

County of Sonoma

Area Agency on Aging
Planning & Service Area 27



Area Plan
July 1, 2024 to June 30, 2028
Year 2 Update

California Department of Aging
May 2026

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OVERVIEW

Purpose

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

Regulation

In accordance with the Older Americans Act (OAA) Reauthorization Act of 2020, 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 document constitute the required Area Plan format.

In the event of an amendment to the OAA during the Fiscal Year (FY) 2024-2028 Area Plan cycle, CDA will issue a Program Memo (PM) describing the changes and providing relevant guidance and any necessary form and template changes pertaining to the Area Plan.

Content

The following components comprise the Area Plan:

- Area Plan Required Components Checklist – found in Part II.
- Transmittal Letter – found in Part II.
- Sections 1 – 19 (The Area Plan) as delineated in Part II.
- Additional Instructions, Information and Logistics – the end of Part I.

2024-2028 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

To ensure all required components are included, "X" the far-right column boxes.
Enclose a copy of the checklist with your Area Plan; *submit this form with the Area
Plan due 5-1-24 only*

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

AREA PLAN UPDATE (APU) CHECKLIST

Check one: FY25-26 FY 26-27 FY 27-28

Use for APUs only due May 1, 2025, 2026, and 2027

AP Guidance Section	APU Components (Update/Submit A through G) ANNUALLY:	Check if Included
n/a	A) Transmittal Letter- (submit by email with electronic or scanned original signatures)	<input type="checkbox"/>
n/a	B) APU- (submit entire APU electronically only)	<input 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"/>
6	D) Priority Services and Public Hearings	<input checked="" type="checkbox"/>
n/a	E) Annual Budget, should match Org. Chart	<input checked="" type="checkbox"/>
8	F) Service Unit Plan (SUP) and LTC Ombudsman Program Outcomes	<input checked="" type="checkbox"/>
10	G) Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
11	G) Legal Assistance	<input checked="" type="checkbox"/>

Guidance

AP	APU Components (To be attached to the APU) ➤ <i>Update/Submit the following only if there has been a CHANGE to the section that was not included in the Year 1(FY2425) 2024-2028 Area Plan:</i>	Mark C for Changed	Mark N/C for Not Changed
1	Mission Statement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Needs Assessment/Targeting	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	AP Narrative Objectives:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	• System-Building and Administration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	• Title IIIB-Funded Programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	• Title IIIB-Program Development/Coordination (PD or C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	• Title IIIC-1 or Title IIIC-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	• Title IIID-Evidence Based	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	• HICAP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Senior Centers and Focal Points	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Title III E-Family Caregiver Support Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Notice of Intent to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Request for Approval to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Governing Board	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Multipurpose Senior Center Acquisition or Construction	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	Organizational Chart(s) (Must match Budget)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	Assurances	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

AAA Name: County of Sonoma Area Agency on Aging

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. Rebecca Hermosillo

Signature: Governing Board Chair ¹

Date

2. Jenny Helman

Signature: Advisory Council Chair

Date

3. Paul Dunaway

Signature: Area Agency Director

Date

1 Original signatures or electronic signatures are required.

SECTION 1. MISSION STATEMENT

The Sonoma County Area Agency on Aging, Planning & Service Area 27 provides leadership, services, education and advocacy to promote the dignity, independence, and quality of life for older adults, adults with disabilities and their caregivers.

Sonoma County's Area Agency on Aging is also guided by the California Department of Aging's Vision, Mission, and Values²:

- Vision for an age and ability-friendly California where we choose where and how we live throughout our lives.
- Mission to transform aging for individuals, families, and communities by leading innovative programs, planning, policies, and partnerships that increase choices, equity, and well-being for all Californians as we age.
- All while embracing the values of Person-Centered & Outcome-Based, Leadership & Collaboration, Innovation & Inclusivity.

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

Physical Characteristics

The County of Sonoma recognizes that we're on the ancestral lands of the Coast Miwok, Pomo and Wappo who are the original caretakers of this area. We respectfully acknowledge the Indigenous peoples who continue stewarding and maintaining relationship on this land as knowledge keepers.

The County of Sonoma is a single county and county run Planning and Service Area (PSA). Sonoma County is one of nine counties comprising the San Francisco Bay Area, just 60-miles North of San Francisco and borders the counties of Marin in the South, Napa and Lake to the East and Mendocino to the North. Sonoma County is geographically varied with a mixed rural and urban character.

Sonoma County is a special place to live and age. The county's 1,768 square miles includes majestic redwood forests, the rugged coastline of the Pacific Ocean, over fifty parks (both regional and state) offering hiking and cycling paths for all mobility levels, and lakes and rivers for water recreation.

Highway 1 runs North-South along the coast, Highway 12 runs West-East and Highway 101 runs North-South through the center of the county. Sonoma County is home to the Sonoma-Marin Area Rail Transit (SMART), a public transit agency that operates passenger and freight trains in Sonoma and Marin counties as well as the Charles M. Schulz Sonoma County Airport.

The area is comprised of nine incorporated cities. The largest universities in Sonoma County are Santa Rosa Junior College, Sonoma State University and Empire College. There are three major health providers, Kaiser Permanente, Providence and Sutter Health as well as

² https://aging.ca.gov/About_Us/

four federally qualified health centers. The county is also home to internationally renowned restaurants, breweries, and wineries.

The median property value in Sonoma County was \$665,800 in 2021, which is 2.72 times larger than the national average of \$244,900. In 2022, 22.5% of the population was living with severe housing problems in Sonoma County³. The county’s housing options for older adults include affordable older adult and intergenerational properties, mobile home parks designated for older adults, and senior living communities.

Demographic Characteristics

California’s older adult population age 60+ is projected to diversify and grow faster than any other age group, increasing from 16% in 2010 to 25% of the population by 2030. Sonoma County already exceeds this projection with older adults accounting for 28% of Sonoma County’s current total population, a number that is projected to increase to 35% by 2030.

There are 9 incorporated cities and towns in addition to 28 census-dedicated places (CDP). Seven of its nine incorporated cities are home to populations of fewer than 50,000, while Santa Rosa, the county’s largest city, has a total population of 178,127. Older adult populations live throughout all areas of the county.

Population Totals

According to the 2016-2019 American Community Survey, 5-Year Estimates, the total population of Sonoma County comprised of 60+ is 28% or 142,132 of the total population.

Total population of Sonoma County	492,498
Total population of people age 60+	142,132
% of people age 60+	28%

Age Breakdown	Number 60+	Percent of 60+
60 – 64	39,732	27%
65 – 69	31,327	25%
70 – 74	31,722	19%
75 – 79	16,503	12%
80 – 84	11,584	7%
85+	11,264	9%
	Total 142,132	

2030 Projections

Department of Finance 2020 Baseline

Total population of Sonoma County	521,303
Total population of people age 60+	182,459
% of people age 60+	35%

³ [Sonoma County, CA | Data USA](#) Housing & Living

Age 60+ Populations of the 9-Incorporated Cities and Towns of Sonoma County

2021 American Community Survey, 5-Year Estimate

The Sonoma County Economic Development Board publishes City Fact Sheets providing additional information relevant to livability and demographics.⁴

City/Town	Total Population	Number of 60+ in City/Town	Percent of 60+ for City/Town	Percent of 60+ Countywide
Cloverdale	8,996	2,484	27.61%	1.7%
Cotati	7,584	1,705	22.48%	1.1%
Healdsburg	11,340	3,828	33.76%	2.7%
Petaluma	59,776	15,719	26.30%	11%
Rohnert Park	44,390	8,396	18.91%	6%
Santa Rosa	178,127	42,553	23.89%	30%
Sebastopol	7,521	2,504	33.29%	1.8%
Sonoma	10,739	4,352	40.53%	3%
Windsor	26,344	6,289	23.87%	4.4%

Age 60+ Populations by Geographic Regions of Sonoma County

US Census by "Census Designated Place" Reflects Count of Specific City/Town
2021 American Community Survey 5-Year Estimate⁵

City/Town	Number of 60+	Percent of 60+ for City/Town	Percent of 60+ Countywide
Santa Rosa/Central County			
Fulton	168	32.9%	.1%
Larkfield/Wikiup	9,837	12.17%	6.9%
Santa Rosa	42,553	23.89%	23%
Coastal Area			
Bodega	216	42.8%	.15%
Bodega Bay, Sereno del Mar & Salmon Creek	461	35.9%	.32%
Jenner & Timber Cove	90	42.4%	.06%
The Sea Ranch	794	73.7%	.32%
Sonoma Valley			
Boyes Hot Springs	1,654	26.61%	1.16%
El Verano	966	28.9%	.68%
Eldridge	191	20.2%	.13%
Fettters Hot Springs/ Agua Caliente	859	23.4%	.6%
Glen Ellen	196	18.2%	.14%
Kenwood	402	47.18%	.28%
Sonoma	4,352	40.53%	1.8%
Temelec	1,779	94.38%	1.25%

⁴ <https://sonomaedb.org/data-center/city-snapshots>

⁵ <https://data.census.gov/table/ACSST5Y2022.S0102?q=Sonoma%20County,%20California>

City/Town	Number of 60+	Percent of 60+ for City/Town	Percent of 60+ Countywide
North County			
Cloverdale	2,484	27.61%	1.7%
Geyserville	350	40.5%	.25%
Healdsburg	3,828	33.76%	2.7%
Windsor	6,289	23.87%	4.4%
South County			
Bloomfield	61	32.4%	.043%
Cotati	1,705	22.48%	1.12%
Petaluma	15,719	26.3%	11%
Penngrove	993	45.4%	.7%
Rohnert Park	8,396	18.91%	5.9%
West County			
Cazadero	98	27.9%	.07%
Forestville	1,204	36.89%	.85%
Graton	474	26.3%	.33%
Guerneville	1,851	40.66%	1.3%
Monte Rio	438	50.7%	.3%
Occidental	613	54.15%	.43%
Sebastopol	2,504	33.29%	1.76%
Valley Ford	10	6.8%	.007%

Race of People 60+

These statistics were generated from the census data. The data on race are based on self-identification and the categories on the form generally reflect a social definition of race. The categories are not an attempt to define race biologically, anthropologically, or genetically. Respondents can mark more than one race on the form to indicate their racial mixture.

Race	Number of 60+	Percent of 60+
American Indian & Alaska Native	829	.6%
Asian	4,834	3.5%
Black or African American	1,519	1.1%
Native Hawaiian and other Pacific Islander	276	.2%
White	119,208	86.3%
Some Other Race	6,078	4.4%
Two or More Races	5,387	3.9%
Total	138,132	

Ethnicity of People 60+

On census surveys, an individual can report as White, Black or African American, Asian, American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, or some other race. Additionally, respondents may report multiple races. Ethnicity determines whether a person is of Hispanic origin or not.

Ethnicity	Number of 60+	Percent of 60+
Hispanic or Latinx	14,228	10.3%
White	113,406	82.7%
Other	5,663	4.1%

Gender of People 60+

Gender identity refers to an individual's gender, whether male, female or another category such as non-binary. This may or may not be the same as their sex registered at birth. The question on gender identity was new for Census 2021.

Female	54.6%
Male	45.4%

People with Disabilities 60+ and 18+

In an attempt to capture a variety of characteristics that encompass the definition of disability, the ACS identifies serious difficulty with four basic areas of functioning – hearing, vision, cognition, and ambulation.

Number of 18+	53,342
Number of 18 to 59	19,786
Number of 60+	33,556
Percent of 60+	24.23%

Geographically Isolated

Data taken from 2022 CDA Population Demographics by County and Planning & Service Area (PSA) and based on the definition in the Older Americans Act.

Number of 60+	17,953
Percent of 60+	10.7%

Urban and Rural 60+

Rural encompasses all population, housing, and territory not included within an urban area. For the 2020 Census, an urban area will comprise a densely settled core of census blocks that meet minimum housing unit density and/or population density requirements.

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

Financial Stability – What it Costs to Live in Sonoma County⁶

Data taken from the Elder Economic Security Standard Index (Elder Index) for Sonoma County and based on a Health Status: Good Health. Total expenses below account for the cost of food, transportation, housing, health care and miscellaneous essentials.

Expenses	Single Older Adult			Older Adult Couple		
	Renter	Homeowner w/Mortgage	Homeowner w/o mortgage	Renter	Homeowner w/Mortgage	Homeowner w/o mortgage
Total	\$35,748	\$48,012	\$25,272	\$47,700	\$59,964	\$37,224

Poverty Level Statistics⁷

The federal poverty level (FPL) is the income threshold below which a “family,” and every individual in it, is considered to be in poverty. Below is the breakdown of those 60 and over in Sonoma County who are in poverty.

Total population below Poverty Level	42,142
Total population of people 60+	9,940
% of people 60+	7.4%
% of total population below Poverty Level	8.7%

Federal Poverty Level 2023 by Number in Household

Data taken from the U.S Office of the Assistant Secretary for Planning & Evaluation (ASPE)

# of People in Household	Income
One	\$14,580
Two	\$19,720
Three	\$24,860
Four	\$30,000
Five	\$35,140

Unique Resources & Constraints

The growth in Sonoma County’s older adult population has significant implications for both individual and community life by enriching the county with increased wisdom and a wealth of intergenerational connections while also challenging families and community organizations to provide planning and support related to an increased need for services.

Unique resources in Sonoma County include senior centers in each of the nine incorporated cities supporting a variety of activities such as safe mobility education, meals, and special interest classes. Sonoma County’s Regional Parks Department offers activities specifically geared to older adults⁸. Snoopy’s Home Ice Redwood Empire Ice Arena hosts hockey for all ages and the world’s premier Senior Hockey Tournament. The Green Music Center on the Sonoma State University campus hosts the Santa Rosa Symphony and along with the

⁶ <https://elderindex.org/> released by the Gerontology Institute at the University of Massachusetts Boston and last updated on December 15, 2023.

⁷ This statistic does not account for undocumented residents in Sonoma County. As shared by a representative from La Luz Center in Sonoma County, aging agricultural workers and others are being undercounted.

⁸ <https://parks.sonomacounty.ca.gov/play/calendar/seniors>

Luther Burbank Center for the Arts invites musicians and performers from all over the world. The Sonoma State University campus also hosts the Osher Lifelong Learning Institute.

While there are a variety of programs and services designed to assist older adults and adults with disabilities with basic needs and to promote a healthy quality of life, older adults, adults with disabilities and caregivers continue to express a need for more information about these services. This emanated from the countywide needs assessment focus groups where 49% of respondents expressing that they still don't know what services are available to them compared to 64% from the previous needs assessment.

Disaster planning and education remains a significant challenge given power shut off events, significant fires and/or floods requiring evacuation and in 2017, 2019, 2020 leading to loss of housing and/or the lives of primarily older adults. The rising cost of insurance and insurers canceling policies due to disasters have created challenges. The ongoing challenges of isolation and interruption in access to healthcare created by the pandemic further amplify complex trauma and the need for services.

Sonoma County shares with state and nationwide counterparts the challenges related to affordable housing and caregiving services, and transportation solutions that meet the needs of older adults, adults with disabilities and their caregivers. The county also shares the challenges of Older Americans Act revenue that does not meet the needs of these populations. The Sonoma County Area Agency on Aging continues to strengthen its efforts around education, advocacy, and data collection to influence funding, legislation, and policy development. The AAA continues to seek out funding through grants and collaborative partnerships to meet the needs of its most vulnerable residents.

Service System

Sonoma County's Area Agency on Aging continues its commitment to provide quality leadership and coordination among service providers in the PSA through a dynamic web of AAA partner agencies and community groups as well as services, programs and initiatives provided in whole or in part by the AAA to support older adults, adults with disabilities and their caregivers.

Aware of the increasing complexities and challenges faced by these populations, the County's Human Services Department Adult & Aging Division established a Community & Administrative Services Section. This new section fosters a holistic and collaborative approach to services both within the county government structure as well as with community-based organizations and residents.

In October 2023, the County released a first of its kind Request for Proposal (RFP) to address the needs of older adults, adults with disabilities and caregivers. This RFP created a new approach to funding that combined revenue streams and programs, both existing and anticipated. Staff included programs that had not been funded in prior years to invite proposals for shovel-ready projects should new revenue become available. The RFP resulted in more than forty proposals that were scored and rated enabling the County to contract with providers more efficiently over the next four years leading to services with less delay, particularly in the case of new funding streams (typically a 4-to-6-month process).

Access to Services & Advocacy

- Sonoma County's Aging & Disability Commission (formerly the Area Agency on Aging Advisory Council): Responsible for advocacy on behalf of older adults, adults with disabilities and caregivers.
- Sonoma County's Aging & Disability Resource Hub in partnership with the Disability Services & Legal Center (DSLCL) providing a "No Wrong Door" approach to services countywide through service provider partnerships and an Information & Assistance line staffed by County Adult & Aging Social Workers.
- Sonoma County's Human Services Department, Adult & Aging Division

Contracted and In-House Programs – providing services that support Aging in Place through braided revenue streams such as the Older Americans Act (Titles IIIB, IIIC-1 & 2, IIID, IIIE and VII), CalFresh Health Living, Older Californians Act – Modernization (Nutrition and Supportive Services), CalTrans 5310, CalOES VOCA XE, Digital Connections and other grants made available to Sonoma County's Area Agency on Aging.

- Information and Assistance staffed by Adult & Aging Social Workers (Title IIIB and ADRC funding)
- Aging & Disability Resource Directory – printed, online and available as a .pdf (Title IIIB)
- Sonoma Access – Online Transportation Planning Tool (Title IIIB)
- Adult Day (Title IIIB)
- Alzheimer's Day (Title IIIB)
- Case Management and Linkages (Title IIIB)
- Caregiver Support Education & Training (Title IIIE)
- Caregiver Support Groups (Title IIIE)
- Caregiver Respite: In-Home Supervision (Title IIIE)
- Community Education specifically to Spanish speaking residents (Title IIIB)
- Disaster Planning (Title IIIB)
- Technology Tools and Education
- Legal Assistance (Title IIIB)
- Long-Term Care Ombudsman Program (Title IIIB)
- Nutrition: Congregate and Home Delivered Meals & Education (Title IIIC-1 & 2)
- Intergenerational activities (Title IIIC-1 & CalFresh Healthy Living)
- Healthcare and social care integration at federally qualified health centers supporting social determinants of health (MHSA and OCA-M Supportive Services funding)
- Health Promotion related to Nutrition Education, connections to Farmers Markets and Community Gardens. (Title IIID & CalFresh Healthy Living)
- Health Promotion related to Safe Mobility such as A Matter of Balance, FallProof

and convening of affiliated programs and services available throughout the county. Includes Dignity at Home, fall prevention home assessment and support. (Title IIID, Dignity at Home & CalFresh Healthy Living)

- In Home Supportive Services Eligibility & Enrollment via Information & Assistance (Title IIIB)
- Senior Farmers Market Nutrition Program (SFMNP)
- Transportation One-Way Rides and Vouchers (Title IIIB) and Mobility Management if the CalTrans 5310 grant is awarded.
- Health Insurance Counseling & Advocacy Program (HICAP) and the aligned Medicare Improvements for Patients and Providers (MIPPA) program

Community Initiatives – in which the Area Agency on Aging staff serve a lead or support role in oversight.

