



# **Sonoma County Area Agency on Aging**

## **Four-Year 2020-2024 Area Plan on Aging Year 4 Update**

**July 1, 2023 to June 30, 2024**

Created for the  
California Department of Aging  
May 2023

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## AREA PLAN UPDATE (APU) CHECKLIST

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

Use for APUs only

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included	
	➤ <i>Update/Submit A) through G) <u>ANNUALLY</u>:</i>		
n/a	<b>A) Transmittal Letter-</b> (submit by email with electronic or scanned original signatures)	<input checked="" type="checkbox"/>	
n/a	<b>B) APU-</b> (submit entire APU electronically only)	<input checked="" type="checkbox"/>	
2, 3, or 4	<b>C) Estimate-</b> of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>	
7	<b>D) Public Hearings-</b> that will be conducted	<input checked="" type="checkbox"/>	
n/a	<b>E) Annual Budget</b>	<input checked="" type="checkbox"/>	
10	<b>F) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes</b>	<input checked="" type="checkbox"/>	
18	<b>G) Legal Assistance</b>	<input checked="" type="checkbox"/>	
	➤ <i>Update/Submit the following only if there has been a CHANGE or the section was not included in the 2020-2024</i>	Mark Changed/Not Changed (C or N/C) C N/C	
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Needs Assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	AP Narrative Objectives:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• System-Building and Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Funded Programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIC-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIC-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIID	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20	• Title IIIE-Family Caregiver Support Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• HICAP Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Organizational Chart(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**TRANSMITTAL LETTER**

2020-2024 Four Year Area Plan/ Annual Update

Check one:  FY 20-24  FY 21-22  FY 22-23  FY 23-24

AAA Name: Sonoma County 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. Chris Coursey

\_\_\_\_\_  
Signature: Governing Board Chair

\_\_\_\_\_  
Date

2. Judy Rice

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

\_\_\_\_\_  
Date

3. Paul Dunaway

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Original signatures or official signature stamps are required.

## **SECTION 1. MISSION STATEMENT**

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

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

## SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA) 27

California’s over-60 population is projected to diversify and grow faster than any other age group, increasing from 16% in 2010 to 25% of the population by 2030. Older adults age 60+ account for 27% of Sonoma County’s total population, a number that is projected to increase to 33% by 2030. The economic profile of the county’s older adult population reflects growing financial challenges. Older adults tend to become poorer as they age and their economic status is linked to social determinants such as ethnicity, education and employment history.

### PHYSICAL CHARACTERISTICS

Sonoma County is an amazing place to live and age. The geography includes majestic redwood forests, the rugged coastline of the Pacific Ocean, hills and valleys, and globally known wineries and vineyards. The cities and towns are home to top food and wine destinations and regional parks include more than fifty parks and miles of walkable trails for all mobility levels.

Other notable characteristics:

- One of nine counties that comprise the San Francisco Bay Area;
- Approximately 60-miles North of San Francisco;
- Neighboring counties include Marin to the South, Napa and Lake to the East, and Mendocino to the North; and
- Covers 1,768 square miles.

### DEMOGRAPHIC CHARACTERISTICS

#### Population Totals

2016-2019 American Community Survey, 5-Year Estimates

Total population of Sonoma County	492,498
Total population of people age 60+	138,132
% 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%

#### 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%

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

2021 American Community Survey, 5-Year Estimate

City/Town	Number of 60+	Percent of 60+
Cloverdale	2,484	27.61%
Cotati	1,705	22.48%
Healdsburg	3,828	33.76%
Petaluma	15,719	26.30%
Rohnert Park	8,396	18.91%
Santa Rosa	42,553	23.89%
Sebastopol	2,504	33.29%
Sonoma	4,352	40.53%
Windsor	6,289	23.87%

## 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 Estimate

City/Town	Number of 60+	Percent of 60+
<b>Santa Rosa/Central County</b>		
Fulton	168	32.9%
Larkfield/Wikiup	9,837	12.17%
Santa Rosa	42,553	23.89%
<b>Coastal Area</b>		
Bodega	216	42.8%
Bodega Bay, Sereno del Mar & Salmon Creek	461	35.9%
Jenner & Timber Cove	90	42.4%
Sea Ranch	794	73.7%
<b>Sonoma Valley</b>		
Boyes Hot Springs	1,654	26.61%
El Verano	966	28.9%
Eldridge	191	20.2%
Fetters Hot Springs – Agua Caliente	859	23.4%
Glen Ellen	196	18.2%
Kenwood	402	47.18%
Sonoma	4,352	40.53%
Temelec	1,779	94.38%
<b>North County</b>		
Cloverdale	2,484	27.61%
Geyserville	350	40.5%
Healdsburg	3,828	33.76%
Windsor	6,289	23.87%
<b>South County</b>		

Bloomfield	61	32.4%
Cotati	1,705	22.48%
Petaluma	15,719	26.3%
Penngrove	993	45.4%
Rohnert Park	8,396	18.91%
<b>West County</b>		
Cazadero	98	27.9%
Forestville	1,204	36.89%
Graton	474	26.3%
Guerneville	1,851	40.66%
Monte Rio	438	50.7%
Occidental	613	54.15%
Sebastopol	2,504	33.29%
Valley Ford	10	6.8%

### Race of People 60+

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%
<b>Total</b>	<b>138,132</b>	

### Ethnicity of People 60+

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+

- Female 54.6%
- Male 45.4%

### People with Disabilities 60+

- Number of 60+ 33,566
- Percent of 60+ 24.3%



### Geographically Isolated

Data taken from 2022 CDA Population Demographics by County and 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+

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

### Financial Stability – What it Costs to Live in Sonoma County

Data taken from the Elder Economic Security Standard Index 2022 for Sonoma County. Expenses below include cost of food, transportation, housing, health and other.

Expenses	Single Older Adult			Older Adult Couple		
	Renter	Homeowner w/Mortgage	Homeowner w/o mortgage	Renter	Homeowner w/Mortgage	Homeowner w/o mortgage
<b>Total</b>	\$34,476	\$46,008	\$24,524	\$46,416	\$57,948	\$36,564

### Poverty Level Statistics

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 2022 by Number in Household

One	\$13,590
Two	\$18,310
Three	\$23,030
Four	\$27,750
Five	\$32,470

### UNIQUE RESOURCES AND 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 inter-generational connection as well as an increased need for planning related to the changing needs and increases in services for the most vulnerable populations.

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

## **1. Geographic Areas**

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

## **2. Disaster Responses**

Sonoma County is prone to experiencing natural disasters such as floods and fires as well as PG&E Public Safety Power Shutdowns (PSPS) and vulnerability to the COVID-19 pandemic.

In each emergency event, the AAA program, AAA contracted service providers, and other non-profit organizations work in tandem with county support systems to coordinate the needs of older adults in providing food, caregiver supports, case management, transportation, and friendly check-in calls to isolated individuals. As part of the Human Services Department, AAA staff are emergency workers with primary task of working with the County's Department of Emergency Management (DEM) and the Emergency Operations Center (EOC) in staffing the Care and Shelter section of the county effort.

### **2020 – 2021 – 2022 COVID-19 Pandemic**

On March 17, 2020 in response to the COVID-19 pandemic, the Sonoma County Public Health Officer issued a countywide "Shelter in Place/Stay at Home Order" for all residents. Countywide supports were put in place to address the specific needs of older adults, mainly food; both home-delivered and an option to pick up of prepared meals at regional locations, food bank food boxes and grocery delivery, pharmacy deliveries, transportation to needed medical services, and programs addressing isolation and loneliness.

Services and service providers supporting older adults had to modify service delivery models to continue to meet the needs of older adults during such difficult times. Services were provided through virtual platforms (Zoom). Nutrition programs instituted "drive-up/pick-up" sites packaging multi-day meals. This model allowed for approximately 197,000 additional meals each year to be delivered to older adults throughout the county. In total meals served, 232,829 meals were delivered from April 1, 2019 through March 31, 2020 and 429,860 were served from April 1, 2020 through March 31, 2021, which shows an 84.6% increase from 2019-20 to 2020-21.

When possible, case management, caregiver support, and legal services programs were able to meet people in-person through "porch or door" appointments or at tables outside agency offices, following proper social distancing and face-covering protocols.

COVID-19 brought to light how isolation has increased the decline in the health of older adults, especially those that live alone, due to stress, loneliness, and not having an ability to schedule or having to delay medical appointments. There have been efforts to put electronic devices into the hands of older adults so they can stay connected digitally (computers, tablets, Google personal assistant devices). In 2021, the Area Agency on Aging distributed both Google devices (300 total) as well as iPads (84 total) to people 60+ targeting the most isolated individuals. These efforts also brought attention to how many older adults do not have broadband internet access to support these devices. Daily telephone call programs to isolated older adults were able to expand their programs due to receiving federal Coronavirus Aid, Relief, and Economic Security (CARES Act) emergency funding. Petaluma People Services Center, a non-profit agency serving all ages, has recruited 3,000 volunteers to call 3,000 isolated older adults daily where an older adult

receives a personal call either daily or several times a week to chat, check-in, and assess any needs. Each volunteer and participant have made a real friendship connection through this process.

The federal government, through the Families First Coronavirus Act (HR6201) and CARES Act funding provided the Area Agency on Aging additional funding to support food distribution for people 60+ with coordinated efforts and partnerships with local non-profits and other organizations.

### **Emergency Funding Received in FY2021-22 and FY2022-23**

The AAA continued to receive an influx of funding to expand existing programs and implement new programs. The total amount of Emergency Funding received was in excess of \$4.6 million dollars, almost doubling the AAA's budget when including traditional Older Americans Act (OAA) funding of \$3.5 million dollars. The Emergency Funding came from the following sources:

- **Elder Justice** for the Electronic Companion Pets Project funding that was allocated to the AAA Ombudsman service provider. The purpose of this funding is to increase engagement and enhance meaningful interactions with the pet and other residents living in Long-Term Care (LTC) facilities who may have experienced feeling the loneliness and isolation before COVID and exacerbated during COVID due to visitation restrictions and loss of fellow residents.
- **American Rescue Plan Act (ARPA)** allocations to support traditional OAA programs: IIIB Supportive Services, IIIC Nutrition, IIID Health Promotion, IIIE Caregiver Support Services, and Ombudsman.
- **Older Adults Recovery and Resiliency (OARR)** allocations to implement new programs and support existing OAA programs including:
  - Nutrition Infrastructure: Funding for older adult nutrition service providers for purchasing, upgrading, or refurbishing kitchen equipment infrastructure items for the production and distribution of congregate or home-delivered meals.
  - Older Adult Nutrition and Intergenerational Nutrition Activities: Funding to support the goal to provide more meals to more older adults with programs that include younger generations by creating activities that support intergenerational connections.
  - Fall Prevention and Home Modifications: Funding for programs that support fall prevention classes and paying for home modifications such as grab bars and ramps to keep older adults from falling and remain safe at home.
  - Legal Services and Caregiver Services: Funding to support existing OAA programs.
  - Access to Technology: Funding for a pilot program to connect older adults and adults with disabilities to technology (using tablets) to help reduce isolation, increase connections, and provide greater access to resources and information.

### **2020 Wildfires**

In August 2020, the Myers and Walbridge fires caused widespread evacuations of the coastal, west and north county communities. In September 2020, the Glass Fire erupted in Napa county and quickly spread to east Sonoma County. Displaced older and disabled residents with medical conditions were sheltered in hotels while others were sent to shelters using COVID protocols and Temporary Evacuation Points (TEP) to direct people to services.

### **2019 Wildfires**

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

### 3. Transportation Barriers

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

#### SERVICE SYSTEM

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

- **Sonoma County's Area Agency on Aging Advisory Council:** Responsible for advocacy on behalf of older adults, people with disabilities and caregivers.
- **Age-Friendly Sonoma County:** A World Health Organization supported initiative that enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age, a place that makes it easy for older people to stay connected to people that are important to them, and helps people stay healthy and active even at the oldest ages and provides appropriate support to those who can no longer look after themselves.
- **Aging Together and the Master Plan for Aging:** Aging Together leadership includes government officials, local agencies and community-based organizations. Its mission is to create a county-wide community that ages together and creates opportunities and resources that foster insight, respect and interdependence, while honoring our community's diversity and varying needs as we age. For the well-being of the entire community, it promotes programs and policies that enable residents, at all stages of life, to access supportive community resources that improve their quality of life.
- **Behavioral Health Initiatives:** Direct services, education and collaborative leadership partnering with the Sonoma County Department of Health Services to promote prevention and early intervention for older adults experiencing mental health issues.
- **Caregiver Support:** AAA contracted services supporting caregiver support groups, assessment for English and Spanish caregivers, and caregiver respite. AAA contracted service supporting caregiver support groups, and earlier access to mental health services including screening for depression in later life.
- **Evidence-Based Health Programs:** Proven health education and behavior change programs to promote health, prevent injury through fall prevention programs, earlier access to mental health services including screening for depression in later life, as well as evidence-based caregiver support

groups. As mentioned above in the Area Agency on Aging Advisory Council section, as a result of a Request for Proposal for services starting July 1, 2021, the AAA added a new provider who provides Diabetes Self-Management and Education programs as well as added 3 additional Evidence-Based programs with existing providers that include Fall-Proof programs and 2 caregiver support groups programs.

