

Sonoma County Area Agency on Aging

**Area Plan Update
July 1, 2019 to June 30, 2020**

**Four-Year Area Plan on Aging
July 1, 2016 to June 30, 2020**

Created for the
California Department of Aging
May 2019

Table of Contents

Overview	3
Area Plan (AP) Checklist: <i>Submit with the Four-Year AP due 5/1/16</i>	4
Area Plan Update (APU) Checklist: <i>Submit with APUs due 5/1/17, 5/1/18, 5/1/19</i>	5
Transmittal Letter	6
Section 1. Mission Statement	7
Section 2. Description of the Planning and Service Area (PSA)	7
Section 3. Description of the Area Agency on Aging (AAA)	7
Section 4. Planning Process / Establishing Priorities	7
Section 5. Needs Assessment	7
Section 6. Targeting	7
Section 7. Public Hearings	8
Section 8. Identification of Priorities	10
Section 9. Area Plan Narrative Goals and Objectives	11
<ul style="list-style-type: none">• Instructions for written objectives for Title IIID Disease Prevention and Health Promotion• Instructions for written objectives for Title IIIB/VIIA Long-Term Care (LTC) Ombudsman• Instructions for written objectives for Title VII Elder Abuse Prevention	
Section 10. Service Unit Plan (SUP) Objectives	14
Section 11. Focal Points	35
Section 12. Disaster Preparedness	36
Section 13. Priority Services	37
Section 14. Notice of Intent to Provide Direct Services	38
Section 15. Request for Approval to Provide Direct Services	39
Section 16. Governing Board	40
Section 17. Advisory Council	41
Section 18. Legal Assistance	43
Section 19. Multipurpose Senior Center Acquisition or Construction Compliance Review	45
Section 20. Family Caregiver Support Program	46
Section 21. Organization Chart	48
Section 22. Assurances	50

Overview

Purpose	Area Plan Guidance Part II: Format and Templates includes all forms referenced in Part I: Instructions and References.
Regulation	<p>In accordance with the Older Americans Act (OAA) 2006, Sections 306(a) and 307(a)(1), Area Plans shall be submitted in a uniform format specified by the State Agency. The forms and templates contained in this Guidance constitute the required Area Plan format.</p> <p>In the event of an amendment to the OAA during the Fiscal Year (FY) 2016-2020 Area Plan cycle, CDA will issue a Program Memo (PM) describing the changes and provide relevant guidance and any necessary form and template changes pertaining to the Area Plan.</p>
Content	<p>The following components comprise the Area Plan:</p> <ul style="list-style-type: none">• Area Plan Required Components Checklist – found in Part II.• Transmittal Letter – found in Part II.• Sections 1 – 22 (The Area Plan) as delineated in Part II. <p>Additional Instructions, Information and Logistics are at the end of Part I.</p>

AREA PLAN UPDATE (APU) CHECKLIST

PSA 27

Check one: ☐ FY 17-18 ☐ FY 18-19 ☒ FY 19-20

Use for APUs only

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included	
	➤ <i>Update/Submit A) through I) ANNUALLY:</i>		
n/a	A) Transmittal Letter- (requires <u>hard copy</u> with original ink signatures or official signature stamp- no photocopies)	<input checked="" type="checkbox"/>	
n/a	B) APU- (submit entire APU electronically only)	<input checked="" type="checkbox"/>	
2, 3, or 4	C) Estimate- of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>	
7	D) Public Hearings- that will be conducted	<input checked="" type="checkbox"/>	
n/a	E) Annual Budget	<input checked="" type="checkbox"/>	
9	F) Title IIIB/VIIA Long-Term Care Ombudsman Objectives	<input checked="" type="checkbox"/>	
9	G) Title VIIA Elder Abuse Prevention Objectives	<input checked="" type="checkbox"/>	
10	H) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes	<input checked="" type="checkbox"/>	
18	I) Legal Assistance	<input checked="" type="checkbox"/>	
	➤ <i>Update/Submit the following only if there has been a CHANGE or the section was not included in the 2016-2020 Area Plan:</i>	Mark Changed/Not Changed (C or N/C) <input type="checkbox"/> C <input type="checkbox"/> N/C	
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Needs Assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	AP Narrative Objectives:		
9	• System-Building and Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Funded Programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIC-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIC-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIID	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20	• Title IIIE-Family Caregiver Support Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title V-SCSEP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Organizational Chart(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TRANSMITTAL LETTER

2016-2020 Four Year Area Plan/ Annual Update
Check one: ☐ FY 16-20 ☐ FY 17-18 ☐ FY 18-19 ☒ FY 19-20

AAA Name: Sonoma County

PSA 27

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

Signature: Governing Board Chair ¹

Date

2. Terry Kelley
(Type Name)

Signature: Advisory Council Chair

Date

3. Paul Dunaway
(Type Name)

Signature: Area Agency Director

Date

¹ Original signatures or official signature stamps are required.

SECTION 1. MISSION STATEMENT

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

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

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

As well as completing this document, the Sonoma County AAA created an additional version of the Four-Year Plan, "The Art of Aging – The 2016-2020 Area Plan and Community Report" which continues to be distributed in the community as well as used as an internal resource to communicate the needs of older adults and people with disabilities. An electronic version of "The Art of Aging" is available on the Sonoma County Area Agency on Aging website: <http://www.socoaaa.org/pdf/SonomaCountyAAAAreaPlan2016-2020v1.pdf>

Excerpts from "The Art of Aging" are used to complete many sections throughout this document. Refer to "The Art of Aging" document for data visualization infographics of maps, demographic, physical characteristics, and other statistical data points referenced herein.

In October 2017, Sonoma County experienced unprecedented devastating wildfires that ravaged the community. According to Cal Fire, the wildfires destroyed approximately 7,000 structures and over 5,500 homes county-wide. An unfortunate statistic shows that of those who lost their lives, the majority were people in their 70s and 80s, many living in areas with high concentration of older adults.

The Area Agency on Aging is part of the Sonoma County Human Services Department (HSD) whose employees are disaster service workers and called upon when disaster strikes. The primary responsibility of HSD disaster service workers is assisting with Care and Shelter, partnering with the American Red Cross. During the fires, HSD employees were deployed to shelters in each affected communities to assist with providing residents of the shelter with necessary social services and supports and assisting the shelter managers where needed. It was observed that the shelters had a high percentage of people over the age of 60. Other tasks were assisting local senior service providers with continuity of service as many providers experienced staffing shortages due to staff's loss of homes or staff living in areas under mandatory evacuation. Three of the eleven AAA contracted senior services agencies also faced temporary closure due to being located in an evacuation area. Council on Aging, Sonoma County's largest senior service provider serving the majority of Sonoma County was able to continue the Home Delivered Meal program service with the assistance of HSD staff delivering meals to hundreds of program participants. Many congregate meals sites, Adult Day sites, programs for caregivers, volunteer driver programs, and Ombudsman services were temporarily closed or faced reduced service due to the mandatory evacuation in affected areas. Supervisor Shirlee Zane, member of the Sonoma County Board of Supervisors, is an avid champion for older adults and people with disabilities, and was a prominent voice during the disaster to advocate for the needs of older adults, ensuring supports are in place. With local city and county governments working together, as well as the incredible outpouring of assistance from community members volunteering time and donating thousands of dollars, Sonoma County is on the long road to recovery.

People over 60 now comprise a larger proportion of the population of the county, state, and country than ever before in history. Sonoma County's senior population comprises 133,696 individuals, representing

27% of the county's total population. The number of older adults in Sonoma County represents a growth of 56% since 2007 (85,000 in 2007, 133,696). This growth in Sonoma County's senior population has major implications for both individual and community life by enriching the county with increasing wisdom and a wealth of inter-generational connections. One factor attributed to the growth of Sonoma County's population age 60 and older includes increased longevity and the aging of the baby boomers caused by the high birth rates of the 1946-1964 period. The growth in the number of older adults is challenging families and community organizations to provide the support older adults need to stay healthy, safe, engaged, and independent.

Sonoma is a geographically varied county with a mixed rural/urban character. Eight of its nine cities are home to populations of fewer than 65,000, while Santa Rosa, the county's largest city, has a total population of 177,000. Senior populations are dispersed throughout the cities, especially those along the Highway 101 corridor, and in the unincorporated areas of the county. The city of Santa Rosa is home to 29% of the county's total senior population. Of Sonoma County's nine cities, the town of Sonoma has the largest concentration of individuals age 60 and older, representing 38% of its population. Of the total senior population, 49,651 (42%) live in unincorporated towns and rural areas, 17,953 of whom (15% of older adults) are considered *geographically isolated* based on the definition in the Older Americans Act. Around 9% of Sonoma County's older adults are age 85 and older. The city of Sonoma has the largest concentration of adults 85 and over (13%).

Sonoma County older adults live in a wide variety of residential settings: private homes, condominiums and apartments, mobile homes, senior residential developments, assisted living facilities, board and care, skilled nursing facilities, and others. Although data on the number of older adults living in each of these settings is not available, we do know that Sonoma County skilled nursing facilities are currently licensed for 1,691 beds; residential care and assisted living facilities are licensed for 3,793 beds. A total of 42% of Sonoma County residents age 65 and older live alone; this represents 36% of the women and 18% of the men in this age group. Older adults, as a group, have less income than the Sonoma County population as a whole. Median annual household income for householders in Sonoma County age 65 and older in 2017 was \$56,764, compared with \$71,769 for the total county householder population.

