver Supplemental</b> <input type="checkbox"/> Legal Consultation <input checked="" type="checkbox"/> Consumable Supplies <input type="checkbox"/> Home Modifications <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other (Assessment) <input type="checkbox"/> Other (Registry)	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No

## Older Relative Caregiver Services

Category	2024-2025	2025-2026	2026-2027	2027-2028
<b>Caregiver Access</b> <input type="checkbox"/> Case Management <input checked="" type="checkbox"/> Information and Assistance	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
<b>Caregiver Information Services</b> <input checked="" type="checkbox"/> Information Services	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
<b>Caregiver Support</b> <input checked="" type="checkbox"/> Training <input checked="" type="checkbox"/> Support Groups <input checked="" type="checkbox"/> Counseling	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
<b>Caregiver Respite</b> <input checked="" type="checkbox"/> In Home <input type="checkbox"/> Out of Home (Day) <input type="checkbox"/> Out of Home (Overnight) <input type="checkbox"/> Other:	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
<b>Caregiver Supplemental</b> <input type="checkbox"/> Legal Consultation <input checked="" type="checkbox"/> Consumable Supplies <input type="checkbox"/> Home Modifications <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other (Assessment) <input type="checkbox"/> Other (Registry)	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No

## **SECTION 11. LEGAL ASSISTANCE**

### **2024-2028 Four-Year Area Planning Cycle**

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 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. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? **Discuss:**

Legal services continues as a critical need for our AAAs older adults, adults with disabilities and caregivers. We have a sole source provider providing countywide support. 13% of our Title IIIB Area Plan budget is allocated for their work.

2. How have your local needs changed in the past year(s)? Please identify any changes (include whether the change affected the level of funding and the difference in funding levels in the past four years). **Discuss:**

There has been no change in local needs for legal services for older adults: government benefits issues, elder abuse, health care, housing, and consumer issues continue to be the main concerns we see. Although the needs have not changed, the demand for our services has grown. Title IIIB funding for legal services received a much-needed increase from \$79,107 in 2020-2021 to \$90,000 in 2021-2022. CARES Act, OTO, and OARR funds have provided additional support to our Elder Rights program over the past several years, but there has been no change in ongoing funding despite the increased demand for legal services.

3. How does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify and ensure that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Discuss:**

In the contract between Aging and Adult Services (AAS) and Legal Aid of San Mateo County there is a contract clause specifying that the California Statewide Guidelines is the source document for AAS and Legal Aid on the delivery of quality legal assistance to older individuals, pursuant to the Older Americans Act.

<sup>12</sup> For Information related to Legal Services, contact Jeremy A. Avila at 916 419-7500 or [Jeremy.Avila@aging.ca.gov](mailto:Jeremy.Avila@aging.ca.gov)

4. How does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priority issues for legal services? What are the top four (4) priority legal issues in your PSA? **Discuss:**

The AAA collaborates with the LPS to establish legal services priorities as part of the County AAS needs assessment process and identify their priorities during the monitoring process.

Top four (4) priority legal issues:

- Housing (Evictions/Unlawful Detainers)
- Health Care (Medi-Cal & Medicare)
- Social Security Disability Insurance/SSI (Overpayments & Cessation of Benefits)
- Elder Abuse (Physical and Financial Abuse/Scams)

5. How does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? What is the targeted senior population and mechanism for reaching targeted groups in your PSA? **Discuss:**

The LPS participates in the AAA process that develops, distributes and reviews the community survey that is part of the Area Plan development. The community survey helps to identify target populations and areas of greatest legal need.

Legal Aid SMC's Elder Rights program serves older adults of all income levels. We place greater priority on serving older adults in greatest economic and social need, including immigrants or those with differing languages and cultures. Elder Rights seeks out those most in need of services: older adults who are low income, age 75 or older, living alone, limited English speakers, or members of ethnic/racial minorities. We reach out to residents who might have difficulty accessing the office by scheduling intake appointments and educational presentations at senior centers and senior housing complexes. Ethnic minority communities are also targeted through established community leaders and organizations. The Elder Rights Supervising Attorney is African American. The Project Coordinator speaks Spanish and interprets for Spanish speaking older adults. The unit uses a telephone translation service (Voiance) or obtains translators for persons speaking languages other than English or Spanish. We use the California Relay Service and sign language interpreters as necessary to serve deaf and hearing-impaired older adults.