- **Depression in Older Adults:** Sonoma County's Older Adult Collaborative Care Project Archstone grant embeds a community-based social worker into the care team at local community health centers by integrating physical and behavior health treatments for older adults with symptoms of depression.
- **Elder Justice Coalition:** Community-wide coalition with members from local older adult service providers, AAA Advisory Council, Family Justice Center, and law enforcement that address abuse prevention and education, training, and advocacy activities on behalf of older adults at-risk for experiencing abuse or neglect.
- **Home Safe:** This program supports the housing stability of older and dependent adults who are being served by Adult Protective Services (APS). The Home Safe program is designed specifically for APS clients who are at risk of abuse, neglect, or self-neglect and are at risk of homelessness and provides intensive case management services and direct financial assistance for housing-related needs.
- **Food and Nutrition Services:** Through AAA contracted services, supporting lunches at congregate sites and home-delivered meal programs that include nutrition education and connecting older adults with the CalFresh program. AAA and CalFresh Healthy Living staff collaborate on programs including distribution of Senior Farmers' Market Nutrition Program (SFMNP) booklets. As a result of a Request for Proposal for services starting July 1, 2021, the AAA added 1 new local non-profit service provider to provide home-delivered medically tailored meals 7-days a week to those in need.
- **Health Insurance Counseling and Advocacy Program (HICAP):** AAA contracted service supporting free, expert peer counseling to assist older adults in navigating the complex Medicare and private insurance systems.
- **Housing & Legislative Committees and Civic Engagement Committee:** The Housing Committee and Legislative Committee have been folded into a broader "Civic Engagement Committee" that meets monthly and its members are from the Advisory Council while meetings are attended by the public and legislative office representatives. This committee discusses methods to address the needs of older adults, adults with disabilities and their caregivers while also identifying areas and practices for advocacy. Advisory Council members and AAA staff participate in countywide initiatives focused on assisting older adults to obtain appropriate housing to age in place.
- **LGBTQIA+ Coalition:** The Coalition has been on hold during the COVID-19 pandemic. There are plans to restart work in FY2023-24. The Coalition's purpose is to plan for, implement, and evaluate strategies for agencies, professionals, and consumers to work together to provide leadership to increase accessibility to services and community support for LGBTQIA+ older adults in Sonoma County.

- **Ombudsman Program:** AAA contracted service supporting program that provides investigation and resolution of complaints, including allegations of elder abuse, made by or on behalf of residents in long-term care facilities.
- **Senior Resource Guide:** this services directory is available in English and Spanish with printed copies distributed throughout the county, providing access to much needed services and can be viewed here: [www.sonomaseniiorresourceguide.org](http://www.sonomaseniiorresourceguide.org)
- **Information & Assistance:** a county initiative staffed by Adult & Aging Social Workers to provide callers guidance on helpful community services for older adults, adults with disabilities and caregivers. The Sonoma County I&A Line is (707) 565-INFO (4636). In addition, Community Based Organizations provide referrals to needed resources. Presentations in the community are provided by AAA Advisory Council members, AAA staff, Information & Assistance social workers who all volunteer to attend and table at older adult, LGBTQIA+, Latinx and BIPOC focused fairs and forums.
- **Aging and Disability Resource Hub (ADRH):** Sonoma County has received full designation as an Aging and Disability Resource Center (ADRC). The process of transition from an emerging ADRC to a fully designated ADRC involved overseeing development of an outreach and marketing plan, funding/hiring staff at both organizations, developing extended partners, establishing intake and assessment protocols between agencies and other key factors needed to establish an operational and fully designated ADRC.
- **Supportive Services:** AAA contracted services supporting services that include adult day programs, Alzheimer's day programs, case management, information & assistance, legal services and transportation services.
- **Transportation and Mobility Initiatives:** Information and education to promote safe driving and advocacy for expanded transportation options such as volunteer driver programs, travel voucher programs, and travel training for older adults and people with disabilities as well as a transportation information and resource website [www.sonomaseniioraccess.org](http://www.sonomaseniioraccess.org)
- **Veterans Services Grants:** Through Proposition 63 Mental Health Services Act (MHSA) funding two programs were created in FY 2020-21 that provide mental health outreach and counseling to vulnerable veterans and their dependents with an emphasis on those who have experienced sexual trauma in the military as well as implementing a Veteran Peer Specialist (VPS) program, providing mental health outreach by peers to the veteran population.

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

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

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

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

The AAA convenes 2 monthly standing committees to discuss and address the top concerns for AAA's targeted populations where involvement of older adults, adults with disabilities, and their caregivers are invited to participate in the development of the community-based system of care. As part of the committee work, each committee creates discussion items to be brought to the Executive Team (AAA Chair, Vice-Chair, Secretary, and the Chairs of each of the 2 Standing Committees) for further discussion and direction, then brought to the monthly full Advisory Council meeting for public comment and Advisory Council review and approval.

The Standing Committees are 1) Civic Engagement Committee and 2) Planning & Funding Committee. Workgroups are approved for specific and time-limited projects as approved by the full Advisory Council.

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

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

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



## SECTION 5. NEEDS ASSESSMENT

The Needs Assessment was conducted utilizing three data collection approaches: 1) Surveys 2) Focus Groups and 3) Key Informant Interviews from Latinx Community leaders.

### SURVEYS

Paper and online surveys were available in English and Spanish. Paper surveys were distributed with postage paid return envelopes. A “spadea” advertisement page in the Press Democrat, the largest widely distributed newspaper in Sonoma County. Multiple press releases were published by regional newspapers and newsletters. 3,956 total survey responses were received.

#### Paper Surveys

- 15,000 printed surveys were distributed with 8,000 of them inserted in Council on Aging May 2019 Monthly Newsletter. The remainder were distributed through countywide senior centers, libraries, mobile home parks, senior living communities, In-Home Supportive Services intake and renewal packets, Public Authority caregiver classes, Adult & Aging Division lobby, Home-Delivered meals participants, faith-based communities.
- 1,958 responses were received.

#### Online Surveys

- Link to the survey in English and Spanish was added to the AAA and County websites
- Link and press release information was added to countywide neighborhood social media app “NextDoor”
- Service providers, legislative representative offices, senior centers, advisory council members were encouraged to add the link to their personal and professional websites and social media.
- 1,998 responses were received.

### FOCUS GROUPS

Nineteen focus groups were held, reaching 163 participants. Ten were held at regional senior centers throughout the county with one focused on LGBT community members and another centered on rural/geographically isolated residents. The remaining focus groups focused on the following demographics: 1) People with Disabilities 2) Senior Housing Community 3) two were scheduled in partnership with Latinx community members 4) three were scheduled with caregivers and 5) two were scheduled with Adult & Aging social workers.

### KEY INFORMANT INTERVIEWS

Two interviews were scheduled and the discussion identified key needs specific to the Latinx populations. There was significantly low response to surveys and focus groups.

### RESULTS

#### Top 5 Concerns

The overarching theme related to financial stability and concerns with “Having Enough Money to Live On” in relation to the following five top concerns listed in alphabetical order:

1. Caregiving
2. Health

3. Housing
4. Supportive Services (Knowing about and accessing.)
5. Transportation

### **Goals and Objectives Setting**

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

To incorporate the overarching Financial Stability concern, Section 9. Area Plan Narrative Goals and Objectives: Goal 3 Rationale includes “financial stability” as part of assessing, planning for and responding to increasing the needs of individuals throughout the lifespan. The AAA’s Civic Engagement Committee continues to raise awareness around the importance of planning for financial stability incorporating an intergenerational approach to this work.

### **Resources Available to Address Needs**

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

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

### **Unmet Needs/Barriers Preventing Access to Services**

Focus group unmet responses and known issues in Sonoma County included the following:

- Affordable housing
- Affordable Assisted Living/Skilled Nursing/Memory Care
- Home modifications to remain at home
- Homelessness – assistance and services need
- Caregiver shortage
- Caregiver affordability
- Caregiver cultural competency for LGBT care receivers
- Transportation options for non-drivers
- Transportation for residents in rural and remote areas. Not enough bus routes which means paratransit doesn’t service all areas (fixed-route buses must provide paratransit within ¾ miles of routes)
- Transportation – Older adults need more assistance; door through door with bags, mobility devices (buses, volunteer driver, taxi, Uber/Lyft)
- Food insecurity
- Dental care for low-income individuals
- Health care; especially mental health care, needs for those who are homebound

- Lack of geriatricians and doctors/nurses/dieticians that specialize in serving older adults
- Cultural and language (non-white, non-English speaking)
- Isolation and Loneliness – need for friendly visiting; companion programs; caregiving can be a lonely occupation
- Walkable communities – sidewalk repairs and benches needed
- Technology – Access to internet, affording phones and cost of plans, knowing how to use

### Barriers for AAA Reaching and Serving Vulnerable Populations

- **LGBT** - Demographic data for LGBT populations is lacking. Data collection tools had not included Gender Identity and Sexual Orientation (SOGI) options to allow for establishing population estimates. California legislation changed this (AB959) mandating state agencies to collect this data. SOGI options were included on the AAA Needs Assessment Survey. Low response rates were received for non-female/male gender and non-heterosexual sexual identity showing need to increase outreach in this area. AAA Needs Assessment Survey response rates:
  - Gender Identity
    - 97.3% = Male or Female
    - 1.7% = Transgender (male to female, female to male), Genderqueer/Gender non-binary)
    - 1% = Declined to State
  - Sexual Orientation
    - 84.8% = Heterosexual
    - 5.1% = Gay/Lesbian/Same Gender Loving
    - 4.2% = Declined to State
    - 1.8% = Bi-Sexual
    - .2% = Questioning/Unsure
    - .8% = Self-Defined
    - .3.1% = Skipped
- **Latinx:** Despite outreach effort over many years, AAA struggles to connect with the Latinx community. Key informant interviews with Latino Leaders and known issues in Sonoma County identified the following issues:
  - Providing a sufficient number of AAA staff and services by people who are Latinx and speak Spanish
  - Need for establishing trust before accessing county government assistance (Public Charge) as well as non-profit organizations
  - Create partnerships where older Latino adults gather; churches, community clubs
  - Engage caregivers, adult children; those who can speak to the needs

Needs Assessment Survey response rate was low at 3.3%.
- **Individuals Not Connected to Services/Don't Know What Services are Available:** Reaching individuals who may not know what services are available.

## **SECTION 6. TARGETING**

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

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

### **1. RURAL/GEOGRAPHICALLY ISOLATED AREAS**

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

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

#### **Barriers and effects on the targeted populations**

##### **Transportation**

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

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

**Programs and plans for addressing needs include**

Volunteer driver program expansion – currently serving:

- Sebastopol and parts of West Sonoma County
- Sonoma – Town of Sonoma to Kenwood
- Petaluma – Including Rohnert Park and limited unincorporated areas in close proximity
- Healdsburg – City of Healdsburg residents only
- Windsor – Town of Windsor and parts of northwestern Santa Rosa
- Santa Rosa – Limited service area with boundaries close to Highway 101

Travel Voucher programs prioritizing isolated and rural individuals

- Taxis
- Uber/Lyft/Other TNC programs

Continue submitting transportation grant proposals. Past and current awards include:

- 2008 to present – Multiple Caltrans awards for volunteer driver expansion
- 2018 – Caltrans Connected Communities Planning Grant Study – Community engagement to collaboratively identify barriers, gaps in service, efficiencies in service, and opportunities of growth in accessible transportation service options

Serving older adults residing in the northern Sonoma Coastal region (most remote area of Sonoma County)

- Expanding partnership with Coastal Seniors, a Mendocino based older adult service provider currently contracting with AAA to provide home delivered meals and congregate meals in this region as well as southern Mendocino County, known as “Mendonoma”.

**2. GREATEST ECONOMIC AND SOCIAL NEED**

Welfare and Institutions Code Section 9015 “Greatest social need” means the need caused by noneconomic factors that restrict an individual's ability to perform normal daily tasks or that threaten his or her 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. W&I Code was updated in 2021 to include Human Immunodeficiency Virus status.

**Human Immunodeficiency Virus (HIV) – To be added to this section after the Needs Assessment is completed for Four-Year Area Plan 2024-2028**

Effective January 1, 2022 the California Department of Aging (CDA) advised of a new factor Area Agencies on Aging must consider when targeting services to older adults who face the “greatest social need” (Welfare and Institutions Code section 9015). The new factor, human immunodeficiency virus (HIV) status, was added to the code by Senate Bill 258 (Laird, Chapter 132, Statutes of 2021).

The new requirement seeks to address cultural and social isolation caused by HIV status and ensure that older people with HIV have the resources they need to age in place with dignity. This requirement is consistent with "Objective D: Equitable Access for All" contained in the 2021- 2025 Older Americans Act State Plan, which emphasizes the importance of advancing equity by working to ensure that those individuals living with HIV have the services and supports they need, and with guidance released by the Administration for Community Living in August 2021 requesting that states include a description of strategies to serve older adults living with HIV in their future state plans.

CDA shared this information both to encourage attention to this newly targeted group and to alert AAAs that are planning their next formal Area Plan needs assessment.

The Sonoma County AAA is in the beginning stages of planning for the Needs Assessment for the next Four-year Area Plan for FY2024-2028 and will be including this newly targeted group in the planned release of surveys and conducting focus groups. In FY2022-23 the AAA will research the ways to identify the HIV population, the need and existing resources, and existing constraints on addressing needs.