Sonoma County older adults are more educated than older adults in California and the United States as a whole. The American Community Survey reports that that 38% of Sonoma County older adults age 65 and older hold a bachelor's degree. Sonoma County older adults are actively engaged in their communities. As a vibrant part of the county's workforce, 33% of Sonoma County older adults age 60 and above are still employed. Sonoma County older adults volunteer their time and expertise in a wide range of service areas including volunteer driver programs, food banks, and literacy programs. In 2015, the Volunteer Center's Retired Senior Volunteer Program (RSVP) had 769 active volunteers. In addition, countless numbers of older adults volunteer in churches, synagogues, other faith-based groups, and through a variety of other institutions and nonprofit organizations to provide help at food banks, school breakfast programs, community gardens and tutoring programs and act as environmental stewards for the rich natural resources of the county.

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

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

The Sonoma County Area Agency on Aging (AAA), under the leadership of the Sonoma County Board of Supervisors and administered by the Adult & Aging Services Division of the Sonoma County Human Services Department, is part of a national system of Area Agencies on Aging created by the Older Americans Act. AAA's mission is to *provide leadership, services, and advocacy to promote the dignity, independence, and quality of life for older adults, adults with disabilities, and their caregivers*. In July 1994, the AAA became a program of the Sonoma County Human Services Department's Adult & Aging Division. The division consolidates the AAA, Adult Protective Services (APS), In-Home Supportive

Services (IHSS), Linkages, Multipurpose Senior Services Program (MSSP), Public Administrator/Public Guardian/Public Conservator (PA/PG/PC), IHSS Public Authority (PA), and the Veterans Service Office in one location to better serve the community.

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

Regionally located senior service providers form the nucleus of diverse agencies serving older adults, caregivers, and adults with disabilities. These agencies and other community partners are the backbone of senior services delivery. AAA builds on this foundation to promote the independence and wellbeing of both current and future Sonoma County older adults. Major components of the AAA service system include the following:

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

Outreach and Education – Activities to enhance access to timely and accurate information to older adults, caregivers, and families and friends of older adults, and expand points of information dissemination. The AAA produces an annual “Senior Resource Guide” in English and Spanish which is widely distributed throughout the county providing access to much needed services in the community. Electronic version of the guides can be found on the Sonoma County AAA website at: <http://socoaaa.org/pdf/SRG-eng.pdf>

Evidence-Based Health Programs – Proven health education and behavior change programs to promote health, prevent injury through fall prevention programs, and earlier access to mental health services including screening for depression in later life.

Caregiver Support – Caregiver support groups, assessment, and respite.

Supportive Services – AAA contracted services that help older adults remain independent at home; adult day programs, Alzheimer's day programs, case management, senior legal services and transportation services.

Ombudsman Program – Investigation and resolution of complaints, including allegations of elder abuse, made by or on behalf of residents in long-term care facilities.

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

Health Insurance Counseling and Advocacy Program (HICAP) – Free, expert peer counseling to assist older adults in navigating the complex Medicare and private insurance systems.

Elder Justice Coalition – Information on abuse prevention and education, training, and advocacy activities on behalf of older adults at-risk for experiencing abuse or neglect.

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

Transportation and Mobility Initiatives – Information and education to promote safe driving and advocacy for expanded transportation options such as volunteer driver programs, travel voucher

programs, and travel training for older adults and people with disabilities.

Housing Initiatives – Supporting initiatives focused on assisting older adults to obtain appropriate housing to age in place.

SECTION 4. PLANNING PROCESS / ESTABLISHING PRIORITIES

Please refer to Section 8 below.

SECTION 5 - NEEDS ASSESSMENT

No change from initial 2016-2020 Four-Year Area Plan submission.

SECTION 6. TARGETING

The Sonoma County Area Agency on Aging targets services to older adults with the greatest economic and social need, with particular attention to low-income minority individuals. Outreach efforts used to identify individuals eligible for assistance under federal law include older adults who:

- live in rural areas
- the greatest economic and social need, with particular attention to low-income minority individuals
- severe disabilities
- limited English speaking ability
- Alzheimer's disease or related disorders with neurological and organic brain dysfunction, and their caregivers.

Many Sonoma County older adults are able to live independently in their communities, share their lives with friends, neighbors and family, and enjoy a good quality of life as they age. Some groups of older adults are vulnerable to decreased independence and wellbeing. The four-year plan describes the characteristics of *vulnerable older adults* and outlines strategies to strengthen the community safety net of essential long-term services and supports for those who need them most. The vulnerable groups include older adults living with disabilities, low income older adults, older adults age 85 and older, and older adults who are geographically isolated. Advanced age, disability, poverty, and geographic isolation are risk factors in and of themselves, and the combination of two or more of these risk factors is likely to have significant impacts on the independence and wellbeing of older adults, putting them at risk for decreased quality of life, loss of independence, poor health outcomes, and shortened lifespan. Lack of long-term care and mental health services and supports for low income and other at-risk older adults further threaten the wellbeing of these vulnerable populations.

Disability

Disability among older adults is attributable to multiple causes, including congenital conditions, chronic and communicable disease, injury, and behavioral health conditions such as substance abuse or mental illness. Many individuals with disability experience more than one of these conditions, such as diabetes, chronic arthritis and depression, and find their needs for care and support changing frequently as their health status changes. Of the population of older adults in Sonoma County, 26% have a disability, compared to 12% of the total population. Many focus group participants in the Senior Needs Assessment expressed the desire for better physical access for older adults with disabilities to enjoy all that the community has to offer. With almost 32,000 older adults in the county living with a disability, and 15,000 of who have physical difficulties, community planning must incorporate the needs of older adults and people with disabilities. For example, many focus group participants throughout the county discussed the need for improving sidewalks and having assistive technology available for people with hearing or vision impairments to improve safety, building access, and use of public transportation.

Many older adults with disabilities rely heavily on both paid and family caregivers to help maintain

independence and quality of life. As demonstrated in the Senior Needs Assessment survey results older adults want to remain in their own home. In the Senior Needs Assessment, respondents were most concerned with staying independent at home. Support for activities of daily living, transportation, housing costs, and fluctuating health status are a few of the challenges that older adults may face with living independently in their own home. To remain in their own home, older adults with disabilities depend on obtaining suitable caregivers and accessing services that accommodate their needs. However, there is a workforce shortage of caregivers, 70%-80% of which provide direct care to the elderly and disabled, and who are among the lowest paid of all US workers. Even so, it can also be difficult for older adults with disabilities to afford adequate caregivers, especially if the senior is also low income.

Income

For the purposes of this report, *poverty* is defined as the Elder Economic Security Standard Index (EESSI) is a measure calculated for each county in California. As contrasted with the Federal Poverty Level, the EESSI includes local housing, food, transportation costs as well as medications and other expenses older adults must afford. It provides a specific poverty level for older adults in Sonoma County based on their living arrangements. The California legislature requires AAA to use the EESSI as a planning tool and to guide the allocation of existing resources that support senior services. In 2017, 19% of adults 60 and over did not have enough income to meet their basic needs. For people 75 years of age and older, the figure is 33%.

Many Sonoma County older adults are concerned about not having enough money to live on, according to the participants of the focus groups and survey. Having enough money to live on was determined to be the second top concern of all survey participants and the number one problem facing the respondents is poverty. Survey respondents who identified themselves as living alone in poverty were also more concerned about housing and learning about/receiving services than respondents not in poverty. Survey respondents identifying as living in a household with two or more adults were significantly more concerned about health care than single adults in poverty.

85 and older

Sonoma County is home to 12,434 older adults age 85 and older. Although many older adults live to advanced age enjoying relatively good health and independence and continue to participate actively in family and community life, older adults age 85 and older, as a group, also experience frail health, injury, disability, and social isolation at greater rates than do their younger counterparts. The majority of older adults over 85 are single, white non-Latino women. They are more likely to be low income and less likely to live independently than younger older adults. Older adults over age 85 rely more on paid caregivers than on family members for ongoing care, a financial strain for which few are adequately prepared. Those of very advanced age tend to be more socially isolated, with fewer connections to networks of family and friends and, as a result, suffer from higher rates of depression, substance abuse, elder abuse, and neglect. Older adults over age 85 are at greater risk for cognitive disabilities than younger older adults. According to the Alzheimer's Association, of all people in the US with Alzheimer's disease, 2 million, or 38% are 85 or older. It is projected that by 2031, when the first wave of baby boomers reaches age 85, 3 million people in the country age 85 and older will have Alzheimer's. While there is great variability in health and wellbeing among older adults of advanced age, it is important to recognize and address the combination of risks confronting this group.

