

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: Passages

PSA 03

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. Eddie Vela
(Type Name)

Signature: Governing Board Chair ¹

Date

2. Steve Chamblin
(Type Name)

Signature: Advisory Council Chair

Date

3. Joseph Cobery
(Type Name)

Signature: Area Agency Director

Date

¹ Original signatures or official signature stamps are required.

2020-2024 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

To ensure all required components are included, “X” mark the far-right column boxes.
Enclose a copy of the checklist with your Area Plan: submit this form with the Area Plan
due 5-1-20 only

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

SECTION 1. MISSION STATEMENT

At a minimum, the mission statement must include the following:

“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.”

In alignment with above, the Passages mission statement is broad: To support and improve the lives of adults in the communities we serve.

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

Planning and Service Area 3 (PSA 3) is located in the northern end of the Great Sacramento Valley and the adjoining Sierra Nevada and Cascade Mountain ranges. It is comprised of five separate counties including Butte, Colusa, Glenn, Plumas, and Tehama, together encompassing 9,747 square miles.

The Camp Fire – PSA3's Largest Disaster

In November 2018 over 1530,000 acres and 14,000 residences and another 4800 structures were destroyed by the Camp Fire. Some significant statistics about its effects are as follows:

- **Of the 86 initial fatalities, 87% were over the age of 60**
- **201 RCFE beds and 279 SNF beds which housed 480 older adults were destroyed**
- **67 patients were evacuated from Feather River Hospital**
- **The congregate site in Paradise which had the largest attendance no longer had clients**
- **The largest home delivered meal route in Butte County no longer had clients**
- **The agency lost almost 50 volunteers which affected Senior Nutrition, Ombudsman, HiCap and Senior Corps**

Economy

The primary economic base of four of the five counties – Butte, Colusa, Glenn, and Tehama – is agriculture. In 2012 more than 95% of the rice grown in California came from the Sacramento Valley – mainly Butte, Colusa and Glenn counties. Tehama County produces a large percentage of the State's almonds, walnuts, and prunes; the area around Corning ranks third in the State in olive production.

Butte County boasts an additional major revenue source: California State University, Chico. During the academic year, the population of Chico swells by more than 17,000 and the entire area experiences a massive infusion of revenue. According to the University Office of Admissions, an average undergraduate student at Chico State spends \$23,496 on tuition, books and supplies, room and board, transportation, and personal expenses during the academic year.

Almost 70% of the fifth County, Plumas, is publicly owned, maintained mainly by the U.S. Forest Service. Historically the economy of the county was geared to the cutting, harvesting, and finishing of lumber and other forest products, and to the care and servicing of its many seasonal visitors.

All five counties in PSA 3 have per capita incomes lower than the 2017 estimated state average of \$29,906, ranging from \$29,167 in Plumas County, \$24,430 in Butte County, \$22,211 in Colusa County \$21,698 in Glenn County, and \$21,002 in Tehama County as the lowest.

The unemployment rates in the five-county area are considerably higher than the 2014 statewide average of 7.5%. Department of Finance estimates through 2014 indicate unemployment rates in PSA3 range from 10% in Butte County to 25.9% in Colusa County.

Demographic Characteristics

The aging of the population is particularly noticeable in PSA 3, where the senior population is already a significant element of the overall population and is continuing to grow. According to the 2013-2017 American Community Survey, in PSA 3, Plumas has 37% seniors to total population, Tehama county has the next highest percentage of seniors to total population (25.1%) followed by Glenn County (21.5%), Butte County (21%), and Colusa County (18.7%).

Statistics show that poverty rates are highest among the aged, women, minorities, those who live alone, and for those who are not married, do not work, depend exclusively on Social Security benefits, and live in small towns and rural areas. In addition, it is generally acknowledged that the Federal poverty levels are quite low and that many persons having income levels slightly above the poverty level still have low levels of income. Those elderly who are just above the eligibility level for public benefit programs are often the hardest hit. According to the American Community Survey of 2017, the numbers of older adults living in poverty is as follows: Butte County – 23.9%; Colusa County – 18.4%; Glenn County – 21.7%; Plumas County – 37.2%; Tehama County – 25.3%. One quarter of all older adults in PSA3 live in poverty.

According to the 2017 American Fact Finders data, PSA3 remains mostly white. Population figures ranged as follows: Butte County 81.9%, Colusa County 90.9%, Glenn County 85.1%, Plumas County 93.4% and Tehama County at 89.8%.

Like the State as a whole, the largest minority group among the senior population in PSA 3 has been – and continues to be – Hispanics/Latinos. However, like the general population, the Hispanics are not evenly distributed throughout the five counties. According to 2017 American Factfinder projections, the densest concentration will be in Colusa County, where data indicates that 58.4% identify as Hispanic and 40.8% in Glenn County. The least concentration was in Plumas County, only 8.5% of the senior population.

Seniors who do not speak English (or do not speak it well) encounter an additional barrier when attempting to access services, because the service system tends to be English-language based. In PSA 3 there are 1600 seniors 60+ who do not speak English according to the California Department of Aging. As mentioned earlier, PSA 3 is generally rural in nature, according to the census definition. . However, if the National Aging Program Information System (NAPIS) definition of “persons in populated areas of 20,000 or less” is used, all the seniors in Colusa, Glenn, Plumas, and Tehama Counties are rural, and all the seniors in Butte except those in Chico and Paradise are rural.

Unique Resources Existing Within the PSA

The Camp Fire has proven the resiliency of the older adults in the area. While many have fled the area all together, a great deal of these citizens have been absorbed into the surrounding areas in the PSA. In response, a new congregate site has been established in Gridley and staff is examining the possibility of starting a home delivered meal route in the Yankee Hill – Concow area.

The region saw a huge influx of contributions and state and federal relief dollars. Since AAA staff are not first responders, it was decided that Passages would distribute funds for durable medical equipment lost in the fires. These efforts are ongoing.

The Area 3 Agency on Aging's unique affiliation with the University provides a variety of benefits, ranging from financial integrity in the community to an unprecedented source of volunteers. Staff of the Agency – and the entire Center – have unlimited access to the university library, as well as the many specialized operational centers on campus, such as the Instructional Media Center. Members of the faculty can be counted on to share their expertise, through training sessions and informative programs. Survey questions and focus groups have been provided by Public Administration students working toward their Master's Degree and research has been done by the Professor of that seminar.

One of the most important benefits of the relationship with the University is the preferential placement of University Interns at Passages. Students from a multitude of study concentrations (social work, public administration, public health, sociology) spend from three to 20 hours per week working in a professional setting gaining valuable work experience, and at the same time, significantly increasing the service capacity of the agency. In addition, the Coordinator of the University's Nutrition and Food Science Program serves as the agency's dietician and jointly supervises Dietetic Interns with agency staff in reviewing nutrition site menus and monitoring activities. Additionally, the Passages staff has been awarded MHSA funding to help address senior isolation and depression in Butte County by providing counseling in the home of the older adult.

Unique Constraints Existing Within the PSA

There are two major barriers to the provision of services within PSA 3: gaps in resources and physical barriers to the resources that are available.