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

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

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

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

- Living on a fixed-income
- Social Security as primary source is not sufficient to lift out of poverty
- Awareness of available services and supports and how to access them
- Educational attainment relating to higher paying employment opportunities
- Cultural and language barriers
  - Finding culturally competent services and service providers
  - Ability to access needed services
  - Ability to participate, engage, and contribute in civic engagement activities
- Social Security as primary source is not sufficient to lift out of poverty
- Affordability of basic needs such as:
  - Housing
  - Transportation
  - Timely medical, dental, and vision care visits
  - Medications
  - Food
  - Clothing

- Caregivers
- Insurance (homeowners/renters)
- Financial security/having enough money to live on
- Living in neighborhoods with:
  - Crime and violence
  - Substandard housing
  - Unsafe streets
- Lack of access to:
  - Transportation
  - Mental health services and supports
  - Long-term care services
  - Insurance (homeowners/renters)

**Programs and plans for addressing needs include:**

AAA Advisory Council Standing Committees for advocacy, planning, community engagement and partnerships

- Transportation & Mobility Workgroup
- AAA Volunteer Driver Program
- Travel Voucher Programs
- Expansion of transportation options

Civic Engagement Committee

- Financial security/future planning presentations for all ages (beginning in 2020)
- Engaging and informing elected officials and their district directors on aging matters

AAA Older Americans Act funded contract language includes prioritizing services to individuals with greatest economic and social need

**3. DISABILITIES**

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

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

**Barriers and effects on the targeted populations**

- Access to enjoy all that the community has to offer such as:
  - Improved sidewalks
  - Assistive technology available for hearing and vision impairments
  - Building access (public and private)
  - Use of public transportation
- Affordability of:
  - Caregivers that are suitable to accommodate needs
  - Having enough caregivers

- Remaining in the home of choice
- Home modifications – current and future needs
- Social isolation and loneliness

**Programs and plans for addressing needs**

- Aging & Disability Resource Hub designation centered on partnership with local independent living center Disability Service & Legal Center(DSLC)
- Home modification program: Dignity at Home Fall Prevention Program
- AAA member of Transit-Paratransit Coordinating Council (TPCC)
- AAA participant on Paratransit User Group (PUG)
- AAA Older Americans Act contract for family caregiver support and respite to reduce caregiver stress to ensure healthy and stable caregiver workforce
- In-Home Support Caregiver training for paid registered caregivers
- LGBT Caregiver Awareness Training provided for caregiver agencies, professionals and care receivers
- Age-Friendly Sonoma County Partnership – Domains include accessibility of all ages and abilities:
  - Outdoor spaces and buildings – (walkable communities)
  - Transportation options
  - Varied Housing options
  - Respect and social inclusion
  - Social/Civic participation and employment
  - Communication and information
  - Community and health services
  - Lifelong learning
  - Community-based health, mental health, and social services

**4. LIMITED ENGLISH-SPEAKING ABILITY**

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

**Barriers and effects on the targeted populations**

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

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

**Programs and plans for addressing needs**

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



- Meet with minority community leadership

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

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

### Alzheimer's Statistics for Sonoma County (2015)

- 8,586 age 65+ are living with cognitive impairments (i.e. Alzheimer's and other related dementias) approximately 1 in 10
- 2030 Projections are 15,396 individuals; a 79% increase from 2015
- African Americans, Latinos, and women are disproportionately impacted
- Only 45% of people with Alzheimer's report being told of their diagnosis [Alzheimer's Statistics for California \(2017\)](#)
- 670,000 total population of those living with cognitive impairments (i.e. Alzheimer's and other related dementias):
  - 65-74 – 100,000
  - 75-84 – 280,000
  - 85+ - 290,000
- 70% of cost of care is provided by families from out-of-pocket health and long-term care expenses or from the value of unpaid care
- 5<sup>th</sup> leading cause of death in California

### Caregivers

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

### Barriers and effects on the targeted populations

- Social isolation and loneliness
- Shortage of trained healthcare professionals in the field of cognitive impairments (i.e. Alzheimer's and other related dementias)
- Caregiver workforce shortage
- Affordability of:
  - Caregivers that are suitable to accommodate needs
  - Remaining in the home of choice
  - Home modifications – current and future needs
  - Home owners or renter insurance
- Finding caregivers that are knowledgeable and accepting of LGBT individuals

- Limited in-home and out of home respite care options
- Need for Caregiver stress and burn-out resources to remain healthy and stable
- Knowing about and accessing resources for caregivers

### **Programs and plans for addressing needs**

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

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

### **6. LGBTQIA+**

Sonoma County Adult and Aging has a long history of engaging with and support the LGBTQIA+ older adult community. This item also aligns with the LGBT Disparities Act of 2016 to include LGBTQIA+ individuals as a targeted subgroup in providing services and in targeting efforts. LGBTQIA+ currently is not included in Older Americans Act or the California Code of Regulations as a targeted population.

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

### **Barriers and effects on the targeted population**

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

## **Programs and plans for addressing needs**

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

## SECTION 7. PUBLIC HEARINGS

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 Language Other than English? Yes/No	Was Hearing Held at a Long-Term Care Facility Yes/No
2020-2021	3/18/20	WebEx	16	No	No
2021-2022	4/21/21	Zoom	32	No	No
2022-2023	3/16/22	Zoom	42	No	No
2023-2024	3/15/23	3725 Westwind Blvd. Santa Rosa	26	No	No

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

- Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or adults with disabilities:  
The Public Hearing was advertised in the local newspaper, The Press Democrat 30 days prior. The AAA used an extensive email list of local non-profits and agencies that work with individuals who are older adults, adults with disabilities and their caregivers, including those who are institutionalized and homebound.
- Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?  
 Yes. Go to question #3  
 Not applicable, PD and/or C funds are not used. Go to question #4
- Summarize the comments received concerning proposed expenditures for PD and/or C:  
There were no comments regarding PD&C.
- 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:
- Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion of funding for priority services:  
There were no comments regarding Adequate Proportions.
- List any other issues discussed or raised at the public hearing:  
There was a concern brought forward from a member of the public that more of a focus on outreach and service to the community of people with disabilities could be added to the goals of the AAA.
- Note any changes to the Area Plan that were a result of input by attendees:  
There will be no changes to the Area Plan from input by attendees.



## SECTION 8. IDENTIFICATION OF PRIORITIES

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

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

For this reason, the AAA has identified “Having Enough Money to Live On” as being the overarching theme of the AAA Needs Assessment. Companionship and having someone to rely on is also woven into the top concerns. The Top 5 Concerns identified are listed below in alphabetical order:

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

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

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

The Four-Year Funding Priorities document ranks each of the services on a 1 to 4 Priority Scale and is used when making funding decisions. Such decisions include total amounts allocated to each program at the time of the release of the RFP and informing which programs receive additional funding or reductions when allocation increases or decreases are realized. Current rankings set for 2020-2024 RFP cycle are:

- Rank 1: Case Management, Information & Assistance, Home Delivered Meals, Caregiver Respite, Elder Abuse Prevention
- Rank 2: Transportation, Ombudsman, Congregate Meals, Health Promotion, Caregiver Support Groups and Caregiver Assessment
- Rank 3: Adult Day, Alzheimer’s Day
- Rank 4: Legal Services

### ADEQUATE PROPORTIONS

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



## SECTION 9. AREA PLAN NARRATIVE GOALS AND OBJECTIVES

### GOAL #1

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

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

List Objective Number(s) and Objective(s)	Projected Start and End Dates	Title IIIB Funded, PD or C	Update Status
1.1 Participate in a minimum of 6 outreach events each year of planning cycle targeting older adults, individuals with disabilities and their caregivers to expand awareness of older adult services.	7/1/20 to 6/30/24	PD	Complete and Continue

### YEAR 2

Due to the COVID pandemic, outreach events were adapted and pivoted to a different form of outreach during this time, being held via alternate platforms (Zoom, Constant Contact, emails, phone calls).

#### Events:

1. March 23, 2020, participated in a radio interview with KSRO that focused on accessing older adult services during the beginning of the pandemic.
2. April 15, 2020, held a Town Hall Meeting with Assembly member Levine focusing on accessing older adult services during the pandemic.
3. June 15, 2020, Elder Abuse Awareness Day, hosted an Elder Abuse Awareness Town Hall meeting with the Sonoma County Board of Supervisors.
4. November 30, 2020, we held an Emergency Preparedness Town Hall focusing on older adults and people with disabilities.

**ZOOM:** Presenters were invited and presented at AAA Committee meetings, which included:

1. Disaster Preparedness: LISTOS program through Catholic Charities
2. Disaster Preparedness: PG&E on Access and Functional Needs during emergencies and Public Safety Power Shutdowns (PSPS)
3. Lifelong Learning: Santa Rosa Junior College on older adult classes and careers
4. Transportation: Vivalon/Whistlestop Wheels model for older adults and wheelchair accessible vehicles



5. Transportation: Connected Communities Transportation grant creating an Action Plan for older adult and adults with disabilities transportation gaps/barriers/options
6. Access to Services: Information & Assistance call line 565-INFO program
7. Access to Services: Aging & Disability Resource Connection (ADRC)
8. Demographics: Community Development Commission reviewing the homeless census count
9. Housing: The Village Network
10. Housing: Assisted Living Waiver
11. Legal Services: Presentation on eviction moratorium and COVID

**Constant Contact:** Eblasts (450+) sent periodically on specific subjects such as AAA programs, County emergency information (fires, vaccines, evacuations, COVID rates, disaster preparedness, PSPS), resources for older adults, volunteer recruitment campaign, transportation resources, Older Adult Nutrition Month recognition)

**Emails:**

To AAA distribution lists (300+) used to provide time sensitive action and response requested (advocacy, vaccine information, town halls, training and educational opportunities)

Vaccine information including site and dates and transportation options to sites

**Phone Calls:**

Housing Committee members outreach calls to older adult independent living locations to create updated contact list for future outreach

Calls to vulnerable isolated older adults during disasters (fires) to ensure evacuation plan is in place

**YEAR 3**

Congregate Meals pop-up event in the Roseland neighborhood of Santa Rosa provided “Drive Up Pick Up” to take meals home.

Advisory Councilmembers attended congregare sites to enjoy the meals and provide outreach for AAA programs.

Advisory Councilmembers attended the Sonoma City Council meeting on 12/1/21 via Zoom regarding the redevelopment of the closed Sonoma Development Center (SDC) that served individuals with developmental disabilities to ensure low-income housing for older adults were part of the plan.

Attending and providing a resource table at the Cloverdale Fire and Safety Expo on May 1, 2022

**YEAR 4**

**CONTINUE:** Partner with Aging and Disability Resource Hub, Adult & Aging Programs, and Information & Assistance outreach efforts throughout the year.

**COMPLETED:** Congregate Meals pop-up event in the Roseland neighborhood of Santa Rosa provided “Drive Up Pick Up” to take meals home.

<p><b>COMPLETED:</b> Advisory Councilmembers attended congregate sites to enjoy the meals and provide outreach for AAA programs.</p> <p><b>COMPLETED:</b> Advisory Councilmembers attended the Sonoma City Council meeting on 12/1/21 via Zoom regarding the redevelopment of the closed Sonoma Development Center (SDC) that served individuals with developmental disabilities to ensure low-income housing for older adults were part of the plan.</p> <p><b>COMPLETED:</b> Advisory Councilmembers attended and provided a resource table at the Cloverdale Fire and Safety Expo on May 1, 2022.</p> <p><b>COMPLETED:</b> Advisory Councilmembers attended and provided a resource table at the Senior Expo of Santa Rosa on July 9, 2022.</p>			
1.2 Provide at least 6 presentations in the community to non-Older Americans Act (OAA) funded agencies each year of planning cycle on the services available in the community for older adults, adults with disabilities and their caregivers.	7/1/20 to 6/30/24	C	Complete
<p><b>YEAR 2</b></p> <p>As mentioned in 1.1 above, the AAA provided the forum to invite presenters to attend AAA Committees. Through the public posting of AAA Committees, members of the public attend meetings and learn about the work of the AAA.</p> <p>The Request for Proposal public process invited new interested and awareness to local agencies and the public about the programs funded by the AAA.</p> <p><b>YEAR 3</b></p> <p>Held focus groups via “Zoom Breakout Rooms” at full Advisory Council meetings in September and October that included AAA Advisory Councilmembers, AAA staff and the Public.</p> <p>Engaged new OAA funded service providers whose services began 7/1/21 as a result of the Request for Proposal process to present their new programs to Advisory Council.</p> <p><b>YEAR 4</b></p> <p><b>COMPLETED:</b> Held focus groups via “Zoom Breakout Rooms” at full Advisory Council meetings in September and October that included AAA Advisory Councilmembers, AAA staff and the Public.</p> <p><b>COMPLETED:</b> Engaged new OAA funded service providers whose services began 7/1/21 as a result of the Request for Proposal process to present their new programs to Advisory Council.</p>			
1.3 Meet with all 5 state legislators representing Sonoma County and all 5 Sonoma County Board of Supervisors at least once each year of the planning cycle to advocate for older adults, discuss and recommend policy regarding older adults, adults with disabilities and caregivers as well as communicate the work of the AAA to ensure countywide awareness. Focus on how to support their work during times of disasters (fire and flood) as well as providing support and advocacy for the legislative priorities.	7/1/20 to 6/30/24	C	Complete and Continue

**YEAR 2**

Met with Assembly member Mark Levine to discuss older adult needs during the pandemic

Met with Congressman Mike Thompson via Zoom during Capitol Day, February 25

Met with Senator Mike McGuire’s Staff on March 23 as a reschedule from Capitol Day due to mutual scheduling conflicts

Weekly meetings held with Supervisor Zane and AAA service providers and staff, Health Department, other local influencers

AAA Director and Civic Engagement Committee Chair met with newly elected Supervisor Chris Coursey in January 2021

Collaborated with elected officials during fires and assisted vaccine outreach (McGuire) and (Huffman Town Halls)

State and Federal elected official’s field representatives attend Civic Engagement meetings.

**YEAR 3**

**COMPLETED:** Advisory Councilmembers and AAA staff attended the “Capitol Day” event on 3/25/21. Event is sponsored by the California Association of Area Agencies on Aging (c4a). Met with House of Representatives member Huffman, Senator McGuire, Assemblyperson Wood, and Assemblyperson Aguiar-Curry.

**CONTINUED:** The Civic Engagement Committee invites State Elected officials’ Legislative Aides to provide updates on each member’s legislative priorities with the Committee members offering advocacy assistance to further their platforms.

**COMPLETED:** On December 3, 2020 the AAA Director and the Director of Disability Services and Legal Center, the local Sonoma County California Foundation for Independent Living Centers

**YEAR 4**

**CONTINUE:** The Civic Engagement Committee invites State Elected officials’ Legislative Aides to provide updates on each member’s legislative priorities with the Committee members offering advocacy assistance to further their platforms.

**COMPLETED:** AAA Advisory Councilmembers and AAA staff attended the “Capitol Day” event on 3/25/21. Event is sponsored by the California Association of Area Agencies on Aging (c4a). Met with House of Representatives member Huffman, Senator McGuire, Assemblyperson Wood, and Assemblyperson Aguiar-Curry.

**COMPLETED:** On December 3, 2020 the AAA Director and the Director of Disability Services and Legal Center, the local Sonoma County California Foundation for Independent Living Centers (CFILC), presented Sonoma County’s Aging and Disabilities Resource Center (ADRC) to the California Legislative Staff Education Institute.

1.4 Write a minimum of 2 articles each year of the planning cycle for senior centers, community-based service provider newsletters and other media outlets.	7/1/20 to 6/30/24	PD	Complete and Continue
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**YEAR 2**

Information & Assistance line (565-INFO) supervisor to write an article for each of the Senior Center newsletters.

**YEAR 3**

AAA staff sends “Eblast” in the Constant Contact newsletter format to publicize programs and events and share important information. Eblast are sent periodically, sometimes monthly but no less than quarterly.