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

Fiscal Year	# of Legal Assistance Services Providers	Did the number of service providers change? If so please explain
2024-2025	1	NO
2025-2026		
2026-2027		
2027-2028		

7. What methods of outreach are Legal Services Providers using? **Discuss:**

The methods of outreach Legal Aid SMC include educational and outreach presentations at senior centers and senior housing complexes, outreach booths at community fairs/events, brochures at hospitals, brochures to home-delivered meal participants, referrals from other community agencies, outreach to hospital social workers, emails to service providers and senior centers on financial scams. Legal Aid SMC also uses social media to post news and updates that concern target populations.

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

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	Legal Aid Society of San Mateo County	Entire County
2025-2026	a. b. c.	a. b. c.
2026-2027	a. b. c.	a. b. c.
2027-2028	a. b. c.	a. b. c.

9. Discuss how older adults access Legal Services in your PSA and whether they can receive assistance remotely (e.g., virtual legal clinics, phone, U.S. Mail, etc.). **Discuss:**

Older adults in San Mateo County can access our legal services through

1. in person appointments at Legal Aid SMC;
2. remote appointments via phone or videoconference;
3. informational presentations about legal resources at senior centers and libraries;
4. in person clinics through our “Ask a Lawyer” Clinics at senior centers in Daly City, Pacifica, Burlingame, Belmont, Half Moon Bay, and Pescadero; and
5. power of attorney/advance health care directive clinics organized by our Pro Bono program to serve older adults at senior centers.

(1) In-person appointments are available for older adults at our office in Redwood City on weekdays from 9AM to 12PM and 1PM to 5PM. Our attorneys provide in person direct legal services to clients through all units from Housing to Elder Rights. If the client’s legal issues require additional legal advocacy, our attorneys collaborate with our Pro Bono program to place eligible clients with pro bono counsel from local law firms.

(2) Older adults may also schedule appointments for legal services with our attorneys remotely via phone or teleconference. Our Project Coordinators discuss remote options with older adults to determine the best fit for them.

(3) The Elder Rights Unit engages with older adults seeking information about legal services and resources in San Mateo County through its monthly presentations to older adults in senior centers and libraries. In addition to information about Legal Aid SMC’s services, these presentations inform older adults about senior-specific topics like financial scams, durable power of attorney, and advance health care directives. Often conducted jointly with Adult Protective Services (APS), these presentations are intended to provide information, legal tools, and in-person consultations to help older adults plan their future and prevent financial abuse.

(4) The Elder Rights Unit through its staff attorney provides in-person legal services throughout the county with monthly clinics at senior centers in Daly City, Pacifica, Burlingame, Belmont, Half Moon Bay, and Pescadero. Named the “Ask a Lawyer” Clinic for its broad scope of services, the Elder Rights attorney consults older adults about any legal issue that they want to discuss during the clinic with the understanding that the staff attorney may

(a) provide direct services if the issue falls within his unit’s directive; (b) refer the older adult internally to another unit within Legal Aid SMC; (c) connect the older adult to the Pro Bono program if the legal issue can be addressed through an attorney in Legal Aid SMC’s pro bono network; or (d) help the



older adult locate the applicable legal or social services agency that can assist with their legal concern.

(5) Older adults can also receive direct, in-person legal services through our Pro Bono program's power of attorney/advance health care directive clinics at senior centers throughout San Mateo County and our Health Consumer Center's Medi-Cal Share of Cost clinics.

10. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA (please include new legal problem trends in your area).