Geographic Isolation

Significant portions of Sonoma County are rural and geographically remote. Of the total senior population, 35,454 (36%) live in unincorporated towns and rural areas, 17,953 of whom (15% of older adults) are considered *geographically isolated* based on the definition in the Older Americans Act. Geographically isolated older adults face significant challenges in maintaining health and quality of life. As they give up driving, many experience increased social isolation and difficulty maintaining their independence. Because essential services and supports tend to be clustered in the county's larger cities along the Highway 101 corridor, those living in outlying regions often must travel long distances for essential health and social services. The county's transportation system (primarily bus and paratransit service) falls far

short of meeting the needs of older adults living in geographically isolated areas. Those who lack access to adequate public transportation rely on family, neighbors, and friends for transport to markets and medical appointments, too often foregoing adequate nutrition, eliminating social contact, and deferring routine dental and medical care. Isolated older adults also tend to be less aware of available services and supports and how to access them. In response to this need, AAA has been providing alternative transportation services since 2008 by contracting with a service agency for the implementation of a Volunteer Driver Program (VDP). In FY2015/16, AAA contracted with 3 additional agencies to expand the VDP services even further, serving more areas in the County including geographically isolated areas. In FY 17/18 and FY 18/19 the AAA was awarded 2 Caltrans grants, one using 5310 Caltrans funding to further expand volunteer driver programs from 4 agencies to 6, serving two North County areas of Windsor and Healdsburg and the other, a Caltrans Sustainable Communities planning grant. The 5310 funding also expanded the Travel Voucher Program (TVP), with a total of 10 agencies providing vouchers for alternative transportation options such as taxis, Uber or Lyft. The increase in VDPs, expansion of geographic regions served, as well as the increase in available travel vouchers has contributed to the expansion of transportation options, prioritizing vulnerable and geographically isolated community members. The Caltrans Sustainable Communities grant funding is currently being used to create a Connected Communities Transportation planning study to engage community members, transportation agencies both locally and regionally, elected officials, transportation service providers to collaboratively identify barriers, gaps in service, efficiencies in service, and opportunities of growth in accessible transportation service options for older adults and individuals with disabilities.

Older adults living along the Sonoma coast identified the need for increased services, including in-home care management and a senior center in an accessible area for the Sonoma Coast residents. This area is known as “Mendonoma” which spans the northern Sonoma County coast to the southern Mendocino County coast. To better serve this rural coastal region, the AAA contracts with Coastal Seniors, a Mendocino-based older adult service provider to provide home delivered meals and congregate meals in this region. In addition, PSA 27 (Sonoma County) and PSA 26 (Lake/Mendocino County) created a non-financial Memorandum of Understanding with CDA’s guidance to hold *A Matter of Balance: Managing Concerns About Falls*, an evidence based fall prevention program. Sonoma County holds the license for A Matter of Balance (MOB) and has trained two Master Trainers to teach and certify new coaches to hold classes in the PSA 26 region. PSA 27 provides continued training and support to these coaches and reports the service units to CDA as part of our Health Promotion Title IIID funding.

SECTION 7. PUBLIC HEARINGS**PSA 27**

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, OAA 2006 306(a)

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English?² Yes or No	Was hearing held at a Long- Term Care Facility?³ Yes or No
2016-17	April 20, 2016	Area Agency on Aging Offices, 3725 Westwind Blvd, Santa Rosa, CA 95403	32	No	No
2017-18	March 15, 2017	Area Agency on Aging Offices, 3725 Westwind Blvd, Santa Rosa, CA 95403	32	No	No
2017-18	April 19, 2017	Area Agency on Aging Offices, 3725 Westwind Blvd, Santa Rosa, CA 95403	27	No	No
2018-19	April 18, 2018	Area Agency on Aging Offices, 3725 Westwind Blvd, Santa Rosa, CA 95403	23	No	No
2019-20	March 20, 2019	Area Agency on Aging Offices, 3725 Westwind Blvd, Santa Rosa, CA 95403	28	No	No

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.
The Public Hearing was advertised in the local newspaper, The Press Democrat 30 days prior. The AAA used an extensive email list of local non-profits and agencies that work with individuals who are older adults, disabled and their caregivers, including those who are institutionalized and homebound.
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
No comments received.

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

☒ Yes. Go to question #5

☐ No, Explain:

5. Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.
No comments received.

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

There was one public comment asking the AAA to collaborate with Senior Centers and Park and Recreation Departments to provide programming after hours and on weekends for older adults who are still physically and mentally active and mobile who are still working who can't attend these programs that are scheduled during the day.

Comments from Advisory Council members include:

- Having the Advisory Council and/or Housing Committee add emergency housing to list of priorities.

- Having the Advisory Council find ways to incorporate "Sonoma County Resiliency Training" from The Center for Mind-Body Medicine" train-the-trainer model of stress relief and resilience building skills for older adults.

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

The public comment: This idea will be discussed with the full Advisory Council as to how we can enhance our relationships with Senior Centers and Parks and Recs which will be reflected in the 2020-2024 Area Plan.

The Advisory Council comments: Both will be agenda items for future Advisory Council meetings.

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

² AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

SECTION 8 - IDENTIFICATION OF PRIORITIES

PSA 27

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

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

Each year the AAA Advisory Council reviews, updates if appropriate, and approves "Funding Priorities". The document is used as a guide when funding levels increase or decrease, ranking programs using a priority scale of 1 to 4, as well as provides rationale as to why each program was ranked with the designated priority.

The Sonoma County AAA's Planning and Funding (P&F) Committee and staff develops and recommends to the full Advisory Council the Area Plan and updates prior to its adoption by the Sonoma County Board of Supervisors. The P&F Committee conducts the Request for Proposals application scoring, recommends funding allocations to the full Advisory Council, oversees service provider performance, as well as participates in program monitoring.

Even with the challenges in Sonoma County and the need for more creative resources, older adults can look to the future with optimism. Moving forward, the county will be aided by unique community collaborations and by positive trends occurring throughout the nation. AAA will continue to build on the capacities and talents of older adults themselves; the strong foundation built by the existing network of AAA partner organizations; proactive efforts by Sonoma County communities to plan now for the needs of older adults; new technologies; and increased emphasis among Sonoma County's leaders regarding a renewed focus on the needs of older adults and including aging in all conversations. The advocacy of the Area Agency on Aging Advisory Council will contribute to a community that values older adults, seeks creative programs, and continually evaluates the needs of older adults to live independent, supported and informed lives.

SECTION 9 - AREA PLAN NARRATIVE GOALS AND OBJECTIVES**PSA 27****Goal 1: Expand awareness of and access to available services and supports for older adults, their families and caregivers.****Rationale:**

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

[CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C¹	Update Status²
1.1. Participate in a minimum of 4 outreach events (during each year of the planning cycle) targeting older adults, individuals with disabilities, and their caregivers to expand awareness of senior services.	7/1/2017 to 6/30/2020		Completed and Continued for FY19/20; On-going Objective
1.2. Participate in bi-monthly media outreach on senior matters including radio, newspaper, and online media.	7/1/2016 to 6/30/2020		Not completed: Continued for FY19/20
1.3. Provide cultural competency trainings to train senior service providers on how to deliver culturally appropriate and sensitive services to minority communities including Latino and LGBTQI older adults.	7/1/2016 to 6/30/2017	C	Completed
1.4. Write articles for senior centers and community based service provider newsletters as well as publishing the biannual AAA newsletter.	7/1/2016 to 6/30/2020		Completed and Continued for FY19/20; On-going Objective
1.5. AAA Council and AAA Staff provide at least 4 presentations in the community to non-OAA funded agencies per fiscal year on the services available in the community for older adults, persons with disabilities, and their caregivers.	7/1/2016 to 6/30/2020		Completed and Continued for FY19/20; On-going Objective
1.6. Coordinate outreach efforts with Sonoma County Volunteer Center and 2-1-1; Human Services Information and Referral website and call center, including tabling events and written information distribution.	7/1/2016 to 6/30/2020	C	Completed; not to continue
1.7. AAA staff and Advisory Council members will collaborate with Senior Advocacy Services to expand awareness of ombudsman support services in licensed facilities for older adults and their families.	7/1/2017 to 6/30/18	C	Completed and Continued for FY19/20; On-going Objective

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

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

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

1.8 AAA staff will develop English and Spanish language Senior Resource Guides both hard copy and electronic versions (on the AAA website www.socoaaa.org) and disseminate information about its existence to service providers, health care organizations and community groups in order to increase community awareness about senior services. The AAA is the liaison to all resources (OAA and non-OAA funded) in the guide and is the one-stop location for the entire Sonoma County community to access services for older adults. The website will be launched in early 2018 and will not only function as the electronic version of the guide, it will also be the most current, up to date location to find resources that will be added to and updated as needed.	7/1/2017 to 6/30/18	C	Completed and Continued
1.9. Develop on-line searchable and modifiable Senior Resource Guide website to display the most current resources and be user friendly.	7/1/2017 to 6/30/18	PD	Completed
1.10. Convene community partners to create a Countywide Coalition: Opening Doors for Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTQI) Older adults in Sonoma County Coalition for improved interagency connections to better serve the LGBTQI community.	1/1/18 to 6/30/18	PD	Completed

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

Rationale:

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

[Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C³	Update Status⁴
2.1. Develop a process for educating health care, senior services providers, and the general community about opportunities to participate in evidence-based health programs.	7/1/2017 to 6/30/2018		Completed

³ Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

⁴ Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

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

2.2. Collaborate with community partners to expand services to family caregivers including mono-lingual Spanish speakers.	7/1/2016 to 6/30/2017	PD	Completed and Continued for FY19/20; On-going Objective
2.3. Provide a minimum of 10 “A Matter of Balance” series offered countywide with Title III-D funding. <i>A Matter of Balance: Managing Concerns About Falls</i> is a nationally recognized evidence-based program designed to reduce the fear of falling and increase activity levels among older adults. The program consists of eight two-hour small group sessions led by two trained facilitators, also referred to as coaches. During the class, participants learn to view falls as controllable, set goals for increasing activity, make changes to reduce fall risk at home and exercise to increase strength and balance.	7/1/2017 to 6/30/2018	C	Completed and Continued for FY19/20; On-going Objective
2.4. Coordinate with Department of Health Services to implement SNAP-Ed Obesity Prevention and Nutrition Education within the Matter of Balance curriculum. **NEW** for FY18/19 and Ongoing – Implementation of Bingocize with SNAP-Ed funding.	7/1/2016 to 6/30/2018	C	New and Continued for FY19/20; On-going Objective
2.5. Participate in Elder Justice Coalition activities to educate older adults, professionals, and the community about elder abuse prevention, treatment and prosecution with community partners including the Family Justice Center, District Attorney, local law enforcement, the Family Violence Prevention Council, and others.	7/1/2016 to 6/30/2020	C	Completed and Continued for FY19/20; On-going Objective
2.6. Local LTC Ombudsman will advocate for reduction in psychotropic/opiates usage in skilled nursing facilities.	7/1/2017 to 6/30/2018		Completed and Continued for FY19/20; On-going Objective
2.7. Local LTC Ombudsman program will provide 11 training sessions to Ombudsman staff and volunteers, including but not limited to certification training and topics related Ombudsman services with Title III-B funding.	7/1/2016 to 6/30/2017		Completed and Continued for FY19/20; On-going Objective
2.8. Local LTC Ombudsman program using Title VII-A funding, will provide technical assistance in Elder Protection Workgroup activities to educate older adults and the community about elder abuse prevention with community partners including the Family Justice Center, District Attorney, local law enforcement, the Family Violence Prevention Council, and others.	7/1/2017 to 6/30/2018		Completed and Continued for FY19/20; On-going Objective
2.9 Expand Matter of Balance program to Medonoma Coast region which includes the northern Sonoma County coast to the southern Mendocino County coast to serve rural and isolated older adults.	7/1/2016 – 6/30/2017		Completed

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

2.10 Expand HealthyIDEAS depression intervention evidenced-based program with the Older Adult Collaborative, a group of five **REVISED** In FY19/20 there will be four partner agencies dedicated to the prevention and early intervention of depression and suicide in the senior population. HealthyIDEAS not funded with Older Americans Act as of end of FY16/17 but OAA funded case management providers are members of the Older Adults Collaborative.	12/1/2016 to 6/30/2017	PD	Completed/ Revised
2.11. AAA Advisory Council members to provide “Driving Safely As We Age” presentations to bring awareness and encourage the conversation for older adults who may outlive the ability to drive.	7/1/2017 to 6/30/2018		Completed and will not Continue
2.12. Partner/collaborate with local agencies in the implementation of a “Getting to Know Your Neighbor Campaign” to reduce isolation and assist in disaster preparedness.	7/1/2018 to 6/30/19	C	Not Completed, Continued to FY19/20
2.13. Expand stress reduction programs for family caregivers by partnering with Redwood Caregiver Resource Center to provide additional evidence-based trainings and support groups.	7/1/2018 to 6/30/19	C	Completed in FY 1819 and On-going Objective

Goal 3: Strengthen our community’s capacity to assess, plan for, and respond to the increasing needs of Sonoma County’s senior population.

Rationale:

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

[Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C⁵	Update Status⁶
3.1. Collect public input at least once a year to address the changing needs of older adults, people living with disabilities, and family caregivers in Sonoma County including developing a survey to be distributed by all AAA service providers to their program participants on an annual basis to determine the impact of AAA funded programs on quality of life.	7/1/2016 to 6/30/2020		Completed in FY 18/19 and will Continue in FY19/20 to complete 2020-2024 Area Plan Needs Assessment

⁵ Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

⁶ Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal 3: Strengthen our community's capacity to assess, plan for, and respond to the increasing needs of Sonoma County's senior population.

3.2. Collaborate with Sonoma County Human Services Department Disaster Preparedness Coordinator to inform the department's disaster preparedness efforts for older adults and people living with disabilities.	7/1/2016 to 6/30/2020	C	Completed and Continued for FY19/20; On-going Objective
3.3. Coordinate with Sonoma County Health Action to use findings from the report, "A Portrait of Sonoma County", to strategically plan, develop programs, apply for funding, and communicate with partners and stakeholders in order to address disparities and gaps in services in our most vulnerable communities.	7/1/2016 to 6/30/2020	C	Completed.
3.4. Participate in the implementation of the California Association of Area Agencies on Aging (c4a's) Vision 2025 Initiative, an approach to assess AAAs and their ability to provide essential services to the aging and disability community and plan for sustainable services in the future.	7/1/2016 to 6/30/2020	C	Completed and Continued for FY19/20; On-going Objective
3.5. Identify opportunities to advocate for long-term services and supports to enable older adults to live independently.	7/1/2016 to 6/30/2020	C	Not Completed, Continued for FY19/20
3.6. Collaborate with a service provider to create an Information and Referral Line specializing in services for to the LBGTQI senior population.	7/1/2016 to 6/30/2020	PD	Completed in FY17/18
3.7. Support "Aging Together with Pride" to promote inclusiveness and raise awareness of LGBTQI persons as they age.	7/1/2016 to 6/30/2017		Completed, not Continued
3.8. Work with health care providers to advocate for reimbursement for nutrition, transportation and case management services.	7/1/2017 to 6/30/2018		Not completed, Continued for FY19/20
3.9. Educate state and local representatives of the benefits of expanded services for older adults through actions and projects identified at the monthly AAA Legislative Committee. under the Mental Health Services Act.	7/1/2016 to 6/30/2020		Completed and Continued for FY19/20; On-going Objective
3.10. Provide training and support to Older Americans Act funded service providers on utilizing SAMS online database to report service units to the AAA to assist with data management.	7/1/2016 to 6/30/2020		Continued for FY19/20; On-going Objective
3.11. Collaborate with public, non-profit, and private organizations, including service providers, and transit/paratransit operators to address the community's transportation gaps and barriers and develop resources to coordinate and expand existing transportation options for older adults and people living with disabilities in Sonoma County.	7/1/2016 to 6/30/2020	C	Not Completed, Continued for FY19/20

Goal 3: Strengthen our community's capacity to assess, plan for, and respond to the increasing needs of Sonoma County's senior population.			
3.12. Create a AAA Housing Taskforce to evaluate housing options for older adults targeting those that are at risk for homelessness and develop short, medium, and long-term recommendations to inform policy makers and stakeholders; supporting activities of the county "Linkages to Senior Housing" pilot program.	1/1/2017 to 6/30/2018	PD	Completed
3.13. AAA Advisory Council members and staff conduct at least 2 focus groups to assess for changing needs in the senior populations, with focus on the needs of LGBTQI and Latino communities.	7/1/2016 to 6/30/2020		Continued
3.14. AAA Council members and AAA Staff provide older adult perspective and participate in initiatives and workgroups in response to 2017 October wildfires (i.e. housing shortage, rebuild, county disaster preparedness) and Sonoma County General Plan update.	10/31/2017 to 6/30/2020	C	Completed and Continued for FY19/20; On-going Objective
3.15. Create AAA Housing Standing Committee to evaluate housing options for older adults, create short, medium, and long-term recommendations to inform policy makers and stakeholders on increasing available, appropriate, housing for older adults.	04/01/2018 to 6/30/2020	PD	Completed, On-going Committee

Goal 4: Involve and engage older adults as a valuable resource in the community.			
<p>Rationale:</p> <p>Older adults possess a wide variety of skills, knowledge, and experience developed throughout their lives, a relatively untapped resource. Engaging older adults to share life experiences and their needs associated with living independently is crucial for developing age-friendly communities; from breaking down generational barriers (creating intergenerational conversations) to engaging city governments, city planners, and other community development to include the needs of senior in all conversations.</p> <p>According to the National Institute on Aging, older adults who are connected and engaged in the community (1) are less likely to develop certain diseases, including dementia; (2) have a longer lifespan; (3) are more happy and less depressed; (4) are better prepared to cope with loss; and (5) improve their thinking abilities as well experience greater life satisfaction and a sense of purpose and accomplishment.</p>			
[Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C⁷	Update Status⁸
4.1. Plan an event to celebrate intergenerational connections for people of all ages, to have to opportunity to be connected to their community. Outcomes include the generations having an enhanced understanding of each other, tapping to their knowledge bases for learning, mentoring, and technical assistance.	7/1/2016 to 6/30/2020	PD	In-process and Continued for FY19/20

⁷ Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

⁸ Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal 4: Involve and engage older adults as a valuable resource in the community.			
4.2. Engage Sonoma County youth to create a shared learning and volunteer program between high school students and older adults to foster intergenerational learning and respect.	7/1/2016 to 6/30/2020	PD	In-process and Continued for FY19/20
4.3. AAA Advisory Council members and AAA staff join County of Sonoma Initiatives including Aging Together, Age Friendly Cities, and the Sonoma County Economic Development Board's "2017: Year of the Senior" to ensure the inclusion of the needs and contributions of older adults in every conversation.	1/1/2017 to 12/31/2017	C	Completed and Continued for FY19/20; On-going Objective
4.4. Partner with "Aging Together Sonoma County" to implement the World Health Organization's "Age-Friendly Cities" in Sonoma County focusing on the following designs and domains: <ol style="list-style-type: none"> 1. Community Connectedness, Respect and Social Inclusion 2. Transportation 3. Varied Housing Options 4. Outdoor Spaces and Buildings 5. Employment, Civic Participation and Financial Security 6. Health and Community Based Social Services 7. Healthy Living 8. Lifelong Learning 9. Communication and Information 	7/1/2016 to 6/30/2020	C	Completed and Continued for FY19/20; On-going Objective
4.5. Provide education, outreach and awareness of civic engagement opportunities for older adults and partner with local and state elected officials to introduce and support senior focused legislation through the AAA Advisory Council and AAA Legislative Committee.	7/1/2016 to 6/30/2020	C	Completed and Continued for FY19/20; On-going Objective
4.6. Partner with the Sonoma County Economic Development Board to hold a "Year of the Senior" event to highlight senior volunteerism, senior employment opportunities, healthy aging, and services for older adults.	Through 12/31/2017	C	Deleted
4.6. Partner with the Aging Together/Age Friendly to support and promote an "Age-Friendly Hiring" event focusing on accessing the skilled, experienced, productive population ready to join the workforce of local businesses.	Through 6/30/18	C	Deleted

Instructions for Title IIID/Disease Prevention and Health Promotion written Objectives:

Title IIID activities require a narrative goal and objective for all services provided with Title IIID funds. The objective should clearly describe the service activity being performed and document how the service activity meets ACL criteria for evidence-based programs. All

Title IIID programs must meet ACL's new criteria for evidence-based activities by July 1, 2016.