Provided an article about the AAA Information & Assistance call center (565-INFO) to all OAA funded service providers and Senior Centers for inclusion in their newsletters.

Civic Engagement Committee members contacted older adult housing communities to advise of Information & Assistance (565-INFO), the Area Agency on Aging, and to establish a point of contact for further outreach in the housing communities.

**YEAR 4**

**CONTINUE:** AAA staff sends “Eblast” in the Constant Contact newsletter format to over 600 points of contact to publicize programs and events and share important information. Eblasts are sent periodically, mostly monthly, but no less than quarterly.

**CONTINUE:** Provided an article about the AAA Information & Assistance call center (565-INFO) to all OAA funded service providers and Senior Centers for inclusion in their newsletters.

**COMPLETED:** Civic Engagement Committee members contacted older adult housing communities to advise of Information & Assistance (565-INFO), the Area Agency on Aging, and to establish a point of contact for further outreach in the housing communities.

**NEW:** Advisory Council members will contact Skilled Nursing, Assisted Living and Board and Care facilities to establish a point of contact for further outreach.

1.5 Create new and update existing outreach materials as needed that improve services and address needs of the AAA eligible populations and ensuring mono-lingual Spanish speaking populations are served.	7/1/20 to 6/30/24	PD	Complete and Continue
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**YEAR 2**

Expanded the staff of the 565-INFO line

Senior Resource Guide (printed and on-line) is available in Spanish

Created English and Spanish COVID-19 materials/pamphlets (PPE, face coverings, social distance protocols)

**YEAR 3**

As part of the Civic Engagement Committee work, community members contacted older adult living communities to advise of the services funded by AAA.

AAA staff continues weekly support to the Sonoma County Public Information/Communications team in forwarding the most updated information of all COVID -19 vaccination and booster outreach materials to the AAA email distribution (800+ contacts) and Home Delivered Meals recipients which includes site locations and dates of service.

Assisted in providing information about signing up for holiday meals (Thanksgiving and Christmas) to older adults in Sonoma County.

Received Emerging ADRC designation; renamed service to Aging and Disability Resource Hub, to be known as Sonoma County ADRH; created an ADRH logo.

Transportation programs – Created information flyers to inform older adults of the available volunteer driver program and promote volunteer driver recruitment.

Continue to provide available resources information for Home Delivered Meals recipients – (565-INFO Card and Senior Resource Guide)

**YEAR 4**

**CONTINUE:** Assisted in providing information about signing up for holiday meals (Thanksgiving and Christmas) to older adults in Sonoma County.

**CONTINUE:** Ongoing information sharing about available resources and information for Home Delivered Meals recipients – (707-565-INFO (4636) Information Card and Senior Resource Guide available in English and Spanish)

**COMPLETED:** As part of the Civic Engagement Committee work, community members contacted older adult living communities to advise of the services funded by AAA.

**COMPLETED:** AAA staff completed weekly support to the Sonoma County Public Information/Communications team forwarding the most updated information of all COVID -19 vaccination and booster outreach materials to the AAA email distribution (800+ contacts) and Home Delivered Meals recipients which included site locations and dates of service.

**COMPLETED:** Approved designation as an ADRC; renamed service to Aging and Disability Resource Hub, to be known as Sonoma County ADRH; created an ADRH logo in English and Spanish.

**COMPLETED:** Transportation programs – Created information flyers to inform older adults of the available volunteer driver program and promote volunteer driver recruitment.

1.6 Operate, maintain and update existing AAA English and Spanish resource websites. (Sonoma Access transportation and resource information website and the Senior Resource Guide website renamed to Aging & Disability Resource Website.	7/1/20 to 6/30/24	PD	Complete and Continue
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**YEAR 2**

On-going projects. No major changes in FY2020-21

**YEAR 3**

The Information & Assistance Program is piloting a chat function internally with Human Services Department (HSD) staff doing the testing before it’s rolled out for public use. The chat will connect HSD staff who are helping older adults, people with disabilities, and their caregivers with a social worker who is trained and knowledgeable on a wide array of community resources. This includes our ADRC partner (known in Sonoma County as the ADRH: Adult and Disability Resource Hub) Disability & Legal Services Center (DSLCL).

Renamed the Senior Resource Guide website to Aging & Disability Resource Guide.

**YEAR 4**

**CONTINUE:** Developing community partnerships with media companies in Sonoma County to create a sustainable Aging & Disability Resource and Services Directory while also strengthening relationships with 2-1-1.

**REVISED & COMPLETED:** The Information & Assistance Program piloted a chat function internally with Human Services Department (HSD) staff doing the testing before it was rolled out for public use. The chat connects HSD staff who are helping older adults, people with disabilities, and their caregivers with a social worker who is trained and knowledgeable on a wide array of community resources. This includes our ADRC (known in Sonoma County as the ADRH-Adult and Disability Resource Hub) partners: Disability & Legal Services Center (DSLSC) and Petaluma People Services Center (PPSC).

1.7 Research and plan for the creation of a Sonoma County ADRC (Aging and Disability Resource Center)	7/1/20 to 6/30/24	PD	Complete
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**YEAR 2**  
 From July 2020 to December 2020, the AAA and Disabilities Services and Legal Center (DSLSC - Sonoma County’s Independent Living Center) continued the planning to become an ADRC.  
  
 As of January 2021, Sonoma County designated as an Emerging ADRC by the California Department of Aging.  
**YEAR 3**  
**No new updates.**  
**YEAR 4**  
**COMPLETED:** Designated as an ADRC (ADRH in Sonoma County)

1.8 Complete the work with Disability Legal Services Center (Independent Living Center) and other county partners to obtain official ADRC designation.	7/1/20 to 6/30/24	PD	Complete
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**YEAR 3**  
**No new updates – on-going.**  
**Update Provided per CDA Request on 10/14/22:**  
**CDA’s Questions:**  
 1) During the time 7/1/2020 through 6/30/2022 what was worked on or completed with DLSC? AND  
 2) What ADRC related activities have been done with DLSC?  
**AAA Answer:**  
 During the summer of 2020 the AAA and DSLC worked with CDA’s ADRC Team specifically with David Morikawa, to begin the discussions of how Sonoma County could become an ADRC. AAA and DSLC partnered to complete the application to become an emerging ADRC which consisted of many planning meetings, creating an ADRC Executive Committee and an ADRC Advisory Committee.  
  
 In January 2021, Sonoma ADRH (our ADRC) was awarded the status of an Emerging ADRC. From January 2021-June 2022, the Core Partnership worked together to meet the criteria to become a Fully Designated ADRC. This included overseeing the development of outreach and Marketing Plan, funding/hiring staff at both organizations, beginning to develop Extended Partners, establishing intake and assessment protocol between agencies and other key factors needed to establish an operational ADRC and become Fully Designated.

In August 2022, Sonoma ADRH applied for full designation and is now a conditionally designated ADRC. We are currently responding to CDA on a few conditional items and expect to be fully designated by January 1<sup>st</sup>, 2023.

**YEAR 4**

**COMPLETED:** Designated as an ADRC, “No Wrong Door Service Delivery.”

**GOAL #2**

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

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

List Objective Number(s) and Objective(s)	Projected Start and End Dates	Title IIIB Funded, PD or C	Update Status
2.1 Convene Older Americans Act (OAA) and non-OAA community partners annually to plan for expanded services of OAA funded program and research funding opportunities.	7/1/20 to 6/30/24	C	Complete and Continue

**YEAR 2**

In February 2021, applied for funding through the California Public Utilities Commission (CPUC) to purchase digital devices and provide digital literacy training to older adults. Partnering with AAA service providers.

Request for Proposals process engaged existing and new AAA service providers in enhancing AAA program designs. Proposals received for Telephone Reassurance, a new program not previously funded, will be considered as OAA funding allows.

Service provider monitoring process includes discussion of expansion and sustainability of AAA funded programs.

**YEAR 3**

The AAA staff convene OAA service provider staff Quarterly to plan for expanded services as well as share best practices and provide technical assistance.

AAA Staff met with Santa Rosa Transit to discuss partnering with the Older Americans Act volunteer driver programs. Project discussions include assisting riders with paratransit applications and transporting riders to/from their homes to/from bus stops.

**YEAR 4**

**CONTINUE:** The AAA staff convene OAA service provider staff Quarterly to plan for expanded services as well as share best practices and provide technical assistance.

**COMPLETED:** AAA Staff met with Santa Rosa Transit to discuss partnering with the Older Americans Act volunteer driver programs. Project discussions include assisting riders with paratransit applications and transporting riders to/from their homes to/from bus stops.

2.2 Participate in 2 or more Elder Justice Coalition activities annually to educate older adults, professionals, and the community about elder abuse prevention, treatment and prosecution with community partners including the Family Justice Center, District Attorney, local law enforcement, the Family Violence Prevention Council and others.	7/1/20 to 6/30/24	C	Complete and Continue
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**YEAR 2**

On June 15, 2020, Elder Abuse Awareness Day, hosted an Elder Abuse Awareness Town Hall meeting with the Sonoma County Board of Supervisors

Elder Justice Coalition events limited during COVID

Attendance at Mandated Reporter Trainings (elder abuse)

**YEAR 3**

Elder Justice Coalition partners created a Law Enforcement reference card with a short list of partners phone numbers a QR codes linking to the Elder Justice videos funded by a CalOES grant from 2017, further increasing video distribution. In total, 19 patrol briefings were given the to 144 Police Officers the cities of Santa Rosa, Rohnert Park, Healdsburg, Cloverdale, Cotati, Sebastopol and the Sheriff’s Office.

The Ombudsman program provided a training to Emergency Shelter Managers about the legal requirements for emergency planning for long term care administrators clarifying evacuation planning option requirements.

The Elder Justice Coordinator also chairs the Outreach subcommittee of the Family Violence Prevention Council and will be coordinating an educational program in 2022.

**YEAR 4**

**CONTINUE:** The Advisory Council developed a Law Enforcement card that will be laminated and distributed to jurisdictions. The card provides the numbers to Adult Protective Services, Ombudsman and Information & Assistance for easy reference and support.

**CONTINUE:** The newly elected District Attorney has presented to the Advisory Council and the newly elected Sheriff will present in September 2023.

**COMPLETED:** Elder Justice Coalition partners created a Law Enforcement reference card with a short list of partners phone numbers and QR codes linking to the Elder Justice videos funded by a CalOES grant from 2017, further increasing video distribution. In total, 19 patrol briefings were given the to 144 Police Officers the cities of Santa Rosa, Rohnert Park, Healdsburg, Cloverdale, Cotati, Sebastopol and the Sheriff’s Office. Advisory Council Chair has met with Sonoma County Sheriff for ongoing partnership and collaboration.

**COMPLETED:** The Ombudsman program provided a training to Emergency Shelter Managers about the legal requirements for emergency planning for long term care administrators clarifying evacuation planning option requirements.



<b>COMPLETED:</b> The Elder Justice Coordinator also chairs the Outreach subcommittee of the Family Violence Prevention Council and will be coordinating an educational program in 2022.			
2.3 Convene community partners to brainstorm countywide projects to serve LGBTQIA+ community and expand to other underserved communities.	7/1/20 to 6/30/24	C	Complete and Continue
<p><b>YEAR 2</b> Advisory Councilmembers attend Sonoma County Section on Aging Committee which hosted an LGBTQI discussion</p> <p><b>YEAR 3</b> Latino Radio Station KBBF spoke at a Civic Engagement Committee meeting in 2021. Schedule Latino Radio Station presentation (KBBF) by 6/30/22. Schedule Univision TV presentation by 6/30/22.</p> <p><b>YEAR 4</b> <b>CONTINUED:</b> Schedule Latino Radio Station presentation (KBBF) by 6/30/23. <b>CONTINUED:</b> Schedule Univision TV presentation by 6/30/23. <b>COMPLETED:</b> Latino Radio Station KBBF presented to the Civic Engagement Committee.</p>			
2.4 Collaborate with community partners engaged in development of a Sonoma County PACE program (Programs for the All-Inclusive Care of the Elderly) with local health systems.	7/1/20 to 6/30/24	C	Complete and Continue
<p><b>YEAR 2</b> Collaborate with the Santa Rosa Community Health Center as they analyze the feasibility of applying to become a PACE program. During the first quarter, Sonoma County Adult and Aging met with SRCH to discuss and strategize their plans for applying for and implementing a PACE Sonoma program</p> <p><b>YEAR 3</b> The AgeWell PACE Advisory Committee continues to meet frequently. The new PACE program is slated to open in July 2023 and will be located in Rohnert Park, CA. It will serve most zip codes in Sonoma and Marin counties. The Adult and Aging Division/AAA will be partnering with this new PACE program to build awareness among eligible Sonoma County residents that this new service is available. The Adult and Aging Division/AAA sits on the steering committee for the PACE in preparation for its opening.</p> <p><b>YEAR 4</b> <b>CONTINUE:</b> The AgeWell PACE Advisory Committee continues to meet frequently. The new PACE program is slated to open in July 2023 and will be located in Rohnert Park, CA. It will serve most zip codes in Sonoma and Marin counties. The Adult and Aging Division/AAA will be partnering with this new PACE program to build awareness among eligible Sonoma County residents that this new service is available. The Adult and Aging Division/AAA sits on the steering committee for the PACE in preparation for its opening. <b>COMPLETED:</b> AgeWell PACE representative invited to present to the February 2023 AAA Advisory Council meeting and to the APS Multidisciplinary Team Meeting in December 2022. These meetings are attended by representatives from non-profit, law enforcement, health partners and other jurisdictions throughout the county.</p>			

2.5 Expand stress reduction programs for family caregivers by partnering with AAA contracted caregiver agencies to provide additional evidence-based trainings and support groups.	7/1/20 to 6/30/24	C	Complete
<p><b>YEAR 2</b> The Request for Proposal process provided the opportunity to fund a second service provider to provide evidence-based caregiver support groups beginning 7/1/21 Caregivers have been accessing the You Are Not Alone program, a friendly telephone call partially funding by CARES Act funding</p> <p><b>YEAR 3</b> Request for Proposal (RFP) process received 2 proposals for additional Evidence-Based Caregiver Support Groups through IIID funding. Caregiver service provider implemented the use of Care Navigator, a system where individuals can find caregiver resources, complete assessments and self-referrals.</p> <p><b>YEAR 4</b> <b>COMPLETED:</b> Request for Proposal (RFP) process received 2 proposals for additional Evidence-Based Caregiver Support Groups through IIID funding. <b>COMPLETED:</b> Caregiver service provider implemented the use of Care Navigator, a system where individuals can find caregiver resources, complete assessments and self-referrals.</p>			
2.6 Coordinate with health providers (County Health Department and local health care) to implement CalFresh Healthy Living programs within the Matter of Balance curriculum.	7/1/20 to 6/30/24	C	Revised and Complete
<p><b>YEAR 2</b> Working with St. Joseph Health Center (now known as Providence) to embed the Matter of Balance fall prevention/behavioral change to reduce fears of falls programs in their discharge planning and referrals to older adult patients.</p> <p><b>YEAR 3</b> <b>No new updates.</b></p> <p><b>YEAR 4</b> <b>COMPLETED:</b> AAA Staff identified a current OAA funded service provider as well as a federally qualified health center to provide Matter of Balance as part of the CalFresh Healthy Living grant funding program.</p>			
2.7 Follow the President’s Infrastructure Bill as it pertains to support services for older adults, adults with disabilities, and caregivers to provide advocacy, awareness and potential changes to services.	7/1/20 to 6/30/24	C	Complete and Continue
<p><b>YEAR 2</b> <b>No activity.</b></p> <p><b>YEAR 3</b> AAA Director and AAA Staff are currently engaged with the California Department of Aging and allocating American Rescue Plan (ARP) and Older Adult Recovery and Resilience Act (OARR) funding for IIIB, IIIC, IIID, IIIE, VII, and Ombudsman programs allocated to contracted service providers.</p>			

The AAA Director is a member of the Disability and Aging Community Living Advisory Committee where California and Federal services for older adults, adults with disabilities, and caregivers is presented and discussed.