**Discuss:**

Housing, health care access, Social Security, Supplemental Security Income (SSI) and CAPI (Cash Assistance Program for Immigrants) benefits, elder abuse, and debt collection/contract disputes are the major issues we handle. Other issues that are serious challenges for older adults include financial abuse (e.g., scams, identity theft, fraud, title transfers, and inappropriate use of Power of Attorney), CalFresh (formerly Food Stamps), eviction of people who move in the homes of older adults and take advantage of their resources, Medi-Cal spousal impoverishment, public charge immigration issues, and reasonable accommodations.

There has been an increase in SSI and Social Security cases involving errors in payments based on older individuals working to supplement SSI/Social Security benefits. As housing costs continue to rise, older adults are having to work, often despite having disabilities, to maintain housing and other basic needs. Because SSI benefits are reduced by other income, but the earnings are either reported too late or are not processed timely, the Social Security Administration ("SSA") will reduce benefits retroactively and ask recipients to repay benefits. Social Security disability and some retirement benefits are also reduced if earnings are too high.

There has also been an increase in Social Security disability cases that involve the cessation of benefits. This increase is also a function of the rising cost of living. Although SSA's regulations allow disabled adults to work up to a certain limit, the consequences for working over the limit include having their benefits stopped. In addition to these "work reviews" SSA also conducts "continuing disability reviews" to determine if a claimant is still disabled. These reviews typically happen every 3-5 years. Even if SSA finds that a disabled claimant has been working under the limit after a "work review," SSA can use their work against them in determining that they no longer disabled and stop their benefits after conducting a continuing disability review. An increase in disabled individuals attempting to work has increased the amount of disability cessation cases we taken on over the past few years.

Elder abuse also continues to be a major legal issue. We have significantly ramped up our outreach efforts and reestablished relationships with law enforcement agencies to identify potential elder abuse cases. Due to these efforts, we have seen a remarkable increase in physical elder abuse cases. Our elder abuse case load was already trending upward prior to our outreach campaign.

Since COVID-related tenant protections have ended, Legal Aid SMC has seen an increase in older adults facing eviction as they were expected to resume paying rents that have remained stable or increased while household incomes have not recovered to pre-pandemic levels.

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

The legal needs of our community at times exceed our capacity. While the need for legal aid grows, funding has not kept pace with the high cost of living in the area, and this has made it difficult to recruit and retain staff, including attorneys. The 2020-2021 increase in Title IIIB funding for senior legal services has helped to address retention issues but is insufficient to support increased staffing. The one-time allotment of OARR funds has allowed us to hire a temporary attorney to keep pace with the demand. However, once OARR funds are exhausted, we will be forced to scale back our staffing and caseload unless other funding sources are identified. Our strategies for addressing this repeated fluctuation in our ability to meet the legal demands of our community have been to utilize pro bono (volunteer) attorneys, to emphasize preventative education, and to identify new funding sources that can increase our capacity.

Transportation has also been an issue for seniors accessing legal services. Many older adults living in San Mateo County do not have access to a vehicle and do not take public transit because of the impact on their extremely limited fixed monthly income. Depending on where they live in San Mateo County, public transportation can also be extremely time-consuming. Individuals with disabilities, in addition to their income considerations, often do not have the physical capacity to drive or take public transportation. Although we can address some legal issues remotely, some cases require us to file court documents with the client's "wet" signatures. Even in the cases that can proceed with electronic signatures, some older adults are not tech savvy enough to electronically sign documents. Sending documents via mail for clients to sign is not always viable due to statutory deadlines. Older adults seeking help with a legal issue often request in-person meetings. In response, our attorneys and project coordinator often meet with prospective clients at their home. We have also increased our presence in the community by establishing in-person clinics at community and senior centers

throughout San Mateo County. These in-person clinics allow us to cut down on transportation issues by reaching out to individuals at a place closer to their home. We can make them aware of our offering of legal services and follow up with them at their home if we learn that transportation would be an issue.