- Aging & Disability Education Webinar Series & Fact Sheets to support community education of services, resources, and call-to-action.
- Aging & Disability Monthly eBlast of activities and key information reaching just over 700 individuals and just over 300 agencies in Sonoma County.
- Local Aging & Disability Action Plan Grant efforts centered on engagement with Black Indigenous People of Color (BIPOC) residents, services, and associations in partnership with the communities of Santa Rosa and Sonoma Valley.
- Local Master Plan for Aging (MPA) grant efforts to align Sonoma County priorities with the State's MPA efforts.
- Aging Together is a leadership collaborative dedicated to supporting Sonoma County's Age Friendly designation.
- Healthcare and Social Care Integration addressing isolation, depression and mental health of older adults and adults with disabilities.

Adult & Aging Programs – co-located with the Area Agency on Aging leading to collaborative engagement regarding shared populations and priorities.

- In Home Supportive Services
- In Home Supportive Services Public Authority
- Multipurpose Senior Services Program (MSSP)
- Home and Community Based Alternatives (HCBA)
- Linkages Care Management
- Aging and Disability Resource Unit (Information and Assistance)
- Veterans Services Office
- Adult Protective Services
- Public Administrator/Public Guardian/Public Conservator (PAPGPC)

Community Advisories – on which representative(s) of the Area Agency on Aging staff and/or Commission serve.

- In Home Supportive Services Public Authority Advisory Committee
- Aging & Disability Resource Hub Steering Committee
- Master Plan for Aging Steering Committee
- Local Aging & Disability Action Plan Steering Committee
- Elder Justice Coalition
- Sonoma County Transportation Authority (SCTA)
- HIV Service Providers Coalition⁹

Senior Center Partnerships

- Cloverdale Multipurpose Senior Center
- Coastal Seniors
- Healdsburg Senior Center
- Petaluma Senior Center
- Rohnert Park Senior Center
- Russian River Senior Center
- Santa Rosa Person Senior Center
- Sebastopol Area Senior Center
- Vintage House

County Partnerships

- State and Federal Legislative Offices
- Department of Health Services – Health Action Together, Agenda for Action Initiative aimed at the BIPOC/low-scoring HDI communities
- Los Cien – Sonoma County Latino Leaders
- Community Organizations Active in Disaster (COAD)
- Low Income Senior Housing Management Groups (PEP Housing, Burbank Housing, Mid-Pen, USA Properties)
- Sonoma County’s Economic Development Board (EDB), the Department of Health Services (DHS) and the Emergency Readiness, Response & Recovery Department: Access & Functional Needs (AFN)
- Sonoma County Library – Biblioteca
- Senior Advisory Commissions and Age-Friendly Initiatives in Petaluma, Rohnert Park, Sebastopol, Healdsburg and Windsor

⁹ <https://f2f.org/partnerships/> and <https://f2f.org/pdf/strategic-plan-2023.pdf>

- Healthcare Providers: Grove by Sutter Health, Providence Health, Kaiser Permanente
- Federally Qualified Health Centers: Petaluma Health Center, Santa Rosa Community Health, West County Community Health
- Sonoma County Indian Health Project (SCHIP) and the California Indian Museum & Cultural Center (CIMCC)
- Village Network of California Associations in Petaluma, Sebastopol and Sonoma Valley

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

The Sonoma County Area Agency on Aging (AAA) is a county-based program established in 1994 by the Sonoma County Board of Supervisors. It is a program of the Sonoma County Human Services Department's Adult & Aging Division. The Area Agency on Aging is tasked with developing and coordinating a system of services that enables the Planning & Service Area's older adults (age 60+) and adults with disabilities to live independently and with dignity, prioritizing those with the greatest economic or social need.

The Area Agency on Aging is held within the Adult & Aging Division's Community & Administrative Services Section to align revenue, contracted services and direct services provided by the Division.

Service Delivery & Network of Services

Sonoma County is committed to the development and strengthening of a comprehensive, community based "No Wrong Door" system of services. The County's Area Agency on Aging program collaborates with county, state, and local networks to support a streamlined approach to services and support systems centered on the needs of older adults, adults with disabilities and their caregivers.

Sonoma County Aging & Disability Commission

The Advisory Council to the Sonoma County Area Agency on Aging is named the Sonoma County Aging & Disability Commission and supports the AAA program's mission to promote the dignity, independence, and quality of life for Sonoma County's older adults, adults with disabilities and their caregivers. The Commission provides leadership and promotes involvement of older adults, adults with disabilities and caregivers to inform and develop community-based systems of care and community-based systems of services to support independence and protect quality of life.

The Area Agency on Aging 21-member Commission is comprised of ten Board Appointed members (2 members from each of the 5 supervisory districts) and eleven commission elected members all of whom represent and advocate for the interests of people in the community. The Commission is committed to membership diversity ensuring demographic representation of the county's low income, over 60 years of age,

adults with disabilities and Black Indigenous People of Color (BIPOC).

The Commission's Executive Committee is comprised of the Officers (Chair, Vice-Chair, and Secretary) as well as Parliamentarian and Ex Officio Chair. This committee is responsible for planning the full Commission agenda and reviewing progress of and providing direction to Ad Hoc Committees.

Ad Hoc Committees are time-limited, project specific workgroups comprised of less than a quorum of the Commission members and not held as public meetings. Ad Hoc Committees have taken the place of Standing Committees due to the nature of the work, their flexible meeting schedule and the ability to meet virtually. This structure supports a more nimble and responsive approach to community concerns and priorities. Ad Hoc Committees report progress to the Executive Committee. Discussion is brought to the full Commission and action is taken as appropriate in a public venue that also allows for public comment.

Aging & Disability Commission deliberations and actions are taken at public monthly meetings, with public comment welcome. The Commission is overseen by the Board of Supervisors and has no decision-making authority. The Commission is empowered to:

1. Review and comment on all community policies, programs and actions that affect Sonoma County's older adults, adults with disabilities and their caregivers, with the intent of assuring maximum coordination and responsiveness to community needs.
2. Advise AAA staff throughout the development and administration of the Area Plan.
3. Review, assess, make recommendations, and provide comment to the Board of Supervisors regarding policy issues or funding allocations.
4. Hold fact-gathering meetings with the public to better identify issues and challenges, thus identifying community points of view.
5. Identify issues and document recommended action by the Board of Supervisors.

Leadership – Awareness – Policy

The following Area Agency on Aging initiatives provide leadership, awareness, and promote involvement of older adults, adults with disabilities and their caregivers in developing community-based systems of care and inform service delivery priorities to support innovative and meaningful services countywide. Initiatives are led by staff and often amplified through the Aging & Disability Commission priorities, goals and objectives.

- Convening Sonoma County Aging & Disability Commission (Formerly the AAA Advisory Council) Public Meetings

Members of the public are invited to attend and encouraged to participate in monthly Commission meetings. Topics of discussion focus on the needs of AAA Targeted Populations.

Agendas are posted on the Sonoma County Aging & Disability Commission website, at the AAA office site and the County Administrators Office and emailed members of the public. AAA contracted service providers, legislative office representatives and other agencies and organizations in Sonoma County that serve the Targeted

Populations are included.

- Coordination and Engagement with Local Healthcare Providers and Plans
The AAA staff engages with local healthcare provider, Providence, and their Emergency Room team to address falls prevention to reduce ER visits. Staff has partnered with Petaluma Health Center for their staff to offer A Matter of Balance (fall prevention education) in Spanish. Staff developed a Safe Mobility brochure and are organizing a Safe Mobility Forum using CalFresh Healthy Living revenue and intended to engage health partners. AAA staff is strengthening its relationship with Partnership of California to support medical transportation solutions in more rural parts of the County. The Adult and Aging Division is in partnership with three Federally Qualified Health Centers focused on integrated healthcare and social care for older adults. The Adult and Aging Division is in the process of contracting with Partnership Health Plan to implement a CalAIM Enhanced Care Management program for Linkages (Title IIIB Case Management) clients.
- Coordination with and Links to County Programs and Services
As a County AAA, staff ensure coordination with other county programs and services. Examples include direct engagement and coordination with Adult Protective Services, In-Home Supportive Services, In-Home Supportive Services – Public Authority, and the Veterans Service Office. In addition, AAA staff have engaged with the Sonoma County Economic Development Board to strengthen digital connection and equity, Sonoma County library system to support programming, partnered with the Department of Public Health to strengthen an integrated CalFresh Healthy Living Workplan, and coordinated with the Board of Supervisors Field Representatives to strengthen awareness and advocacy related to the unique needs of older adults, adults with disabilities and caregivers.
- Convening Federal, State and County Elected Office Representatives
Area Agency on Aging Staff cultivate relationships with field representatives and district directors in County, State and Federal legislative offices. Representatives contact AAA Staff when navigating issues with constituents. They attend Aging & Disability Commission meetings in April and November each year to respond to questions, listen to issues raised by AC members and public attendees as well as to report on budget, legislation and policy development related to older adults, adults with disabilities and their caregivers.
- California Senior Legislature
Sonoma County's Area Agency on Aging ensures the County has representation in the California Senior Legislature with a Senate and Assembly representative. These representatives provide reports to the Commission and invite feedback on legislative priorities.
- Needs Assessment – Surveys and Focus Groups
Every four years, as part of the Needs Assessment for the Area Plan, the AAA engages with the public of all ages to discuss how they see their future as they age. This is accomplished through Focus Groups and the distribution of paper and online Surveys. The results are analyzed to determine the greatest needs in Sonoma County for adults age 60+, people with disabilities age 18+ and their caregivers.

Annually, the Area Agency on Aging schedules focus groups aligned to priorities. Commission members serve as facilitators alongside staff. Focus groups are scheduled in partnership with community agencies such as service providers and senior centers.

- Aging & Disability Resource Hub (ADRH)

Sonoma County is a fully designated Aging and Disability Resource Connection. The ADRH continues to increase access to long term services and supports for Sonoma County residents by expanding its network of extended partners, developing and refining shared practices, and referral processes, and collaborating closely with Hub partners to identify service needs. Marketing and outreach efforts across multiple platforms are increasing awareness of the ADRH, driving more calls to the Aging and Disability Resource Unit.

- The Aging & Disability Resource Unit (ADRU)

The ADRU is a primary component of the Aging & Disability Resource Hub. The Unit has a dedicated supervisor supporting a full staff of Social Workers trained to briefly assess callers' needs, provide guidance on services that will meet their needs and connect clients to services via a direct referral or warm handoff wherever possible. When needed, Social Workers engage in a more extensive assessment of needs (Options Counseling) or expanded assistance in expediting access to services (Short-Term Service Coordination). Assistance from Social Workers is available via phone, email, chat and, as needed, home visits.

- Aging & Disability Education Series and Fact Sheets

The Area Agency on Aging Staff have launched an Aging & Disability Education Series. This is a virtual webinar that is recorded and posted for the community, residents, and providers alike, to learn more about services. The structure of the webinar includes a panel of funded providers and identified leaders on a given topic who are asked to share client experiences, successes and challenges and include a clear call-to-action.

In conjunction with the Education Series, AAA Staff develop a Fact Sheet that includes background on the topic, infographics as appropriate, affiliated associations and providers as well as a call-to-action. This tool can be used to support policy development, legislative advocacy, and inform policy development.

- AAA Best Practices Meetings for Service Providers

As needed, Area Agency on Aging staff schedule a Best Practices Series with contracted service providers and include community partners when appropriate to address funded programs experiencing challenges such as stagnated and/or reduced participation.

Staff completes research into local and national tools, resources, and studies, consults with the California Department of Aging and Administration on Community Living to identify resources and tools to help address the program challenge. Staff will schedule meetings and develop agendas. Service providers and community partners will participate with their client experiences, program success and challenges.

- Local Master Plan for Aging (MPA)

The local MPA is an initiative to create a Sonoma County plan to promote healthy aging throughout the lifespan. The local MPA will be aligned with the California Master Plan for Aging – the State’s blueprint to prepare for the demographic changes underway and continue its leadership in aging, disability and equity. Twenty-one community members representing sectors in housing, healthcare, wellness, caregiving and economic security make up a steering committee who will help inform and develop a local plan.

- **Local Aging & Disability Action Plan (LADAP)**

The Area Agency on Aging was awarded a LADAP grant from the California Department of Aging. In partnership with the City of Santa Rosa and City of Sonoma, the Human Services Department will develop a culturally inclusive LADAP based on current, emerging, and future aging and disability-related needs. The LADAP will be shaped by a LADAP Advisory Committee specifically focusing on the needs of the Black Indigenous People of Color (BIPOC) community.

- **Public Meetings & Initiatives**

AAA Staff and Aging & Disability Commission members serve on a variety of public boards or attend as members of the public to influence funding and policy and program development. Examples of meetings include: Sonoma County Transportation Authority, Elder Justice Coalition, Mental Health Oversight Board, Farmers Market LIFE Coalition.

SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES

Area Plan Goals and Objectives are aligned with the priorities outlined below and were established as a result of this planning process.

Factors Influencing Priority Setting

To establish priorities and ensure engagement from the public, public agencies, government entities and other organizations that serve targeted populations:

Sonoma County’s Area Agency on Aging staff consult the Aging & Disability Commission, the Needs Assessment results, Adult & Aging programs, Aging & Disability Resource Unit services, legislative offices, state and national associations and local leaders and advisory committees involved in services to older adults, adults with disabilities and their caregivers.

Planning Process

A Countywide Needs Assessment

The Countywide Needs Assessment consisted of Surveys and Focus Groups as detailed in Section Five of this Area Plan.

- **Surveys**

A total of 1,329 surveys were received from residents countywide. Area Agency on Aging staff developed the survey for distribution in both English and Spanish. The survey was distributed in print with a postage paid envelope and via an electronic survey link. The survey is included as an attachment to this Area Plan. All surveys returned by mail were entered into Survey Monkey to streamline analysis.

- Focus Groups
Area Agency on Aging staff scheduled 14 focus groups throughout the county with 133 participants. Focus groups were facilitated by Aging & Disability Commission members in partnership with staff. Notes were taken and transcribed for analysis.

Aging & Disability Commission (Formerly the AAA Advisory Council)

The Commission holds monthly public meetings in which public comment is welcomed and the countywide Needs Assessment findings are shared and open to discussion.

The Commission established an Ad Hoc Committee to review and inform priority setting and funding recommendations. The Ad Hoc Committee met from November 2023 through March 2024 and reviewed programs, proposals, staff methodology and recommendations. Ad Hoc Committee members contributed to the development of the March Public Hearing presentation.

Adult & Aging Division Programs

The AAA program is now integrated into the newly established Adult & Aging Community and Administrative Services Section to strengthen community engagement and cross-division collaboration. Monthly meetings are scheduled between AAA Staff and Adult & Aging program leads and section managers to explore challenges, collaborative opportunities and assess community priorities.

Adult & Aging Division programs include Adult Protective Services, Long Term Supportive Services including In Home Supportive Services, Multipurpose Senior Services Program, Home & Community Based Waiver Program, Veterans Services Office, In Home Supportive Services, Public Authority and the Public Administrator/ Public Guardian/ Public Conservator (PAPGPC).

Aging & Disability Resource Unit

The Aging & Disability Resource Unit consists of 6 trained social workers who provide all 4 components of the Aging and Disability Resource Connection (called Aging and Disability Resource Hub) that include: Enhanced Information and Assistance, Options Counseling, Short Term Service Coordination and Transitions Services. This unit receives more than 8,500 calls each year through the 707-565-INFO (4636) call center and also serves as the main direct services component of the AAA's role as core partner in the Aging and Disability Resource Hub

Legislative Offices

AAA Staff share priorities established as a result of the Needs Assessment and invite feedback from state and federal legislative offices. The field representatives and district directors have engagement with constituents and their feedback can further influence the findings.

Priorities

Findings of the Needs Assessment include:

- "Having Enough Money to Live On" is an overarching concern found in each of the top findings listed below.

- Affordable Caregiving
- Access to Nutrition
- Affordable Health
- Affordable Housing
- Knowing About & Accessing Services
- Access to Transportation
- Engagement with Black Indigenous People of Color (BIPOC), LGBTQIA+, Limited English Proficiency (LEP)

To establish Funding Priorities for Older American Act (OAA) programs in each OAA Categorical Title (IIIB, IIIC, IIID, IIIE, VII), each program is given a numerical priority from 1 through 4 with 1 being highest priority. This ranking is used to make funding decisions as to the amount of OAA funding allocated to each program in initial contracts, annual renewals, and amendments as funding is increased or decreased.

Rankings for the 2024-2028 RFP Cycle

- Rank 1: Adult Day, Alzheimer's Day, Caregiver Respite: In-Home, Caregiver Support: Support Groups, Case Management, Elder Abuse Prevention, Health Promotion: Evidence-Based, Home Delivered Meals, Information & Assistance, Legal Assistance, Ombudsman, Transportation
- Rank 2: Caregiver Support: Assessment, Community Education, Congregate Meals, Disaster Preparedness, Nutrition: Brown Bag, Telephone Reassurance
- Rank 3: Caregiver Support: Counseling, Caregiver Support: Training, Intergenerational Programs, Nutrition: To-Go Meals, Technology Support
- Rank 4: Chore, Senior Center Activities

Title IIIB Adequate Proportion

Adequate Proportions is the minimum percentages the AAA dedicates the Older Americans Act IIIB funding allocations for the service categories of *Access, In-Home, and Legal Services*. The AAA's Planning Process for establishing Adequate Proportions follows the calculation as defined in CCR Title 22 Section 7312. Setting Adequate Proportions percentage calculations is described in detail in *Section 6: Public Hearings & Priority Services*.

SECTION 5. NEEDS ASSESSMENT & TARGETING

SECTION OVERVIEW: Needs Assessment and Targeting

Needs Assessment

The Needs Assessment is conducted every four years to inform understanding about the current and future needs of Sonoma County Priority Populations: older adults aged 60+, adults with disabilities aged 18+, and their caregivers. The Needs Assessment includes surveys, focus groups and stakeholder interviews.

Targeting

This section summarizes engagement with targeted populations, details barriers and unmet needs for each group and outlines programs the AAA engages to provide greater support and improve priority areas identified by the Needs Assessment.

Federal and state regulations further define target populations. Targeting refers to priority populations that the AAA program is to identify and serve. Sonoma County's AAA focuses on serving older adults, adults with disabilities, and their caregivers who have the greatest economic and social needs¹⁰ including those residing in rural areas.

Greatest Economic Need (WIC 9014¹¹, OAA 306) means the need resulting from an income level at or below the poverty threshold established by the Bureau of the Census.

Greatest Social Need (WIC 9015¹²) means the need caused by noneconomic factors that restrict an individual's ability to perform normal daily tasks or that threaten an individual's capacity to live independently. These factors include physical or mental disability, language barriers, and cultural or social isolation caused by, among other things, racial and ethnic status, sexual orientation, human immunodeficiency virus (HIV) status, gender identity, or gender expression.