There is a general overall lack of service availability (resources) in PSA 3. Only one county (Butte) has an adult day health care facility. Butte and Plumas are the only two who have comprehensive public transportation systems featuring inner-city and intra-city routes. In four of the five counties (Colusa, Glenn, Plumas, Tehama), the social service resources that *are* available are very limited. While Butte County Behavioral Health awarded MHSA funding to Passages, the budgets in the rest of the counties were too small to distribute those funds.

Clearly, a major barrier to long-term care service integration in some parts of PSA 3 is the lack of services to integrate. However by utilizing a current ADRC model, Passages and the Disability Action Center, formerly Independent Living Services of Northern California, have been doing extensive outreach and program enhancement which includes core ADRC functions of Information and Referral, Options Counseling, Eligibility and Benefits Counseling.

In addition, the resources to meet the needs of the older adult population vary from one county to another. In contrast to the other four counties, Butte County has a wider array of health and social services. Our rural areas also suffer from other shortages, including the lack of an experienced labor pool. At the same time, volunteers are often unable to afford the long-distance travel that would be required in rural areas.

As noted in the discussion on page 8 of the PSA's physical characteristics, PSA 3 is rural in nature which poses special problems for the increasingly older population. As noted in the discussion of legal services, simply getting people to services or services to people is one of the greatest obstacles in meeting the needs of the elderly in this five-county area. The challenges include the isolation factor based on the long distances between populated areas, the mountainous terrain and/or severe weather that can make long distance travel difficult, inadequate roadways, and the lack of access to a comprehensive public transportation system.

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

The Area 3 Agency on Aging (A3AA) was established in 1980 and unique in California and the Nation, is being sponsored by an institution of higher education. The Agency, like all of Passages is a special project of the Chico State Enterprises (CSE) which is the auxiliary arm of California State University, Chico, which administers grant-funded programs. This unique relationship provides the Area Agency with its non-profit status and the CSE provides substantial in-kind support to the Agency/Center.

The services initially offered by the Area Agency were very limited: Information and Referral, and subcontracted Nutrition and Transportation. But as the years passed, Agency staff developed and submitted proposals for a number of other programs, some of which were not traditional Older American Act programs and which became contractual entities separate from the Area Agency. These included Multipurpose Senior Service Program (MSSP), Health Insurance Counseling and Advocacy (HICAP), Caregiver Resource Center (CRC), Aging and Disability Resource Center (ADRC) and Mental Health Services Act (MHSA) funding for mental services in Butte County.

Another Older American Act program, the Long-Term Care Ombudsman, soon joined the Area Agency's direct service roster. Other additions to the Area 3 Agency on Aging included the Disease Prevention and Health Promotion Program and the Elder Abuse Prevention Program, both added in 1993 as a result of expansion of the Older Americans Act. Both programs were kept "in-house" as direct services of the Area Agency.

Agency staff was successful in developing a proposal to the Corporation for National Service to establish a federally-funded Foster Grandparent Program. The Program was implemented in November, 1997, as a separate contract with the then named University Research Foundation, rather than a part of the Area Agency. In 2001 the Senior Companion Program was developed as well.

When the Older Americans Act was reauthorized in December, 2000, a new title was added to address the needs of the growing army of informal, unpaid family caregivers - Title III-E, the National Family Caregiver Support Program (NFCSP),

The Area Agency on Aging and the many programs which together comprise Passages are currently housed across from the University Campus in the CSE offices in Chico. The Area 3 Agency on Aging is primarily dependent on the grant funds. However, the clustering of programs in the Center provides an opportunity for very cost-effective operations, thus maximizing limited financial resources.

Administration:

The Agency's administrative unit which is comprised of the Director, Deputy Director and Aging Program Specialist continues to fulfill the numerous responsibilities of conducting needs assessment, developing a plan for services, maintaining a central website, conducting Requests for Proposals, contracting for services, providing technical assistance and training to service providers, monitoring the provision of services, reporting to the Department of Aging, and maintaining an Advisory Council.

Direct Services:

The A3AA includes far more than just the limited Administrative staff, since many programs are provided as direct services: Information and Assistance, Family Caregiver Support Program, Disease Prevention/Health Promotion, Long-Term Care Ombudsman, Elder Abuse Prevention and HICAP. There are twenty-nine (29) different staff persons – twenty-four full-time and five part-time – involved in services provided directly by the Area Agency.

The clustering of programs in the Center provides a unique opportunity for total and seamless client service:

- Information and Assistance Program
- The Family Caregiver Support Program
- **The** Long-Term Care Ombudsman Program
- The Ombudsman Program is the responsibility of the Ombudsman Coordinator, as is the Elder Abuse Prevention Program
- The Health Insurance Counseling and Advocacy Program (HICAP)
- As of 2014, Passages has taken on the responsibility for the provision of both congregate and home delivered meal delivery in Butte County.

Subcontracted Services:

The Agency's subcontracted Older Americans Act services currently include Congregate and Home-Delivered Nutrition in all counties but Butte, Transportation/Assisted Transportation and Legal Assistance. Of the total PSA3 budget, more than \$650,000 is currently subcontracted out to community service providers.

- *Nutrition services*
- *Transportation and Assisted Transportation*
- *Legal Assistance*

The value of A3AA-funded services cannot be overstated, for they provide cost-effective assistance that is not provided by any other entity in the PSA.

Advisory Council:

The Advisory Council in PSA 3 is comprised of 22 members, with equal representation from all five counties. Each county has one member appointed by the County Commission on Aging or Long-Term Care Council or other County-wide organization representing seniors, two members selected through an open application process, and one Board of Supervisors' representative. In some cases, the latter is a member of the Board; in other cases, it is an appointed designee of the Board. At present a supervisor from each of the counties sits on the council. The two elected California Senior Legislature members are also members of the Council for as long as they hold their office. The Council's Executive Committee is comprised of five members, one from each of the Counties in PSA 3, and has the authority to act on the Council's behalf.

Other Relationships:

The three members of the Passages Policy Board, appointed by CSE, act as the Governing Board and provide a wealth of knowledge and insight to the Center. The current Chair of the Board is the Dean of the College of Behavioral and Social Sciences. The three other members include the Dean of the Center for Regional and Continuing Education, the Director of Chico State Enterprises and the director of Passages as a non-voting member.

All of Passages' programs are projects of the CSE, and, as such, are provided financial support services by the CSE staff. The services provided include receiving and disbursing grant funds, financial reporting, payroll, audits, closeouts, and insurance coverage. An Administrative Analyst is assigned responsibility for the A3AA

programs, and works closely with each of the Center program administrators. The Administrative Analyst and the Deputy Director work as a team in monitoring all A3AA-funded services in PSA 3.

Three of the five counties in PSA 3 has either a Commission on Aging or a Long-Term Care Council (or equivalent County-wide body) comprised of service providers, seniors and consumers of service. In some cases, the membership is appointed by the County Board of Supervisors; in other cases, the membership is voluntary and quite "grassroots" in nature. Each of the Commissions/ Councils appoints one of their members to represent them on the Area 3 Agency's Advisory Council.

In two of the five counties, the Commission/Council Meetings are rotated from community to community, to increase access despite the distances that must be traveled.