Additionally, barriers exist for serving older adults who live alone or are isolated, immigrants or older adults who speak a language other than English, and those who are extremely low-income. These older adults contend with low literacy levels, few social support systems, limited access to technology, and a lack of understanding of how to navigate the service system. Strategies to overcome these barriers include ensuring that the program outreach material is written at a level and in languages that clients can understand, using our LIBRE (Linking Immigrants to Benefits, Resources, and Education) team to outreach to this population to help older immigrants access legal services, and when appropriate, providing home visits and telephone appointments. The LIBRE team outreaches to immigrant communities to help them access legal services and tries to hire bilingual/bicultural staff.

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

Legal Aid SMC works with the county's Adult Protective Services (APS), Elder Dependent Adult Protection Team (EDAPT), and local law enforcement to investigate potential liability and determine the best use of resources to address elder abuse. Legal Aid SMC's Elder Rights Unit handles the civil restraining order component of elder abuse cases. More complex financial elder abuse cases are placed with pro bono attorneys or referred to the private bar through the San Mateo County Bar Association's Lawyer Referral Service or California Advocates for Nursing Home Reform's (CANHR) Lawyer Referral Service. Housing services are coordinated with Community Legal Services in East Palo Alto and the Stanford Community Law Clinic

**SECTION 12. DISASTER PREPAREDNESS**

**Disaster Preparation Planning** Conducted for the 2024-2028 Planning Cycle Older Americans Act Reauthorization Act of 2020, 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, policies, and procedures for emergency preparedness and response as required in OAA, Title III, Section 310 with:
  - local emergency response agencies,
  - relief organizations,
  - state and local governments, and
  - other organizations responsible
  
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
David Cosgrave	Supervising Emergency Coordinator	Office: 650-363-4419 Cell: 650-454-4293	<a href="mailto:dcosgrave@smcgov.org">dcosgrave@smcgov.org</a>

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Karishma Kumar	Health Emergency Preparedness Manager	Office: 650-463-6350 Cell: 209-204-9160	kkumar@smcgov.org

4. List critical services the AAA will continue to provide to the participants after a disaster and describe how these services will be delivered (i.e., Wellness Checks, Information, Nutrition programs):

Critical Services	How Delivered?
A Limited Adult Protective Services	A Limited APS staff will be at the work site to follow-up on any APS issues that arise.

<b>B</b> Limited Information and Referral	<b>B</b> The AAA will have limited staff to answer calls that come in to our 1-800 line
<b>C</b> Limited Case Management	<b>C</b> A limited number of staff will be at the work site to provide critical case management services.
<b>D</b> Limited Administrative, Fiscal and Technical support	<b>D</b> A limited number of staff will be at the worksite to provide critical administrative, fiscal, and technical support
<b>E</b> Limited Nutrition Programs	<b>E</b> Contacted agencies will provide limited nutrition services

5. List critical services the AAA will provide to its operations after a disaster and describe how these services will be delivered (i.e., Cyber Attack, Fire at your building, Evacuation of site, Employee needs)

<b>Critical Services</b>	<b>How Delivered?</b>
<b>A</b> Account for all staff	<b>A</b> Simple In/Out App
<b>B</b> Rescue, first aid, emergency care	<b>B</b> Coordinate with local Emergency Services (911, Sheriff's Office, Fire Departments)
<b>C</b> Food & water	<b>C</b> if able, provide food and water to staff
<b>D</b> Transportation	<b>D</b> If able, coordinate transportation for staff
<b>E</b> Housing	<b>E</b> If able, coordinate temporary housing for staff

6. List critical resources the AAA need to continue operations.

Equipment: laptop, cell phone, CMIPS printer, printer/copier/scanner/ fax machine or eFax, deposit scanner, safe, and vehicles

Connectivity: Internet, Wi-Fi, TEAMS phone numbers, landline service

Software Access: Microsoft Suite, Q Database, MEDS, CMIPS, PowerApps, DocuSign, MEDHOK, HIE, RTZ, Panoramic, Simple in/out, OFAS, OpenGov, Workday, ATKS, ServiceNow

7. List any agencies or private/non-government organizations with which the AAA has formal or nonformal emergency preparation or response agreements. (contractual or MOU)

The AAA requires that each contracted community provider have an emergency response plan in place.