**YEAR 4**

**COMPLETED:** AAA Director and AAA Staff engaged with the California Department of Aging and allocated American Rescue Plan Act (ARPA) and Older Adult Recovery and Resilience Act (OARR) funding for IIIB, IIIC, IIID, IIIE, VII, and Ombudsman programs to contracted service providers.

**CONTINUE:** The AAA Director is a member of the Disability and Aging Community Living Advisory Committee where California and Federal services for older adults, adults with disabilities, and caregivers is presented and discussed.

**GOAL #3**

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

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

List Objective Number(s) and Objective(s)	Projected Start and End Dates	Title IIIB Funded, PD or C	Update Status
3.1 Meet with Sonoma County Human Services Department Disaster Preparedness Coordinator each year of the planning cycle to ensure the department’s disaster preparedness efforts include the needs of older adults, people with disabilities, and caregivers.	7/1/20 to 6/30/24	C	Continue

**YEAR 2**

AAA through the Adult and Aging Division has regular meetings with the Department of Emergency Management (DEM) to strategize disaster preparedness for older adult and people with disabilities. For example, the Access and Functional Needs Group that is facilitated by Adult and Aging meets bimonthly with the DEM and multiple service providers to discuss emergency preparedness

On March 1, The DEM and the Adult & Aging Division met with a state consultant for the Governor’s office to discuss and share Sonoma County’s emergency preparedness for older adults and people with disabilities

Sonoma County initiated bi-weekly table talks effective April 2021 with all jurisdictions and departments involved in response to a disaster to begin planning. Planning includes

responding to the needs of older adults and people with disabilities

The AAA has not been able to meet with the County Disaster Preparedness Coordinator in FY2020-21

During 2020 fires, AAA staff were shelter managers and part of the Access and Functional Needs workgroup to advocate for the needs of vulnerable, frail, disabled individuals who are evacuated to shelters

During COVID, AAA staff were part of the coordination effort with County Department of Emergency Management to assist with transportation for older and disabled adults to vaccine sites.

**YEAR 3**

AAA staff participates in weekly/monthly/quarterly meetings with Sonoma County Department of Emergency Services (DEM) and Community Organizations Active in Disaster (COAD) and the Access and Functional Needs (AFN) committee.

In partnership emergency responder agencies, including fire and law enforcement, neighborhood-based emergency preparedness groups continue to expand in Sonoma County. These groups include the COPE program (Communities Organized to Prepare for Emergencies), SCOPE, a town of Sonoma COPE program, and Map Your Neighborhood. All programs are based on “neighbors helping neighbors” to prepare for and respond to emergencies.

**YEAR 4**

**CONTINUE:** AAA staff participates in weekly/monthly/quarterly meetings with Sonoma County Department of Emergency Services (DEM) and Community Organizations Active in Disaster (COAD) and the Access and Functional Needs (AFN) committee.

**CONTINUE:** In partnership with emergency responder agencies, including fire and law enforcement, neighborhood-based emergency preparedness groups continue to expand in Sonoma County. These groups include the COPE program (Communities Organized to Prepare for Emergencies), SCOPE, a town of Sonoma COPE program, and Map Your Neighborhood. All programs are based on “neighbors helping neighbors” to prepare for and respond to emergencies.

3.2 Conduct at least 1 focus group each year of the planning cycle to assess for changing needs in the older adult, people with disabilities and caregiver populations.	7/1/20 to 6/30/24	C	Continue
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**YEAR 2**

Transportation focus groups held for the Caltrans Connected Communities Transportation (CCT) grant that included a wide range of participants.

**YEAR 3**

A transportation focus group was completed for OAA and Caltrans funded programs. Focus group was held as a Hybrid Virtual/In-person meeting.

**YEAR 4**

**COMPLETED:** Thirteen focus groups have been scheduled as part of the AAA Area Plan-Needs Assessment 2024-2028. Focus groups are scheduled to take place from January through March 2023.

<b>COMPLETED:</b> A transportation focus group was completed for OAA and Caltrans funded programs. Focus group was held as a Hybrid Virtual/In-person meeting.			
3.3 Create a plan to identify the community's transportation gaps and barriers and develop resources to coordinate and expand existing transportation options for older adults and people living with disabilities in Sonoma County. Partners include non-profit and private organizations, members of the public, and countywide transit/paratransit operators.	7/1/20 to 6/30/24		Complete
<p><b>YEAR 2</b> AAA received grant funding through a Caltrans grant that culminated in a comprehensive report and action plan for developing and expanding transportation options and addressing gaps and barriers.</p> <p><b>YEAR 3</b> <b>No new updates.</b></p> <p><b>YEAR 4</b> <b>COMPLETED:</b> Caltrans funded Connected Communities Report and Action Plan.</p>			
3.4 Support the development of a fact sheet about healthcare in partnership with service providers, healthcare providers, and county representative to assist older adults better understand the services and resources available to navigate and manage healthcare needs and costs. Topics could include but not limited to: access to services, prescription drugs, dental care and information and assistance.	7/1/20 to 6/30/24		Continue
<p><b>YEAR 2</b> COVID protocol materials in English and Spanish were created including use of Personal Protective Equipment (PPE), social distancing, and handwashing.</p> <p><b>YEAR 3</b> The HICAP program created new flyers for Medicare open enrollment for 2021-22.  AAA staff continues weekly support to the Sonoma County Public Information/Communications team in forwarding the most updated information of all COVID -19 vaccination and booster outreach materials to the AAA email distribution (800+ contacts) which includes site locations and dates of service.</p> <p><b>YEAR 4</b> <b>COMPLETED:</b> The HICAP program created new flyers for Medicare open enrollment for 2021-22. AAA help with distribution and information sharing through the AAA Eblast. <b>COMPLETED:</b> AAA staff completed weekly support to the Sonoma County Public Information/Communications team forwarding updated information of all COVID -19 vaccination and booster outreach materials to the AAA email distribution (800+ contacts) which included site locations and dates of service.</p>			
3.5 Develop a Financial Education and Awareness plan with community partners; meet at least two times each year to build programs supporting outreach and	7/1/20 to 6/30/24	PD	Continue

education to strengthen a sense of financial well-being in older adults.			
<p><b>YEAR 2</b> The AAA has not been able to develop the plan on this objective</p> <p><b>YEAR 3</b> <b>No updates.</b></p> <p><b>YEAR 4</b> <b>NEW:</b> In partnership with other Adult &amp; Aging programs such as Adult Protective Services and the Elder Justice Coalition, the AAA and its Advisory Council will encourage local community-based organizations to provide financial planning events and education to older adults.</p>			
3.6 Offer at least one cultural competency training online or in-person annually inviting AAA council members and staff as well as AAA funded service providers and community partner staff and volunteers.	7/1/20 to 6/30/24	PD	Continue
<p><b>YEAR 2</b> The AAA has not been able to develop training plans on this objective.</p> <p><b>YEAR 3</b> Training in FY2021-22 to be scheduled before 6/30/22</p> <p><b>YEAR 4</b> <b>CONTINUE:</b> Advisory Council members to plan, organize, and provide LGBTQIA+ and Cultural Competency training sessions in FY2023-24.</p>			
3.7 Outreach to isolated home bound and transportation clients for disaster preparedness planning to provide tools for having an emergency plan, go-bag, evacuation plan and Advance Health Care Directive Planning.	7/1/20 to 6/30/24		Continue
<p><b>YEAR 3</b> Ongoing distribution of current and updated emergency preparedness materials including:</p> <ul style="list-style-type: none"> <li>• <b>“Evac Packs”</b> created by the Sonoma County Department of Emergency Services made available through the Sonoma County Sheriff’s Department. Clear plastic envelope includes: 1) An “EVACUTATED” sign for older adults to hang on their door knobs to alert law enforcement they have evacuated; 2) A “Know Your Zone” card to complete to remind evacuees which part of the county are to evacuate; 3) An Evacuation Checklist; 4) and a Personal Emergency Plan to complete. Distributed to Home Delivered Meals recipients and OAA service providers for distribution. Supplies are unlimited.</li> <li>• Evac Packs in in the town of Windsor included an additional sign to put in high-visibility windows if pets were not evacuated so they can be cared for by emergency responders.</li> <li>• <b>Emergency “Go Bag”</b> back packs that include an emergency blanket, water rations, Personal Emergency Plan, and more. Supplies are limited.</li> <li>• <b>NOAA Weather Radios</b> were provided by the city of Santa Rosa to Santa Rosa Home Delivered Meals recipients.</li> </ul>			

**YEAR 4**

**CONTINUE:** Ongoing distribution of current and updated emergency preparedness materials to include but not limited to items listed above.

**GOAL #4**

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

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

According to the National Institute on Aging, older adults who are connected and engaged in the community

(1) are less likely to develop certain diseases, including dementia; (2) have a longer lifespan; (3) are happier and less depressed; (4) are better prepared to cope with loss; and (5) improve their thinking abilities as well experience greater life satisfaction and a sense of purpose and accomplishment.

List Objective Number(s) and Objective(s)	Projected Start and End Dates	Title IIIB Funded, PD or C	Update Status
4.1 Create a plan for engaging people of all ages to participate in shared learning and volunteer program opportunities to foster intergenerational learning and respect with partnerships including but not limited to school districts, local service providers and events planned at local libraries.	7/1/20 to 6/30/24	C	Continue

**YEAR 2**

The AAA has not been able to develop the plan on this objective.

**YEAR 3**

To be planned with Older Adult Recovery and Resilience (OARR) Nutrition funding allowing AAA nutrition providers to serve additional older adults to help bridge the significant food gap that exists in California and develop partnerships and efforts to encourage intergenerational meals with children and youth, in a COVID-19 safe environment.

CERES trains teen volunteers in food preparedness for older adults.

PPSC Congregate participants are dual enroll in SRJC Adult Programs.

**YEAR 4**

**CONTINUE:** To be planned with Older Adult Recovery and Resilience (OARR) Nutrition funding allowing AAA nutrition providers to serve additional older adults to help bridge the significant food gap that exists in California and develop partnerships and efforts to

encourage intergenerational meals with children and youth, in a COVID-19 safe environment.

**CONTINUE:** CERES trains teen volunteers in food preparation and delivery for older adults.

**CONTINUE:** Petaluma People Services Center (PPSC) Congregate participants are dual enroll in Santa Rosa Junior College Adult Programs.

**NEW:** Service Provider Petaluma People Services Center is partnering with local Cypress School, which provides personalized curriculum and learning for children with autism and similar disabilities, as well as with a local elementary school to provide intergenerational activities to participants of the OAA funded Nutrition programs.

4.2 Schedule at least 2-meetings with Sonoma County Civil Servants (fire fighters, police, teachers, court workers, etc.) who interact with older adults and adults with disabilities to offer education and awareness of services and assess availability of, and make connections to, volunteer opportunities that would benefit their organizations.	7/1/20 to 6/30/24	C	Continue
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**YEAR 2**

The AAA has not been able to develop the plan on this objective .

**YEAR 3**

Advisory Councilmembers and AAA staff attended Senator McGuire’s Town Hall meetings with emergency responders.

**YEAR 4**

**COMPLETED:** Advisory Councilmembers and AAA staff attended Senator McGuire’s Town Hall meetings with emergency responders.

**COMPLETED:** On October 19, 2022, Advisory Councilmembers attended a Town Hall meeting on Emergency Preparedness for District 5.

4.3 Participate in the age-friendly initiative by assisting cities to achieve age-friendly designation.	7/1/20 to 6/30/24	C	Continue
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**YEAR 2**

Assist the Aging Together Sonoma County Initiative in assessing the status of Age-Friendly designation in each of the 9 incorporated cities and the unincorporated rural West County region through a AAA Age-Friendly workgroup made up of AAA Advisory Councilmembers and staff.

**YEAR 3**

AAA staff are members of the Aging Together committee which provides technical support to cities to achieve Age-Friendly designation.

AAA Director attended a Sonoma County Mayors monthly meeting with a Sonoma County Board of Supervisors’ member to present the Master Plan for Aging (MPA) and the importance of Age Friendly communities. On December 16, the AAA Director and Board Supervisor facilitated a follow up conversation with liaisons from 7 of the 9 incorporated cities of Sonoma County about the MPA and Age Friendly initiatives to further their participation in the MPA.