Each AAA is responsible for evaluating and documenting that all Title IIID activities meet these criteria. There are two accepted methods to determine if a program meets the new Title IIID evidence-based criteria:

1. Document how the program meets each of the five (5) bullets in the new evidence-based definition.
 - Has been demonstrated through evaluation as effective for improving the health and well-being or reducing the disability and/or injury among older adults.
 - Has been proven effective with the older adult population, having used through an Experimental or Quasi-Experimental Research Design.
 - Had research/evaluation results published in a peer-reviewed journal.
 - Has been implemented previously at the community level (with fidelity to the published research) and shown to be effective outside a research setting.
 - Includes program manuals, guides and/or handouts that are available to the public.
2. The program is considered to be evidence-based by any operating division of the U.S. Department of Health and Human Services (DHHS). Each operating division offers lists of "evidence-based" programs on their websites.

Other considerations:

- Medication Management is no longer a required separate service category. However, Medication Management is an allowable activity, if it meets the new evidence-based criteria.
- Medication Management is reported as a Title IIID Disease Prevention Health Promotion activity.
- Nutrition Education and Nutrition Counseling are no longer allowable Title IIID activities.

Instructions for Title IIIB/VIIA Long-Term Care (LTC) Ombudsman Written Objectives:

In addition to the data required for the LTC Ombudsman Outcome Measures, AAAs are required to provide one or more written LTC Ombudsman-specific objectives for services provided with Title IIIB and Title VIIA funds. These must be distinct from objectives provided for the Title VIIA Elder Abuse Prevention Program.

Objectives related to the LTC Ombudsman Program should clearly explain activities that can include, but are not limited to, the following examples:

1. Targeted community outreach to explain the mission of the LTC Ombudsman Program and the role of ombudsman representatives to advocate for the rights of LTC residents.
2. Coordination efforts of the AAA to assist the LTC Ombudsman Program in achieving objectives, including the provision of technical assistance to Program staff.
3. Activities related to recruitment and retention of volunteer LTC Ombudsman representatives.

Instructions for Title VIIA Elder Abuse Prevention Written Objectives:

Title VIIA Elder Abuse Prevention: AAAs must provide at least one written objective for services provided with Title VIIA Elder Abuse Prevention funds. These must be distinct from objectives provided for the Title IIIB/Title VIIA LTC Ombudsman Program.

Objectives related to Title VIIA Elder Abuse Prevention may include:

1. Recommendations/suggestions for developing/enhancing programs for the prevention and treatment of elder abuse, neglect, and exploitation.
2. Providing for public education and outreach to identify and prevent elder abuse, neglect, and exploitation.
3. Ensuring the coordination of services provided by AAAs 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.
4. Conducting training for individuals, professionals, and paraprofessionals in relevant fields on the identification, prevention, and treatment of elder abuse, neglect, and exploitation, with particular focus on prevention and enhancement of self-determination and autonomy. Providing technical assistance to programs that provide or have the potential to provide services to victims of elder abuse, neglect, and exploitation and for family members of the victims.

³ Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

⁴ Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES**PSA 27****TITLE III/VIIA SERVICE UNIT PLAN OBJECTIVES
CCR Article 3, Section 7300(d)**

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

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

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

1. Personal Care (In-Home)**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
NOT FUNDING			

2. Homemaker (In-Home)**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
NOT FUNDING			

3. Chore (In-Home)**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
NOT FUNDING			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	221,750	2	
2017-2018	222,000	2	
2018-2019	202,020	2	
2019-2020	202,020	2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	24,327	2	
2017-2018	22,200	2	
2018-2019	17,800	2	
2019-2020	16,110	2	

6. Case Management (Access)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	8,973	2	
2017-2018	9,000	2	
2018-2019	9,000	2	
2019-2020	8,145	2	

7. Assisted Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
NOT FUNDING			

8. Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	49,100	2	
2017-2018	49,700	2	
2018-2019	44,599	2	
2019-2020	44,599	2	

9. Nutrition Counseling

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	90	2	
2017-2018	102	2	
2018-2019	90	2	

2019-2020	82	2	
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10. Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	3,950	2	
2017-2018	7,800	2	
2018-2019	7,800	2	
2019-2020	7,800	2	

11. Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	1,550	2	
2017-2018	1,550	2	
2018-2019	1,550	2	
2019-2020	4,000	2	

12. Nutrition Education

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	4,659	2	
2017-2018	4,220	2	
2018-2019	11,880	2	
2019-2020	11,880	2	

13. Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	360	3	
2017-2018	1,000	3	
2018-2019	7,300	3	
2019-2020	7,700	3	

14. Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
NOT FUNDING			

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

- ☐ Each **Title IIIB** “Other” service must be an approved NAPIS Program 15 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 NAPIS categories 1–14 and 16. (Identify the specific activity under the Other Supportive Service Category on the “Units of Service” line when applicable.)

Title IIIB, Other Priority and Non-Priority Supportive Services

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

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	2,000	1, 2	
2017-2018	2,000	1, 2	
2018-2019	2,200	1, 2	
2019-2020	2,400	1, 2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	1,116	3	3.11

2017-2018	1,525	3	3.11
2018-2019	4,250	3	3.11
2019-2020	4,250	3	3.11

16. Title IIID/ Disease Prevention and Health Promotion

Instructions for Title IIID Disease Prevention and Health Promotion: Enter the name of the proposed program to be implemented, proposed units of service and the Program Goal and Objective number(s) that provide a narrative description of the program, and explain how the service activity meets the criteria for evidence-based programs described in PM 15-10.

Unit of Service = 1 contact

Service Activities: A Matter of Balance, Bingocize, and Caregiver Support Groups

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

A Matter of Balance

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2016-2017	230	2	2.3, 2.4, 2.9
2017-2018	230	2	2.3, 2.4, 2.9
2018-2019	210	2	2.3, 2.4, 2.9
2019-2020	210	2	2.3, 2.4, 2.9

HealthyIDEAS – NO LONGER PROVIDING – Ended in FY 16/17

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2016-2017	490	2	2.10

Caregiver Evidence-Based Support Groups

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

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

- improve the quality of life of family caregivers who provide care for persons with a chronic disease(s) or illness(es)
- help caregivers manage their stress and cope better with their lives

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2016-2017	N/A	N/A	N/A
2017-2018	330	2	2.13
2018-2019	330	2	2.13
2019-2020	20*	2	2.13

* Reason for reduction from 330 to 20 is because we submitted the wrong type of service unit. Submitted total number of "hours", not "contacts" which is the correct type.

PSA 27

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

2016–2020 Four-Year Planning Cycle

As mandated by the Older Americans Act, 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 enhancing the quality of life and care of residents.

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. [OAA Section 712(a)(3),(5)]

Measures and Targets:

A. Complaint Resolution Rate (AoA Report, Part I.E, Actions on Complaints)

The average California complaint resolution rate for FY 2013-2014 was 73%.

1. FY 2014-2015 Baseline Resolution Rate: Number of complaints resolved 678 + Number of partially resolved complaints 316 divided by the Total Number of Complaints Received 1,057 = Baseline Resolution Rate 94% FY 2016-17 Target Resolution Rate 94%
2. FY 2015-2016 Baseline Resolution Rate: Number of complaints resolved 571+ Number of partially resolved complaints 142 divided by the Total Number of Complaints Received 831 = Baseline Resolution Rate 86% FY 2017-18 Target Resolution Rate 86%
3. FY 2016-2017 Baseline Resolution Rate: Number of complaints resolved 544 + Number of partially resolved complaints 212 divided by the Total Number of Complaints Received 892 = Baseline Resolution Rate 85% FY 2018-19 Target Resolution Rate 85%
4. FY 2017-2018 Baseline Resolution Rate: Number of complaints resolved 814 + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received 1107 = Baseline Resolution Rate 70% FY 2019-20 Target Resolution Rate 70%
Program Goals and Objective Numbers: <u>Goal 2, Objective 2.6</u>

B. Work with Resident Councils (AoA Report, Part III.D.8)

1. FY 2014-2015 Baseline: number of Resident Council meetings attended 148 FY 2016-2017 Target: 148
2. FY 2015-2016 Baseline: number of Resident Council meetings attended 133 FY 2017-2018 Target: 133
3. FY 2016-2017 Baseline: number of Resident Council meetings attended 134 FY 2018-2019 Target: 134
4. FY 2017-2018 Baseline: number of Resident Council meetings attended 48 FY 2019-2020 Target: 48
Program Goals and Objective Numbers: <u>Goal 2</u>

C. Work with Family Councils (AoA Report, Part III.D.9)

1. FY 2014-2015 Baseline number of Family Council meetings attended 9 FY 2016-2017 Target: 9
2. FY 2015-2016 Baseline number of Family Council meetings attended 26 FY 2017-2018 Target: 26
3. FY 2016-2017 Baseline number of Family Council meetings attended 22 FY 2018-2019 Target: 22
4. FY 2017-2018 Baseline number of Family Council meetings attended 9 FY 2019-2020 Target: 9
Program Goals and Objective Numbers: <u>Goal 2</u>

D. Consultation to Facilities (AoA Report, Part III.D.4) Count of instances of ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone,

letter, email, fax, or in person.