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SECTION 4. PLANNING PROCESS / ESTABLISHING PRIORITIES

The primary purpose of the Area 3 Agency's needs assessment was to document specific characteristics and concerns which could be pertinent to the on-going planning for and provision of a system of services for the elderly, family caregivers, and disabled adults in PSA 3. Any of the service needs identified can be critical for an individual senior or caregiver or their family when the need arises, but the service needs ranked as the most critical are those where large numbers of persons could be affected or where the consequences of the need are particularly serious.

The Area Agency is required to allocate a percentage of Older Americans Act Title IIIB funds to provide Access, In-Home Services, and Legal Assistance in our PSA. Access services include

- Case Management,
- Assisted Transportation,
- Transportation,
- Information and Assistance and Outreach;
- In-Home Services

The Area 3 Agency on Aging has established a minimum percentage of the IIIB funds to be dedicated to each of the categories specified: Access – 20%; In-Home Services – 10%; and Legal Assistance – 10%. Those percentages are based on current and previous needs assessment findings, the resources available in our PSA, service trend analysis, and waiting list analysis. The percentages were discussed with all relevant service providers having been notified in advance that the percentages would be discussed there. While many needs are interrelated and solutions may sometimes be quite complex, a total of three broad categories of need, affecting the overall, everyday lives of seniors, were identified in our needs assessment process. They are very broad, yet quite practical, and reflect the day-to-day situations faced by seniors in PSA 3. The needs identified are:

- The need to be able to access information and services.
- The need to be able to enjoy optimal individual health and well-being.
- The need to be able to enjoy legal rights and entitlements.

Therefore, the Area 3 Agency on Aging has developed the following three goals for service delivery that will assist individuals in PSA 3 to enjoy optimal personal independence and dignity as long as possible:

Goal #1 – Access: Seniors, family caregivers, and disabled adults in PSA 3 will have access to information and services that will assist them in being as informed and self-sufficient as possible.

Goal #2 – Health and Well-Being: Seniors, family caregivers, and disabled adults in PSA 3 will have services that will assist them in maintaining or improving optimal individual health and well-being.

Goal #3 – Rights and Entitlements: Seniors, family caregivers, and disabled adults in PSA 3 will have services to protect and enhance their rights and entitlements.

One of the greatest concerns for older adults is the loss of independence, and the Area 3 Agency on Aging firmly believes that the vast majority of the services that it funds *do* assist seniors and family caregivers in maintaining optimal independence, in one way or another.

Information and Assistance

Transportation/Assisted Transportation

Public Information

A decline in personal health and well-being can also equate to a loss of independence, as the individual becomes less and less able to care for him/herself. Additionally the Elder Economic Security Standard Index indicates that an average of 28% of the available income of older adults is used for food and transportation in our area. But the Area Agency provides a variety of services that help to maintain and/or improve personal health and well-being, such as:

Congregate Meals

Home-Delivered Meals

Homemaker Services

A loss of one's legal rights and entitlements such as Social Security and Medi-Cal can very quickly lead to a loss of independence. But the A3AA provides services that are critical to protecting and/or enhancing individual rights and entitlements, such as:

Legal Assistance

Health Insurance Counseling and Advocacy

And while those individuals who are residents of long-term care facilities have already lost their independence, the Area Agency's Long-Term Care Ombudsman Program certainly protects the individual's rights to quality care.

The Area Agency in PSA 3 will focus its efforts on keeping seniors/family caregivers/disabled adults as independent and self-sufficient as possible for as long as reasonably possible; thus, the top priorities will be those "at risk" and those "in need" (mainly with Social Security, Medicare and Medi-Cal.). The Agency's on-going funds will be used to maintain the existing array of services where there is a demonstrated need for continuance. Although the priorities we have defined are not unique to our Planning and Service Area, we consider them to be the most achievable and defensible and the most viable in providing for our rural seniors and family caregivers. They will help us focus on those things that we can most reasonably accomplish. Overall, our major emphasis in this Plan will be on continuing to fund a basic and essential core of assistive and supportive social services throughout PSA 3.

Nutrition

- 37% of the needs assessment survey respondents indicated that buying food was sometimes a problem or frequently a problem which is higher than the state average of 16.3%
- The need for Home-Delivered Meals has grown dramatically over the last decade, due to the increasingly vulnerable elderly population. 37% of the respondents to the survey were over the age of 80.

Information and Assistance

- The need for seniors and their families and caregivers to receive information about the services available was noted several times in the needs assessment process., The receipt of access to one service often facilitates the receipt of other services 51% of survey respondents reported problems understanding Medicare/Med-iCal coverage
- 48% respondents reported feeling isolated or depressed
- 50% felt unprepared to deal with an emergency or natural disaster
- 54% had problems knowing where to turn for information on benefits/services for seniors
- 69% had problems accessing information via current technology

Therefore, the Area Agency will continue to maintain Information and Assistance as an essential service.

In-Home Services

- The latest survey done by Passages reveals that 30% of those experiencing difficulty with IDLs or IADLs had no one to assist them. The majority of the respondents relied on spouses to help. 61% of respondents reported having problems doing housework
- 51% had problems finding a reliable person to help if needed

Therefore, the Area Agency will continue to maintain In-Home Services as a critically-needed service.

Legal Assistance

Of the over 5000 calls received by Information and Assistance, 25% were regarding some sort of legal assistance. This service became critical in the days and months following the Camp Fire.

- 25% of calls during 2019 involved legal services
- Over 1000 older Camp Fire victims were either counseled or attended informational sessions given by Legal Services of Northern California
- 56% of the calls were regarding housing

Free legal services are crucial to the older generation which finds itself in poverty and unable to access the traditional legal community

- Of the five county area, 26.8% older adults found themselves in poverty in the last 12 months
Age and isolation often prohibit residents from accessing legal services.
- 29% of PSA3's respondents to the survey were over the age of 80

Therefore, the Area Agency will continue to fund Legal Assistance as a critically-needed service.

Health Insurance Counseling and Advocacy Program (HICAP)

The private insurance market has grown substantially over the past decade, and seniors are bombarded with insurance solicitations. Many are not able to independently determine whether a particular policy will provide them with the additional coverage they need/want. Our latest survey indicated that 44% of respondents sometimes or frequently had trouble understanding their Medicare benefits. HICAP will provide the assistance needed to ensure Medicare beneficiaries know their health care coverage options.

Therefore, the Area Agency will continue to fund HICAP as a critically-needed service.

Long-Term Care Ombudsman

Rural areas offer fewer alternatives to nursing home care than cities, where most community-based home care agencies operate. According to a study done by the Institute of Gerontology at the University of Florida, rural elderly individuals are more likely to enter nursing homes than their urban or suburban counterparts. They found that the rates of admission to nursing homes were about 25% higher for elderly in the most rural, sparsely populated areas than in the most populated metropolitan areas. As a result of the Camp Fire, 480 beds were lost.

Elder Abuse Prevention

Elder abuse, in all its forms – physical, sexual, emotional, financial, and neglect – is a serious and growing problem. Vulnerable older persons can be preyed upon by scam artists, injured by family members, taken advantage of by caregivers, and neglected in nursing homes. Elder abuse is largely a hidden problem. It has no ethnic or demographic boundaries; it happens in poor, middle, and upper income families.