NEEDS ASSESSMENT PROCESS: Surveys, Focus Groups and Stakeholder Interviews

Through the Needs Assessment process of surveys, focus groups, and stakeholder interviews, Sonoma County's AAA utilized outreach efforts to identify and engage individuals who have the greatest economic and social needs who are eligible for assistance under this Act with special emphasis on:

- Older Individuals with severe disabilities;
- Older Individuals with limited English Proficiency;
- Latino and Spanish-Only speaking older adults and adults with disabilities;
- Older Individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction;
- Family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction;
- Older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
- Older LGBTQIA+ and those with disabilities.

SURVEYS – 1,679 Received

Printed and online surveys were made available in English and Spanish. All 1,679

¹⁰ 2020 Reauthorization of the OAA <https://acl.gov/sites/default/files/about-acl/2020-04/Older%20Americans%20Act%20Of%201965%20as%20amended%20by%20Public%20Law%20116-131%20on%203-25-2020.pdf>

¹¹ https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=9014.&nodeTreePath=15.1&lawCode=WIC

¹² https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=9015&lawCode=WIC

surveys were entered into the online survey system, Survey Monkey, for streamlined analysis on specified criteria such as response by city/town, income level, gender etc. English: 1,565 Spanish: 114

Increased outreach to Spanish speakers resulted in a response rate of 9%. This is an improvement over the 2020-2024 Needs Assessment results that showed a 3.3% response rate. The AAA acknowledges that outreach to Spanish speaking individuals is an important area of improvement.

Printed Surveys: Total Received: 350. English: 333 Spanish: 17 Printed Surveys included a postage paid return envelope for ease of return by the responder. The Survey also included a QR Code to take responders to the online Survey website and provided the written online Survey website address to type into a browser to reach the online survey as options for completing the Survey.

Online Surveys: Total Received: 1,329. English 1,232 Spanish: 97 Flyers with a QR Code and the online Survey website address were created in print and electronic forms. The online option was by far the preferred method of responding to the Survey.

Survey Outreach included:

- Multiple press releases were published by regional newspapers and newsletters in English and Spanish.
- Spanish radio advertisements were aired on Sonoma County's local Spanish language stations.
- Flyers for both printed surveys and online access were printed and distributed countywide through senior centers, non-profit service providers who serve older adults and people who have disabilities, Area Plan Needs Assessment Focus Groups, libraries, mobile home parks, senior living communities, In-Home Supportive Services (IHSS) intake and renewal packets, IHSS Public Authority caregiver classes, Adult & Aging Division lobby, Home-Delivered meals and Congregate Lunch programs.
- Links to the survey in English and Spanish were added to the Area Agency on Aging and County websites.
- Area Agency on Aging contracted service providers, legislative representative offices, senior centers, and Aging & Disability Commission members were encouraged to add the links to their personal and professional websites and social media.
- Online flyers were emailed to the Area Agency on Aging Public Contact List of 400+ contacts and included an online link to for people to respond using Survey Monkey and share with their communities.

FOCUS GROUPS – 14 Held, 133 Participants

Focus Groups were scheduled countywide with special attention to reach *Priority Populations* described above. Fourteen focus groups were held throughout Sonoma County, reaching 133 participants. Some Focus Groups listed below reached more than one Priority Population.

Priority Populations Reached	Locations(s)
Low Income Housing Communities	Santa Rosa PEP Housing, Burbank Housing in Windsor and Cotati, Windsor Mobile Home Country Club
Have limited English Speaking Ability (Spanish Speakers)	Sonoma Valley La Luz Center, Santa Rosa Roseland Library
Reside in Rural Areas/Geographically Isolated	Russian River Senior Community Center, Cloverdale Senior Center, Northern Coastal Sonoma County, Vintage House Senior Center, Cotati Burbank Housing Site, Windsor Mobile Home, Sonoma Valley La Luz Center
Reside in Urban Areas	Petaluma People Services Senior Café, PEP Housing Site in Santa Rosa, Santa Rosa Roseland Library
LGBTQIA+	Sebastopol Area Senior Center
Alzheimer's disease and caregivers	Virtual on Zoom
People w/Disabilities and caregivers	Virtual on Zoom

Sonoma County is prioritizing engagement with HIV positive community members and service providers for Fiscal Year 2024-2025.

Focus Group Themes & Unmet Needs

- Access to Services includes knowing about helpful services many don't know exist, need for "navigators" to provide hands-on assistance to access services including applications for housing, IHSS, Medicare, etc.
- Medical services are a big concern for people who live in remote, geographically isolated, rural areas such as Coastal Sonoma County, West County, and Cloverdale. Hospitals and/or Emergency Care can be a helicopter ride away (Coastal) or take 20 to 30+ minutes travel time (West County and Cloverdale). There is a lack of dentists, vision care, and mental health professionals in many areas.
- Caregivers concerns include lack of caregivers throughout Sonoma County, especially hard for people that live in remote, geographically isolated, rural areas where there are no caregivers and caregivers from other areas are not able to provide services in remote locations, need for caregivers who are trained on the special needs of individuals who have physical/developmental disabilities, need more Spanish speaking caregivers, can't afford 24-hour care, need more respite and support to keep caregivers healthy, many caregivers are aging.
- Aging in Place, includes worry about not being able to afford staying in their home, paying for caregiving, having transportation, need help with chores like

changing lightbulbs, things that need to be on ladders, and simple home modifications, isolation is a concern.

- Technology includes lack of broadband and internet access and paying for services, needing devices and training on how to use them, fear of scams.
- Education and training such as continuing education, vocational training, learning about services, more English classes for Spanish speakers.
- Mental Health services such as grief counseling, mental health support groups, services for depression, need for services in remote, geographically isolated, rural areas where services aren't available.
- Employment for older adults and people with disabilities. Many need to work to make ends meet, want the socialization and self-confidence of working, find it hard to be hired.
- Language barriers for Spanish speakers, need more English classes, more resources need to be in Spanish, difficult to communicate with property managers, concerns there aren't enough systems in place for Spanish speaking individuals, need more education and coordination of services for mono-lingual Spanish speakers.
- Access to Food includes knowing about food resources, need for more ready-to-eat food options that do not require preparation/cooking, can't afford food, need more places to buy food in remote, geographically isolated rural areas which often have higher food prices, more Farmer's Market coupons.
- Transportation Need for assisted transportation (door to door with bags, mobility devices). Limited or no bus and paratransit services in areas, more on demand services needed in in remote, geographically isolated, rural areas, need rides to doctor appointments, not having the ability to pay for transportation, gas, repairs, need transportation during evacuations. A desire for walkable communities.
- Housing in Sonoma County is unaffordable for many older adults, people with disabilities, and caregivers. There is a housing shortage especially for low-income people, definitions of low-income and affordable housing are not the same (affordable housing is more expensive), mobile homes are becoming unaffordable, prices are keeping professionals from moving to Sonoma County (doctors, dentists, teachers, first responders, caregivers), many people with disabilities are homeless, can't afford needed home modifications to remain in their homes.

STAKEHOLDER INTERVIEWS – 43 Conducted

The Local Master Plan for Aging consultant, Collaborative Consulting conducted 43 stakeholder interviews and provided transcriptions and analysis.

The stakeholder interviews addressed challenges, ideas on how to address challenges and additional considerations. The following are themes and associated stakeholder interview quotes as presented by Collaborative Consulting in their report, *Sonoma County Local MPA – Stakeholder Interview Synthesis – February 7, 2024*.

- Many older adults are struggling to keep up with the cost of living. “It only takes on catastrophic illness or sentinel event to completely liquidate any resources they have.”
- There is a need for culturally appropriate and sensitive services. “We often focus on the Spanish speakers as the priority. We also have Indigenous dialects for

people that are in these migrant roles, and a growing Asian Pacific Islander population and African American population. It's still a small percentage, so how we prioritize addressing unmet needs has been subpar. We're not disaggregating the data to the level that we need to because it would cost more to do that work. I think that's a huge challenge in this community."

- There are very few low-income or mixed-income housing options for older adults, leaving many either stuck in undesirable housing or at risk of homelessness. "Sonoma County historically, or at least over the last 50-years has been a good place to age. But it's changing, and a lot of it is connected to housing availability."
- The supply of transportation options for older adults needs to catch up with the demand, particularly for those in rural areas and those with complex needs. "Now they must transport their items on public transportation; how are they going to get on and off the bus? How are they going to get down from the bus and into their home with the food? Or if they have their transportation in a vehicle, how am I getting it from my car into my house if I have seven steps?"
- Resident healthcare experiences often include long wait times, a lack of person-centered care, and going outside the county for specialty services. "Where we've really lost it, is that most primary care is still judged by the number of people they see per day, so they don't make time for the complex people that really do need more time."
- There is a shortage of formal caregivers and a need for more support for family and friend caregivers. "Some might only need an hour of care a week, and some might need several hours a day. For so many older adults, having that kind of support is the gap between being able to maintain your housing stability and wellbeing, and going to an assisted living facility." and "It's those folks who don't think that they're caregivers, but they are. They're family support. They're burnt out and there's a plethora of resources available to them, they're just not able to access because they just don't know how."
- Community resources for older adult engagement are available but limited. "There are older adults that have better access to social cohesion based on their geographic location. There are others that are extremely isolated because of where they are. They're isolated from the social cohesion piece, but also from healthcare services, groceries, banking, pharmacies, and all the other things they need."
- Efforts to connect residents to aging services and programs are confusing, and residents often need help finding what they need. "It's hard to navigate multiple services when you're trying to get on board with multiple agencies and multiple services." and "The first gap starts with knowing where to access resources. There are multiple entry points into talking with someone about what's available, but people don't have the knowledge to even know where to start or when to start."

TARGETING, BARRIERS & PROGRAMS

Priority Populations served by the AAA are older adults aged 60+, adults with disabilities aged 18+, and their caregivers with special focus on serving individuals who have the Greatest Economic and Social Need¹³.

Each of the Priority Populations described in this section includes elements of Economic and Social Need; needs caused by noneconomic factors that restrict an individual's ability to perform normal daily tasks or that threaten their capacity to live independently. These factors include physical or mental disability, language barriers, and cultural or social isolation caused by, among other things, racial and ethnic status, sexual orientation, gender identity, or gender expression.

Update in FY 25/26:

Community Navigator Program Description:

The Sonoma Valley Navigator Pilot is a collaborative project between Supervisor Hermosillo's office, the Human Services Department's Adult and Aging Division, the Sonoma County Area Agency on Aging, the Sonoma County Master Plan for Aging (MPA), the Sonoma Valley Catalyst Fund, and a consortium of Sonoma Valley social and health services providers.

In response to the Catalyst Fund's needs assessment of the status of older adult in Sonoma Valley and research completed by the MPA Economic Security Action Team, this pilot will address the widely expressed need for navigation services to support older adults and people with disabilities.

Catalyst's assessment indicated that while there are services to support transportation, health, caregiving, economic security, and housing in Sonoma Valley, older adults are unsure how to access these services. Additionally, attempts to access services often require many phone calls or in person visits to multiple agencies before the known need is met.

The Economic Security Action Team reviewed local research and literature on the needs of older adults and people with disabilities before conducting 1:1 interviews with 40 Sonoma County service providers to better understand the breadth of services available. Their findings mirrored those of the Catalyst needs assessment – there are many services for older adults and people with disabilities countywide, but very few organizations have funding to support service navigation.

The Community Navigator Pilot will fund one Sonoma Valley non-profit to hire 1 FTE service navigator. The service navigator will:

- Create and maintain a resource directory for Sonoma Valley
- Recruit and train volunteers to serve as community navigators
- Regularly convene a consortium of Sonoma Valley healthcare and non-profit agencies to create a connected, sustainable system of support in Sonoma Valley.

¹³ Older Americans Act regulations (OAA 306(a)(4)(B)); the California Code of Regulations (CCR Title 22, Division 1.8, Chapter 3, Article 3, § 7310 (a) and (b)); and Welfare and Institutions Code § 9015)

Barriers for Priority Groups as identified through the Needs Assessment and Focus Group Process and Analysis

Barriers	Priority Groups:	Low Income	Limited English-Speaking Abilities or Language Barriers	Rural and Geographically Isolated Areas	Alzheimer's Disease or Related Neurological or Organic Brain Dysfunction	Caregivers: Family or Informal for People with Alzheimer's Disease or Neurological or Organic Brain Dysfunction	HIV+	Adults with Disabilities	LGBTQIA+
Fixed Income and Poverty		•	•	•					
Aware of Services		•	•	•	•	•	•	•	•
Access to Services		•	•	•	•	•	•	•	•
Educational Attainment			•						
Cultural & Language Barriers		•	•						
Affordability of Basic Needs (Housing, Clothing, Food, Medications)		•	•	•	•	•		•	•
Transportation: Access and Options		•		•					
Access to Medical, Dental, Vision, Mental Health		•	•	•	•	•	•	•	•
Substandard Housing		•							
Long-term Care Affordability		•	•	•	•	•	•	•	•
Immigration Status			•						
Culturally Competent Services that meet needs			•		•	•	•		•
Accepting of LGBTQIA+ populations		•	•	•	•	•	•	•	•

Barriers	Priority Groups:	Low Income	Limited English-Speaking Abilities or Language Barriers	Rural and Geographically Isolated Areas	Alzheimer's Disease or Related Neurological or Organic Brain Dysfunction	Caregivers: Family or Informal for People with Alzheimer's Disease or Neurological or Organic Brain Dysfunction	HIV+	Adults with Disabilities	LGBTQIA+
Food Access		•	•	•					
Caregivers: Shortage & Affordability		•	•	•	•	•	•	•	•
Technology-Affordability		•	•	•	•	•	•	•	•
Remain in Home of Choice		•	•	•	•	•		•	•
Isolation & Loneliness		•	•	•	•	•	•	•	•
Homelessness		•	•	•	•	•	•	•	•
Accessibility: Buildings, Sidewalks, Assistive technology					•			•	

Priority Populations	Programs to Address Barriers & Unmet Needs
Low Income Housing Communities	<ul style="list-style-type: none"> Strengthen engagement with Low Income Housing Community Property Managers and Residential Service Coordinator to support access to services. Schedule Aging & Disability Education Webinar centered on Housing and develop related Fact Sheet(s)
Have limited English Speaking Ability (Spanish Speakers)	<ul style="list-style-type: none"> Bilingual Social Workers supporting the Aging & Disability Resource Hub's Information & Assistance phone number and chat feature. Provide a Spanish Aging & Disability Resource Directory in-print and virtually. Aging & Disability Commission to engage with agencies/associations serving Spanish speakers.

Priority Populations	Programs to Address Barriers & Unmet Needs
	<ul style="list-style-type: none"> • Contracted service providers to provide materials in Spanish and encourage employment of bilingual and bicultural staff. • Investment in the Local Aging & Disability Action Plan grant centered on engagement with BIPOC community members in Santa Rosa and Sonoma Valley to help inform engagement throughout the county.
Reside in Rural Areas/Geographically Isolated	<ul style="list-style-type: none"> • Engage with community leaders to identify sustainable transportation solutions. • Pursue grant funding (i.e. CalTrans 5310) to support services. • Pursue grant funding and collaboration with county initiatives (i.e. Economic Development Board’s broadband efforts) to support digital inclusion. • Advocate for health care solutions and transportation for medical appointments.
LGBTQIA+	<ul style="list-style-type: none"> • Schedule focus groups to engage the community. • Explore partnerships to establish an LGBTQIA+ Community space for older adults to convene and connect.
Alzheimer’s disease and caregivers	<ul style="list-style-type: none"> • Prioritize funding for Alzheimer’s Day Programs in the county. • Fund and advocate for training and caregiver respite programs.
People w/Disabilities and caregivers	<ul style="list-style-type: none"> • Continue to strengthen the Aging & Disability Resource Hub partners serving AFN. • Pursue and advocate for Home Modification Program funding (i.e. Dignity at Home). • Participate in the Transit-Paratransit Coordinating Council (TPCC). • Continue to prioritize funding for caregiver services and support. • Partner with the In-Home Supportive Services (IHSS) program and the IHSS – Public Authority to strengthen services and access to caregivers. • Support Age-Friendly programs throughout the County.
Individuals who have Human Immunodeficiency Virus (HIV)	<ul style="list-style-type: none"> • Strengthen community education around this issue. • Engage with medical and service providers to strengthen awareness and knowledge. • Schedule Aging & Disability Education Webinar centered on HIV as a community issue

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS

**2024-2028 Four-Year Planning Cycle
Funding for Access, In-Home Services, and Legal Assistance**

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds¹⁴ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2024-25 through FY 2027-2028

Access:

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

2024-25 5% 25-26 5% 26-27 5% 27-28 %

In-Home Services:

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

2024-25 3% 25-26 3% 26-27 3% 27-28 %

Legal Assistance Required Activities:¹⁵

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

2024-25 3% 25-26 3% 26-27 3% 27-28 %

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

¹⁴ 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.

¹⁵ Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

Allocations are justified and sufficient to meet the needs of services within PSA 27. Sonoma County does not rely only on Older Americans Act to fund necessary services. Due to increasingly complex funding comprised of Older Americans Act, CalFresh Healthy Living (SNAP), Older Californians Act – Modernization and a variety of grant funding, Sonoma County ensures funding of priority services within Access, In-Home Services and Legal Assistance. This minimum percentage meets the requirements and allows PSA 27 the flexibility to ensure services are met and providers can fully utilize all funding provided to them.

PUBLIC HEARING: At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act Reauthorization Act of 2020, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ¹⁶ Yes or No	Was hearing held at a Long-Term Care Facility? ¹⁷ Yes or No
2024-2025	03.20.2024	3725 Westwind Blvd. Santa Rosa CA 95403	19	No	No
2025-2026	3/19/2025	3725 Westwind Blvd. Santa Rosa CA 95403	25	No	No
2026-2027	3/18/2026	3725 Westwind Blvd. Santa Rosa CA 95403	29	No	No
2027-2028					

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.

We conducted a range of outreach to ensure input from institutionalized, homebound, and disabled older adults. A public notice was placed in the county’s largest newspaper, The Press Democrat, at least 30 days prior to the public hearing. In addition, we used our communication platform to distribute notifications to community partners and members, helping to extend outreach to individuals who may not otherwise receive the information.

To support accessibility and participation, we offered multiple ways for individuals to provide input, including the option to submit written comments or call in statements, which would be shared aloud during the public comment period of the Public Hearing. The hearing was also held via a Zoom webinar, enabling participation from individuals who are institutionalized or homebound and reducing barriers to engagement.

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
None

¹⁶ A translator is not required unless the AAA determines a significant number of attendees require translation services.

¹⁷ AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

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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.

None

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

A member of the community advocated for support to housing and long term care services.

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

None

PSA 27

SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES

Goals and Objectives are required per California Code of Regulations Title 22 Section

7300 (c) Goals are statements of ideal conditions that the AAA wishes to achieve through its planned efforts. Objectives are measurable statements of action to meet the goals. Objectives indicate all of the following: (1) The nature of the action. (2) The party responsible for the action. (3) How the action will be accomplished. (4) The anticipated outcome of that action. (5) How the outcome of the action will be measured. (6) The projected dates for starting and completing the action. (7) Any program development and coordination activities, as specified in Section 9400, Welfare and Institutions Code, that are associated with the objective.