1. FY 2014-2015 Baseline: number of consultations <u>1,235</u> FY 2016-2017 Target: <u>1,235</u>
2. FY 2015-2016 Baseline: number of consultations <u>1,625</u> FY 2017-2018 Target: <u>1,625</u>
3. FY 2016-2017 Baseline: number of consultations <u>1254</u> FY 2018-2019 Target: <u>1254</u>
4. FY 2017-2018 Baseline: number of consultations <u>838</u> FY 2019-2020 Target: <u>838</u>
Program Goals and Objective Numbers: <u>Goal 2</u>

E. Information and Consultation to Individuals (AoA Report, Part III.D.5) 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. Consultation may be accomplished by: telephone, letter, email, fax, or in person.

1. FY 2014-2015 Baseline: number of consultations <u>5,574</u> FY 2016-2017 Target: <u>5,574</u>
2. FY 2015-2016 Baseline: number of consultations <u>6,616</u> FY 2017-2018 Target: <u>6,616</u>
3. FY 2016-2017 Baseline: number of consultations <u>6268</u> FY 2018-2019 Target: <u>6268</u>
4. FY 2017-2018 Baseline: number of consultations <u>3,027</u> FY 2019-2020 Target: <u>3,027</u>
Program Goals and Objective Numbers: <u>Goal 2</u>

F. Community Education (AoA Report, Part III.D.10) 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.

1. FY 2014-2015 Baseline: number of sessions <u>25</u> FY 2016-2017 Target: <u>25</u>
2. FY 2015-2016 Baseline: number of sessions <u>22</u> FY 2017-2018 Target: <u>22</u>
3. FY 2016-2017 Baseline: number of sessions <u>25</u> FY 2018-2019 Target: <u>25</u>
1. FY 2017-2018 Baseline: number of sessions <u>20</u> FY 2019-2020 Target: <u>20</u>
Program Goals and Objective Numbers: <u>Goal 2, Objective 2.7</u>

G. Systems Advocacy

In the box below, in narrative format, provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. If the systemic advocacy effort is a multi-year initiative, provide a systemic advocacy objective that explains

progress made in the initiative during the prior fiscal year and identifies specific steps to be taken during the upcoming fiscal year. A new effort or a statement of progress made and goals for the upcoming year must be entered each year of the four-year cycle.

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 promote person-centered care and reduce the use of anti-psychotics, 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. Enter information in the box below.

Systemic Advocacy Effort(s) for the current fiscal year 2019-2020

Senior Advocacy Services Ombudsman Program:

- 1) Bring awareness of the systemic issues surrounding the discharge of skilled nursing facility residents to homeless shelters after years of living in the facility. Seek to open the lines of communication with shelters and managed MediCal health care system (Partnership) to eliminate this practice.
- 2) Work to expand the education, outreach and training for the volunteer program. Identify new resources that may serve as referral sources for appropriate individuals to serve as Ombudsman volunteers.
- 3) Partner with Sonoma Elder Justice Initiative and Adult Protective Services in the planning of a World Elder Abuse Awareness day presentation in June for the Board of Supervisors. The goal is to update board members and the community on the status of Elder Justice in Sonoma County.

Outcome 2. Residents have regular access to an Ombudsman. [(OAA Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

A. Facility Coverage (other than in response to a complaint), (AoA Report, Part III.D.6)

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 2014-2015 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint **15** divided by the total number of Nursing Facilities **23** = Baseline **65%**

FY 2016-2017 Target: **65%**

2. FY 2015-2016 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint **21** divided by the total number of Nursing Facilities **24** = Baseline **88%**

FY 2017-2018 Target: **88%**

3. FY 2016-2017 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 20 divided by the total number of Nursing Facilities 23 = Baseline 87%

FY 2018-2019 Target: **87%**

4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 23 divided by the total number of Nursing Facilities 23 = Baseline 87%

FY 2019-2020 Target: **87%**

Program Goals and Objective Numbers: **Goal 2**

B. Facility Coverage (other than in response to a complaint) (AoA Report, Part III.D.6)

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 2014-2015 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 18 divided by the total number of RCFEs 181 = Baseline 10%
FY 2016-2017 Target: **10%**

2. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 27 divided by the total number of RCFEs 176 = Baseline 15%
FY 2017-2018 Target: **15%**

3. FY 2016-2017 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 19 divided by the total number of RCFEs 177 = Baseline 11%
FY 2018-2019 Target: **11%**

4. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 19 divided by the total number of RCFEs 177 = Baseline 11%
FY 2019-2020 Target: **11%**

Program Goals and Objective Numbers: **Goal 2**

C. Number of Full-Time Equivalent (FTE) Staff (AoA Report Part III. B.2. - Staff and Volunteers)

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 2014-2015 Baseline: <u>2</u> FTEs FY 2016-2017 Target: <u>2</u> FTEs
2. FY 2015-2016 Baseline: <u>4.81</u> FTEs FY 2017-2018 Target: <u>4.81</u> FTEs
3. FY 2010-2011 Baseline: <u>6.41</u> FTEs FY 2013-2014 Target: <u>6.41</u> FTEs
4. FY 2010-2011 Baseline: <u>3</u> FTEs FY 2014-2015 Target: <u>3</u> FTEs
Program Goals and Objective Numbers: <u>Goal 2</u>

D. Number of Certified LTC Ombudsman Volunteers (AoA Report Part III. B.2. – Staff and Volunteers)

1. FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers <u>19</u> FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers <u>19</u>
2. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers <u>21</u> FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers <u>21</u>
3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers <u>20</u> FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers <u>20</u>
4. FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers <u>18</u> FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers <u>18</u>
Program Goals and Objective Numbers: <u>Goal 2</u>

Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [OAA Section 712(c)]

Measures and Targets:

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

Some examples could include:

- Having Ombudsman Program staff and volunteers regularly attend NORS Consistency Training provided by the OSLTCO
- Hiring additional staff to enter data
- Updating computer equipment to make data entry easier
- Initiating a case review process to ensure case entry is completed in a timely manner

- 1) The agency will budget to improve the computer equipment to update existing equipment to modern standards. Consideration of equipment that can be used in the field, like laptops or tablets, will be included in the planning.
- 2) The staff Ombudsman regularly trains all new volunteers on the use of ODIN. This provides immediate access to data entry from the field and enhances confidentiality

as there is no paper.

- 3) Volunteers and staff continue to be trained by the state Ombudsman (OSLTCO) webinar trainings which serve to create consistency in reporting. Trainings are conducted on a monthly basis to ensure continuity and connectedness amongst volunteers and staff.

PSA 27

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

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

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

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

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. OAA 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 VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

The agency receiving Title VIIA Elder Abuse Prevention funding is: **Senior Advocacy Services**

Fiscal Year	Total # of Public Education Sessions
2016-2017	30
2017-2018	30
2018-2019	30
2019-2020	30

Fiscal Year	Total # of Training Sessions for Professionals
2016-2017	6
2017-2018	6
2018-2019	6
2019-2020	6

Fiscal Year	Total # of Training Sessions for Caregivers served by Title IIIE
2016-2017	4
2017-2018	4
2018-2019	4
2019-2020	4

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	20
2017-2018	20
2018-2019	20
2019-2020	20

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2016-2017	100	Handouts listing tips for recognizing elder abuse and APS tri-fold brochures
2017-2018	100	
2018-2019	100	
2019-2020	100	

Fiscal Year	Total Number of Individuals Served
2016-2017	1,900
2017-2018	1,900

2018-2019	1,900
2019-2020	1,900

TITLE IIIIE SERVICE UNIT PLAN OBJECTIVES**CCR Article 3, Section 7300(d)****2012–2016 Four-Year Planning Period**

This Service Unit Plan (SUP) uses the five broad federally-mandated service categories defined in PM 11-11. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 1, 2011 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

Direct and/or Contracted IIIIE Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	# of activities and Total est. audience for above		
2016-2017	NOT FUNDING		
2017-2018			
2018-2019			
2019-2020			
Access Assistance	Total contacts		
2016-2017	NOT FUNDING		
2017-2018			
2018-2019			
2019-2020			

Access Assistance	Total contacts		
Support Services	Total hours		
2016-2017	1,130	2	
2017-2018	1,130	2	
2018-2019	1,251	2	
2019-2020	1,210	2	
Respite Care	Total hours		
2016-2017	5,900	2	
2017-2018	6,000	2	
2018-2019	6,000	2	

2019-2020	6,000	2	
Supplemental Services	Total occurrences		
2016-2017	NOT FUNDING		
2017-2018			
2018-2019			
2019-2020			

Direct and/or Contracted IIIE Services

Grandparent Services Caring for Children	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
NOT FUNDING			

Grandparent Services Caring for Children	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
NOT FUNDING			

Direct and/or Contracted IIIE Services

Grandparent Services Caring for Children	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
NOT FUNDING			

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

PSA 27 – NOT FUNDING

⁵ If not providing a Title V program, then enter PSA number followed by "Not providing".