Therefore, the Area Agency will continue funding the Elder Abuse Prevention Program as a critical preventive service.

Family Caregiver Support Program

According to a report conducted by the National Alliance for Caregiving and the Public Policy Institute in 2019, “an estimated 11 million adults in the United States, have provided unpaid care to an adult or a child in the prior 12 months”. The average age is 41 years old and they provide 22 hours of service per week as a rule. About one third of the caregivers suffer stress and 85% need more information. Rural caregivers find few services for their loved one who often lives alone because of the scarcity of appropriate places of care. The Family Caregiver Support Program provides five core services that meet caregivers’ needs: Service Information, Access, Caregiver Support (counseling, support groups, and training), Respite Care, and Supplemental Services (assistive devices, home security and safety devices, minor home modification, and home maker services, among others). These services help caregivers deal with a variety of issues, including the emotional and physical stress associated with caregiving.

Therefore, the Area Agency will continue to fund the Family Caregiver Support Program as a critically needed service.

Transportation/Assisted Transportation

One of the barriers to service in many rural areas is the lack of transportation: if the service system cannot get the needy individual to the service or the service to the needy individual, the system has accomplished nothing. The minimal levels of public transportation in PSA 3 make the limited Older American Act transportation services even more valuable to seniors, especially in the four “outer” Counties. And for many frail seniors, help

with getting in-and-out of a vehicle or carrying parcels is not just a friendly gesture – it is essential assistance, without which the senior would be unable to complete the task.

Therefore, the Area Agency will continue to fund Transportation and Assisted Transportation as important supportive services.

Health Promotion/Mental Health Coordination

According to the American Association for Marriage and Family Therapy, older adults make up 12% of the US population but account for 18% of all suicide deaths. Further, elder suicide may be under-reported by 40% or more. Not counted are "silent suicides", like deaths from overdoses, self-starvation or dehydration, and "accidents." The suicide rate increased 24% from 1999 to 2014.

An obstacle faced by mental health professionals and other caregivers in reaching this group is that older adults do not usually seek treatment for mental health problems. This is exacerbated by limited mobility, lack of transportation and the general stigma associated with mental illness.

52% of the current survey respondents admitted to feeling isolated or lonely. To that end, the agency is providing mental health services to homebound adults who have had suicidal ideology.

Utilizing Other Agencies and the Public in the Planning Process

During the planning process, and indeed, on a routine basis, staff is always in touch with other agencies, governmental entities and other nonprofit agencies. In such rural counties as our own five, it is really critical to cooperate to make sure there is no duplication of service and to promote the wise use of scarce funding. Obviously the Advisory Council plays a large part in the Area Plan process. It is comprised of at least one member of the County Board of Supervisors in our PSA. Staff uses these members a conduit for information to and from County governments. In such sparsely populated areas news travels quickly and concerns are brought to the attention of all parties concerned. We work cooperatively with other agencies including grants with Behavioral Health, Public Health, and other local parties.

I&A staff daily tracks the problem codes of clients in their phone calls and home visits. Those results are tabulated at least monthly and discussed with our subcontractors (who are mainly government agencies) and other agencies as applicable. These results help staff determine goals, how OTO should be distributed and changes in delivery of services for example.

Staff also utilizes the input from annual surveys as evidenced by the following:

- 37% of the needs assessment survey respondents indicated that buying food was sometimes a problem or frequently a problem which is higher than the state average of 16.3%
- The need for Home-Delivered Meals has grown dramatically over the last decade, due to the increasingly vulnerable elderly population. 37% of the respondents to the survey were over the age of 80.
- 51% of survey respondents reported problems understanding Medicare/Med-iCal coverage
- 48% respondents reported feeling isolated or depressed
- 50% felt unprepared to deal with an emergency or natural disaster
- 54% had problems knowing where to turn for information on benefits/services for seniors
- 69% had problems accessing information via current technology

- The latest survey done by Passages reveals that 30% of those experiencing difficulty with IDLs or IADLs had no one to assist them. The majority of the respondents relied on spouses to help. 61% of respondents reported having problems doing housework
- 51% had problems finding a reliable person to help if needed
- Of the over 5000 calls received by Information and Assistance, 25% were regarding some sort of legal assistance. This service became critical in the days and months following the Camp Fire.

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SECTION 5 - NEEDS ASSESSMENT

Introduction:

In the Fall of 2019, Passages conducted a Clientele Survey which was sent to 2546 persons who utilized our services during calendar year 2018. This survey was developed by Passages' staff and a professor of Public Administration at CSU Chico using the core questions supplied by CDA along with additional questions regarding the Camp Fire and caregiver issues. There was a 17% response rate. Data from this survey indicates the following:

- 73% of the respondents were female
- 27% had incomes less than \$12490 while 31% had income under \$24999, the average Elder Economic Security Standard for the five counties is \$24,425 for single and \$36,758 for married.
- Rental properties are increasingly scarce in Butte and Glenn counties since the Camp Fire
- 46% responded that they were having problems with debt and meeting monthly bills
- 61% said homemaking was an issue and 51% had trouble finding someone reliable to help
- 54% reported trouble filling out forms and understanding Medicare and benefits

The identification of priorities is an on-going process that is discussed and reviewed in relationship to the annual update of the four-year plan. Every year, objectives are reviewed and evaluated; sometimes new objectives are added or old ones are modified to reflect current service levels.

Statistical and Demographic Data

Another source of information about the needs of seniors was the records of the Agency's direct services programs. For example, a review of Information and Assistance Program problem code entries for the 2018-2019 grant years was done. Each call is coded with the problem(s) for which the call was made. The tracking of these calls can be considered a "real time" needs assessment – it is an up to date look at what clients are calling about.

SECTION 6. TARGETING

The concept of targeting involves a range of activities designed to ultimately ensure that individuals with certain characteristics that place them in greater need, are linked to and provided with available services. In a very practical sense, the Area 3 Agency on Aging realizes that not all service needs in the Planning and Service Area can be addressed with the limited Older American Act funding that is available – there is too much need, too much competition. As a result of this competition for resources, greater emphasis must be placed on targeting support to those most at-risk: frail, low-income, isolated, and/or minority elderly.

According to the Older Americans' Act, as amended in 2000, the individuals specifically to be targeted are: "older individuals with greatest economic or social need, including low-income minority, and older individuals residing in rural areas". Additionally, those at risk of institutionalization were added. The Area Agency includes an item in the Request for Proposal to provide services that requires the applicant to specify how they will reach out to the specified target populations. These were examined and included in the scoring of the applications.

To accomplish its targeting commitment, the Agency places special emphasis upon "proportional provision of services", at the very least, to the targeted individuals. For example, the Agency expects that of all the new seniors served by the nutrition provider in Butte County, at least 18.1% of them will be minorities, since 18.1% of all the seniors in Butte County are of some minority group, according to the American Fact Finder 2018 Population Estimate. Such expectations are specified in the "Scope of Service" attached to the contract; actual provision of services by all subcontractors is monitored monthly, and corrective action taken as needed, to assure proportionate provision of services to the extent that it is reasonably possible.