The AAA is collaborating with other local agencies to extend support and coordination for cities' Age Friendly and Aging Together efforts.

**YEAR 4**

**COMPLETED:** AAA staff were members of the Aging Together committee which provided technical support to cities to achieve Age-Friendly designation.

**COMPLETED:** AAA Director attended a Sonoma County Mayors monthly meeting with a Sonoma County Board of Supervisors' member to present the Master Plan for Aging (MPA) and the importance of Age Friendly communities in June 2021, with two follow up meetings on December 16, 2021 and April 18, 2022. The meetings included conversation with liaisons from 7 of the 9 incorporated cities of Sonoma County about the MPA and Age Friendly initiatives to further cities' participation in the MPA.

**COMPLETED:** The AAA completed a 6-month contract with a community-based organization to extend support and coordination for cities' Age Friendly and Aging Together efforts.

## SECTION 10. SERVICE UNIT PLAN (SUP) OBJECTIVES

### TITLE III/VIIA SERVICE UNIT PLAN OBJECTIVES

CCR Article 3, Section 7300(d)

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

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

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

#### Adult Day

Unit of Service = 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020 – 2021	17,000	2	
2021 – 2022	12,500	2	
2022 – 2023	12,500	2	
2023 – 2024	6,600	2	

#### Case Management

Unit of Service = 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020 – 2021	5,692	2	
2021 – 2022	7,045	2	
2022 – 2023	5,280	2	
2023 – 2024	7,545	2	

#### Transportation

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020 – 2021	10,901	3	
2021 – 2022	7,891	1, 2, 3	1.1, 1.6, 3.1, 3.2, 3.3, 3.7
2022 – 2023	6,920	1, 2, 3	1.1, 1.6, 3.1, 3.2, 3.3, 3.7
2023 – 2024	7,300	1, 2, 3	

#### Legal Assistance

Unit of Service = 1 Hour

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
2020 – 2021	4,000	2	
2021 – 2022	3,610	1, 2	
2022 – 2023	6,920	1, 2	
2023 – 2024	3,600	1, 2	

**Information & Assistance**

**Unit of Service = 1 Contact**

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
2020 – 2021	3,000	1, 2	
2021 – 2022	3,600	1, 2	1.4, 2.1
2022 – 2023	4,886	1, 2	1.4, 2.1
2023 – 2024	6,500	1, 2	1.4, 2.1

**Home-Delivered Meal**

**Unit of Service = 1 Meal**

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
2020 – 2021	201,600	2	
2021 – 2022	196,664	2	
2022 – 2023	205,871	2	
2023 – 2024	232,240	2	

**Congregate Meals**

**Unit of Service = 1 Meal**

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
2020 – 2021	44,109	2	
2021 – 2022	43,675	2	
2022 – 2023	38,525	2	
2023 – 2024	23,720	2	

**Nutrition Education**

**Unit of Service = 1 Session**

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
2020 – 2021	7,140	2	2.1
2021 – 2022	8,132	2	2.1
2022 – 2023	7,088	2	2.1
2023 – 2024	12	2	2.1

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 (IIIB)” 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 Security, Registry, Senior Center Activities, and Senior Center Staffing

All “Other” services must be listed separately.

**Other Supportive Service Category:**

**Alzheimer’s Day Care**

**Unit of Service = Day of Attendance**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020 – 2021	2,500	2	2.1
2021 – 2022	No Service Provider	N/A	N/A
2022 – 2023	950	2	2.1
2023 – 2024	900	2	

**Other Supportive Service Category:**

**Mobility Management**

**Unit of Service = Hours**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020 – 2021	4,250	3	
2021 – 2022	2,940	1, 2, 3	1.1, 1.6, 3.1, 3.2, 3.3, 3.7
2022 – 2023	4,440	1, 2, 3	1.1, 1.6, 3.1, 3.2, 3.3, 3.7

2023 – 2024	2,940	1, 2, 3	
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**TITLE IIID HEALTH PROMOTION – EVIDENCE BASED**

- Provide the specific name of each proposed evidence-based program
- Unit of Service = 1 contact

Evidence Based Program Names: 1. FallProof 2. Caregiver Support Groups 3. Diabetes Self Management Education (DSME)

**1. FallProof™**

The evidence based national award-winning FallProof™ is a theory-driven program that has proven to be effective in reducing fall risk among older adults identified at moderate -to-high risk for falls.

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020 – 2021	N/A	N/A	N/A
2021 – 2022	864	2	2.6
2022 – 2023	864	2	2.6
2023 – 2024	800	2	

**2. Caregiver Evidence Based Support Groups**

SAVVY: SAVVY Caregiver Trainings for family caregivers provide evidence-based psycho-educational programs for eligible family caregivers. Programs are designed to provide the most relevant dementia knowledge, skills and mastery to support family members as they provide care for their relative or friend living with dementia. Program is typically delivered in 6-weekly sessions in-person.

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

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020 – 2021	1,200	2	2.5
2021 – 2022	1,120	2	2.5
2022 – 2023	2,320	2	2.5
2023 – 2024	330	2	

**3. Diabetes Self-Management Education (DSME)**

Diabetes Self-Management Education (DSME) is accredited by the American Diabetes Association. The program is rooted in behavioral change theory, supporting participants to proactively manage conditions and achieve better health through knowledge, group support, and goal setting.

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
2020 – 2021	N/A	N/A	N/A
2021 – 2022	120	2	2.6
2022 – 2023	120	2	2.6
2023 – 2024	120		

**TITLE IIIB AND TITLE VIIA: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES**

2020-2024 Four-Year Planning Cycle

As mandated by the Older Americans Act Reauthorization Act of 2016, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of ensuring their dignity, quality of life, and quality of care.

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

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

Complete all Measures and Targets for Outcomes 1-3;

**Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. Older Americans Act Reauthorization Act of 2016, Section 712(a)(3), (5)]**

**Measures and Targets:**

**A. Complaint Resolution Rate** (NORS Element CD-08) (Complaint Disposition). The average California complaint resolution rate for FY 2017- 2018 was 73%.

1. FY 2018-2019 Baseline Resolution Rate: Number of complaints resolved 733 + number of partially resolved complaints 0 divided by the total number of complaints received 904 = Baseline Resolution Rate 71% FY 2020-2021 Target Resolution Rate 75%
2. FY 2019-2020 Baseline Resolution Rate: Number of complaints partially or fully resolved 485 divided by the total number of complaints received 680 = Baseline Resolution Rate 71% FY 2021-2022 Target Resolution Rate 71%
3. FY 2020 - 2021 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>1023</u> divided by the total number of complaints received <u>1342</u> = Baseline Resolution Rate <u>76%</u> FY 2022-2023 Target Resolution Rate <u>71%</u>



4. FY 2021-2022 Baseline Resolution Rate:  
 Number of complaints partially or fully resolved 872 divided by the total number of complaints received 1,131 = Baseline Resolution Rate 77%  
 FY 2023-2024 Target Resolution Rate 71%

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

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

1. FY 2018-2019 Baseline: Number of Resident Council meetings attended 48  
 FY 2020-2021 Target: 68

2. FY 2019-2020 Baseline: Number of Resident Council meetings attended 33  
 FY 2021-2022 Target: 33

3. FY 2020-2021 Baseline: Number of Resident Council meetings attended 69  
 FY 2022-2023 Target: 68

4. FY 2021-2022 Baseline: Number of Resident Council meetings attended 69  
 FY 2023-2024 Target: 33

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

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

1. FY 2018-2019 Baseline: Number of Family Council meetings attended 7  
 FY 2020-2021 Target: 9

2. FY 2019-2020 Baseline: Number of Family Council meetings attended 2  
 FY 2021-2022 Target: 2

3. FY 2020-2021 Baseline: Number of Family Council meetings attended 72  
 FY 2022-2023 Target: 72

4. FY 2021-2022 Baseline: Number of Family Council meetings attended 38  
 FY 2023-2024 Target: 2

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 2018-2019 Baseline: Number of Instances 458  
 FY 2020-2021 Target: 458

2. FY 2019-2020 Baseline: Number of Instances 1586  
 FY 2021-2022 Target: 1586

3. FY 2020-2021 Baseline: Number of Instances 4385  
 FY 2022-2023 Target: 1,586

4. FY 2021-2022 Baseline: Number of Instances 4,796  
 FY 2023-2024 Target: 1,586

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

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

1. FY 2018-2019 Baseline: Number of Instances <u>4012</u> FY 2020-2021 Target: <u>4000</u>
2. FY 2019-2020 Baseline: Number of Instances <u>3841</u> FY 2021-2022 Target: <u>3841</u>
3. FY 2020-2021 Baseline: Number of Instances <u>9070</u> FY 2022-2023 Target: <u>9070</u>
4. FY 2021-2022 Baseline: Number of Instances <u>10,254</u> FY 2023-2024 Target: <u>3,841</u>
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of Sessions <u>14</u> FY 2020-2021 Target: <u>14</u>
2. FY 2019-2020 Baseline: Number of Sessions <u>12</u> FY 2021-2022 Target: <u>12</u>
3. FY 2020-2021 Baseline: Number of Sessions <u>11</u> FY 2022-2023 Target: <u>11</u>
4. FY 2021-2022 Baseline: Number of Sessions <u>16</u> FY 2023-2024 Target: <u>12</u>
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 2020-2021
<p><b>FY 2020-2021 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p> <ol style="list-style-type: none"> <li>1) Bring awareness of the systemic issues surrounding the discharge of skilled nursing facility residents to homeless shelters after years of living in the facility. Seek to open the lines of communication with shelters and managed Medi-Cal health care system (Partnership) to eliminate this practice.</li> <li>2) Work to expand the education, outreach and training for the volunteer program. Identify new resources that may serve as referral sources for appropriate individuals to serve as Ombudsman volunteers.</li> <li>3) Partner with Sonoma Elder Justice Initiative and Adult Protective Services in the planning of a World Elder Abuse Awareness Day.</li> </ol>
FY 2021-2022
<p><b>Outcome of FY 2020-2021 Efforts:</b>            From Area Plan Update revision request sent by CDA on 10/14/22:            Revise the System Advocacy Efforts to include the outcome for FY 2020-2021.</p> <p><b>AAA Response to Effort 1:</b> Ombudsman service provider Executive Director met with Committee on the Shelterless (COTS) management team, and the various county crisis response teams that are embedded in police forces, i.e. SAFE team, to bring awareness to this practice and provide instruction on how and who to report to when this activity occurs.</p> <p><b>AAA Response to Effort 2:</b> Ombudsman staff attended community events like National Night Out (six different locations from Cloverdale to Petaluma), Veterans Parade, Suicide Prevention Walk at Sonoma State, etc. seeking to find unique opportunities to educate individuals who may not be familiar with the volunteer opportunities. Also joined Volunteer Match as a website referral system.</p> <p><b>AAA Response to Effort 3:</b> WEAAD was promoted through the use educational signage and the of placing purple flags at every senior center in the county, with each flag representing a case of elder abuse in that city; multiple presentations on Scams &amp; Frauds were given with the Asst. District Attorney to promote education on the latest scams and frauds; all the Meals on Wheels delivery vehicles carried signs on the doors promoting awareness.</p>

**FY 2022-2023**

**FY 2021-2022 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)  
Ensure all SNF residents are fully vaccinated for COVID-19, including new admissions Ensure a booster shot is also given should this become available and recommended.

**Outcome of FY 2021-2022 Efforts:**

Booster shots were administered in SNFs as part of a coordinated effort to protect the most vulnerable populations living in congregate living settings.

**FY 2022-2023 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)  
Senior Advocacy Services Long Term Care Ombudsman is working to increase access and information about long term care facilities to the Sonoma County community. This will be primarily through the development of a resource information website. Unbiased information about the types of facilities that are available will positively impact the community by breaking down barriers for those who may have less access to support systems. The website will assist by enhancing their knowledge base of what questions should be asked when considering placement of a family member. By providing unbiased, fact-based information, consumers will be able to choose the most appropriate location where their loved ones will thrive.

**FY 2023-2024**

**Outcome of 2022-2023 Efforts:**

Website was updated to include access to information when considering placement of a family member.