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

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

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

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

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

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

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

AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at:
<https://www.aging.ca.gov/ProgramsProviders/AAA/Planning/>.

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

HICAP Legal Services Units of Service (if applicable) ⁷

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
NOT FUNDING		
Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
NOT FUNDING		
Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
NOT FUNDING		

⁶ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

SECTION 11 - FOCAL POINTS**PSA 27****COMMUNITY FOCAL POINTS LIST**

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), OAA
2006 306(a)

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

Designated Community Focal Point	Address
Cloverdale Senior Center	P.O. Box 663 Cloverdale, CA 95425
Healdsburg Senior Center	133 Matheson Healdsburg, CA 95448
Petaluma Senior Center	211 Novak Drive Petaluma, CA 94954
Rohnert Park Senior Center	6800 Hunter Drive, Suite A Rohnert Park, CA 94928
Russian River Senior Center	15010 Armstrong Woods Road Guerneville, CA 95446
Santa Rosa Multi-Purpose Senior Center	704 Bennett Valley Road Santa Rosa, CA 95404
Sebastopol Area Senior Center	167 N. High Street Sebastopol, CA 95472
Vintage House	264 First Street East Sonoma, CA 95476
Windsor Senior Center	9231 Foxwood Drive P.O. Box 100
Finley Senior Center	2060 Finley Senior Center Santa Rosa, CA 95401

SECTION 12 - DISASTER PREPAREDNESS**PSA 27****NO CHANGE FOR FY 19/20 UPDATE**

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

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

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

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

Name	Title	Telephone	email
Jim Colangelo	Interim Deputy Director Fire & Emergency Svc	Office: 707-565-1157	Jim.Colangelo@sonoma-county.org

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Tracy Repp	AAA Manager	Office: 707-565-5982	trepp@schsd.org

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

Critical Services	How Delivered?
a Nutrition Services – Home Delivered Meals	a Provider contracts
b Information and Assistance	b Provider contracts and 2-1-1
c	c
d	d

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

Answer: American Red Cross – Shelter Management

6. Describe how the AAA will:

- Identify vulnerable populations.

Answer: Program and agency specific emergency protocols

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

Answer: Client profiles indicate the level of disaster preparedness required depending on their needs. AAA Service providers and county social workers will provide follow up by phone to clients who live in the affected areas of the disaster. Client profiles indicate a variety of variables that assist to determine the degree of contact required (i.e. critical, urgent, moderate) including living arrangement and special impairments or risk factors. The follow up includes checking on the clients' safety, access to essentials such as food, water, medicine, heat, etc., and providing referrals as necessary.

SECTION 13 - PRIORITY SERVICES

PSA **27**

NO CHANGE FOR FY 19/20 UPDATE

2016-2020 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 funds⁸ 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 2016-17 through FY 2019-20

Access:

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

2016-17: **40** % 17-18: **20** % 18-19: **20** % 19-20: **20** %

In-Home Services:

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

2016-17: **30** % 17-18: **10** % 18-19: **10** % 19-20: **10** %

Legal Assistance Required Activities:⁹

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

2016-17: **10** % 17-18: **8** % 18-19: **8** % 19-20: **8** %

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

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

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

⁷ 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.

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

SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES**PSA 27****NO CHANGE FOR FY 19/20 UPDATE**

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

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

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

Check applicable direct servicesCheck each applicable Fiscal Year**Title IIIB****16-17****17-18****18-19****19-20**☒ Information and Assistance☒☒☒☒☒ Case Management☒☒☒☒☐ Outreach☐☐☐☐☒ Program Development☒☒☒☒☒ Coordination☒☒☒☒☐ Long-Term Care Ombudsman☐☐☐☐**Title IIID****16-17****17-18****18-19****19-20**☒ Disease Prevention and Health Promo.☒☒☒☒**Title IIIE ¹⁰****16-17****17-18****18-19****19-20**☐ Information Services☐☐☐☐☐ Access Assistance☐☐☐☐☐ Support Services☐☐☐☐**Title VIIA****16-17****17-18****18-19****19-20**☐ Long-Term Care Ombudsman☐☐☐☐**Title VII****16-17****17-18****18-19****19-20**☐ Prevention of Elder Abuse, Neglect
and Exploitation☐☐☐☐

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

Answer: The existing direct services case management program provided known as "Linkages" has included I&A as part of their program services starting in FY 16/17. Linkages is part of the Sonoma County Human Services Department, Adult & Aging Division, which provides social services to older adults and people with disabilities county-wide. Division programs include the Area Agency on Aging, In-Home Supportive Services, Multi-Purpose Senior Services Program, Adult Protective Services, Public Administrator/Guardian/Conservator, and Veterans Services.

⁹ Refer to PM 11-11 for definitions of Title III E categories.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 27

NO CHANGE FOR FY 19/20 UPDATE

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

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

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

Identify Service Category: _____

Check applicable funding source:¹¹

☐ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☐ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service OR

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

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

☐ 2016-17

☐ 2017-18

☐ 2018-19

☐ 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service¹² : _____

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

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

in agreement.

SECTION 16 - GOVERNING BOARD**PSA 27****GOVERNING BOARD MEMBERSHIP
2016-2020 Four-Year Area Plan Cycle**

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

Total Number of Board Members: 5**Name and Title of Officers:****Office Term Expires:**

David Rabbitt, Chair of the Sonoma County Board of Supervisors for Calendar Year 2019	December 2019
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Names and Titles of All Members:**Board Term Expires:**

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

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

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

SECTION 17 - ADVISORY COUNCILPSA 27**ADVISORY COUNCIL MEMBERSHIP
2016-2020 Four-Year Planning Cycle**

OAA 2006 306(a)(6)(D)
45 CFR, Section 1321.57
CCR Article 3, Section
7302(a)(12)

Total Council Membership (include vacancies) 21Number of Council Members over age 60 12

	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
Race/Ethnic Composition		
White	<u>86</u>	<u>100</u>
Hispanic	<u>8</u>	<u>0</u>
Black	<u>.5</u>	<u>0</u>
Asian/Pacific Islander	<u>3.4</u>	<u>0</u>
Native American/Alaskan Native	<u>.2</u>	<u>0</u>
Other	<u>1.9</u>	<u>0</u>

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

Terry Kelley, Chair	6/30/19
Diane Spain, Vice Chair	6/30/19
Lea Black, Secretary	6/30/19

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

Jen Arent, AC Council Member	March 2020
Richard Baum, AC Council Member	February 2021
Lea Black, AC Council Member	April 2019
Dorothy Fried, AC Council Member	February 2020
Jenny Helman, AC Council Member	April 2019
Peter Holewinski, AC Council Member	March 2020
Terry Kelley, AC Council Member	April 2019
Bonnie Koagedal, AC Council Member	February 2021
Joy Lovinger, AC Council Member	February 2021
Sean Madison, AC Council Member	October 2020

Bob Picker, AC Council Member	October 2020
Jim Redding, AC Council Member	September 2020
Judy Rice, AC Council Member	October 2020
Rabon Saip, AC Council Member	February 2020
Alain Serkissian, AC Council Member	June 2020
Cynthia Scarborough, AC Council Member	October 2020
Deanna Shaat, AC Council Member	July 2020
Diane Spain, AC Council Member	September 2020
Don Streeper, AC Council Member	September 2020
Erin Stroud, AC Council Member	November 2020
One Vacancy	

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

	Yes	No
Low Income Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disabled Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supportive Services Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Care Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family Caregiver Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Elected Officials	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with Leadership Experience in Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Explain any "No" answer(s): _____

Answer: We do not have any current elected officials on the Advisory Council board due to time constraints of the officials. We plan continuing reaching out to local city councils, mayors, and Board of Supervisor members to ask for their participation or by proxy. We do, however, have local statewide elected official representation via their Legislative Aides as part of our Advisory Council Legislative Committee.

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

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

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

Answer: AAA staff recruits for new members using a recruitment flyer/application and submits a press release to media outlets as well as asks each of the 5 Board of Supervisors to post vacancies on their personal webpages. The Board of Supervisors appoints 10 of the members, 2 from each Supervisorial district. The Council elects 11 members, 5 of whom represent each of the Supervisorial districts and six member-at-large positions.