8. Describe how the AAA will:

- Identify vulnerable populations:
- Identify possible needs of the participants before a disaster event

(PSPS, Flood, Earthquake, ETC)

- Follow up with vulnerable populations after a disaster event.

Identify vulnerable populations: The AAA will identify vulnerable populations through our Q Case Management System and through our contracted community providers.

Identify possible needs: The AAA will identify needs of the participants through existing disaster codes in our systems (Q Case Management System and CMIPS II)

Follow-up with these vulnerable populations after a disaster event: The AAA would follow-up with these vulnerable populations through phone calls and face-to-face visits, as necessary.

9. How is disaster preparedness training provided?

- AAA to participants and caregivers
- To staff and subcontractors

To participants and caregivers: The AAA requires that each contracted community provider have a training program in place.

To staff: EMS/Health Emergency Preparedness (HEP) continue to offer the exercises and drill such as Silver Dragon annually. We host 1-2 exercises per year and partake in many others with regional stakeholders. We also have ICS 100 and 700 are available online.

**SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES**

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>24-25</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</b>
<input type="checkbox"/> Information and Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title IIID</b>	<b>24-25</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</b>
<input type="checkbox"/> Health Promotion – Evidence-Based	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title IIIE<sup>9</sup></b>	<b>24-25</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</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"/>
<input type="checkbox"/> Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VII</b>	<b>24-25</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</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>24-25</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</b>
<input checked="" type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation.	<input checked="" 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 AAA will ensure targeted populations will be served throughout the PSA by a Commission on Aging(CoA) committee and Aging and Adults Services’ unit focused on elder abuse prevention. The AAA CoA Resource Access Committee will be partnering with the AAA’s Elder Dependent Adult Protection Team to enhance community awareness and education regarding elder and dependent adult abuse by participating in community activities, and planning presentations and educational events.

<sup>9</sup> Refer to CDA Service Categories and Data Dictionary.

## **SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Complete and submit for CDA approval each direct service not specified previously. 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>9</sup>

IIIIB

IIIC-1

IIIC-2

IIIE

VII

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 24-25**  **FY 25-26**  **FY 26-27**  **FY 27-28**

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>10</sup>: \_\_\_\_\_

<sup>6</sup> Section 15 does not apply to Title V (SCSEP).

<sup>7</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.



**SECTION 15. GOVERNING BOARD**

**GOVERNING BOARD MEMBERSHIP  
2024-2028 Four-Year Area Plan Cycle**

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

**Total Number of Board Members: 5**

<b>Name and Title of Officers:</b>	<b>Office Term Expires:</b>
Warren Slocum, President of San Mateo County Board of Supervisors	January 2025
David Canepa, Vice President of San Mateo County Board of Supervisors	January 2025

<b>Names and Titles of All Members: Expires:</b>	<b>Board Term</b>
Warren Slocum, President of San Mateo County Board of Supervisors District 4	January 2025
David Canepa, Vice President of San Mateo County Board of Supervisors District 5	January 2025
Dave Pine, County Supervisor District 1	January 2025
Noelia Corzo, County Supervisor District 2	January 2027
Ray Mueller, County Supervisor District 3	January 2027

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

Not Applicable

**SECTION 16. ADVISORY COUNCIL****ADVISORY COUNCIL MEMBERSHIP  
2024-2028 Four-Year Planning Cycle**

Older Americans Act Reauthorization Act of 2020 Section 306(a)(6)(D)45 CFR,  
Section 1321.57 CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies) 17

Number and Percent of Council Members over age 60 11      67.7% Council 60+

<b>Race/Ethnic Composition</b>	<b>% Of PSA's 60+Population</b>	<b>% on Advisory</b>
White	50.5%	71.4%
Hispanic	14.9%	14.3%
Black	2.7%	7.1%
Asian/Pacific Islander	31.5%	11.8%
Native American/Alaskan Native	0.4%	0%
Other	6%	0%

**Name and Title of Officers:****Office Term Expires:**

Monika Lee, Chairperson	June 30, 2024
Irene Liana, 1 <sup>st</sup> Vice Chair	June 30, 2025
Joyce Porter, 2 <sup>nd</sup> Vice Chair	June 30, 2025