**FY 2023-2024 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)  
Develop and create a training to refresh facility staff on their mandated reporting requirements. Current challenges with late reporting have indicated the staff do not have a comprehensive understanding of their responsibility and

Ombudsman Coordinator/Executive Director is the President of the Board of Directors for California a Long Term Care Ombudsman Association (CLTCOA). Through that position and working with Sonoma County's local state legislator's office of Assemblymember Woods, a bill has been introduced to streamline and simplify mandated reporting in long-term care facilities

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

**Measures and Targets:**

**A. Routine Access: Nursing Facilities** (NORS Element S-58) Number of nursing facilities within the PSA that were visited by an Ombudsman representative at least once each quarter not in response to a complaint. 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 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>20</u>  FY 2020-2021 Target: <u>90%</u></p>
<p>2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>1</u>  FY 2021-2022 Target: <u>85%</u></p>
<p>3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>19</u>  FY 2022-2023 Target: <u>95%</u></p> <p>From Area Plan Update revision request sent by CDA on 10/14/22:  Revise Routine Access: Residential Care Communities (Section A.3) Number of RCFEs visited at least once per quarter not in response to a complaint 150 divided by the number of RCFEs 159 = 94%. Please do not remove sections.</p> <p>Number of NFs visited at least once per quarter not in response to a complaint <b>19</b> divided by the number of NFs <b>20</b> = <b>95%</b>.</p>
<p>4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>19</u>  FY 2023-2024 Target: <u>85%</u></p> <p>Number of NFs visited at least once per quarter not in response to a complaint <b>19</b> divided by the number of NFs <b>19</b> = <b>100%</b>.</p>
<p>Program Goals and Objective Numbers: _____</p>

**B. Routine access: Residential Care Communities** (NORS Element S-61) Number 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. 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 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>68</u>  FY 2020-2021 Target: <u>93%</u></p>
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<p>2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>0</u></p> <p>FY 2021-2022 Target: 85%</p>
<p>3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>150</u></p> <p>FY 2022-2023 Target: 94%</p> <p>Number of RCFEs visited at least once per quarter not in response to a complaint 150 divided by the number of RCFEs 159 = 94%.</p>
<p>4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>137</u></p> <p>FY 2023-2024 Target: 90%</p> <p>Number of RCFEs visited at least once per quarter not in response to a complaint 137 divided by the number of RCFEs 159 = 90%.</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 2018-2019 Baseline: <u>3</u> FTEs FY 2020-2021 Target: <u>3.6</u></p>
<p>2. FY 2019-2020 Baseline: <u>4.8</u> FTEs FY 2021-2022 Target: <u>4.8</u> FTEs</p>
<p>3. FY 2020-2021 Baseline: <u>5.98</u> FTEs FY 2022-2023 Target: <u>5.98</u> FTEs</p>
<p>4. FY 2021-2022 Baseline: <u>6.18</u> FTEs FY 2023-2024 Target: <u>3.8</u> FTEs</p>
<p>Program Goals and Objective Numbers: _____</p>

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers	<u>18</u>
FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers	<u>18</u>
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers	<u>8</u>
FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers	<u>8</u>
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers	<u>7</u>
FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers	<u>7</u>
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers	<u>8</u>
FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers	<u>8</u>
Program Goals and Objective Numbers: _____	

**Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2016, Section 712(c)]**

**Measures and Targets:**

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

Some examples could include:

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

<ol style="list-style-type: none"> <li>1. The monitoring report have consistently shown no findings which demonstrates the excellent work to ensure accuracy, consistency and timeliness of the NORS data reporting.</li> <li>2. This agency commits to maintaining this high standard. The agency has budgeted to improve the computer equipment to update existing equipment to modern standards. In 2020-21 the agency has purchased iPad tablets that are being used in the field. This allows for timely and accurate reporting.</li> <li>3. The staff Ombudsman regularly trains all new volunteers on the use of ODIN. This provides immediate access to data entry from the field and enhances confidentiality as there is no paper.</li> <li>4. Volunteers and staff continue to be trained by the state Ombudsman (OSLTCO) webinar trainings which serve to create consistency in reporting. Trainings are conducted on a monthly basis to ensure continuity and connectedness amongst volunteers and staff.</li> </ol>
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**TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES**

The program conducting the Title VIIA 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)

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

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

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

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

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

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

**Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

**Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

**Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2016, Section 302(3) ‘Family caregiver’ means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.

**Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.

**Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

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

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

Fiscal Year	Total # of Training Sessions for Professionals
2020 – 2021	6
2021 – 2022	4
2022 – 2023	6
2023 – 2024	4

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

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

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

		Also sending online and through social media outlets.
2022 – 2023	200	Handouts listing tips for recognizing elder abuse and APS tri-fold brochures. Also sending online and through social media outlets.
2023 – 2024	200	

<b>Fiscal Year</b>	<b>Total # of Individuals Served</b>
2020 – 2021	500
2021 – 2022	250
2022 – 2023	300
2023 – 2024	250

**TITLE III E SERVICE UNIT PLAN OBJECTIVES**

CCR Article 3, Section 7300(d)

2020-2024 Four-Year Planning Period

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

<b>Categories</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Family Caregiver Services</b>	<b>Proposed Units of Service</b>	<b>Required Goal 3(s)</b>	<b>Optional Objective #(s)</b>
Caregiver of Older Adults			
Information Services	<b>NOT FUNDING</b>		
Access Assistance	<b>NOT FUNDING</b>		
<b>Support Services</b>	<b>Total Hours</b>		
2020 – 2021	2,080	2	2.5
2021 – 2022	2,320	2	2.5
2022 – 2023	4,055	2	2.5
2023 – 2024	2,800	2	2.5
<b>Respite Care</b>	<b>Total Hours</b>		
2020 – 2021	6,000	2	
2021 – 2022	6,000	2	
2022 – 2023	6,000	2	
2023 – 2024	5,100	2	
Supplemental Services	<b>NOT FUNDING</b>		

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

<b>Older Elderly Relative</b>	<b>Proposed Units of Service</b>	<b>Required Goal #(s)</b>	<b>Options Objective #(s)</b>
Information Services	<b>NOT FUNDING</b>		
Access Assistance	<b>NOT FUNDING</b>		
Support Services	<b>NOT FUNDING</b>		
Respite Care	<b>NOT FUNDING</b>		
Supplemental Services	<b>NOT FUNDING</b>		

## HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)

### SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)

#### MULTIPLE PSA HICAPs

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

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

1. Lake/Mendocino – PSA 26
2. Marin – PSA 5
3. Napa/Solano – PSA 28
4. Sonoma – PSA 27

#### HICAP PAID LEGAL SERVICES:

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

#### STATE & FEDERAL PERFORMANCE TARGETS

The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced the current SHIP PMs in late 2016, and continues to manage the PMs in conjunction with the SHIP Annual Resource Report, used to inform Congress. The SHIP PMs are comprised of five (5) base elements, with one multi-layered category. The PMs are not used in performance-based funding scoring methodology, but instead are assessed to determine a Likert scale comparison model for setting National PM Targets that define the proportional penetration rates needed for statewide improvements.

Using ACL’s approach, CDA HICAP calculates State and Federal Performance Measures with goal-oriented targets for each AAA’s Planning and Service Area (PSA). The PMs are calculated at the county-level data, then displayed under each Planning Service Area. In general, the State and Federal Performance Measures include the following:

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

- events categorized as “interactive”
- PM 2.3 Medicare Beneficiaries Under 65 ~ Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65
- PM 2.4 Hard-to-Reach Contacts ~ Percentage of one-on-one interactions with “hard-to-reach” Medicare beneficiaries designated as:
  - PM 2.4a Low-income (LIS)
  - PM 2.4b Rural
  - PM 2.4c English Second Language (ESL)
- PM 2.5 Enrollment Contacts ~ Percentage of contacts with one or more qualifying enrollment topics discussed

AAA’s should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at: <https://www.aging.ca.gov/Providers and Partners/Area Agencies on Aging/#pp-planning>. (Reference CDA PM 17-11 for further discussion, including current HICAP Performance Measures and Definitions).

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

**HICAP Legal Services Units of Service (if applicable)**

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

<b>Fiscal Year (FY)</b>	<b>3.1 Estimated Number of Clients Represented per FY (Unit of Service)</b>	<b>Goal Numbers</b>
NOT APPLICABLE		

<b>Fiscal Year (FY)</b>	<b>3.2 Estimated Number of Legal Representation Hours per FY (Unit of Service)</b>	<b>Goal Numbers</b>
NOT APPLICABLE		

<b>Fiscal Year (FY)</b>	<b>3.3 Estimated Number of Program Consultation Hours per FY (Unit of Service)</b>	<b>Goal Numbers</b>
NOT APPLICABLE		

## SECTION 11. FOCAL POINTS

### COMMUNITY FOCAL POINTS LIST

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

In the form below, provide the current list of designated community focal points and addresses. This information must match the total number of focal points reported in the Older Americans Act Performance System (OAAPS) State Performance Report (SPR), i.e. California Aging Reporting System, OAAPS Care, Section III.D.

Designated Community Focal Point	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 12. DISASTER PREPAREDNESS

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

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

AAA is part of the Sonoma County Human Services Department and the countywide disaster preparedness response plan. The AAA coordinates its efforts as directed by the County of Sonoma Emergency Operations Center (EOC) and Human Services Department Emergency Action Plan (EAP). Human Services Department staff are disaster service workers and are assigned to the Emergency Operations Center, shelter and making calls to providers and clients as directed by the Department of Emergency Management (DEM).

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

Name	Title	Phone	Email
Chris Godley	Director, DEM	707-565-1152	Christopher.godley@sonoma-county.org

3. Identify the Disaster Response Coordinator within the PSA:

Name	Title	Phone	Email
Katie Parrish	Community Services Program Manager	707-565-4988 Cell. 707-591-0132	kparrish@schsd.org

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

a. Nutrition Services – Home Delivered b. Information & Assistance	a. Provider contracts b. AAA I&A phone line (707) 565-INFO (4636) and 2-1-1
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5. List any agencies with which the AAA has formal emergency preparation or response agreements.

AAA contracted service providers coordinate to ensure food distribution, friendly check-ins and transportation to essential services such as medical, groceries and prescription pick-ups.



6. Describe how the AAA will 1) Identify vulnerable populations 2) Follow up with these vulnerable populations after a disaster event

**Question 1:** Program and agency specific emergency protocols include maintaining a list of program participants by level of need.

The AAA asks each contracted service provider agency to check in on their most vulnerable populations during disasters (fires, floods, viruses) and Public Safety Power Shut-downs (PSPS) and report updates to the AAA to report to the California Department of Aging. The AAA I&A line provide assistance and referrals to AAA providers for individuals needing disaster assistance.

**Question 2:** Older and disabled adults connected to services are identified by the level of disaster preparedness required depending on their needs. AAA non-profit service providers and county social workers provide follow up by phone to participants who live in the affected areas of the disaster. Participant profiles indicate a variety of variables that assist to determine the degree of contact required (i.e. critical, urgent, moderate) including living arrangement and special impairments or risk factors. The follow up includes checking on the clients' safety, access to essential needs such as food, water, medicine, medical equipment, electricity, heat, etc., and providing referrals as necessary.

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 Group (Community Organizations Active in Disasters) and provide resources and information to other organizations serving older adults affected by disasters.

## SECTION 13. PRIORITY SERVICES

2020 – 2024 Four-Year Planning Cycle

### FUNDING FOR ACCESS, IN-HOME SERVICES, AND LEGAL ASSISTANCE

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds<sup>7</sup> listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2020-21 through FY 2023-2024

#### ACCESS

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

2020-21 20 %    21-22 20 %    22-23 20 %    23-24 20 %

#### IN-HOME SERVICES

Personal Care, Homemaker, Chore, Adult Day, Alzheimer’s Day, Residential Repairs

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

#### LEGAL ASSISTANCE REQUIRED ACTIVITIES

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

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

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

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

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

## SECTION 14. 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

Title IIIB		20 – 21	21 – 22	22 – 23	23 – 24
<input checked="" type="checkbox"/>	Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Program Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Long Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Title IIID</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Disease Prevention and Health Promotion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title IIIE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Information Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Access Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VIIA</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VII</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Prevention of Elder Abuse, Neglect and Exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

## SECTION 15. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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Older Americans Act Reauthorization Act of 2020 Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: \_\_\_\_\_

Check applicable funding source:

- IIIB
- IIIC-1
- IIIC-2
- IIID
- IIIE
- VII
- HICAP

Request for approval Justification:

- IIIB
- IIIB

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

- FY20-21    FY21-22    FY22-23    FY23-24

Provide: documentation below that substantiates this request for direct delivery of the above stated service.

## SECTION 16. GOVERNING BOARD

### GOVERNING BOARD MEMBERSHIP 2020 – 2024 FOUR-YEAR AREA PLAN CYCLE

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

**Total Number of Board Members: 5**

<b>Name and Title of Officers</b>	<b>Officer Term Expires</b>
Chris Coursey, Chair of the Sonoma County Board of Supervisors for Calendar Year 2023	12/31/23

<b>Name and Title of All Members</b>	<b>Board Term Expires</b>
District 1: Susan Gorin	12/31/24
District 2: David Rabbitt	12/31/26
District 3: Chris Coursey	12/31/24
District 4: James Gore	12/31/26
District 5: Lynda Hopkins	12/31/24

The Governing Body of the Area Agency on Aging is the Sonoma County Board of Supervisors, which are elected positions by the residents of Sonoma County. Terms are 4-years.

## SECTION 17. ADVISORY COUNCIL

### ADVISORY COUNCIL MEMBERSHIP 2020 – 2024 FOUR-YEAR PLANNING CYCLE

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

**Total Council Membership (include vacancies):** 21

**Number of Council Members over age 60:**

Race/Ethnic Composition	% of PSAs 60+ Population	% on Advisory Council
White	88.9	94
Hispanic/Latinx	9.5	6
Black	0	0
Asian/Pacific Islander	3.4	0
Native American/Alaskan Native	.8	0
Other	6.5	0

Name and Title of Officers	Officer Term Expires
Judy Rice, Chair	6/30/24
Diane Spain, Vice-Chair	6/30/24
Jenny Helman, Secretary	6/30/24

Name and Title of Other Members	Office Term Expires
Jen Arent, Member-At-Large	January 2025
Rick Baum, Board Appointed District 1	May 2025
Trayce Beards, Board Appointed District 3	January 2025
Lea Black, Board Appointed District 4	April 2023 (Due to Resign)
Mary Flett, Board Appointed District 1	March 2025
Kevin Gonyo, Member-At-Large	April 2023 (Due to Resign)
Terry Kelley, Board Appointed District 5	April 2025
Freddy Piedrahita, Member-At-Large	January 2025
Rosa Reynoza, Member-At-Large	January 2024
Alain Serkissian, Board Appointed District 5	July 2024
Deanna Shaat, Board Appointed District 2	October 2024
Don Streeper, Member-At-Large	September 2024
Vacancies (6)	

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

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

**Explain any “No” answers:** We continue to outreach to health care providers requesting consideration for advisory council applications and submissions.

**Explain any expiring terms – have they been replaced, renewed or other:** The members terms that are expiring are contacted the month prior to their term date to advise whether they will continue to service. Those who are choosing to resign are doing so as a result of the return to in-person meetings due to the end of the emergency proclamation as well as personal and professional commitments.

**Briefly describe the local governing board’s process to appoint Advisory Council members:** AAA staff recruits new members using a recruitment flyer/application, submits a press release as well as asks each of the 5 Board of Supervisors to post vacancies on their personal webpages. The Board of Supervisors appoints 10 of the members, 2 from each supervisorial district. The Council elects 11 members, 5 of whom represent each of the supervisorial districts and six member-at-large positions. A minimum of one member represents a minority population and one member represents individuals with disabilities. The Executive Committee reviews all applications other than Supervisor appointed members and makes a recommendation to the full Advisory Council. A majority vote of the full Council is required for final election.