A minimum of one member represents a minority population and one represents individuals with disabilities. The Executive Committee reviews all applications other than Supervisor appointments, takes into account the requirements stated above and makes a recommendation to the Council. A majority vote of the full Council is required for final election

SECTION 18 - LEGAL ASSISTANCE

PSA 27

2016-2020 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act of 1965, as amended (OAA), designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]¹³ 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 (PM 05-19)

1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title IIIB requirements: **Discuss:**
Answer: The Sonoma County Area Agency on Aging provides leadership, services, and advocacy to promote the dignity, independence and quality of life for older adults, adults with disabilities, and their caregivers. PSA 27 has supported Legal Services with IIIB funds for FYs 2011 to 2015 through a contract with the Council on Aging. A Request for Proposals (RFP) was completed in FY 2014-15 and a new service provider, Legal Aid of Sonoma County was selected for FYs 2015-17 as well as through a more recent RFP completed for FYs 2017-21.
2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? **Discuss:** **Answer:** Approximately 8%.
3. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years). **Yes/No, Discuss:**
Answer: The AAA funded service provider, Legal Aid of Sonoma County, prioritizes services to those in most social or financial need (low or very low income). Changes include increases in older adults facing mobile home park evictions, need for securing benefits, setting temporary restraining orders, consumer issues, other housing issues and financial abuse.

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

The AAA funding for Legal Services has remained flat, as has the other IIIB funded programs. Service providers have had to fundraise and receive funding from other sources to be able to provide the level of service required. Legal Aid of Sonoma County was successful in asking the Sonoma County Board of Supervisors for \$100,000 of County General Fund for the past 3 fiscal years to provide the *Elder Outreach Legal Services Program* which provides for an attorney to provide Legal Clinics at outreach locations throughout the county. This funding is not guaranteed and the request is made during budget hearings in June for the next fiscal year.

4. Specific to Legal Services, does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Yes/No, Discuss:**
Answer: Yes. The Request for Proposal and the contract scope of work includes the requirement that the service provider is to comply with and include processes for provision of legal services in their proposals based on the California Statewide Guidelines.
5. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA? **Yes/No, Discuss:**
Answer: The AAA jointly reviews priorities, not set them. Legal Aid of Sonoma County has seen an increase in the need of court representation, which is very labor intensive/time consuming and may result in the provision of less services in other areas. Other areas of increase are Housing, Elder Abuse/Neglect/Exploitation, and Estate Planning, Wills, and Trusts. As mentioned in question 3 above, The October 2017 wildfires in Sonoma County exacerbated the need and the requests for the services described above. Legal Aid of Sonoma County saw a double-digit percent increase in calls for assistance, and have been part of the County recovery effort providing legal services to all community members affected by the fires.
6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA **AND** what mechanism is used for reaching the target population? **Yes/No, Discuss:**
Answer: The AAA funded service provider, Legal Aid of Sonoma County, collaborates with the AAA and other service providers to provide information to case managers, home delivered meals recipients, and the Ombudsman program volunteers in order to target older adults with the greatest social and economic need. Legal clinics are held monthly at locations throughout the county. The AAA contract with Legal Aid states that they must prioritize serving older adults 60 years of age or older who are identified as meeting one of more of the following:
- a) Low-income
 - b) Minority
 - c) Limited English proficient
 - d) Socially isolated
 - e) Residing in rural areas
 - f) Have the greatest economic and social need
 - e) Are at risk for institutional placement
7. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? **Discuss:**
Answer: Please refer to answer in Question 6.
8. How many legal assistance service providers are in your PSA? **Complete table below.**

Fiscal Year	# of Legal Assistance Services Providers
2016-2017	1
2017-2018	1

2018-2019	1
2019-2020	1

¹² For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or chisorom.okwuosa@aging.ca.gov

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

Answer: Older adults can receive referral to legal services through the local 2-1-1 Human Services Information and Assistance call center or by calling Legal Aid of Sonoma County directly.

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

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

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

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

Fiscal Year	Name of Provider	Geographic Region covered
2016-2017	Legal Aid of Sonoma County	County-wide
2017-2018	Legal Aid of Sonoma County	County-wide
2018-2019	Legal Aid of Sonoma County	County-wide
2019-2020	Legal Aid of Sonoma County	County-wide

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

Answer: Access is provided through telephone contacts, web access or by referral from a care provider or family member as well as mobile neighborhood-based legal clinics throughout the county

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

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

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

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

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

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

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

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

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

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

SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW¹⁴

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.

Complete the chart below.

Title III Grantee and/or Senior Center	Type Acq/Const	IB Funds warded	% of Tot Cost	Recapture Period		Compliance Verification State Use Only
				MM/DD/YY Begin	MM/DD/YY Ends	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address: :						

¹³ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM

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

2016–2020 Four-Year Planning Cycle

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

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

Family Caregiver Services

Category	2016-2017	2017-2018	2018-2019	2019-2020
Family Caregiver Information Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Access Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

Grandparent Services

Category	2016-2017	2017-2018	2018-2019	2019-2020
Grandparent Information Services	NOT FUNDING			
Grandparent Access Assistance				
Grandparent				

Support Services	
Grandparent Respite Care	
Grandparent Supplemental Services	

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

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

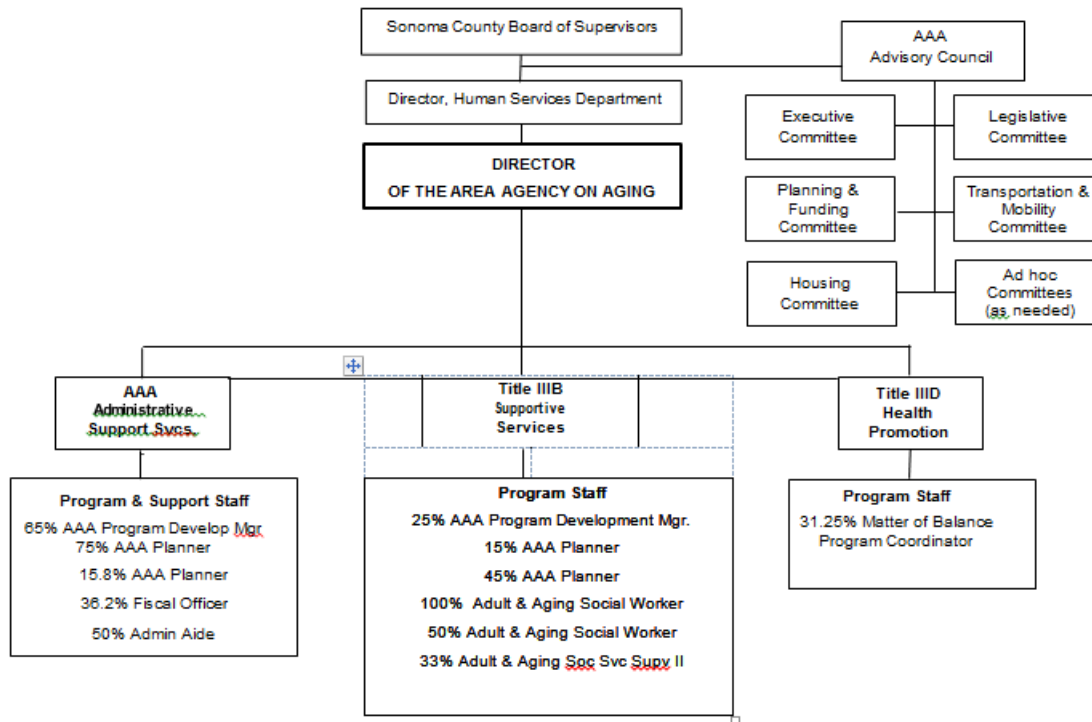
- Provider name and address of agency
- Description of the service
- Where the service is provided (entire PSA, certain counties, etc.)
- Information that influenced the decision not to provide the service (research, needs assessment, survey of senior population in PSA, etc.)
- How the AAA ensures the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

Answer: With the limited funding received for these services, this PSA determined the most effective means of supporting caregivers was to concentrate the funding on caregiver support services and respite services when a caregiver is caring for the elderly.

Grandparent support is provided through the Sonoma Kinship Center. Located at 2255 Challenger Way, suite 100 in Santa Rosa, the center provides support groups, resource workshops, guardianship assistance, a computer center, advocacy and referrals throughout Sonoma County.

This agency is a result of a collaborative community effort funded through the California Department of Social Services KSSP, Liliput Families, a private non-profit and public and private donors.

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



SECTION 22 - ASSURANCES

Pursuant to the Older Americans Act Amendments of 2006 (OAA), the Area Agency on Aging assures that it will:

A. Assurances

1. OAA 306(a) (2)

Provide an adequate proportion, as required under OAA 2006 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

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

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

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

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

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

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

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

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

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

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

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

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

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English

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

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

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

(I) identify the number of low-income minority older individuals in the planning and service area;

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

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

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

Use outreach efforts that —

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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)

Coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(9)

Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

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

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

(B) to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

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

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

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

(ii) the nature of such contract or such relationship;

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

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

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

11. 306(a)(14)

Not give preference in receiving services to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

Funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in OAA 2006 306(a)(4)(A)(i); and

(B) in compliance with the assurances specified in OAA 2006 306(a)(13) and the limitations specified in OAA 2006 212;

B. Additional Assurances:

Requirement: OAA 305(c)(5)

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

Requirement: 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.

Requirement: 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.

Requirement: 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.

Requirement: 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

Requirement: 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.

Requirement: OAA 307(a)(12)(A)

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

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

Requirement: 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.

Requirement: 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.

Requirement: OAA 307(a)(26)

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

Requirement: OAA 307(a)(27)

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

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

CFR [1321.53(a)(b)]

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

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

(1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;

(2) Provide a range of options;

(3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;

(4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;

(5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;

(6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;

(7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;

(8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;

(9) Have a unique character which is tailored to the specific nature of the community;

(10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

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.

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.

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.61(b)(4)]

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

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.

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.