The Sonoma County Area Agency on Aging is aligning its goals with the California Master Plan for Aging as well as goals identified through the Area Agency on Aging Needs Assessment, the Local Master Plan for Aging initiative, and the Local Aging & Disability Action Plan initiative.

The following goals and objectives account for direct and contracted services, education and outreach to strengthen the Area Agency on Aging's Mission to provide leadership, services, education and advocacy to promote the dignity, independence, and quality of life for older adults, adults with disabilities and their caregivers.

Goal # 1

Goal: Housing Security for all Ages & Stages¹⁸

Rationale: Keeping older adults and adults with disabilities in their home of choice with

¹⁸ Sonoma County Goals & Objectives are aligned to the California Master Plan for Aging. Rationale language for Goals 1-5 is sourced from the January 2021 Master Plan for Aging Report <https://www.aging.ca.gov/download.ashx?IE0rcNUV0zYXf9JtT7kAq%3d%3d>

knowledge of and access to the necessary services to support their needs is the top goal for the County of Sonoma Area Agency on Aging. Housing that supports accessible transportation options, welcoming parks and public spaces and strong climate and disaster readiness are foundational to well-being and continued engagement in civic, economic and social life.

Goal 1: Housing for All Ages & Stages Objective Numbers and Objectives¹⁹ (Specify Priority Service “PS” if applicable)	Projected Start and End Dates	Type of Activity/ Funding Source²⁰	Update Status²¹
<p>1.1 In partnership with Amaturio Media Group, each July/August Community Services Program Staff will develop a plan to support the release and strengthen outreach and community awareness of the updated print version of the Aging & Disability Service Directory in English & Spanish to strengthen awareness of available services.</p> <p><u>Year 1 Objective Update:</u> In FY 24/2025, AAA we contracted with Amaturio Media Group to complete and advertise the initial Aging & Disability Service Directory.</p> <p><u>Year 2 Objective:</u> Develop a Plan to support ongoing outreach and community awareness of the Aging & Disability Service Directory.</p> <p><u>Year 2 Objective Update:</u> As of 1/1/2026, the AAA has conducted outreach of the ADRH Directory and postcards to community members and clients through community partners, mailing, website, and radio and bus advertisements.</p> <p><u>Year 3 Objective Update:</u></p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p> <p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p> <p><u>Year 3:</u> July 1, 2026 to June 30, 2027</p>	<p>OAA-PD²²</p> <p>OAA-PD²³</p>	<p>Completed</p> <p>Revised</p> <p>Continued</p>

<p>1.2 Community Services Program Staff will develop a plan to complete a quarterly review and update of the online Aging & Disability Service Directory available in English & Spanish and accessible to Access & Functional Needs (AFN) community to strengthen accuracy and availability of services.</p> <p><u>Year 1 Objective Update:</u> The plan was developed and executed that includes regular, ongoing review and maintenance, with items updated on website monthly.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p>	<p>OAA-PD, OAA-IIIB²⁴</p>	<p>Completed</p>
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¹⁹ Reference Goals and Objectives are required per California Code of Regulations Title 22 Section 7300 (c)
²⁰ If not a program specific goal, indicate if the objective is Administration (Admin), Program Development (PD) or Coordination (C). If a PD objective is not completed in the timeline required is continuing in the following year, provide and update with additional tasks. For the program specific goals and objectives please identify service category where applicable.
²¹ Use for the Area Plan Updates to indicate if the objective is New, Continued, Revised, Completed, or Deleted.
²² Older Americans Act Program Development
²³ Older Americans Act Program Development
²⁴ Older Americans Act Title IIIB – Supportive Services

Goal 1: Housing for All Ages & Stages Objective Numbers and Objectives¹⁹ (Specify Priority Service “PS” if applicable)	Projected Start and End Dates	Type of Activity/ Funding Source²⁰	Update Status²¹
<p>1.3 Community Services Program Staff will provide Information & Assistance^{PS} services through the Aging & Disability Resource Unit (ADRU) reaching 10,000 of older adults, people with disabilities, caregivers, and their families countywide to strengthen access and awareness of services.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25, the I&A Team managed 10,026 calls. In addition, they have staffed several in-person outreach events, connecting directly with approximately 300 community members, discussing services, and access to services.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p>	<p>OAA-C²⁵, OAA-IIIB</p>	<p>Continued</p>

<p><u>Year 2 Objective Revised:</u> Community Services Program Staff will provide Information & Assistance ^{PS} services through the Aging & Disability Resource Unit (ADRU) reaching 10,000 callers for older adults, people with disabilities, caregivers, and their families countywide to strengthen access and awareness</p> <p><u>Year 2 Objective Update:</u> The AAA Team implemented a new database system in October 2025. At the time of this report, the I&A data from July to September 2025, which was reported in the prior database, is unavailable. AAA staff are working with IT to extract this information. Data from October to December show that I&A received 799 unduplicated callers.</p> <p><u>Year 3 Objective Update:</u></p>	<p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p> <p><u>Year 3:</u> July 1, 2026 to June 30, 2027</p>		<p>Revised</p> <p>Continued</p>
<p>1.4 Contracted Service Provider will support Aging-In-Place through a Bridge the Gap Housing Specialist who will provide support to 45 of older adults and adults with disabilities who are at-risk of losing their housing.</p> <p><u>Year 1 Objective Update:</u> In 24/25, \$15,363 were distributed to the older adults and adults with disabilities to help keep them in their home.</p>	<p>July 1, 2024 to June 30, 2025</p>	<p>Contracted/ OCA-M-SS²⁶</p>	<p>Completed</p>

²⁵ Older Americans Act Coordination

²⁶ Older Californians Act – Modernization – Supportive Services

Goal 1: Housing for All Ages & Stages Objective Numbers and Objectives¹⁹ (Specify Priority Service “PS” if applicable)	Projected Start and End Dates	Type of Activity/ Funding Source²⁰	Update Status²¹
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<p>1.5 Contracted Service Provider will provide Disaster Preparedness education sessions to 533 of older adults, adults with disabilities and their caregivers throughout Sonoma County to ensure participants have emergency plans and supplies.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25, 834 Disaster Preparedness education sessions have been performed.</p> <p><u>Year 2 Objective:</u> New Target: Provide education sessions to 260 older adults, adults with disabilities, and their caregivers.</p> <p><u>Year 2 Objective Update:</u> As of 1/1/2026, 311 Disaster Preparedness education sessions have been performed.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p> <p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p>	<p>Contracted/ Braided OAA-III B and OCA-M-SS</p> <p>Contracted/ OCA-M-SS</p>	<p>Continued</p> <p>Completed</p>
<p>1.6 Contracted Service Providers will provide 4,365 One-Way Rides ^{PS} via volunteers and/or vouchers to support countywide transportation solutions for older adults and adults with disabilities.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25, 12,084 One-Way Rides were provided.</p> <p><u>Year 2 Objective:</u> New Target: Provide 4365 One-Way Rides.</p> <p><u>Year 2 Objective Update:</u> As of 1/1/2026, 2,620 One-Way Rides have been provided.</p> <p><u>Year 3 Objective:</u> Target: Provide 5,000 One-Way Rides</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p> <p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p> <p><u>Year 3:</u> July 1, 2026 to June 30, 2027</p>	<p>Contracted/ OAA-III B</p>	<p>Continued</p> <p>Continued</p>
<p>1.7 Contracted Service Provider will provide the Aging Better Sonoma County multi-part series to strengthen access and awareness to services while supporting 48 older adults to age in the place of their choice.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25, 49 older adults were</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p> <p><u>Year 2:</u> July 1, 2025</p>	<p>Contracted/ OCA-M-SS</p>	<p>Continued</p> <p>Completed</p>

supported. <u>Year 2 Objective:</u> New Target: Support 48 older adults to age in the place of their choice. <u>Year 2 Objective Update:</u> As 1/1/2026, 12 older adults have been supported.	to June 30, 2026		
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Goal 1: Housing for All Ages & Stages Objective Numbers and Objectives ¹⁹ (Specify Priority Service “PS” if applicable)	Projected Start and End Dates	Type of Activity/ Funding Source ²⁰	Update Status ²¹
<p>1.8 Contracted Service Providers will provide X# of complementary and scaffolding Safe Mobility Evidence-Based sessions of A Matter of Balance, SAIL and Fall Proof reaching 90 older adults and adults with disability to support aging in place of choice.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25, 130 unduplicated adults attended safe mobility classes</p> <p><u>Year 2 Objective:</u> As of 1/1/2025, 221 unduplicated adults attended safe mobility classes</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p> <p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p> <p><u>Year 3:</u> July 1, 2026 to June 30, 2027</p>	<p>Contracted & Direct Service</p> <p>OAA-IIIID, OCA-M-SS, and County Funds</p> <p>OAA-IIIID</p>	<p>Continued</p> <p>Continued</p>
<p>1.9 Community & Administrative Services Program Staff will develop a plan to identify partners and convene an Aging & Disability Education Series Webinar centered on Housing.</p> <p><u>Year 1 Objective Update:</u> The focus of 2.6 objective has moved to Sonoma County Master Plan on Aging project.</p>	<p>July 1, 2024 to June 30, 2025</p>	<p>OAA-PD</p>	<p>Delete</p>

Goal # 2

Goal: Health Reimagined

Rationale: Access to safe, affordable, and coordinated healthcare solutions and home and/or community care that supports optimal health and the ability to continue to live well within homes and communities of choice.

Goal 2 Health Reimagined Objective Numbers & Objectives (Specify Priority Service “PS” if applicable)	Projected Start and End Dates	Type of Activity/ Funding Source ²⁷	Update Status ²⁸
<p>2.1 Contracted Service Provider will provide Adult Day Services ^{PS} to 76 older adults at locations throughout the County providing respite to caregivers and a supportive engaging environment to participants.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25, 11,893 hours of Adult Day Services were delivered to 88 unduplicated older adults.</p> <p><u>Year 2 Objective:</u> New Target: Provide services to 35 older adults.</p> <p><u>Year 2 Objective Update:</u> As of 1/1/2026, 5,324 hours of Adult Day Services have been delivered to 41 unduplicated older adults.</p> <p><u>Year 3 Objective:</u> Target: Provide services to 56 older adults.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p> <p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p> <p><u>Year 3:</u> July 1, 2026 to June 30, 2027</p>	<p>Contracted/ OAA-IIIB</p>	<p>Continued</p> <p>Continued</p>
<p>2.2 Contracted Service Provider will provide Alzheimer’s Day Services ^{PS} to 35 older adults with confirmed diagnosis providing respite to caregivers and a supportive engaging environment to participants.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25, 807 days of Alzheimer’s Day programming were delivered to 28 unduplicated older adults.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p>	<p>Contracted/ OAA-IIIB</p>	<p>Continued</p>

<p>2.4 Contracted Service Provider will serve as lead for the HICAP services countywide ensuring unbiased education and awareness of health plans and related registration dates and requirements.</p> <p><u>Year 1 Objective Update:</u> Completed in FY 24/2025</p> <p><u>Year 2 Objective Update:</u> Completed in FY 25/2026</p> <p><u>Year 3 Objective Update:</u></p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p> <p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p> <p><u>Year 3:</u> July 1, 2026 to June 30, 2027</p>	<p>Contracted/ HICAP Grant</p>	<p>Continued</p> <p>Continued</p>
<p>2.5 Community Services Program Staff will develop a plan to identify partners, community impact and need, and convene countywide partners to educate community members and explore issues unique to HIV-Positive residents and support awareness of services and supports.</p> <p><u>Year 1 Objective Update:</u> This objective was not completed during the review period. We are revising the objective to better align with our priorities for the upcoming year.</p> <p><u>Year 2 Objective:</u> Community Services Program Staff will develop outreach for HIV clinics to understand the greater need in the Community.</p> <p><u>Year 2 Update:</u> AAA has identified a list of resources and providers in Sonoma County serving the HIV+ community. The providers will be engaged in the Community Needs Assessment.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p> <p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p>	<p>OAA-PD</p>	<p>N/A in Year 1</p> <p>Revised</p> <p>Complete</p>

<p>2.6 Community & Administrative Services Program Staff will develop a plan to identify partners and convene an Aging & Disability Education Series Webinar centered on Health.</p> <p><u>Year 1 Objective Update:</u> The focus of 2.6 objective has moved to Sonoma County Master Plan on Aging project.</p>	<p>July 1, 2024 to June 30, 2025</p>	<p>OAA-PD</p>	<p>Deleted</p>
<p>2.7 Linkages Social Worker will be embedded in an a local Federally Qualified Health Center to pilot integrated care for older adults and adults with disabilities</p> <p><u>Year 1 Objective Update:</u> Completed in FY 24/2025</p>	<p>July 1, 2024 to March 31, 2026</p>	<p>OCA-M-SS</p>	<p>Completed</p>

Goal # 3

Goal: Diversity Equity Inclusion Belonging (DEIB), Not Isolation

Rationale: Sonoma County is racially, ethnically and linguistically diverse and must lead in combatting ageism, ableism, racism, xenophobia, sexism, homophobia, and all prejudice and in expanding opportunities for all older adults and adults with disabilities to be economically, civically and socially engaged with experiencing discrimination or bias.

<p>Goal 3 DEIB, Not Isolation Objective Numbers & Objectives (Specify Priority Service “PS” if applicable)</p>	<p>Projected Start and End Dates</p>	<p>Type of Activity/ Funding Source²⁹</p>	<p>Update Status³⁰</p>
<p>3.1 To address and reduce the Digital Divide, Community Services Program Staff will develop community partnerships and</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p>	<p>OAA-C, CDA Revenue Streams</p>	<p>Completed</p>

²⁹ Indicate if the objective is Administration (Admin) Program Development (PD) or Coordination (C). If a PD objective is not completed in the timeline required and is continuing in the following year, provide an update with additional tasks. For program specific goals and objectives please identify service category where applicable.

³⁰ Use for the Area Plan Updates to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal 3 DEIB, Not Isolation Objective Numbers & Objectives (Specify Priority Service “PS” if applicable)	Projected Start and End Dates	Type of Activity/ Funding Source ²⁹	Update Status ³⁰
<p>opportunities to improve delivery of technology education and distribution of technology tools.</p> <p><u>Year 1 Objective Update:</u> AAA funded a Technology Device Program that was completed in September 2024. Through this partnership, three programs were funded, Connections Healthy Aging Technology (CHAT), Digital Connections (DC), and Access to Technology (ATT), where just under 800 tablet devices were distributed to community members.</p>			
<p>3.2 Contracted Service Provider will deliver Legal Assistance^{PS} to 280 older adults to provide protection from abuse, neglect and exploitation</p> <p><u>Year 1 Objective Update:</u> In FY 24/25, 2000 hours of legal services were delivered to 280 clients.</p> <p><u>Year 2 Objective:</u> New Target: Deliver services to 280 older adults.</p> <p><u>Year 2 Update:</u> As of 1/1/2026, 958 hours of legal services have been delivered to 270 unduplicated older adults.</p> <p><u>Year 3 Objective:</u> New Target: Deliver services to 230 older adults.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p> <p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p> <p><u>Year 3:</u> July 1, 2026 to June 30, 2027</p>	Contracted/ OAA-IIIB	Continued Continued
<p>3.3 Contracted Service Provider will deliver Elder Abuse Prevention outreach and community engagement reaching 250 older adults and adults with disabilities.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25, the following number of unduplicated older adults received services:</p> <ul style="list-style-type: none"> • 8 Program Development • 205 Education Materials 	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p>	Contracted/ OAA-VII	Continued

<ul style="list-style-type: none"> • 315 Public Education Sessions • 61 Training for Caregivers • 160 Training for Professionals <p><u>Year 2 Objective Update:</u> As of 1/1/2026, the following number of unduplicated older adults received services:</p> <ul style="list-style-type: none"> • 1 Program Development • 310 Education Materials • 304 Public Education Sessions • 23 Training for Caregivers • 12 Training for Professionals <p><u>Year 3 Objective Update:</u></p>	<p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p> <p><u>Year 3:</u> July 1, 2026 to June 30, 2027</p>		Continued
<p>3.4 Contracted Service Provider will serve as lead for the Ombudsman Program^{PS} providing required services countywide to ensure the safety and well-being of older adults and adults with disabilities in care facilities.</p> <p><u>Year 1 Objective Update:</u> Completed in FY 24/2025</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p>	Contracted/ Ombudsman	Completed
<p>3.5 Contracted Service Provider will deliver Community Education through the Juntos de la Mano Community Health Worker initiative in Spanish-speaking communities reaching 150 older adults and adults with disabilities.</p> <p><u>Year 1 Objective Update:</u> As of 12/31/24, Northern CA Center for Well-Being conducted three Community Health Worker (CHW) Network meetings to share information about healthy eating/active living resources and train on effective approaches for conducting outreach/ education targeting older adults, adults with disabilities and their caregivers beginning in 2025.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p>	Contracted/ CalFresh Healthy Living	Continued

<p><u>Year 2 Objective:</u> New Target: Reach 150 older adults and adults with disabilities. This goal is completed with the sunset of CalFresh Healthy Living funds on September 30, 2025.</p>	<p><u>Year 2:</u> July 1, 2025 to September 30, 2025</p>		<p>Completed</p>
<p>3.6 Community Services Program Staff will develop Cultural Competency tools and approaches for staff and Service Providers that support language accessibility, develop ways to support Sonoma County Anti-Racist Results Based Accountability Measures for service providers and develop referral to resources for training and translation services.</p> <p><u>Year 1 Objective Update:</u> Due to significant AAA staff turnover, this objective has been postponed to Year 2.</p> <p><u>Year 2 Objective Update:</u> In FY 25/26, AAA has developed and implemented a new data system for majority of the OAA-funded services. With this database, the AAA has adopted an expansive list of inclusive demographic data on clients. This will be used for the basis of the AR-RBA as we move forward. Also, AAA, in collaboration with the Department’s Training Team, has put together a SOGI training from both County-Operated staff and contracted providers staff.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p> <p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p>	<p>OAA-PD, Local Aging & Disability Action Plan (LADAP)</p>	<p>Continued</p> <p>Completed</p>
<p>3.7 Contracted service provider will engage 3,000 older adults and adults with disabilities providing Telephone Reassurance^{PS} through volunteers making daily calls. This will support reduced isolation and provide referral to case management and other services as appropriate.</p> <p><u>Year 1 Objective Update:</u> Due to data reporting issues, an analysis was unable to be completed.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p>	<p>Contracted/OAA-IIIB</p>	<p>Completed</p>