In PSA 3, as in most of the United States, older women comprise a significant percentage of those "older individuals with greatest economic or social need". Therefore, the Area Agency will target older women, especially those who are geographically isolated, minority, and old-old, as they are among the most vulnerable.

In some cases, it is extremely difficult for the Area 3 Agency on Aging to target minority groups simply because their numbers are so small; in other cases, it is a matter of not being able to fund programs providing services in a specifically identified geographical area containing "a consolidated minority population" because there are none.

The Hispanic population in PSA3 differs greatly according to county. Using census figures from the American Fact Finder 2013-2017 American Community Survey Estimates, the largest density is 58.4% in Colusa followed by Glenn at 40.8%, Tehama at 24.2%, Butte at 15.7% and the lowest at 8.5% in Plumas County. These generally follow the agricultural trends in the area. However, minority older Americans have a poverty rate that is typically two to two-and-one-half times the rate for non-minority older persons, so the Area 3 Agency on Aging will continue to target services to minority seniors.

The Agency makes an effort to address the needs of the disabled community, whether senior or younger. PSA3 was designated as an Aging and Disability Resource Connection along with Disability Action Center (formerly known as Independent Living Services of Northern California). Outreach, training and transitioning were outcomes of the grant and has made the targeting of the disabled community much more meaningful.

The PSA 3 *Home-Delivered Meals Handbook* includes criteria for home-delivered meals eligibility that specify that the individual must be homebound "due to illness, incapacitation, or disability", and the Eligibility Determination Grid gives a higher score (which equates to greater need) for such things as "needs wheelchair". The in-home services provider also uses a rating system to determine eligibility for services which gives a higher score for disabling conditions.

Many of the objectives in this Area Plan address the needs of targeted populations, even though the specific population may not be mentioned in the language of the objective. For example, Legal Assistance has historically been provided to a significant number of minority and low-income minority seniors, in keeping with the mandate of the Legal Services Corporation. Older persons with disabilities are most certainly addressed by the objectives for such services as Home-Delivered Meals, In-Home Services, Assisted Transportation and the Long-Term Care Ombudsman Program.

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SECTION 7. PUBLIC HEARINGS

PSA 03

At least one public hearing must be held each year of the four-year planning cycle.
CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act
Reauthorization Act of 2016, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English?² Yes or No	Was hearing held at a Long-Term Care Facility?³ Yes or No
2020-2021	July 9, 2020	Virtually	18	No	No
2021-2022					
2022-2023					
2023-2024					

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

1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals. Emails and letters were sent to Advisory Council and clients about Zoom meeting.
2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?
☐ Yes. Go to question #3
☒ Not applicable, PD and/or C funds are not used. Go to question #4
3. Summarize the comments received concerning proposed expenditures for PD and/or C
4. Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services
☒ Yes. Go to question #5
☐ No, Explain:

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

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

5. Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services. none..
6. List any other issues discussed or raised at the public hearing. covid
7. Note any changes to the Area Plan which were a result of input by attendees. Punctuation only

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SECTION 8 - IDENTIFICATION OF PRIORITIES

The Area Agency is required to allocate a percentage of Older Americans Act Title IIIB funds to provide Access, In-Home Services, and Legal Assistance in our PSA. Access services may include: Personal Care, Homemaker, Chore, Adult Day Care, Case Management, Assisted Transportation, Transportation, Legal Assistance, Information and Assistance, Outreach, Cash/Material Aid, Community Education, Telephone Reassurance and Visiting.

The Area 3 Agency on Aging has established a minimum percentage of the IIIB funds to be dedicated to each of the categories specified: Access – 20%; In-Home Services – 10%; and Legal Assistance – 10%. Those percentages are based on current and previous needs assessment findings, the resources available in our PSA, service trend analysis, and waiting list analysis. The percentages were discussed with all relevant service providers having been notified in advance that the percentages would be discussed there.

While many needs are interrelated and solutions may sometimes be quite complex, a total of three broad categories of need, affecting the overall, everyday lives of seniors, were identified in our needs assessment process. The needs identified are:

- The need to be able to access needed information and services.
- The need to be able to enjoy optimal individual health and well-being.
- The need to be able to enjoy legal rights and entitlements.

Therefore, the Area 3 Agency on Aging has developed the following three goals for service delivery that will assist individuals in PSA 3 to enjoy optimal personal independence and dignity as long as possible:

Goal #1 – Access: Seniors, family caregivers, and disabled adults in PSA 3 will have access to information and services that will assist them in being as informed and self-sufficient as possible.

Goal #2 – Health and Well-Being: Seniors, family caregivers, and disabled adults in PSA 3 will have services that will assist them in maintaining or improving optimal individual health and well-being.

Goal #3 – Rights and Entitlements: Seniors, family caregivers, and disabled adults in PSA 3 will have services to protect and enhance their rights and entitlements.

Information and Assistance

Transportation/Assisted Transportation

Public Information

A decline in personal health and well-being can also equate to a loss of independence, as the individual becomes less-and-less able to care for him/herself. But the Area Agency provides a variety of services that help to maintain and/or improve personal health and well-being, such as:

Congregate Meals

Home-Delivered Meals

Housekeeping/Chore

Cash/Material Aid

A loss of one's legal rights and entitlements such as Social Security and Medi-Cal can very quickly lead to a loss of independence. But the A3AA provides services that are critical to protecting and/or enhancing individual rights and entitlements, such as:

Legal Assistance

Health Insurance Counseling and Advocacy

And while those individuals who are residents of long-term care facilities have already lost their independence, the Area Agency's Long-Term Care Ombudsman Program certainly protects the individual's rights to quality care.

The Agency's on-going funds will be used to maintain the existing array of services where there is a demonstrated need for continuance. As funding stabilizes, it is important to keep the core services as available as possible.

The needs assessment actually identified two very different categories of need: needs that the Area Agency can address directly, through its array of services; and ones that the Area Agency cannot address directly, but may be able to address (or help address) indirectly in other ways, such as advocacy, collaboration, and/or referral to another agency/organization. Although the priorities we have defined are not unique to our Planning and Service Area, we consider them to be the most achievable and defensible and the most viable in providing for our rural seniors and family caregivers. They will help us focus on those things that we can most reasonably accomplish. Overall, our major emphasis in this Plan will be on continuing to fund a basic and essential core of assistive and supportive social services throughout PSA 3:

- ***Nutrition***

Therefore, maintenance of the Nutrition Programs, particularly Home-Delivered Meals, will continue to be of utmost importance to the Area Agency.

- ***Information and Assistance***

let The Information and Assistance Program links people in need with the appropriate programs and services that will alleviate or eliminate those needs, and helps them understand the social services delivery system, thus empowering them to become advocates for themselves and/or their loved ones.

Therefore, the Area Agency will continue to maintain Information and Assistance as an essential service.

- ***In-Home Services***

It was indicated in the most recent client survey that housekeeping concerns were clearly an issue and continues to be one for which Information and Assistance consistently receives inquiries. 61% of those who answered stated that doing housework was sometimes or frequently a problem while 59% stated that maintaining their home and yard was a problem.