## SECTION 18. LEGAL ASSISTANCE

### 2020-2024 Four-Year Area Planning Cycle

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This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 designates legal assistance as a priority service under Title IIIB [42 USC §3026(a)(2)]

CDA developed California Statewide Guidelines for Legal Assistance (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at

[https://aging.ca.gov/Providers\\_and\\_Partners/Legal\\_Services/#pp-gg](https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg)

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

**Discuss:** 8% reported as minimum Adequate Proportion.

2. Specific to Legal Services, has there been a change in your local needs in the past four-years. If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four-years). Yes/No

**Discuss:** Yes. The AAA funded service provider, Legal Aid of Sonoma County, prioritizes services to those in most social or financial need (low or very low income). Changes include increases in older adults facing evictions, need for securing benefits, increased partnership with Adult Protective Services, setting temporary restraining orders, consumer issues, other housing issues and financial abuse.

The AAA funding for Legal Services has remained flat, as has the other IIIB funded programs. Service providers have had to fundraise and receive funding from other sources to be able to provide the level of service required. Legal Aid of Sonoma County was successful in asking the Sonoma County Board of Supervisors for additional County General Fund for the past 4 fiscal years to provide the *Elder Outreach Legal Services Program* which provides for an attorney to provide Legal Clinics at outreach locations throughout the county. This is a separate contract outside of Older American Act funding. This funding is not guaranteed and the request is made during budget hearings in June for the next fiscal year.

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

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



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

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

5. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? Yes/No

**Discuss:** Yes. Legal Aid of Sonoma County, collaborates with the AAA and other service providers to provide information to case managers, home delivered meals recipients, and the Ombudsman program volunteers in order to target older adults with the greatest social and economic need.

Legal clinics are held monthly at locations throughout the county. The AAA contract with Legal Aid states that they must prioritize serving older adults 60 years of age or older who are identified as meeting one of more of the following:

- 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

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

**Discuss:** Please refer to answer in Question 5.

7. How many legal assistance service providers are in your PSA?

Fiscal Year	# of Legal Assistance Service Providers
2020 – 2021	1
2021 – 2022	1
2022 – 2023	1
2023 – 2024	1

8. What methods of outreach are Legal Services Providers Using?

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

- Legal services are listed in the Senior Resource Guide (English and Spanish) which is distributed throughout the community and available in searchable, on-line format.
- Before COVID-19, presentations are held monthly at mobile home parks, senior centers, and residential care facilities. Community presentations have been on hold since March 2020.
- Advertisements on the radio and other media in English and Spanish
- Specific Spanish-speaking outreach in coordination with La Luz (local Latino community-based organization)
- Creation and distribution of information hand-outs
- Inclusion of regular articles in the various senior centers and community-based service provider newsletters, such as “Sonoma Older adults Today” a newsletter provided by Council on Aging, Sonoma County’s largest senior service provider with distribution to 10,000 people
- Collaboration with the Area Agency on Aging to provide outreach through senior centers and other speaking engagement opportunities
- Also refer to answer #6

9. What geographic regions are covered by each provider?

Fiscal Year	Name of Provider	Geographic Region Covered
2020 – 2021	Legal Aid of Sonoma County	Countywide
2021 – 2022	Legal Aid of Sonoma County	Countywide
2022 – 2023	Legal Aid of Sonoma County	Countywide
2023 – 2024	Legal Aid of Sonoma County	Countywide

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

**Discuss:** Access is provided through telephone contacts, web access or by referral from a care provider, neighbor, or family member as well as mobile county-wide neighborhood-based legal clinics provided by Legal Aid of Sonoma County. They have added virtual and socially distanced appointments outside.

11. Identify the major types of legal issues that are handled by the IIB legal provider(s) in your PSA (please include new legal problems trends in your area)

**Discuss:** There has been a growing need to address evictions due to hoarding, loss of income due to COVID, or caregivers who are drug users/dealers who are not providing the help needed and keeping care receiver isolated. Financial abuse of older adults, bankruptcy/debt collection, landlord/tenant disagreements, temporary restraining orders, conservatorship, and estate planning such as wills and trusts, housing security and foreclosures are always top legal issues. Also refer to answer #3 and #5.

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

**Discuss:** Barriers include cost, awareness, and available pro-bono attorney hours. The AAA Legal Services contracted provider has implemented the following strategies to address the barriers:

- Contracted service provider has continued to redesign the approach to reach low-income older adults. Additional staffing has allowed for this process to occur.
- 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.

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

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

**SECTION 19. MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW**

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CCR Title 22, Article 3, Section 7302(a)(15)  
20-year Tracking Requirement

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

\* 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.

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

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

## SECTION 20. 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)

#### 2020-2024 Four-Year Planning Cycle

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

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

#### FAMILY CAREGIVER SERVICES

Category	2020 – 2021	2021 – 2022	2022 – 2023	2023 – 2024
Family Caregiver Information Services	NOT FUNDING There is not enough III E funding to provide services to all categories. Funding priority given to programs funded (Caregiver Assessment, Respite, and Caregiver Support Groups).			
Family Caregiver Access Assistance	NOT FUNDING There is not enough III E funding to provide services to all categories. Funding priority given to programs funded (Caregiver Assessment, Respite, and Caregiver Support Groups).			
Family Caregiver Support Services	Yes <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/>
Family Caregiver Respite Care	Yes <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/>
Family Caregiver Supplemental Services	NOT FUNDING There is not enough III E funding to provide services to all categories. Funding priority given to programs funded (Caregiver Assessment, Respite, and Caregiver Support Groups).			

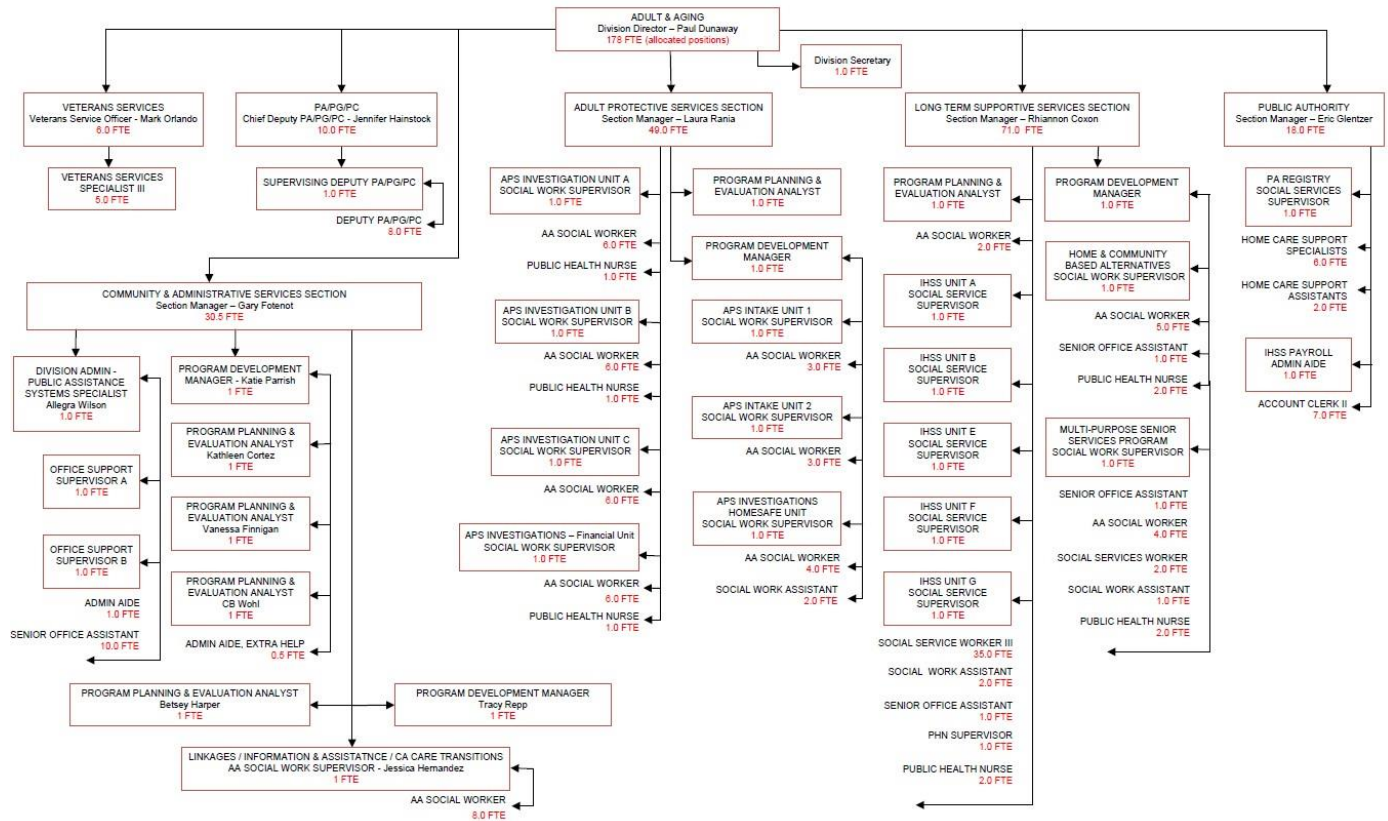
#### OLDER RELATIVE SERVICES

Category	2020 – 2021	2021 – 2022	2022 – 2023	2023 – 2024
Older Relative Information Services	NOT FUNDING There is not enough III E funding to provide services to all categories. Funding priority given to programs funded (Caregiver Assessment, Respite, and Caregiver Support Groups).			

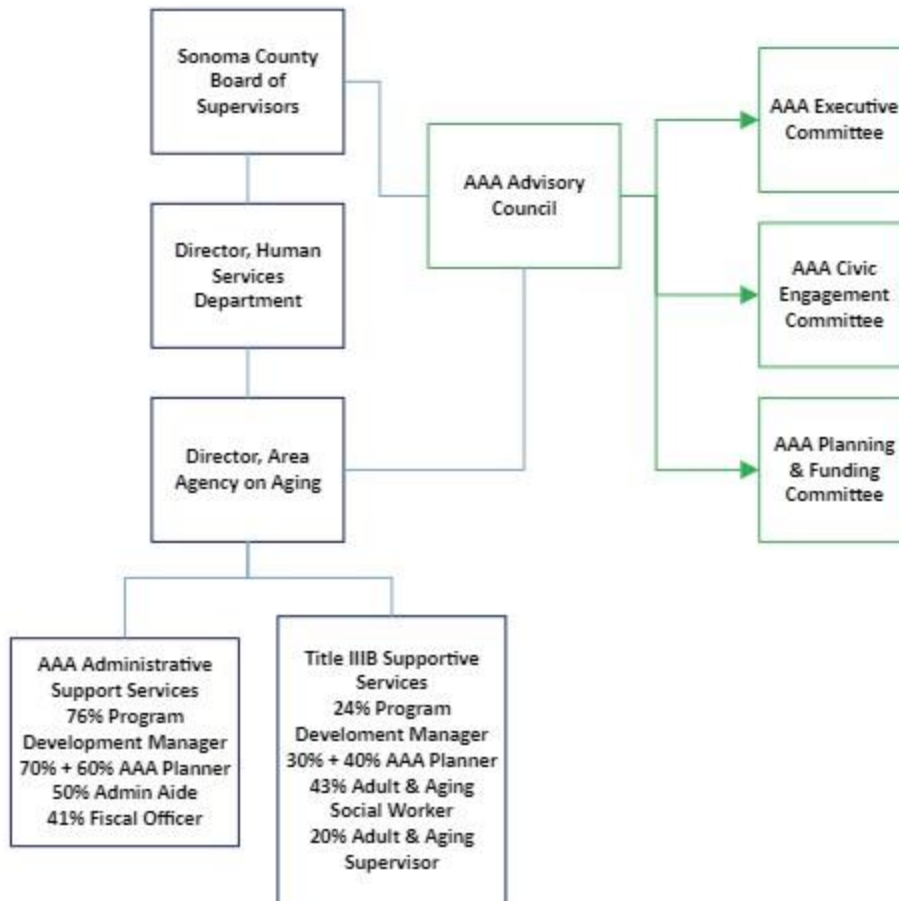
Older Relative Access Assistance	NOT FUNDING There is not enough IIIE funding to provide services to all categories. Funding priority given to programs funded (Caregiver Assessment, Respite, and Caregiver Support Groups).
Older Relative Support Services	NOT FUNDING There is not enough IIIE funding to provide services to all categories. Funding priority given to programs funded (Caregiver Assessment, Respite, and Caregiver Support Groups).
Older Relative Respite Care	NOT FUNDING There is not enough IIIE funding to provide services to all categories. Funding priority given to programs funded (Caregiver Assessment, Respite, and Caregiver Support Groups).
Older Relative Supplemental Services	NOT FUNDING There is not enough IIIE funding to provide services to all categories. Funding priority given to programs funded (Caregiver Assessment, Respite, and Caregiver Support Groups).

**JUSTIFICATION**

# SECTION 21. ORGANIZATION CHART



## Area Agency on Aging Organization Chart FY 2023-2024





## **SECTION 22. ASSURANCES**

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

### **A. Assurances**

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

Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 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)(9)(A)-(B)**

- (A) Provide assurances that the Area Agency on Aging, in carrying out the State Long-Term Care Ombudsman program under 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;
- (B) funds made available to the Area Agency on Aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

#### **9. OAA 306(a)(11)**

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

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

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

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

**11. 306(a)(14)**

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

**12. 306(a)(15)**

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

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

**13: OAA 305(c)(5)**

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

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

- (B)

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

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

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

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

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

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

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

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

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

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

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

- (i) public education to identify and prevent abuse of older individuals;
- (ii) receipt of reports of abuse of older individuals;

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

**20. OAA 307(a)(15)**

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

- (A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.
- (B) To designate an individual employed by the Area Agency on Aging, or available to such Area Agency on Aging on a full-time basis, whose responsibilities will include:
  - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
  - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

**21. OAA 307(a)(18)**

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

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

**22. OAA 307(a)(26)**

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

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

**23. CFR [1321.53(a)(b)]**

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

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

**24. CFR [1321.53(c)]**

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

**25. CFR [1321.53(c)]**

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

**26. CFR [1321.53(c)]**

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

**27. CFR [1321.53(c)]**

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

**CFR [1321.53(c)]**

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

**28. CFR [1321.61(b)(4)]**

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

**29. CFR [1321.61(d)]**

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

**30. CFR [1321.69(a)]**

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