<p>3.8 Contracted Service Providers will engage 50 older adults and young people in an Intergenerational Walking School Bus program at a lower income housing co-located with a nearby elementary school thereby strengthening physical activity and reducing isolation.</p> <p><u>Year 1 Objective Update:</u> As of 12/31/24, 23 unduplicated older adults and 40 unduplicated youth engage in the program.</p> <p><u>Year 2 Objective:</u> New Target: Engage 50 older adults and young people.</p> <p><u>Year 2 Update:</u> This goal is completed with the sunset of CalFresh Healthy Living funds on September 30, 2025.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p> <p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p>	<p>Contracted/ CalFresh Healthy Living</p>	<p>Continued</p> <p>Completed</p>
<p>3.9 Community Services Program staff will develop a plan to convene with Indigenous Elders and/or Title VI Program Representatives.</p> <p><u>Year 1 Objective Update:</u> This objective was not completed during the review period. We are revising the objective to better align with our priorities for the upcoming year.</p> <p><u>Year 2 Objective:</u> Community Services Program staff will focus on developing and building relationships with the Indigenous Community and/or title VI Program Representatives.</p> <p><u>Year 2 Objective Update:</u> The AAA Team continues to find new ways to engage the Indigenous Elders and/or the Title VI Program Representatives at the Sonoma County Indian Health Project</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p> <p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p>	<p>OAA-PD, Local Aging & Disability Action Plan (LADAP)</p>	<p>N/A for Year 1</p> <p>Revised</p>

<p>3.10 Community Services Program Staff will develop a plan to convene leaders and representatives of the LGBTQIA+ no less than once per year to ensure awareness of services, gain understanding of issues unique to community members and identify opportunities for advocacy.</p> <p><u>Year 1 Objective Update:</u> Planning for Table Event in October 2025</p> <p><u>Year 2 Objective Update:</u> Community Services Program Staff convened a panel of local LGBTQIA+ representatives and leaders on October 8, 2025, to showcase the LGBTQ history in Sonoma County, share awareness, and understanding of the issues impacting this population. This convening was open to all staff members within the Sonoma County Human Services Department and the public.</p> <p><u>Year 3 Objective Update:</u></p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p> <p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p>	<p>OAA-PD, Local Aging & Disability Action Plan (LADAP)</p>	<p>Continued</p> <p>Continued</p>
<p>3.11 Community & Administrative Services Program Staff will convene an Aging & Disability Education Series Webinar centered on underserved communities and populations (ie. LGBTQIA+, BIPOC, Limited English).</p> <p><u>Year 1 Objective Update:</u> The focus of 3.11 objective has moved to Sonoma County Master Plan on Aging project.</p>	<p>July 1, 2024 to June 30, 2025</p>	<p>OAA-C, Local Aging & Disability Action Plan (LADAP)</p>	<p>Delete</p>
<p>3.12 (New) Developing a new pilot program in collaboration with Vintage House to serve the Sonoma Valley region.</p> <p><u>Year 3 Objective Update:</u></p>	<p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p> <p><u>Year 3:</u> July 1, 2026 to June 30, 2027</p>	<p>OAA – PD</p>	<p>New</p>

Goal # 4

Goal: Caregiving That Works

Rationale: In Sonoma County family caregivers help their parents, spouses, and friends who

need assistance with everyday tasks to live well in their homes and communities and many are caring for someone with Alzheimer’s Disease or dementia usually with little support or training. Women, particularly Black, Indigenous, Latino and Asian-American women are providing a disproportionately large share of this care – often while caring for children – and often resulting in financial hardship and a decrease in lifelong Social Security earning which can continue the cycle of poverty and debt for low-income households. The emotional and physical stress of caregiving can also lead to poor health outcomes for the family caregiver.

Goal 4: Caregiving That Works Objective Numbers & Objectives (Specify Priority Service “PS” if applicable)	Projected Start and End Dates	Type of Activity/ Funding Source ³¹	Update Status ³²
<p>4.1 Contracted Service Providers will provide countywide Family Caregiver Support: Assessment^{PS} services to 325 older adults and adults with disabilities to support aging-in-place of choice and ensure health and well-being of the caregiver.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25, 622 older adults received 1,844 hours of Assessments.</p> <p><u>Year 2 Objective Update:</u> As of 1/1/2026, 256 adults have received Assessment Services</p> <p><u>Year 3 Objective Update:</u></p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p> <p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p> <p><u>Year 3:</u> July 1, 2026 to June 30, 2027</p>	<p>Contracted/ OAA-IIIIE³³</p>	<p>Continued</p> <p>Continued</p>
<p>4.2 Contracted Service Providers will provide countywide Family Caregiver Support: Support Groups^{PS} to 160 older adults and adults with disabilities that support aging-in-place of choice and ensure the health and well-being of the caregiver.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25 897 older adults received FCSP: Support Group services.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p>	<p>Contracted/ OAA-IIIIE</p>	<p>Continued and Revised</p>

³¹ Indicate if the objective is Administration (Admin) Program Development (PD) or Coordination (C). If a PD objective is not completed in the timeline required and is continuing in the following year, provide an update with additional tasks. For program specific goals and objectives please identify service category where applicable.

<p>4.4 Contracted Service Provider will provide countywide Family Caregiver Respite: In-Home Supervision^{PS} reaching 120 older adults and adults with disabilities to support aging-in-place of choice and ensure health and well-being of the caregiver.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25, 102 older adults were served and delivered 4037 hours of Respite.</p> <p><u>Year 2 Objective:</u> New Target: Reach 120 Older adults and adults with disabilities.</p> <p><u>Year 2 Objective Update:</u> As of 1/1/2026, 52 older adults have been served</p> <p><u>Year 3 Objective Update:</u></p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p> <p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p> <p><u>Year 3:</u> July 1, 2026 to June 30, 2027</p>	<p>Contracted/ OAA-IIIE</p>	<p>Continued</p> <p>Continued</p>
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³⁴ Older Americans Act Title IIID – Evidence-Based Health Promotion

Goal 4: Caregiving That Works Objective Numbers & Objectives (Specify Priority Service “PS” if applicable)	Projected Start and End Dates	Type of Activity/ Funding Source³¹	Update Status³²
<p>4.5 To support caregiver job creation and awareness of countywide support and respite services, Community Services Staff will develop partnerships and a strategic approach to partner with community partners and the In-Home Supportive Services – Public Authority to amplify the need for caregivers through digital outreach and no less than one annual convening of caregivers and caregiver support service providers.</p> <p><u>Year 1 Objective Update:</u> AAA and In-Home Supportive Services – Public Authority have partnered together to build a strategic approach to amplify and support the needs of our caregivers.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p>	<p>OAA-PD</p>	<p>Completed</p>

Goal 5: Affording Aging Objective Number(s) & Objective(s)	Projected Start and End Dates	Type of Activity/ Funding Source ³⁵	Update Status ³⁶
<p>5.1 Contracted Service Providers will provide Home-Delivered Meals countywide reaching 2,050 older adults and adults with disabilities to support their ability to age-in-place, receive nutrition education, reduce isolation and increase access and awareness of services.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25, 1,228 older adults received 198,635 Home-Delivered Meals</p> <p><u>Year 2 Objective:</u> New Target: Reach 2,050 Older adults and adults with disabilities.</p> <p><u>Year 2 Objective Update:</u> As of 1/1/2026, 825 older adults have received 87,771 Home-Delivered Meals</p> <p><u>Year 3 Objective Update:</u></p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p> <p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p> <p><u>Year 3:</u> July 1, 2026 to June 30, 2027</p>	<p>Contracted/ OAA-IIIC³⁷, NSIP³⁸, County General Fund³⁹</p>	<p>Continued</p> <p>Continued</p>
<p>5.2 Contracted Service Providers will provide Congregate Meals at locations countywide reaching 830 older adults and adults with disabilities to support their ability to age-in-place, receive nutrition education, reduce isolation and increase access and awareness of services.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25, 788 older adults and adults with disabilities have received 17,773 Congregate Meals.</p> <p><u>Year 2 Objective:</u> New Target: Reach 830 Older adults and adults with disabilities.</p> <p><u>Year 2 Objective Update:</u> As of 1/1/2026, 351 Older adults and adults with disabilities have received 8,309 Congregate Meals.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p> <p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p>	<p>Contracted/ OAA-IIIC⁴⁰, NSIP</p>	<p>Continued</p> <p>Continued</p>

Year 3 Objective Update:

Year 3:

July 1, 2026
to June 30,
2027

³⁵ Indicate if the objective is Administration (Admin) Program Development (PD) or Coordination (C). If a PD objective is not completed in the timeline required and is continuing in the following year, provide an update with additional tasks. For program specific goals and objectives please identify service category where applicable.

³⁶ Use for the Area Plan Updates to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

³⁷ Older Americans Act – IIC-2 Nutrition Program, Home-Delivered Meals

³⁸ The Nutrition Services Incentive Program (NSIP) of the Older Americans Act (OAA) provides grants to support the OAA congregate and home-delivered nutrition programs by providing an incentive to serve more meals. NSIP is authorized by Section 311 of the OAA.

³⁹ Ongoing funding authorized by the Sonoma County Board of Supervisors to support Nutrition Program Home-Delivered Meals

⁴⁰ Older Americans Act – IIC-1 Nutrition Program, Congregate Meals

Goal 5: Affording Aging Objective Number(s) & Objective(s)	Projected Start and End Dates	Type of Activity/ Funding Source ³⁵	Update Status ³⁶
<p>5.3 Contracted Service Provider will provide Brown Bag program at distribution sites countywide reaching 10,400 older adults and adults with disabilities to support their ability to age-in-place, receive nutrition education, and increase access and awareness of services.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25 11,249 older adults and adults with disabilities received 147,669 meals through the Brown Bag program.</p> <p><u>Year 2 Objective:</u> New Target: Reach 10,400 Older adults and adults with disabilities.</p> <p><u>Year 2 Objective Update:</u> As of 1/1/2026, 8,749 older adults and adults with disabilities have received meals through the Brown Bag program.</p> <p><u>Year 3 Objective Update</u></p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p> <p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p> <p><u>Year 3:</u> July 1, 2026 to June 30, 2027</p>	<p>Contracted/ OCA-M-N⁴¹</p>	<p>Continued</p> <p>Continued</p>
<p>5.4 Contracted Service Providers will provide To-Go Meals at distribution sites countywide reaching 135 older adults and adults with disabilities to support their ability to age-in-place, receive nutrition education, and increase access and awareness of services.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25 599 older adults and adults with disabilities received 27,547 To-Go Meals.</p> <p><u>Year 2 Objective:</u> New Target: Reach 135 Older adults and adults with disabilities.</p> <p><u>Year 2 Objective Update:</u> As of 1/1/2026, 321 older adults and adults with disabilities have received 17,098 To-Go Meals.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p> <p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p>	<p>Contracted/ OCA-M-N</p>	<p>Continued</p> <p>Continued</p>

<u>Year 3 Objective Update:</u>	<u>Year 3:</u> July 1, 2026 to June 30, 2027		
5.5 Contracted Service Providers will provide Intergenerational Programs alongside Home-Delivered and Congregate Meals programs to older adults and adults with disabilities to support aging-in-place, reduced isolation, increased self-esteem and awareness of and access to services.	July 1, 2024 to June 30, 2025	Contracted/ OCA-M-N	Completed
<u>Year 1 Objective Update:</u> Completed in FY 24/2025			

⁴¹ Older Californians Act – Modernization – Nutrition Program

Goal # 6

Goal # 6 Revised: Sonoma County Aging & Disability Commission (Formerly the Area Agency on Aging Advisory Council): Representing the Voice of the Community

Rationale Revised: The Sonoma County Aging & Disability Commission gives voice to the diverse needs of Sonoma County’s older adults, people with disabilities, and their caregivers. Advocacy for inclusive and responsive policies, programs, and community outreach includes: 1) Advising the Board of Supervisors on aging, disability, and caregiver issues; 2) Supporting the efforts of the Area Agency on Aging to a) create and coordinate an accessible system of community-based services, and b) target those with the greatest economic and social need; and 3) Guiding the Aging and Disability Resource Hub from a community perspective.

Goal: Sonoma County Aging & Disability Commission (Formerly the Area Agency on Aging Advisory Council): Education & Advocacy

Rationale: The Sonoma County Aging & Disability Commission holds responsibility to educate and advocate on behalf of all older adults, adults with disabilities and their caregivers throughout the County of Sonoma. The following are objectives established by the Commission for completion in Fiscal Year 2024-2025.

Goal 6: Commission: Education & Advocacy Objective Numbers & Objectives	Projected Start and End Dates	Type of Activity/ Funding Source⁴²	Update Status⁴³
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<p>6.1 Commission Members (supported by Community Services Program Staff as needed) will provide no fewer than three presentations to older adults, adults with disabilities and/or their caregivers to share information such as (707) 565-INFO, Aging & Disability Resource Directory, and the Local Master Plan for Aging. At least one presentation will be in Spanish.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p>	<p>OAA-C</p>	<p>Will be Completed</p>
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⁴² Indicate if the objective is Administration (Admin) Program Development (PD) or Coordination (C). If a PD objective is not completed in the timeline required and is continuing in the following year, provide an update with additional tasks. For program specific goals and objectives please identify service category where applicable.

⁴³ Use for the Area Plan Updates to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

<p>Goal 6: Commission: Education & Advocacy Objective Numbers & Objectives</p>	<p>Projected Start and End Dates</p>	<p>Type of Activity/ Funding Source⁴²</p>	<p>Update Status⁴³</p>
<p><u>Year 1 Objective Update:</u> In FY 24/25, the Commission completed two presentations and the Spanish presentation was cancelled due to political tensions with the immigrant populations.</p>			<p>Completed</p>
<p>6.2 Commission Members (supported by Community Services Program Staff as needed) will plan and develop the ability to facilitate no fewer than three focus groups with older adults, adults with disabilities, and/or their caregivers to learn about issues and needs. At least one focus group will be in Spanish.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25, This objective was not completed. The Commission will set a new goal for FY 25/26.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p>	<p>OAA-C</p>	<p>Deleted</p>

<p>6.3 Commission Members (supported by Community Services Program Staff as needed) will conduct no fewer than eight site visits with relevant service providers to share information and learn about issues and needs, including feedback on the content and navigability of the Aging & Disability Resource Directory.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25, the Commission has completed over 8 site visits for the year.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p>	<p>OAA-C</p>	<p>Completed</p>
<p>6.4 Commission Members (supported by Community Services Program Staff as needed) will develop a structure and plan to attend and report back on no fewer than six community meetings on relevant topics such as transportation, housing, caregiving, health and/or other priority areas.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25, the Commission completed this goal.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p>	<p>OAA-C</p>	<p>Completed</p>
<p>6.5 Commission Members (supported by Community Services Program Staff as needed) will two times per year invite representatives of state and county legislators to speak at Commission meetings.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25, the Commission invited the Legislative Representatives twice to speak at a Commission meeting.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p>	<p>OAA-C</p>	<p>Completed</p>
<p>6.6 Commission Members (supported by Community Services Program Staff as needed) will at least annually invite representative of municipal older adult advisory bodies to speak at a Commission meeting.</p> <p><u>Year 1 Objective Update:</u> In FY 24/25, the Commission met with the representatives, but did not have them speak at a Commission meeting.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p>	<p>OAA-C</p>	<p>Delete</p>

<p>6.7 Commission Members (supported by Community Services Program Staff as needed) will no fewer than three times per year, submit reports and attend meetings of the Triple-A Council of California (TACC).</p> <p><u>Year 1 Objective Update:</u> The Commission’s designated TACC representative submitted a report and attending the statewide meeting in February April, and June 2025.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p>	<p>OAA-C</p>	<p>Completed</p>
<p>6.8 Commission Members (supported by Community Services Program Staff as needed) will at least annually, invite Sonoma County’s California Senior Legislature representatives to speak at a Commission meeting.</p> <p><u>Year 1 Objective Update:</u> Senior Legislative Report was presented to the Commission during the February 2025 Meetings</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p>	<p>OAA-C</p>	<p>Completed</p>
<p>6.9 Commission Members (supported by Community Services Program Staff as needed) will provide biannual reports to the Sonoma County Board of Supervisors on community issues and needs.</p> <p><u>Year 1 Objective Update:</u> In September 2024 and March 2025, the Commission submitted their 2024-25 work plan and a six-month progress report to the Board of Supervisors.</p>	<p><u>Year 1:</u> July 1, 2024 to June 30, 2025</p>	<p>OAA-C</p>	<p>Completed</p>
<p>6.10 Members reflect the diversity of the people they represent. Members will review outreach priorities twice, form two recruitment ad hoc committees, receive four planning reports, and complete two decisions on recruitment actions by the scheduled dates.</p> <p><u>Year 2 Objective Update:</u> As of February 2026, the Commission has reviewed the member demographics, created two ad hocs</p>	<p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p>	<p>OAA-C</p>	<p>Will be Completed</p>

<p>focused on recruitment, developed recruitment flyers, and developed a recruitment task plan.</p>			
<p>6.11 Members are able to describe the role of the Commission. Members will produce one elevator speech, one brochure, one member awareness assessment, and one community understanding assessment by the assigned deadlines.</p> <p><u>Year 2 Objective Update:</u> As of February 2026, the Commission has developed three elevator speeches, completed the member awareness, and working on the brochure and community understanding assessment.</p>	<p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p>	<p>OAA-C</p>	<p>Will be Completed</p>
<p>6.12 Members understand the range of long-term services and supports available. Members will complete one review of Adult and Aging program descriptions, learn the 565 INFO elevator speech, and attend scheduled staff presentations.</p>	<p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p>	<p>OAA-C</p>	<p>Complete</p>
<p>6.13 Members research and summarize topics affecting dignity, independence, and quality of life. Members will identify two research topics, form two research ad hoc committees, and deliver two completed research reports by their due dates.</p> <p><u>Year 2 Objective Update:</u> Research topic #1 is complete.</p>	<p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p>	<p>OAA-C</p>	<p>Will be Completed</p>
<p>6.14 Members provide a public forum to hear from and talk to the people they represent. Members will ensure public comment appears on all agendas, participate in ADRH tabling as defined, and complete two reviews confirming contact information is publicly available.</p> <p><u>Year 2 Objective Update:</u> Time for public comment is on every agenda.</p>	<p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p>	<p>OAA-C</p>	<p>Will be Completed</p>
<p>6.15 Members learn about local challenges and opportunities through group conversations with community partners. Members will identify two convening topics, form two convening ad hoc committees, and complete two convenings with written summary reports.</p>	<p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p>	<p>OAA-C</p>	<p>Will be Completed</p>

<p><u>Year 2 Objective Update:</u> As of February 2026, the Commission has completed one of the convenings and starting the second convening.</p>			
<p>6.16 Members publicly share summary reports on Research Topics and Community Convenings. Members will present two research reports and two convening reports at Commission meetings and ensure four reports are posted online by their scheduled dates.</p> <p><u>Year 2 Objective Update:</u> As of February 2026, the Commission has completed and shared one of the research reports with the Commission. The Commission is also looking to put these completed reports on the A&DC website.</p>	<p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p>	<p>OAA-C</p>	<p>Will be Completed</p>
<p>6.17 Members provide feedback to ADRH staff and partners. Members will complete one mission statement and work plan for the NWD Committee and participate in three scheduled ADRH feedback meetings.</p> <p><u>Year 2 Objective Update:</u> As of January 2026, the NWD Committee has completed the mission statement and plans to start developing the work plan in late February 2026.</p>	<p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p>	<p>OAA-C</p>	<p>Will be Completed</p>
<p>6.18 Members advise AAA staff throughout the development and administration of the Area Plan. Members will identify four Area Plan topics and participate in four Commission discussions, gathering input by the scheduled dates.</p> <p><u>Year 2 Objective Update:</u> As of February 2026, the Commission continues to advocate to the AAA. This includes the development of a ad hoc committee to focus on the FY 26/27 OAA-IIIB Supportive Services funding priorities.</p>	<p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p>	<p>OAA-C</p>	<p>Will be Completed</p>
<p>6.19 Members advise the Board of Supervisors on aging, disability, and caregiver issues. Members will submit two progress updates to supervisors and share four research or convening reports with supervisors by the required deadlines.</p>	<p><u>Year 2:</u> July 1, 2025 to June 30, 2026</p>	<p>OAA-C</p>	<p>Will be Completed</p>