Therefore, the Area Agency will continue to maintain In-Home Services as a critically-needed service.

- ***Legal Assistance***

Since the Camp Fire resulted in 87% of the fatalities and displaced 480 residents from RCFEs and Assisted Living facilities, legal services have become critical. 56% of the calls received post fire were regarding housing – insurance reimbursements, deeds, changes to trusts, rental agreements, evictions. These services are important as almost 14% of the population of the PSA live in poverty and are unable to afford private attorneys. Over 1000 people were counseled singly or in groups after the disaster.

Therefore, the Area Agency will continue to fund Legal Assistance as a critically-needed service.

Health Insurance Counseling and Advocacy Program (HICAP)

According to the SCAN Foundation, in fiscal year 2010, the total spending for long-term care was \$207.8 billion. The largest part of the public funds came from Medicaid (31%); the second largest part came from Medicare (21%). Private insurance accounted for 8% of the expenditures. There have been numerous changes in the language of Medicare, including the definitions of services and the scope of services, and many elderly find it very difficult to understand what is/is not covered, for how long and under what circumstances. In addition, the private insurance market has grown substantially over the past decade, and seniors are bombarded with insurance solicitations. Many are not able to independently determine whether a particular policy will provide them with the additional coverage they need/want. With the growing “Baby Boomer” population that is moving from urban into rural communities, HICAP will provide the assistance needed to ensure Medicare beneficiaries know their health care coverage options.

Therefore, the Area Agency will continue to fund HICAP as a critically-needed service.

Long-Term Care Ombudsman

The Institute of Gerontology at the University of Florida found that the rates of admission to nursing homes were about 25% higher for elderly in the most rural, sparsely populated areas than in the urban centers. Since almost 30% of PSA3s population is considered geographically isolated, this is certainly problematic in our area. Given the loss of so many nursing homes after the Camp Fire, the situation has turned critical. Many clients found themselves living in other counties without the family support which had sustained them. With the increase in population, the numbers of volunteers in the Ombudsman program was very important in protecting this vulnerable part of population. Unfortunately, many of the existing volunteers were displaced and left the area.

Elder Abuse Prevention

Elder abuse, in all its forms – physical, sexual, emotional, financial, and neglect – is a serious and growing problem. Vulnerable older persons can be preyed upon by scam artists, injured by family members, taken advantage of by caregivers, and neglected in nursing homes. Elder abuse is largely a hidden problem. It has no ethnic or demographic boundaries; it happens in poor, middle, and upper income families. Therefore, the Area Agency will continue funding the Elder Abuse Prevention Program as a critical preventive service.

Family Caregiver Support Program

According to the Family Caregiver Alliance, there are an estimated 43.5 million caregivers in the United States who provide unpaid care to another adult; there are also several million adults over 60 years of age who are raising related children under the age of 18. Women are more likely to be providing care at the highest level, as compared to men. Approximately 59% of the caregivers have worked full-time while providing care. The average length of caregiving is 4.3 years; however, about 24% of caregivers report providing care for more

than 5 years. These caregivers often find their roles complicated by the fact that they are older themselves, and often in fair to poor health.

The Family Caregiver Support Program provides five core services that meet caregivers needs: Service Information, Access, Caregiver Support (counseling, support groups, and training), Respite Care, and Supplemental Services (assistive devices, home security and safety devices, minor home modification, and homemaker services, among others). These services help caregivers deal with a variety of issues, including the emotional and physical stress associated with caregiving.

Therefore, the Area Agency will continue to fund the Family Caregiver Support Program as a critically-needed service.

Transportation/Assisted Transportation

One of the barriers to service in many rural areas is the lack of transportation: if the service system cannot get the needy individual to the service or the service to the needy individual, the system has accomplished nothing. The minimal levels of public transportation in PSA 3 make the limited Older American Act transportation services even more valuable to seniors, especially in the four “outer” Counties. And for many frail seniors, help with getting in-and-out of a vehicle or carrying parcels is not just a friendly gesture – it is essential assistance, without which the senior would be unable to complete the task.

Therefore, the Area Agency will continue to fund Transportation and Assisted Transportation as important supportive services.

SECTION 9 - AREA PLAN NARRATIVE GOALS AND OBJECTIVES PSA 03Goal # 1

Goal: Access – provide seniors, caregivers and disabled adults in PSA3 with access to information and services that will assist them in being as informed and self-sufficient as possible			
Rationale: <ul style="list-style-type: none"> • Receipt of access to one service facilitates the receipt of other services • Current survey indicates 46% of respondents had trouble understanding Medicare 			
List Objective Number(s) <u>1.1</u> and Objective(s) Information and Assistance will provide <u>6,000</u> units of assistance which includes <u>500</u> visits to homes	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
	7/1/2020 6/30/2021	IIIB	
List Objective Number(s) <u>1.2</u> and Objective(s) <u>19</u> hours of Public Information will be provided	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
	7/1/2020 6/30/2021	IIIB	
List Objective Number(s) <u>1.3</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
List Objective Number(s) <u>1.4</u> and Objective(s) <u>11,000</u> units of Transportation and Assisted Transportation	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
	7/1/2020 6/30/2021	IIIB	
List Objective Number(s) <u>1.5</u> and Objective(s)	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵

Provide <u>6</u> units of Community Education on such topics as residents' rights	7/1/2020 6/30/2021	IIIB/VIIA	
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List Objective Number(s) <u>1.6</u> and Objective(s)	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
Provide <u>10</u> units of Community Education on elder abuse prevention	7/1/2020 6/30/2021	IIIB	

List Objective Number(s) <u>1.7</u> and Objective(s)	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
Major educational community event related to Alzheimer's Disease	7/1/2020 6/30/2021	IIIE	

List Objective Number(s) <u>1.8</u> and Objective(s)	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
<u>26</u> activities for caregivers using publications, media and electronic systems	7/1/2020 6/30/2021	IIIE	

List Objective Number(s) <u>1.9</u> and Objective(s)	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
<u>13</u> activities designed to educate groups of potential caregivers	7/1/2020 6/30/2021	IIIE	

List Objective Number(s) <u>1.10</u> and Objective(s)	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
One-on one Outreach to <u>200</u> individuals in order to encourage utilization	7/1/2020 6/30/2021	IIIE	

List Objective Number(s) <u>1.11</u> and Objective(s) <u>2000</u> contacts of caregiver information and assistance to inform and link with services	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
	7/1/2020 6/30/2021	IIIE	
List Objective Number(s) <u>1.12</u> and Objective(s) Provide <u>5</u> instances of Emergency Cash Aid/Material Aid such as food and or gas vouchers	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
	7/1/2020 6/30/2021	IIIB	
List Objective Number(s) <u>1.13</u> and Objective(s) Key Staff as member of Social Services Transportation Committee	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
	7/1/2020 6/30/2021		