**Name and Title of other members:****Office Term Expires:**

JoAnne Arnos, Commissioner	June 30, 2025
Maria Elena Barr, Commissioner	June 30, 2025
Eileen Barsi, Commissioner	June 30, 2025
Patty Clement, Commissioner	June 30, 2025
Karen Coppock, Commissioner	June 30, 2024
Twila Dependahl, Commissioner	June 30, 2026
Angela Giannini, Commissioner	June 30, 2025
Daniela Jonguitud, Commissioner	June 30, 2027
Marita Leth, Commissioner	June 30, 2026
David Linnell, Commissioner	June 30, 2025

Deborah Owdom, Commissioner	June 30, 2026
Erzsebet “Liz” Taylor, Commissioner	June 30, 2025
Kathy Uhl, Commissioner	June 30, 2026
Ophelie Vico, Commissioner	June 30, 2024

**Name and Title of other members:** Not Applicable

**Office Term Expires:**

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

**Yes No**

- Representative with Low Income
- Representative with a Disability
- Supportive Services Provider
- Health Care Provider
- Local Elected Officials
- Persons with Leadership Experience in Private and Voluntary Sectors

**Yes No Additional Other (Optional)**

- Family Caregiver, including older relative caregiver
- Tribal Representative
- LGBTQ Identification
- Veteran Status
- Other \_\_\_\_\_

**Explain any “No” answer(s):**

**Explain what happens when term expires, for example, are the members permitted to remain in their positions until reappointments are secured? Have they been replaced, renewed or other?**

The terms of office shall be three (3) years. At the conclusion of a term, a member may be re-appointed to a subsequent term, however no members appointed by the Board may serve on the Commission for more than a total of twelve (12) years. Notwithstanding this limitation, neither a partial term to which a member has been appointed at the beginning of service nor a holdover term occurring after a member has served 12 years shall count towards the 12-year limit on a member’s service on the Commission.

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

Advisory Council vacancies are reported to the clerk of the Board of Supervisors who posts vacancies on the county’s Boards & Commissions website: <https://www.smcgov.org/bnc>. Interested individuals are provided information on how to

apply online or by mail. Vacancies are also announced at Commission meetings and shared countywide with our providers. Applications are accepted, reviewed, and candidates are interviewed by two members of the County Board of Supervisors, Chair of the Commission, and County staff to the Commission. The County Board of Supervisors appoint all Commissioners.

**SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW** <sup>11</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.