<p><u>Year 2 Objective Update:</u> As of February 2026, the Commission has developed the first research report and has presented to the respective County Supervisor.</p>			
<p>6.20 (New) Two times per year, members will implement recruitment activities based on a review of Commission demographics.</p>	<p><u>Year 3:</u> July 1, 2026 to June 30, 2027</p>	<p>OAA-C</p>	<p>New</p>
<p>6.21 (New) Every Commission and Standing Committee meeting agenda will provide an opportunity for public comment to hear from and talk to the people represented by the Commission.</p>	<p><u>Year 3:</u> July 1, 2026 to June 30, 2027</p>	<p>OAA-C</p>	<p>New</p>
<p>6.22 (New) Every Commission member will participate in the Area Plan needs assessment through survey's, interviews, or focus groups</p>	<p><u>Year 3:</u> July 1, 2026 to June 30, 2027</p>	<p>OAA-C</p>	<p>New</p>
<p>6.23 (New) Members will create an advocacy calendar to plan strategic contacts with County Supervisors, Representatives of elected officials, Representatives on the California Senior Legislature, and Area Agency on Aging staff.</p>	<p><u>Year 3:</u> July 1, 2026 to June 30, 2027</p>	<p>OAA-C</p>	<p>New</p>
<p>6.24 (New) Three times per year, members of the No Wrong Door Committee will provide feedback to staff on Aging & Disability Resource Hub program design, operations, and quality improvement.</p>	<p><u>Year 3:</u> July 1, 2026 to June 30, 2027</p>	<p>OAA-C</p>	<p>New</p>

SECTION 8. SERVICE UNIT PLAN (SUP)

**TITLE III and Title VII SERVICE UNIT PLAN
CCR Article 3, Section 7300(d)**

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

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

1. All Regular Area Plan Funding Sources

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

2. A written justification is required for service unit decrease greater than 10%: Citation: CDA Program Guide, Section 4.4 (1) Scope of work

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

Unit of Service = 1 Day

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	900	2	2.1
2025-2026	900	2	2.1
2026-2027	900	2	2.1
2027-2028			

Case Management (Access)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	5,143	2	2.3
2025-2026	5,143	2	2.3
2026-2027	5,143	2	2.3
2027-2028			

Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	4,365	1	1.6
2025-2026	4,635	1	1.6
2026-2027	4,635	1	1.6
2027-2028			

Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	10,000	1	1.3
2025-2026	10,000	1	1.3
2026-2027	10,000	1	1.3
2027-2028			

Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	2,800	3	3.2
2025-2026	2,700	3	3.2
2026-2027	2,700	3	3.2
2027-2028			

Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	25,000	5	5.2
2025-2026	25,300	5	5.2
2026-2027	25,300	5	5.2
2027-2028			

Home-Delivered Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
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2024-2025	195,000	5	5.1
2025-2026	200,000	5	5.1
2026-2027	200,000	5	5.1
2027-2028			

Nutrition Education

Unit of Service = 1 Session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	16	5	5.1 & 5.2
2025-2026	40	5	5.1 & 5.2
2026-2027	40	5	5.1 & 5.2
2027-2028			

3. OAAPS Service Category – “Other” Title III Services

- Each **Title IIIB** “Other” service must be an approved OAAPS Program service listed on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.
- Identify **Title IIIB** services to be funded that were not reported in OAAPS categories. (Identify the specific activity under the Other Supportive Service Category on the “Units of Service” line when applicable.)
- **Title IIIB, Other Priority and Non-Priority Supportive Services:** For all Title IIIB “Other” Supportive Services, use the appropriate Service Category name and Unit of Service (Unit Measure) listed in the CDA Service Categories and Data Dictionary.
 - Other **Priority Supportive Services include:** Alzheimer’s Day Care, Comprehensive Assessment, Health, Mental Health, Public Information, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting
 - Other **Non-Priority Supportive Services include:** Cash/Material Aid, Community Education, Disaster Preparedness Materials, Emergency Preparedness, Employment, Housing, Interpretation/Translation, Mobility Management, Peer Counseling, Personal Affairs Assistance, Personal/Home Device, Registry, Senior Center Activities, and Senior Center Staffing

Alzheimer's Day Care

Unit of Service = Days of Attendance

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	900	2	2.2
2025-2026	900	2	2.2
2026-2027	900	2	2.2
2027-2028			

Telephone Reassurance

Unit of Service = Participant Contacts

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	498,600	3	3.7
2025-2026	N/A	N/A	Not Funded in FY 25/26
2026-2027	N/A	N/A	Not Funded in FY 26/27
2027-2028			

Community Education

Unit of Service = Activities

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	50	3	3.5
2025-2026	0	3	3.5 – CFHL Funded sunset on 9/30/2025
2026-2027	N/A	N/A	
2027-2028			

Disaster Preparedness Materials

Unit of Service = Products

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	533	1	1.5
2025-2026	260	1	1.5
2026-2027	0	N/A	Not Funded in FY 26/27. The program will continue with other funding.
2027-2028			

4. Title IIID/Health Promotion—Evidence-Based

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

Evidence-Based Program Name(s)

1. **Powerful Tools for Caregiving**
2. **Stress Busting for Family Caregivers**
3. **FallProof**

Powerful Tools for Caregiving

Unit of Service = 1 Session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	87	4	4.3
2025-2026	87	4	4.3
2026-2027	87	4	4.3
2027-2028			

Stress Busting for Family Caregivers

Unit of Service = 1 Session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	88	4	4.3
2025-2026	88	4	4.3
2026-2027	88	4	4.3
2027-2028			

FallProof

Unit of Service = 1 Session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	800	4	4.3
2025-2026	800	4	4.3
2026-2027	0	N/A	Not Funded in FY 26/27. The program will continue with other funding.
2027-2028			

TITLE IIIB and TITLE VII: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES**2024-2028 Four-Year Planning Cycle**

As mandated by the Older Americans Act Reauthorization Act of 2020, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of ensuring their dignity, quality of life, and quality of care.

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

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

Complete all Measures and Targets for Outcomes 1-3.

Outcome 1.

The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. Older Americans Act Reauthorization Act of 2020, Section 712(a)(3), (5)]

Measures and Targets:

A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition). The average California complaint resolution rate for FY 2022-2023 was 52%.

Fiscal Year Baseline Resolution Rate	# of partially resolved or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	839	1050	80%	80% 2024-2025
2023-2024	1009	1189	85%	85% 2025-2026
2024-2025	627	727	86%	<u>86</u> % 2026-2027
2026-2027				_____% 2027-2028

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>180</u> FY 2024-2025 Target: <u>94</u>
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended <u>216</u> FY 2025-2026 Target: <u>216</u>
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended <u>250</u> FY 2026-2027 Target: <u>250</u>
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2022-2023 Baseline: Number of Family Council meetings attended <u>11</u> FY 2024-2025 Target: <u>11</u>
2. FY 2023-2024 Baseline: Number of Family Council meetings attended <u>40</u> FY 2025-2026 Target: <u>40</u>
3. FY 2024-2025 Baseline: Number of Family Council meetings attended <u>23</u> FY 2026-2027 Target: <u>23</u>
4. FY 2025-2026 Baseline: Number of Family Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2022-2023 Baseline: Number of Instances <u>5,072</u> FY 2024-2025 Target: <u>5,072</u>
2. FY 2023-2024 Baseline: Number of Instances <u>5,576</u> FY 2025-2026 Target: <u>5,576</u>
3. FY 2024-2025 Baseline: Number of Instances <u>3760</u> FY 2026-2027 Target: <u>3760</u>
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2022-2023 Baseline: Number of Instances <u>10,773</u> FY 2024-2025 Target: <u>10,773</u>
2. FY 2023-2024 Baseline: Number of Instances <u>10,796</u> FY 2025-2026 Target: <u>10,796</u>
3. FY 2024-2025 Baseline: Number of Instances <u>8727</u> FY 2026-2027 Target: <u>8727</u>
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

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

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

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

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

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

FY 2024-2025

FY 2024-2025 Systems Advocacy Effort(s):

SAS Ombudsman will work to train the RCFE's and SNF's on the new mandated reporting law that went into effect on 1/1/2024.

SAS Program Manager/ED is actively working with CLTCOA on legislative advocacy to increase funding for the program.

SAS Program Manager/ED serves as the board chair for CLTCOA. CLCOA frequently supports, comments and responds to legislation that directly affects long term care residents with the collaboration of the board members who are also Program Managers in other regions.

FY 2025-2026

Outcome of FY 2024-2025 Efforts:

SAS Ombudsman will work to train the RCFE's and SNF's on the new mandated reporting law that went into effect on 1/1/2024.

In 2024, Ombudsman delivered six mandated reporter training to both skilled nursing facility and residential care facility professionals.

SAS Program Manager/ED is actively working with CLTCOA on legislative advocacy to increase funding for the program.

In 2024, serving as the President of CLTCOA, we secured \$5.25 million dollars in OTO funding.

SAS Program Manager/ED serves as the board chair for CLTCOA. CLTCOA frequently supports, comments and responds to legislation that directly affects long term care residents with the collaboration of the board members who are also Program Managers in other regions.

As a member of CLTCOA legislative committee, the Program Manager personally reviewed 341 bills to determine if the proposed legislation impacted long term care residents; the entire committee collectively reviewed 2741 of the 3036 introduced. There were 40 position letters submitted for 20 different bills. The Program Manager multiple attended legislative hearings and met face-to-face with legislators to educate them regarding issues on behalf of long-term care residents.

FY 2025-2026 Systems Advocacy Effort(s):

SAS Program Manager/ED is actively working with CLTCOA on legislative advocacy to increase funding for the program due to the one-time-only designation last year.

SAS Program Manager/ED serves as the board chair for CLTCOA. CLTCOA frequently supports, comments, and responds to legislation that directly affects long-term care residents with the collaboration of the board members who are also Program Managers in other regions.

SAS Program Manager/ED is meeting with local legislators to increase program awareness due to the fact most of the region's members are termed out.

FY 2026-2027

Outcome of FY 2025-2026 Efforts:

The SAS Program Manager served on the California Long Term Care Ombudsman Association (CLTCOA) Legislative Committee and personally reviewed more than 400 bills for potential impact on long-term care residents; the full committee reviewed approximately 2,400 bills statewide.

CLTCOA supported 22 bills and two budget requests affecting long-term care residents.

Outcomes included:

- 10 bills chaptered into law
- 2 bills vetoed
- 10 bills that did not pass

The Program Manager testified at legislative hearings and met with legislators and local district staff to educate policymakers and strengthen awareness of Ombudsman services and resident rights.

FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

The SAS Program Manager/ED will serve as Immediate Past President of CLTCOA and member of the Executive Committee and Legislative Committee.

Activities will include:

- Reviewing and analyzing legislation impacting long-term care residents
- Providing technical expertise to legislators
- Participating in coordinated statewide advocacy to advance resident rights, quality of care, and safety

These activities support continued systems advocacy to protect and improve conditions for residents in long-term care facilities.

FY 2027-2028

Outcome of 2026-2027 Efforts:

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

Outcome 2.

Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2020), Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

A. Routine Access: Nursing Facilities (NORS Element S-58) Percentage of nursing facilities within the PSA that were visited by an Ombudsman representative

at least once each quarter not in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not a count of visits but a count of facilities. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

<p>1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>19</u> divided by the total number of Nursing Facilities <u>19</u> = Baseline <u>100%</u> FY 2024-2025 Target: <u>100%</u></p>
<p>2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>18</u> divided by the total number of Nursing Facilities <u>19</u> = Baseline <u>95%</u> FY 2025-2026 Target: <u>100%</u></p>
<p>3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>19</u> divided by the total number of Nursing Facilities <u>19</u> = Baseline <u>100%</u> FY 2026-2027 Target: <u>100%</u></p>
<p>4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2027-2028 Target: _____</p>
<p>Program Goals and Objective Numbers: _____</p>

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

<p>1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>135</u> divided by the total number of RCFEs <u>152</u> = Baseline <u>89%</u></p> <p>FY 2024-2025 Target: <u>89 %</u></p>
<p>2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>136</u> divided by the total number of RCFEs <u>155</u> = Baseline <u>88%</u></p> <p>FY 2025-2026 Target: <u>88%</u></p>

<p>3. FY 2024-2025 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>141</u> divided by the total number of RCFEs <u>153</u> = Baseline <u>92 %</u></p> <p>FY 2026-2027 Target: <u>92%</u></p>
<p>4. FY 2025-2026 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ %</p> <p>FY 2027-2028 Target: _____</p>
<p>Program Goals and Objective Numbers: _____</p>

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

<p>1. FY 2022-2023 Baseline: <u>6.5</u> FTEs</p> <p>FY 2024-2025 Target: <u>4.5</u> FTEs</p>
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2. FY 2023-2024 Baseline: 4.7 ___ FTEs FY 2025-2026 Target: <u>4.7</u> FTEs
3. FY 2024-2025 Baseline: <u>5.8</u> FTEs FY 2026-2027 Target: <u>5.8</u> FTEs
4. FY 2025-2026 Baseline: _____ FTEs FY 2027-2028 Target: _____ FTEs
Program Goals and Objective Numbers: _____

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>10</u> FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <u>8</u>
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers 7 _____ FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers 7 _____
3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers 5 _____ FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers 5 _____
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: _____

Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2020, Section 712(c)]

Measures and Targets:

Some examples could include:

- Hiring additional staff to enter data.
- Updating computer equipment to make data entry easier.
- Initiating a case review process to ensure case entry is completed in a timely manner.

Fiscal Year 2024-25

SAS Data has been identified as one of the most accurate in the state. Our existing model which is a review of data by Program Supervisor is demonstrated as effective. Therefore, we will continue to maintain our current review system and endeavor to maintain our current standards.

Fiscal Year 2025-2026

SAS Data has been identified as one of the most accurate in the state. Our existing model which is a review of data by Program Supervisor is demonstrated as effective. Therefore, we will continue to maintain our current review system and endeavor to maintain our current standards.

Fiscal Year 2026-2027

SAS Data has been identified as one of the most accurate in the state. Our existing model which is a review of data by Program Supervisor is demonstrated as effective. Therefore, we will continue to maintain our current review system and endeavor to maintain our current standards.

Fiscal Year 2027-2028

TITLE VII ELDER ABUSE PREVENTION
SERVICE UNIT PLAN

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

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

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

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

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

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2020, Section 302(3) ‘Family caregiver’ means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain

dysfunction.

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

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TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

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

Total Number Of:	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	250	250	250	
Public Education Sessions	12	12	8	
Training Sessions for Professionals	4	4	2	
Training Sessions for Caregivers served by Title III E	2	2	0	
Hours Spent Developing a Coordinated System	20	20	0	

Fiscal Year	Total Number of Copies of Education Materials to be Distributed	Description of Educational Materials
2024-2025	200	

2025-2026	200	
2026-2027	100	
2027-2028		

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TITLE III E SERVICE UNIT PLAN

**CCR Article 3, Section 7300(d)
2024-2028 Four-Year Planning Period**

This Service Unit Plan (SUP) uses the five federally mandated service categories that encompass 16 subcategories. Refer to the [CDA Service Categories and Data Dictionary](#) for eligible activities and service unit measures:

1. Access Services
2. Information Services
3. Respite Services
4. Supplemental Services
5. Support Services

At least one sub-service category should be provided for each of the five federally mandated service categories. The availability of services for Older Relative Caregivers (ORC) are dependent upon the AAAs individual needs assessment and public hearings.

Use the tables for each service provided and must include the following:

- Specify proposed audience size or units of service for all budgeted area plan funds.
- Providing an associated goal and objective from **Section 7 Area Plan Narrative Goals and Objectives**.

Contracted III E Services: Family Caregivers

Provided to family caregivers of adults aged 60 and older or of individuals of any age with Alzheimer’s diseases or a related disorder. All service unit reductions of greater than ten percent (10%) from prior Fiscal Year require written justification and approval from CDA.

County of Sonoma is not funding the Caregiver Supplemental Services categories. The Older Americans Act revenue cannot support additional program funding. Additionally, several of the caregiving programs have alternative funding streams to provide additional programming that would not be captured in the following data.

CATEGORIES (16 total): Family Caregivers			
1. Caregiver Access: Case Management	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	Not Funding		
2025-2026			
2026-2027			
2027-2028			
2. Caregiver Access: Information & Assistance	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025			

2025-2026	Not Funding		
2026-2027			
2027-2028			
3. Caregiver Information Services	# of Activities & Total Estimated Audience	Required Goal #(s)	Required Objective #(s)
2024-2025	Not Funding		
2025-2026			
2026-2027			
2027-2028			
4. Caregiver Respite: In-Home Supervision	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	3,000	3,000 Hours	4.4
2025-2026	3,900	3,900 Hours	4.4
2026-2027	3,900	3,900 Hours	4.4
2027-2028			
5. Caregiver Respite: Other	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	Not Funding		
2025-2026			
2026-2027			
2027-2028			
6. Caregiver Respite: Out-of-Home Day Care	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	Not Funding		
2025-2026			
2026-2027			
2027-2028			
7. Caregiver Respite: Out-of-Home Overnight Care	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	Not Funding		
2025-2026			
2026-2027			
2027-2028			
8. Caregiver Supplemental Services: Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)

2024-2025	Not Funding		
2025-2026			
2026-2027			
2027-2028			
9. Caregiver Supplemental Services: Caregiver Assessment	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	1,400 hours of training to 325 unduplicated caregivers	1400 Hours 325 unduplicated caregivers	4.1
2025-2026	1,400 hours of training to 325 unduplicated caregivers	1400 Hours 325 unduplicated caregivers	4.1
2026-2027	1,400 hours of training to 325 unduplicated caregivers	1400 Hours 325 unduplicated caregivers	4.1
2027-2028			
10. Caregiver Supplemental Services Caregiver Registry	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	Not Funding		
2025-2026			
2026-2027			
2027-2028			
11. Caregiver Supplemental Services Consumable Supplies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	Not Funding		
2025-2026			
2026-2027			
2027-2028			
12. Caregiver Supplemental Services Home Modifications	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	Not Funding		
2025-2026			
2026-2027			

2027-2028			
13. Caregiver Supplemental Services Legal Consultation	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	Not Funding		
2025-2026			
2026-2027			
2027-2028			
14. Caregiver Support: Support Groups	Total Sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	1,500	1,500	4.2
2025-2026	1,500	1,500	4.2
2026-2027	1,500	1,500	4.2
2027-2028			
15. Caregiver Support: Training	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	Not Funding		
2025-2026			
2026-2027			
2027-2028			
16. Caregiver Support: Counseling	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	Not Funding		
2025-2026			
2026-2027			
2027-2028			

Direct and/or Contracted III E Services- Older Relative Caregivers

Older Relative Caregivers are defined as age 55+ and who lives with, is the informal provider of in-home and community care to, and is the primary caregiver for, a child or an individual with a disability. In the case of a caregiver for an individual with a disability, the Older Relative Caregiver is the parent, grandparent or other relative by blood, marriage, or adoption of the individual with a disability.