Goal # 2

Goal: Health & Well Being – provide seniors, caregivers and adults with disabilities with services that will assist them in maintaining or improving optimal individual health and well being			
<p>➤ Rationale: In the current survey, 46% of respondents had issues around dental health, 61% concern about homemaking and 48% felt isolated or depressed.</p>			
List Objective Number(s) <u>2.1</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] <u>97,000</u> meals will be delivered to seniors who are homebound to meet minimum nutrition	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
	7/1/2020 6/30/2021	IIICII	
List Objective Number(s) <u>2.2</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] <u>60,000</u> meals will be served at congregate sites	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
	7/1/2020 6/30/2021	IIICI	
List Objective Number(s) <u>2.3</u> and Objective(s)	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵

[Refer to CCR Article 3, Section 7300 (c)] <u>2,600</u> nutrition education presentations to	7/1/2020 6/30/2021	IIIB	
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List Objective Number(s) <u>2.4</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] <u>2,000</u> hours of homemaker services for minimal cleanliness and sanitation	Projected Start and End Dates 7/1/2020 6/30/2021	Title IIIB Funded PD or C⁴ IIIB	Update Status⁵
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List Objective Number(s) <u>2.5</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] <u>1,100</u> hours of respite care to afford brief period of rest for caregivers	Projected Start and End Dates 7/1/2020 6/30/2021	Title IIIB Funded PD or C⁴ IIIE	Update Status⁵
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List Objective Number(s) <u>2.6</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] Provide Assistive Devices on <u>5</u> different occurrences to assist caregivers	Projected Start and End Dates 7/1/2020 6/30/2021	Title IIIB Funded PD or C⁴ IIIE	Update Status⁵
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List Objective Number(s) <u>2.7</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] Provide Home Adaptations on <u>5</u> different occasions to assist caregivers	Projected Start and End Dates 7/1/2020 6/30/2021	Title IIIB Funded PD or C⁴ IIIE	Update Status⁵
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List Objective Number(s) <u>2.8</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
Emergency Material Aid in form of <u>80</u> gas cards to help caregiver responsibilities	7/1/2020 6/30/2021	IIIE	

List Objective Number(s) <u>2.9</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
<u>50</u> hours of Comprehensive Assessments to collect information about caregiver's needs	7/1/2020 6/30/2021	IIIE	

List Objective Number(s) <u>2.10</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
<u>120</u> hours of Support Group Meetings for caregivers to exchange information and hope	7/1/2020 6/30/2021	IIIE	

List Objective Number(s) <u>2.11</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
<u>30</u> hours of Caregiver Training to assist caregivers' skills	7/1/2020 6/30/2021	IIIE	

List Objective Number(s) <u>2.12</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
<u>230</u> Hours our Counseling Support to caregivers to help cope and problem solve	7/1/2020 6/30/2021	IIIE	

List Objective Number(s) <u>2.13</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵

List Objective Number(s) <u>2.14</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] <u>75</u> hours of Case Management provide assistance for diminished capacity	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
	7/1/2020 6/30/2021	IIIB	
List Objective Number(s) <u>2.15</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] <u>750</u> peer counseling contacts as a result of a coordinated community mental services effort	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
	7/1/2020 6/30/2021	IIIB	

Goal # 3

Goal: Rights & Entitlements – provide services to protect their rights and entitlements			
<p>➤ Rationale: In the current survey, 26% of I&A calls were regarding legal issues, 54% had difficulties understanding benefits, ombudsman volunteers present preventative presence</p>			
List Objective Number(s) <u>3.1</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] <u>5000</u> hours of Legal Assistance will be provided to protect legal rights & entitlements	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
	7/1/2020 6/30/2021	IIIB	

List Objective Number(s) <u>3.2</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] Provide 325 units of Complaint/Abuse Investigation and Resolution	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
	7/1/2020 6/30/2021	IIIB	

List Objective Number(s) <u>3.3</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] Will make 23 unduplicated visits and a total of 500 separate visits to 23 skilled nursing	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
	7/1/2020 6/30/2021	IIIB	

List Objective Number(s) <u>3.4</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
Close a minimum of 275 Complaint and Abuse cases	7/1/2020 6/30/2021	IIIB	

List Objective Number(s) <u>3.5</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵

Goal # 4

Goal: Agency Administration – will be efficient & effective in administering services and provide leadership and coordination for development of comprehensive system
➤ Rationale: The agency will be well served by a knowledgeable and competent staff and a system will be in place to insure that all regulations are observed

List Objective Number(s) <u>4.1</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
Will conduct annual on-site visits to service providers and provide technical assistance	7/1/2020 6/30/2021	IIIB	

List Objective Number(s) <u>4.2</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
Ongoing monitoring to assure compliance with Grant Award or Contract	7/1/2020 6/30/2021	IIIB	

List Objective Number(s) <u>4.3</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
2 meetings of RDs and directors annually	7/1/2020 6/30/2021	IIIC	

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SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES

PSA 03

**TITLE III/VIIA SERVICE UNIT PLAN OBJECTIVES
CCR Article 3, Section 7300(d)**

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

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

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

Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021			
2021-2022			
2022-2023			
2023-2024			

Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	2000	2	2.4
2021-2022			
2022-2023			
2023-2024			

Chore (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021			
2021-2022			

2022-2023			
2023-2024			

Home-Delivered Meal

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	97000	2	2.1
2021-2022			
2022-2023			
2023-2024			

Adult Day/ Health Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021			
2021-2022			
2022-2023			
2023-2024			

Case Management (Access)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	75	2	2.14
2021-2022			
2022-2023			
2023-2024			

Assisted Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	2000	1	1.4
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	60,000	2	2.2
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021			
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	9,000	1	1.4
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	5,000	3	3.1
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	2,600	2	2.3
2021-2022			
2022-2023			
2023-2024			

Information and Assistance (Access)**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	6,000	1	1.2
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021			
2021-2022			
2022-2023			
2023-2024			

Other Supportive Service Category Cash/Material Aid**Unit of Service 1 assistance**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	5	1.12	
2021-2022			
2022-2023			
2023-2024			

Other Supportive Service Category Peer Counseling**Unit of Service 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	750	2.15	
2021-2022			
2022-2023			
2023-2024			

Other Supportive Service Category Public Information**Unit of Service 1 event**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	19	1.2	
2021-2022			
2022-2023			
2023-2024			

Other Supportive Service Category Community Education**Unit of Service**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	10	1.6	
2021-2022			
2022-2023			
2023-2024			

Other Supportive Service Category**Unit of Service**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021			
2021-2022			

2022-2023			
2023-2024			

Other Supportive Service Category

Unit of Service

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021			
2021-2022			
2022-2023			
2023-2024			

Other Supportive Service Category

Unit of Service

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021			
2021-2022			
2022-2023			
2023-2024			

2. Title IIID/ Disease Prevention and Health Promotion

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

Unit of Service = 1 contact

Service Activities: Health Promotion

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	300	2	2.13
2021-2022			
2022-2023			
2023-2024			

The Area Agency on Aging will make 300 contacts to adults 60 years of age or older as a result of a coordinated community mental services effort through the use of counseling by an Associate Clinical Social Worker, as supervised by law by a Licensed Clinical Social Worker. Counseling services will be conducted by an ACSW in the homes of the clients by using PCOMS (Partner Change Outcome Management System) which is sanctioned by SAMSHA as an evidence-based program. The goal of PCOMS, also known as "Feedback Informed Treatment," is to enhance client outcomes through soliciting regular feedback regarding both the client's self-report on overall wellness factors (the Outcome Rating Scale), as well as the client's feedback regarding the therapist and the session (the Session Rating Scale). Research shows that by soliciting regular, consistent feedback regarding client/therapist rapport, and clinicians adjusting their approach according to client's desires and needs, clinical outcomes improve. Additionally, case management and peer counseling services are provided to enhance client outcomes and bolster behavioral health recovery.