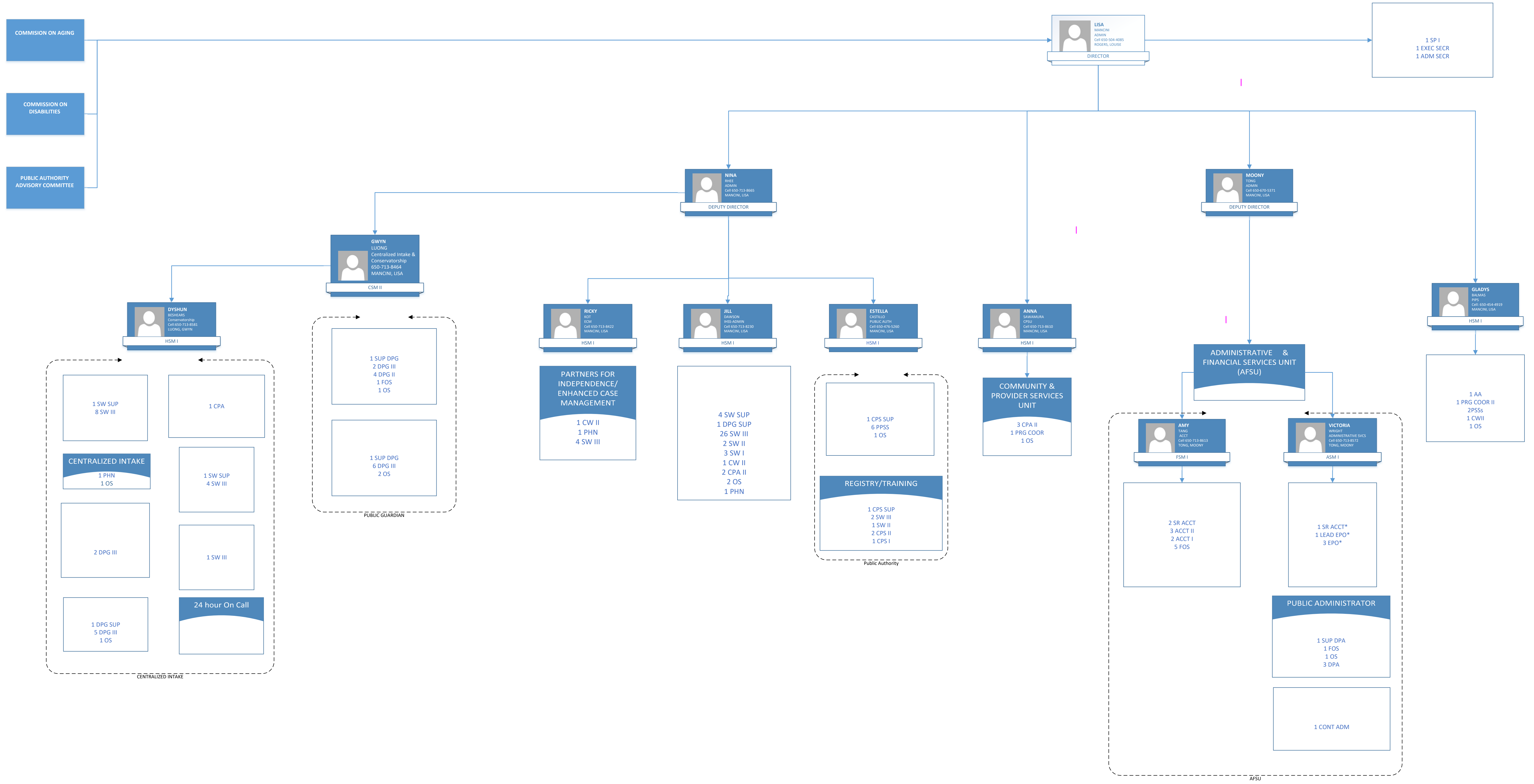
Title III Grantee and/or Senior Center (complete the chart below):

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

<sup>6</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.

# AAS Org Chart

03-2024



## **SECTION 19. ASSURANCES**

Pursuant to the Older Americans Act Reauthorization Act of 2020, (OAA), the Area Agency on Aging assures that it will:

### A. Assurances

#### 1. OAA 306(a)(2)

Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2020 Section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

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

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

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

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

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

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

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

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

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

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

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

(II) to the maximum extent feasible, provide services to low-income minority

individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English

(III) proficiency, and older individuals residing in rural areas within the planning and service area.

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

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

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

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

Use outreach efforts that —

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

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

Contain an assurance that the Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems



development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

7. OAA 306(a)(5)

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

8. OAA 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

9. OAA 306(a)(9)(A)-(B)

(A) Provide assurances that the Area Agency on Aging, in carrying out the State Long-Term Care Ombudsman program under 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

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

10. OAA 306(a)(11)

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) An assurance that the Area Agency on Aging will to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) An assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

11. 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;

12.306(a)(14)

Provide assurances that preference in receiving services under this Title will not be given by the Area Agency on Aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

13.306(a)(15)

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

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

14.OAA 305(c)(5)

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

15. 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.

16. 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.

17. 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.

18. 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

19. 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.

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

Any Area Agency on Aging, in carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

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

- iv. referral of complaints to law enforcement or public protective service agencies where appropriate.

21. 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.

22. 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.

23. OAA 307(a)(26)

Area Agencies on Aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

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

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, inter-agency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community-based systems in, or

serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

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

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

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

#### 28. CFR [1321.53(c)]

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

29.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.

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

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

31.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.

32.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.