County of Sonoma is not funding the Older Relative Caregivers portion of sixteen Categories. The Older Americans Act revenue cannot support additional program funding. The Alzheimer's Association and Northern California Opportunities – Redwood Caregiver Resource Center caregiving programs have alternative funding streams to provide additional programming to residents in Sonoma County in need of support.

DRAFT

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

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

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

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

STATE & FEDERAL PERFORMANCE TARGETS: HICAP is assessed based on State and Federal Performance Measures. AAAs should complete the service unit plan with targets that meet or improve on each PM.

Contact CDA.HICAP@aging.ca.gov for guidance on annual HICAP performance measure targets and definitions.

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

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

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

HICAP Section 1: STATE PERFORMANCE MEASURES

This is a multi-county program serving PSA 5, PSA 26, PSA 27 and PSA 28. The following data are provided in that order.

HICAP Fiscal Year	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	418/591/1174/589	
2025-2026	442/591/1278/589	
2026-2027	393/312/1330/584	
2027-2028		
HICAP Fiscal Year	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	18/20/58/50	
2025-2026	18/20/58/50	
2026-2027	27/15/54/39	
2027-2028		

HICAP Section 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	1472/911/2922/1744	
2025-2026	1472/911/2922/1744	
2026-2027	804/575/2556/1126	
2027-2028		
HICAP Fiscal Year	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	1022/422/2213/1631	
2025-2026	1022/422/2213/1631	
2026-2027	562/229/1135/626	
2027-2028		

HICAP Fiscal Year	PM 2.3 Medicare Beneficiaries Under 65			Goal Numbers	
2024-2025	82/55/201/542				
2025-2026	82/63/201/542				
2026-2027	54/46/176/115				
2027-2028					
HICAP Fiscal Year	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	190/602/393/583	1596/138/342/499	0/450/0/0	31/14/51/84	
2025-2026	193/882/511/583	1596/187/472/499	0/675/0/0	31/20/51/84	
2026-2027	146/740/471/346	118/148/430/312	0/575/0/0	28/17/41/34	
2027-2028					
HICAP Fiscal Year	PM 2.5 Enrollment Contacts (Qualifying)			Goal Numbers	
2024-2025	1054/1225/2548/2068				
2025-2026	1054/1225/2721/2068				
2026-2027	783/558/2587/1085				
2027-2028					

HICAP Section 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)⁴⁴

HICAP Fiscal Year	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2024-2025	Not Applicable	
2025-2026		
2026-2027		
2027-2028		

⁸ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

HICAP Fiscal Year	PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	Not Applicable	
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year	PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	Not Applicable	
2025-2026		
2026-2027		
2027-2028		

PSA 27

SECTION 9. SENIOR CENTERS & FOCAL POINTS

COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST

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

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

Designated Community Focal Point	Address
Sonoma County Human Services Adult & Aging Division	3725 Westwind Blvd Santa Rosa, CA 95403
Disability Services & Legal Center	521 Mendocino Ave Santa Rosa, CA 95401
Petaluma People Services Center	1500A Petaluma Blvd S Petaluma, CA 94952
Lighthouse Center for the Blind	4539 Occidental Road Santa Rosa, CA 95401

Designated Community Focal Point	Address
Senior Advocacy Services	1129 Industrial Ave Suite 201 Petaluma, CA 94954
Council on Aging	30 Kawana Spring Road Santa Rosa, CA 95404
West County Community Services	16390 Main Street Guerneville, CA 95446

Senior Center	Address
Cloverdale Senior Center	311 N Main Street, P.O. Box 663 Cloverdale, CA 95425
Healdsburg Senior Center	133 Matheson Healdsburg, CA 95448
Petaluma Senior Center	211 Novak Drive Petaluma, CA 94954
Rohnert Park Senior Center	6800 Hunter Drive, Suite A Rohnert Park, CA 94928
Russian River Senior Center	15010 Armstrong Woods Road Guerneville, CA 95446
Sebastopol Area Senior Center	167 N. High Street Sebastopol, CA 95472
Vintage House	264 First Street East Sonoma, CA 95476
Windsor Senior Center	9231 Foxwood Drive, P.O. Box 100 Windsor, CA 95492
Santa Rosa Person Senior Center	2060 College Avenue Santa Rosa, CA 95401

SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services Older Americans Act Reauthorization Act of 2020, Section 373(a) and (b) 2024-2028 Four-Year Planning Cycle

Based on the AAA's needs assessment and subsequent review of current support needs and services for **family caregivers**, indicate what services the AAA **intends** to provide

using Title III E and/or matching FCSP funds for both. This must be completed and updated annually.

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

Family Caregiver Services

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

Older Relative Caregiver Services

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

Justification: If any of the five main categories are **NOT** being provided please explain how the need is already being met in the PSA. If the justification information is the same, multiple service categories can be grouped in the justification statement. The justification must include the following: 1. **Provider name and address.** 2. **Description of the service(s) they provide (services should match those in the CDA Service Category and Data Dictionary** 3. **Where is the service provided (entire PSA, certain counties)?** 4. **How does the AAA ensure that the service continues to be provided in the PSA without the use of Title III E funds** Note: The AAA is responsible for ensuring that the information listed for these organizations is up to date. Please include any updates in the Area Plan Update process.

The County of Sonoma will not be funding the following Service Categories via Title III E, but does provide direct service support through Linkages case management and the Information & Assistance program funded in other ways.

- Caregiver Access
- Caregiver Information & Assistance

The funding provided through Title III E is a fraction of the countywide need. The County of Sonoma is fortunate to have two service providers that leverage Older Americans Act funding alongside other grant funding to serve residents throughout the county. In addition, the County's Aging & Disability Resource Unit provides Information & Assistance support to caregivers through referrals and supportive follow up as well as through the Case

Management services provided through Linkages. Whether an individual is a family caregiver or an older relative caregiver, they have access to services through the following providers:

The two caregiver services providers are in the process of becoming Extended Partners of the Sonoma County Aging & Disability Resource Hub to strengthen and facilitate coordination and collaboration to best meet the needs of caregivers in Sonoma County.

Caregiving Service Providers in Sonoma County, PSA 27

Prompts	Alzheimer’s Association	North Coast Opportunities – Redwood Caregiver Resource Center
Provider Address	1450 Neotomas Avenue #140 Santa Rosa, CA 95405	1140 Sonoma Avenue #1b Santa Rosa, CA 95405
Description of Services	These agencies offer Caregiver Access, Caregiver Information, Caregiver Support, Caregiver Respite, and Caregiver Supplemental Services through braided funding solutions. When their agency is unable to provide support, clients are referred to the Aging & Disability Resource Hub partner agencies and/or the Information & Assistance line.	
Sustainability of Caregiving Services	These agencies are listed in the Information and Assistance Resource File. The AAA updates the Information & Assistance resource file annually. During this process, the AAA calls the agency to confirm information is accurate.	

SECTION 11. LEGAL ASSISTANCE

2024-2028 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act designates legal assistance as a priority service under Title IIIB. In this section, the AAA must provide information about how the AAA provides legal services within the PSA. This section must be completed and submitted annually by completing the required form.

CDA developed California Statewide Guidelines for Legal Assistance (Guidelines), which are to be used as best practices by CDA, Areas Agency on Aging (AAAs), and Legal Services Providers (LSPs) in the contracting and monitoring processes for legal services.

Instructions

Use the form titled **Section 11. Legal Assistance Template** on the following page to:

- Describe the purpose of legal services.
- Identify Title IIIB funding allocated to legal services.
- Identify if any voluntary contributions are solicited to support legal services.
- Describe changes in legal services needs throughout the PSA.
- Describe the targeted population(s) for legal services and methods for reaching targeted population(s).
- Identify the number of legal service providers in the PSA.

- Specify how the CDA-developed *California Statewide Guidelines for Legal Assistance*, meant for use as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal, are implemented in your PSA.

References

- 42 U.S.C. §§ 3025(a)(2)(E), 3026(a)(2)(c) and (a)(11)
- 42 U.S.C. § 3030c-2(b)
- 45 CFR § 1321.71
- WIC §§ 9015 and 9103.1
- 22 CCR §§ 7575, 7577 and 7579

1. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services?

Adequate Proportions is set at 3%, while in FY 26/27 we will fund Legal Services at 4% of the IIIB Funding.

2. Does the LSP(s) in you area solicit voluntary contributions or donations from recipients? If yes, considering 42 U.S.C. § 3030c-2(b), please describe the manner in which the funds are solicited, and describe how the funds support the expansion of legal services in your PSA.

Legal Aid's charter is to give free legal advice. For this reason, they do not ask clients for a voluntary contribution to legal services; however, they do have a mechanism to solicit and receive donations. Anyone can donate at the front desk.

3. Please indicate whether the AAA provides the LSP(s) a copy or link to the California Statewide Guidelines for Legal Assistance. How does the AAA monitor and/or support the LSP's implementation of the statewide guidelines?

The AAA ensures that the Legal Service Provider (LSPs) use the California Statewide Guidelines for Legal Assistance through both the procurement and contracting process. The Request for Proposal (RFP) and the contract Scope of Work require that providers demonstrate how they will comply with and implement the California Statewide Guidelines in the provision of Older Americans Act legal services.

The AAA/LASC agreement includes specific provisions requiring adherence to the guidelines outlined in the following sections of the contract: Service Compliance 6.2, Program 3.18, and the Service Provider Meetings Requirement. These provisions establish that the LSP must incorporate the guidelines into their service delivery practices and participate in ongoing discussions and monitoring to ensure compliance.

4. Please describe the partnership work between the AAA and the LSP(s) (e.g., quarterly meetings, coordinated outreach efforts, etc.)? Please identify any topics, priorities, and/or trainings addressed in your discussions.

We seek Legal Aid's input into the types of services clients are requesting to better understand community need. Through this feedback loop, we have learned that housing support is a service frequently requested. Legal Aid attends monthly case conferences organized by the ADRC coordinator. They are an ADRC partner, and they receive referrals from other partner organizations. We used to actively facilitate connecting Legal Aid with senior centers for outreach and other tabling events. Now that these relationships are in place, we no longer need to take an active role in facilitating these events. Legal Aid has identified that providing follow up to the 24-hour legal assistance hotline is a lot of work, and they can only reflect their time towards this work in the service units if the caller converts into a client within one of the service priority areas.

5. What are the top four (4) legal areas the LSP(s) prioritizes in your PSA? Do the AAA and LSP(s) jointly work to identify the priority areas?

The AAA jointly reviews priorities with Legal Aid but does not set them. Legal Aid of Sonoma County has seen an increase in the need for court representation, which is very labor intensive/time consuming and may result in the provision of less services in other areas.

The top four (4) priority legal issues are:

1. Elder Abuse: Financial, Neglect, Exploitation
2. Housing Security: Evictions, Landlord/Tenant Disputes
3. Estate Planning, Wills and Trusts
4. Temporary Restraining Orders

6. Please describe any trends or changes in your local needs over the past year(s). What resources (e.g., funding, education, training, etc.) have been allocated to accommodate any changes in the local needs or trends?

Changes include an increase in older adults facing evictions, mobile home parks rent increase/closing, need for securing benefits, partnership with Adult Protective Services, setting temporary restraining orders, consumer issues, other housing issues and financial abuse.

Emerging from the COVID pandemic, the provider of Legal Assistance continues to have challenges recruiting volunteers to work in person on site. Of the volunteers who worked in the program July 1, 2023, through December 31, 2023, one of the volunteers split time between two programs. The other stopped volunteering in early August due to school commitments. This created challenges as the remaining staff had to adjust procedures and caseloads during each of these staff transitions. There is a vacancy in the Supervising Attorney position. Staffing issues arise in part from the high cost of living and difficulty paying a competitive market attorney salary. Turnover creates challenges to maintain services in a timely and efficient manner. Staffing issues continue to create longer wait times and caseloads.

Funding for Legal Services has incrementally increased over the past 4 fiscal years to support the increased need for the services outlined above.

7. What are the target groups in your PSA? Do the AAA and LSP(s) jointly work to identify the target groups?

Legal Aid of Sonoma County collaborates with the AAA and other service providers to provide information to case managers, home-delivered meals recipients, and Ombudsman program

volunteers to target older adults and adults with disabilities 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:

- Low-income
- Minority
- Limited English proficient
- Socially isolated
- Residing in rural areas
- Have the greatest economic and social need
- Are at risk for institutional placement

8. What methods of outreach is the LSP(s) using to reach the target groups?

There are a variety of methods used to outreach to gain a wide audience:

- Legal services are listed in the Aging & Disability Resource Directory (English and Spanish) available in a searchable on-line format;
- Presentations are held 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 Seniors Today” a newsletter provided by Council on Aging, Sonoma County’s largest senior service provider with distribution to 10,000 people; and
- Collaboration with the AAA to assist with outreach of speaking engagement opportunities with AAA sharing information about events with AAA contacts, a list of 300+.

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

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

An elder law hotline provides information and referral remotely. In addition, this line is used to screen clients for eligibility and to set up appointments for clients who live outside Santa Rosa. Clients are offered in person appointments with a mobile elder law attorney at designated community outreach sites in Sebastopol, Rohnert Park, Cloverdale, or Sonoma. Homebound clients are interviewed at their residences in-person whenever possible or via zoom/remote appointments. Clients may also drop into our Santa Rosa office during business hours to be screened and interviewed.

10. What are the barriers to accessing legal services in your PSA? Include proposed strategies for overcoming such barriers.

Barriers include cost, awareness, and available pro-bono attorney hours. Legal Aid has implemented the following strategies to address the barriers:

- Continued to redesign the approach to reach low-income older adults. Additional staffing has allowed for this process to be implemented;
- 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; and
- Implemented making house calls for homebound clients.

11. How many LSPs are in your PSA? Complete the table below.

Fiscal Year	# of Legal Assistance Service Providers	Did the number of service providers change?
2024-2025	1	No
2025-2026	1	No
2026-2027	1	No
2027-2028		

12. What geographic regions are covered by each LSP? Complete the table below

Fiscal Year	Name of Provider	Geographic Region Covered
2024-2025	Legal Aid of Sonoma County	County-wide
2025-2026	Legal Aid of Sonoma County	County-wide
2026-2027	Legal Aid of Sonoma County	County-wide
2027-2028		

13. What other organizations or groups does your LSP(s) coordinate services with? Please also address the AAA's coordination efforts with the Ombudsman program, the local Legal Corporation program, and the local Health Insurance Counseling and Advocacy Program (HICAP).

Legal Aid of Sonoma County coordinates with Adult Protective Services, Senior Advocacy Services (HICAP and Ombudsman program), the Family Justice Center, the Sonoma County Elder Protection Workgroup, the Districts Attorney Office, local senior services providers, California Rural Legal Assistance (LSC for Sonoma County), Sonoma County Bar Association, Disability Services and Legal Center, and countywide medical providers and health clinics.

SECTION 12. DISASTER PREPAREDNESS

Disaster Preparation Planning Conducted for the 2024-2028 Planning Cycle Older Americans Act Reauthorization Act of 2020, Section 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA

1. Describe how the AAA coordinates its disaster preparedness plans, policies, and procedures for emergency preparedness and response as required in OAA, Title III, Section 310 with:

- local emergency response agencies,
- relief organizations,
- state and local governments, and
- other organizations responsible

Answer: As a county operated Area Agency on Aging representing a region of the state that has experienced multiple major disasters (fire, flood, Public Safety Power Shutoffs), PSA 27 is experienced in disaster response and in communication with local emergency response agencies, relief organizations, state and local government representatives, funded service providers and other community organizations.

The County government functions as a local government body to serve the needs of its residents. As geographical and political subdivisions of the state, counties serve a dual role: providing municipal services in the unincorporated areas and acting as administrative agents for state and federal government programs and services.

The Continuity of Operations Plan (COOP) for the Human Services Department Adult & Aging Division (of which the Area Agency on Aging is a part) is a fundamental responsibility to facilitate the performance of essential functions during an emergency that disrupts normal operations and/or the timely resumption of normal operations once the emergency has ended.

During an emergency, a designated AAA staff member(s) coordinates with funded service providers to ensure clients are receiving services and to facilitate resolution of challenges through the channels listed above. AAA staff serve on the County COAD (Community Organizations Active in Disasters) and provide resources and information to other organizations serving older adults affected by disasters. The In-Home Supportive Services - Public Authority Managers serves on the Department of Emergency Services (DEM) Access and Functional Needs (AFN) Committee and as its Liaison to the Emergency Operations Center ensuring needs are addressed and disaster preparation issues are considered for the AFN community. Daily reports are provided to the California Department of Aging as requested.

The AAA program is part of the Sonoma County Human Service Department and the Countywide Disaster Preparedness Response Plan. As such, AAA staff are designated [county disaster service workers](#) and can be assigned to shelters and/or the Emergency Operations Center. The AAA coordinates its efforts as directed by the [Department of Emergency Management \(DEM\)](#), the [County of Sonoma Emergency Operations Center \(EOC\)](#) and the Human Services Department Emergency Action Plan (EAP).

The Countywide Preparedness Response Plan stipulates that the Human Services Department oversees the *Care and Shelter Emergency Services* in coordination with the American Red Cross. This includes staffing shelters as well as assessing shelter resident's

Access and Functional Needs by social work and public health nursing staff.

The Sonoma County AAA plans to contract with a provider in FY2024-2025 to provide emergency preparedness and planning workshops countywide. Workshop materials include the LISTOS Disaster Ready Guides and Evac Packs from the Sonoma County Department of Emergency Management. Participants are provided homework to complete emergency contact and emergency plan worksheets, medications and to-go bag planning.

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):

Jeff DuVall	Director of the Department of Emergency Management (DEM)	707-565-6160	Jeff.DuVall@Sonoma-County.org
Staffed by DEM employee 24-hours per day 365 days per year	DEM 24-Hour Duty Officer	707-565-3419	SoCoOA@Sonoma-County.org
Eric Glentzer	County of Sonoma Access and Functional Needs Coordinator	Office: 707-565-5952 Cell: 707-687-8751	eglentzer@SonomaCounty-HSD.gov

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
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Sara Avery	Community Services Section Manager	Work:707-565-6722 Cell: 707-494-6675	savery@sonomacounty-hsd.gov
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4. List critical services the AAA will continue to provide to the participants after a disaster and describe how these services will be delivered (i.e., Wellness Checks, Information, Nutrition programs):

Critical Services	Method of Delivery
A Nutrition Services - Home Delivered Meals	A Provider Contracts. Providers make wellness check phone calls and continue delivering meals unless the specific service area is affected by the event.
B Information & Assistance - ADRH (Aging and Disability Resource Hub) - 2-1-1	B The ADRH phone line: 707-565-INFO (4636) is a no wrong door for access to information and services for older adults and adults with disabilities. This service can be conducted remotely should access to the office be limited. 2-1-1 provides 24/7 countywide Information & Assistance on local services and resources.
C County Website	C The County Public Information Office (PIO) updates the emergency website with services and guidance. The pandemic demonstrated the need to provide guidance for older adults and adults with disabilities. The AAA staff coordinates information that can be shared through the Aging & Disability Resource Unit.
D Wellness Checks	D Case Management and Adult Day program recipients receive wellness calls to ensure clients are receiving the necessary care and support. Challenges are communicated to AAA staff.

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

Answer: The Sonoma County AAA provides direct services to two Older Americans Act programs; 1) Information & Assistance and 2) Case Management

Critical Services	Method of Delivery
A Information & Assistance	A If our building was compromised, we would relocate staff to another Human Services Division location not affected by the event.
B Case Management	B Same as above

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

Answer: An Area Agency on Aging staff member (Community & Administrative Services

Section) is assigned as the key COOP Planning Personnel to ensure continuity planning facilitates the performance of essential functions during an emergency that disrupts normal operations and/or the timely resumption of normal operations once an emergency has ended.

Essential functions identified as related to the Area Agency on Aging program are as follow:

Area Agency on Aging (AAA.) Disaster Response to the California Department of Aging	Immediately or within 36 hours - Respond to request for information from the California Department of Aging on how services are affected and provided during the disaster.
AAA Service Provider Contract Invoice Payments	2 weeks from date of receipt of invoice by contractor.
Linkages. Contact clients, ensure safety and provide needed information and assistance	3 days
Information and Assistance: provide needed information and assistance	1 day

Identification of employees to perform essential functions:

AAA Disaster Response to the California Department of Aging (CDA)	AAA Program Manager: Cody Milner	1 person/day	Need access to phone, network (H: drive), and Outlook
Area Agency on Aging Service Provider Contract Invoice Payments	AAA Program Manager: Cody Milner	1 person/day	Need access to phone, network (H: drive), and Outlook
	AAA Accountant: Megan Mitchell	1 person	Accountant's needs captured in HSD Office of the Director (Fiscal) plan
Information and Assistance: provide needed information and assistance	Adult & Aging Social Worker	2 A&A SWs	Need access to SAMS, H Drive, ACD line (via Jabber if not at HSD location), cell phone, ear bud, or headsets with mics
Linkages: Contact clients, ensure safety, and provide needed	Linkages Adult & Aging Social Worker	2 A&A SWs	Need access to SAMS, cell phone,

information and assistance			ear bud, or headsets with mics
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- Staff Resources: check-in with contracted service providers, complete check-in calls to clients/members of the community and other duties as directed by the Emergency Operations Center and/or Human Services Department Adult & Aging Division Director.
- Support and Resource Requirements
 - Laptop, Cell Phone
 - First Aid, AED, Disaster Supplies which depend upon the declared emergency. Personal Protective Equipment (PPE) such as Masks: N95, surgical, hand sanitizer and wipes, nitrile gloves and flashlights/lanterns.

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

Answer:

1. California Department of Aging to provide daily reports regarding emergency status, unresolved challenges etc.
2. American Red Cross – Shelter Management (a Sonoma County contract)
3. AAA contracted service providers coordinate to ensure food distribution, check- ins, and transportation to essential services such as medical, groceries, emergency shelter, and prescription pick-ups.

8. Describe how the AAA will:

- Identify vulnerable populations:

Answer: Program and contracted service provider agencies have specific emergency protocols including maintaining a list of program participants by level of need.

The AAA asks each contracted service provider agency to check in on their most vulnerable populations during disasters (fires, floods, viruses) and Public Safety Power Shutdowns (PSPS) and report updates to the AAA to report to the California Department of Aging. The Aging & Disability Resource Hub (ADRH) Information & Assistance line provides assistance and referrals to AAA providers for individuals needing disaster assistance.

- Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, etc.):

Answer: At the point of the client’s program intake and at periodic case review, older adults and adults with disabilities are assessed to identify the level of disaster preparedness required depending on their needs. Participant profiles indicate a variety of variables that assist in determining the degree of contact required (i.e. critical, urgent, moderate) including living arrangement and special impairments or risk factors such as access to transportation, electricity for medical devices, food etc.).

- Follow up with vulnerable populations after a disaster event:

Answer: Contracted service providers and county social workers provide follow up by phone to participants who live in the affected areas of the disaster. The follow-up includes checking on the clients' safety, access to essential needs such as food, water, medicine, medical equipment, electricity, heat, transportation, caregiver supports etc., and providing referrals as necessary.

The AAA works with the County Office of Emergency Services to staff Disaster Recovery Centers that provide essential services and referrals to victims of disasters. AAA staff serve on the County COAD (Community Organizations Active in Disasters) and provide resources and information to other organizations serving older adults affected by disasters.

The Access and Functional Needs (AFN) Committee reviews issues that arose during the evacuation to address any unmet resource needs of the AFN population.

9. How is disaster preparedness training provided?

- AAA to participants and caregivers

Answer: Sonoma County's In-Home Supportive Services Public Authority offers Emergency and Disaster Preparedness training to IHSS Providers through the Career Pathway program. This is voluntary training, but providers are paid their hourly pay rate when they take these trainings. Currently there are six different classes being offered that deal with Emergency and Disaster Preparedness.

The Sonoma County AAA does not provide direct disaster preparedness training to caregivers. The contracted caregiver service providers are required to have a disaster plan and provision for disaster preparedness training for participants at their locations. Service providers include disaster planning as part of an intake discussion, but they are not contracted to provide formal training.

The Sonoma County AAA plans to contract with a provider in FY2024-2025 to provide emergency preparedness and planning workshops countywide. Workshop materials include the LISTOS Disaster Ready Guides and Evac Packs from the Sonoma County Department of Emergency Management. Participants are provided homework to complete emergency contact and emergency plan worksheets, medications and to-go bag planning.

The AAA provides Case Management as a direct service. As part of the creation of the Care Plan, disaster preparedness is discussed and resulting plans are included.

- To staff and subcontractors

Answer:

Staff: The Sonoma County Human Services Department (HSD) has an HSD Health & Safety Manager who works with each Division's Safety Coordinator to create Disaster Preparedness Plans for the specific needs of their division. The Division Safety Coordinator provides training at each bi-monthly Leadership meeting for specific disaster events (fires, floods, PSPS, heat, cold, etc.).

Subcontractors: As mentioned in Bullet #1, AAA does not provide disaster preparedness training to contracted service providers. The AAA does require as part of the contract for services that service providers have a disaster preparedness plan in place.

SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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

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

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

Check applicable direct services

Check each applicable Fiscal Year

Title IIIB

- Information and Assistance
- Case Management
- Outreach
- Program Development
- Coordination
- Long Term Care Ombudsman

24-25	25-26	26-27	27-28
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title IIID

- Health Promotion – Evidence-Based

24-25	25-26	26-27	27-28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title IIIE⁴⁶

- Information Services
- Access Assistance
- Support Services
- Respite Services
- Supplemental Services

24-25	25-26	26-27	27-28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title VII

- Long Term Care Ombudsman

24-25	25-26	26-27	27-28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title VII

- Prevention of Elder Abuse, Neglect, and Exploitation.

24-25	25-26	26-27	27-28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Case Management:

The Linkages Case Management program is offered by the Sonoma County Human Services Adult & Aging Division. The program provides enhanced case management to people aged 60 and older countywide. The Area Agency on Aging contracts with two other Case Management service providers in regional locations, further ensuring the availability of case management services throughout Sonoma County.

⁴⁶ Refer to CDA Service Categories and Data Dictionary.

Information & Assistance:

The Aging & Disability Resource Unit consists of 6 trained social workers who provide all 4 components of the Aging and Disability Resource Connection (called Aging and Disability Resource Hub) that include: Enhanced Information and Assistance, Options Counseling, Short Term Service Coordination and Transitions Services. This unit receives more than 8,500 calls each year through the 707-565-INFO (4636) call center available to residents throughout Sonoma County. <https://sonomacounty.ca.gov/health-and-human-services/human-services/older-adults-people-with-disabilities/information-community-resources/information-and-assistance>

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. The request for approval may include multiple funding sources for a specific service.

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

Identify Service Category: Information and Assistance (I&A)

Check applicable funding source⁴⁷

IIIIB

IIIC-1

IIIC-2

IIIE

VII

HICAP

Request for Approval Justification:

The request for approval for Direct Services is to use IIIB funding to support the Sonoma County Adult & Aging Information & Assistance program held within the newly established Aging & Disability Resource Unit.

The Human Services Adult & Aging Division began providing Information & Assistance (I&A) in fiscal year 2016-17 and has continued to do so as an Aging & Disability Resource Hub (ADRH) since fiscal year 2019-20 with funding support from IIIB as the single provider of specialized Aging & Disability I&A in Sonoma County.

⁴⁷ Section 14 does not apply to Title V (SCSEP)

To increase I&A options, in fiscal year 2018-19 the AAA asked the contracted Case Management service providers to include Information & Assistance to their AAA contracts. At the time of renewal, all three case management service providers requested to end their I&A contracts due to the level of tasks associated with providing I&A and not having enough funding to support the program.

Due to not having service provider interest to provide Information & Assistance as well as the Adult & Aging Division becoming an Aging & Disability Resource Hub (ADRC) in fiscal year 2019-20, it remains important to continue to provide funding to support the single provider of Aging & Disability Information & Assistance in Sonoma County.

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

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

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

Identify Service Category: Case Management

Check applicable funding source:⁹

- IIIIB
 IIIC-1
 IIIC-2
 IIIE
 VII
 HICAP

Request for Approval Justification:

The request for approval for Direct Services is to use IIIB funding to support the Sonoma County Adult & Aging Division Linkages Case Management program. While the Linkages Case Management program works collaboratively with contracted service providers of case management programs; Petaluma People Services Center and West County Community Services, the Linkages program provides a more comprehensive case management model for older adults in Sonoma County and is able to address older adults with more complex needs.

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

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

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

SECTION 15. GOVERNING BOARD

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

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

Total Number of Board Members: 5

Name & Title of Officer	Office Term Expires
Rebecca Hermosillo, 2026 Board Chair	12.31.2026

Name & Title of All Members	Board Term Expires
District 1: Rebecca Hermosillo	12.31.2028
District 2: David Rabbitt	12.31.2026
District 3: Chris Coursey	12.31.2028
District 4: James Gore	12.31.2026
District 5: Lynda Hopkins	12.31.2028

SECTION 16. ADVISORY COUNCIL (Aging & Disability Commission)

**ADVISORY COUNCIL MEMBERSHIP
Sonoma County Aging & Disability Commission
2024-2028 Four-Year Planning Cycle**

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

Total Council Membership (include vacancies): 21

Number and Percent of Council Members over age 60 8 of 14 57% Council 60+

Race/Ethnic Composition	% of PSA's ⁴⁸	% on
	60+ Population	Commission
White	82.7%	75%
Hispanic	10.3%	16%
Black	1.1%	0%
Asian/Pacific Islander	3.5%	9%
Native American/Alaskan Native	.6%	0%
Other	4.1%	0%

Name & Title of Executive Committee	Office Term Expires
Jenny Helman, Chair and Board Appointed District 4	June 2026
Robin Thompson, Vice-Chair and Board Appointed District 3	June 2026
Deanna Shaat, Secretary and Board Appointed District 2	June 2026
Trayce Beards, Parliamentarian and Board Appointed District 3	June 2026
Diane Spain, Former Chair and Commission Elected	June 2026

Name & Title of Other Members	Office Term Expires
Rick Baum, Board Appointed District 1	July 2027
Suzanne Edwards, Board Appointed District 1	July 2027
Terry Kelley, Commission Elected	April 2027
Jaime Peñaherrera, Commission Elected	April 2026
Alain Serkissian, Board Appointed District 5	April 2027
Priyanka Varma, Board Appointed District 2	April 2026
Eddie Estrada, Commission Elected	August 2027
Heather Hannan-Kramer, Commission Elected	February 2028
Pam Law, Commission Elected	March 2028
Vacancy (7), Commission Elected	

⁴⁸ Percentage does not equal 100 because it is a combination of Race and separately Ethnicity taken from census data.

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

Yes No

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

Yes No Additional Other (Optional)

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

Explain any “No” answer(s):

In FY 24/25, the Aging & Disability Commission experienced several members transition off the commission and one long standing member move to Emeritus status. To fill the vacancies, in FY25/26, the Aging & Disability Commission developed two Ad Hoc focused on member recruitment, specifically for recruiting individuals with representations from the identified communities. Due to these efforts, the Commission has added three new members and actively processing four additional applications. At the current moment, the Commission has seven vacant seats.

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

AAA Staff reviews membership status with the Commission’s Executive Committee on a regular basis to ensure everyone’s membership remains current. For Commissioners that are appointed by the Board of Supervisors, AAA staff collaborate with the Commissioner and the Board Aid to ensure timely re-appointment to their position. For Commission Elected, the Commission will vote to reappoint their seat.

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

Applications for open Board appointments are received by the Clerk of the Board and forwarded to the appropriate Board of Supervisor office with a cc: to the Community Services Program Manager and Human Services Department Adult & Aging Division Director. AAA Staff does not have a role in decision-making. AAA staff does maintain a relationship with Board of Supervisor offices to clarify membership demographics and unrepresented segments.

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SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION

COMPLIANCE REVIEW⁴⁹

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

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

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

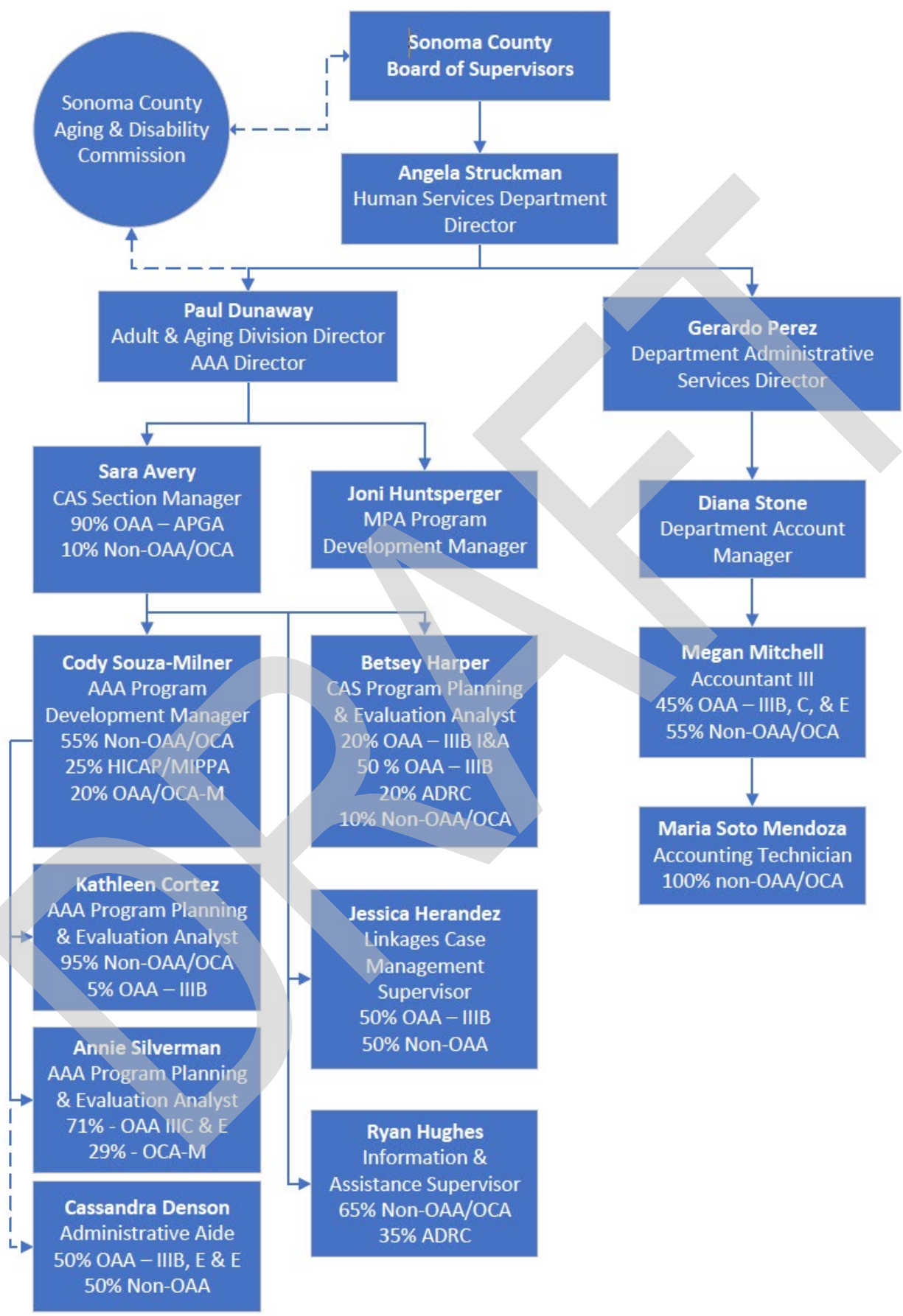
Title III Grantee and/or Senior Center	Type Acquisition /Construc.	IIIB Funds Awarded	% Total Cost	Recapture Period Begin	Recapture Period End	Compliance Verification State Use Only
Name: Address:						

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SECTION 18. ORGANIZATION CHART

To support services for older adults, adults with disabilities and their caregivers, Sonoma County leverages multiple funding sources and braids funding to support required staffing.

⁴⁹ 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 19. ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

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

(A) services associated with access to services (transportation, health services (including mental and behavioral health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under

part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Use outreach efforts that —

- (i) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (I) older individuals residing in rural areas.
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities.
 - (V) older individuals with limited English proficiency.
 - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
 - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;
6. OAA 306(a)(4)(C)
Contain an assurance that the Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;
7. OAA 306(a)(5)
Provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;
8. OAA 306(a)(6)(I)
Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.
9. OAA 306(a)(9)(A)-(B)
(A) Provide assurances that the Area Agency on Aging, in carrying out the State Long-Term Care Ombudsman program under 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;
(B) funds made available to the Area Agency on Aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;
10. OAA 306(a)(11)
Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”),

including—

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

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

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

12. 306(a)(14)

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

13. 306(a)(15)

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

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

14. OAA 305(c)(5)

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

other arrangements, a program in accordance with the plan within the planning and service area.

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

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

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

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

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

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

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

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

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

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

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

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

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

21. OAA 307(a)(15)

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

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

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

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

22. OAA 307(a)(18)

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

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

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

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

23. OAA 307(a)(26)

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

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

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

(a) The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and

direction of the State agency, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community-based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

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

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

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)]

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

28. CFR [1321.53(c)]

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

29. CFR [1321.53(c)]

Work with, or work to assure that community leadership works with, other applicable agencies

and institutions in the community to achieve maximum collocation at, coordination with or access to other services and opportunities for the elderly from the designated community focal points.

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

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

31. CFR [1321.61(d)]

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

32. CFR [1321.69(a)]

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