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 44 + number of partially resolved complaints 14
divided by the total number of complaints received 188 = Baseline Resolution Rate
31 % FY 2020-2021 Target Resolution Rate 90 %

2. FY 2019-2020 Baseline Resolution Rate:

Number of complaints partially or fully resolved _____ divided by the total number
of complaints received _____ = Baseline Resolution Rate _____ %
FY 2021-2022 Target Resolution Rate _____ %

3. FY 2020 - 2021 Baseline Resolution Rate:

Number of complaints partially or fully resolved _____ divided by the total number
of complaints received _____ = Baseline Resolution Rate _____ %
FY 2022-2023 Target Resolution Rate _____ %

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

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 57 _____
 FY 2020-2021 Target: 75 _____
2. FY 2019-2020 Baseline: Number of Resident Council meetings attended _____
 FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Resident Council meetings attended _____
 FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Resident Council meetings attended _____
 FY 2023-2024 Target: _____

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 3 _____
 FY 2020-2021 Target: 0 _____
2. FY 2019-2020 Baseline: Number of Family Council meetings attended _____
 FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Family Council meetings attended _____
 FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Family Council meetings attended _____
 FY 2023-2024 Target: _____

Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of Instances 205 _____
 FY 2020-2021 Target: 250 _____
2. FY 2019-2020 Baseline: Number of Instances _____
 FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Instances _____
 FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Instances _____
 FY 2023-2024 Target: _____

Program Goals and Objective Numbers: _____

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 581_____
FY 2020-2021 Target: 600_____
2. FY 2019-2020 Baseline: Number of Instances _____
FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Instances _____
FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Instances _____
FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of Sessions 4_____
FY 2020-2021 Target: 6_____
2. FY 2019-2020 Baseline: Number of Sessions _____
FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Sessions _____
FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Sessions _____
FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

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

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, state-wide, or even national in scope. (Examples: Work with LTC facilities to improve pain relief or increase access to oral health care, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness

planning, participation in legislative advocacy efforts related to LTC issues, etc.) Be specific about the actions planned by the local LTC Ombudsman Program.
Enter information in the relevant box below.

FY 2020-2021
FY 2020-2021 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)
The new Field Ombudsman is in place and has initiated required intensive training in personal data management and is making sure that all personnel, both paid and volunteer, are completing the training. For those veteran volunteers whose computer skills or lack of a personal computer prevent them from completing data entry and management, the Field Ombudsman will travel to help them so no person associated with Passages is prevented from documenting their efforts.
FY 2021-2022
Outcome of FY 2020-2021 Efforts: FY 2021-2022 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)
FY 2022-2023
Outcome of FY 2021-2022 Efforts: FY 2022-2023 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)
FY 2023-2024
Outcome of 2022-2023 Efforts: FY 2023-2024 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

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

Measures and Targets:

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

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

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>2</u> divided by the total number of Nursing Facilities <u>17</u> = Baseline <u>12</u> % FY 2020-2021 Target: 100 %
2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2021-2022 Target: _____ %
3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2022-2023 Target: _____ %
4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2023-2024 Target: _____ %
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>5</u> divided by the total number of RCFEs <u>54</u> = Baseline <u>9</u> % FY 2020-2021 Target: 100 %
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ % FY 2021-2022 Target: _____ %
3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ % FY 2022-2023 Target: _____ %

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

Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: 2.875_FTEs
 FY 2020-2021 Target: 2.875 FTEs

2. FY 2019-2020 Baseline: _____ FTEs
 FY 2021-2022 Target: _____ FTEs

3. FY 2020-2021 Baseline: _____ FTEs
 FY 2022-2023 Target: _____ FTEs

4. FY 2021-2022 Baseline: _____ FTEs
 FY 2023-2024 Target: _____ FTEs

Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers 10_____
 FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers 15

2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers _____
 FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers _____

3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers _____
 FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers _____

4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers _____
 FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers _____

Program Goals and Objective Numbers: _____

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

Measures and Targets:

In the box below, in narrative format, describe one or more specific efforts your program will undertake in the upcoming year to increase the accuracy, consistency, and timeliness of your

National Ombudsman Reporting System (NORS) data reporting.

Some examples could include:

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

Regular attendance and participation in NORS Consistency Training will be mandatory for paid staff and volunteers. All new volunteers will be trained in NORS Core Curriculum so the language and procedures are consistent throughout the agency. Every volunteer will be provided an encrypted Chrome Book and trained in its use. The program will initiate and train volunteers in case review so entry is completed in a timely manner. All volunteers will use NORS selected scenarios to rehearse and role play situations in which they might find themselves in the field. It will be presented in every team meeting/training during the 2020-2021 year.



TITLE VIIA ELDER ABUSE PREVENTION
SERVICE UNIT PLAN OBJECTIVES

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

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

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

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2016, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with 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.

APPROVED

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

The agency receiving Title VIIA Elder Abuse Prevention funding is: _____

Fiscal Year	Total # of Public Education Sessions
2020-2021	4
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	5
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title IIIE
2020-2021	6
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020-2021	36
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020-2021	250	Three fold handouts at health fairs and other events
2021-2022		
2022-2023		

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2023-2024		

Fiscal Year	Total Number of Individuals Served
2020-2021	350
2021-2022	
2022-2023	
2023-2024	

TITLE III E SERVICE UNIT PLAN OBJECTIVES**CCR Article 3, Section 7300(d)****2020-2024 Four-Year Planning Period**

This Service Unit Plan (SUP) uses the five broad federally mandated service categories. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 2018 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

Direct and/or Contracted III E Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	# of activities and Total est. audience for above		
2020-2021	# of activities: 40 Total est. audience for above:	1	1.8,1.9,1.10
2021-2022	# of activities: Total est. audience for above:		
2022-2023	# of activities: Total est. audience for above:		
2023-2024	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2020-2021	2,200	1	1.11,1.12
2021-2022			
2022-2023			
2023-2024			

Access Assistance		Total contacts	
Support Services	Total hours		
2020-2021	430	2	2.9,2.10,2.11,2.12
2021-2022			
2022-2023			
2023-2024			
Respite Care	Total hours		
2020-2021	1,100	2	2.5
2021-2022			
2022-2023			
2023-2024			
Supplemental Services	Total occurrences		
2020-2021	135	2	2.6,2.7,2.8
2021-2022			
2022-2023			
2023-2024			

Direct and/or Contracted IIIE Services

Grandparent Services Caring for Children	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2020-2021	# of activities: Total est. audience for above:		
2021-2022	# of activities: Total est. audience for above:		
2022-2023	# of activities: Total est. audience for above:		
2023-2024	# of activities: Total est. audience for above:		

Grandparent Services Caring for Children	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Access Assistance	Total contacts		
2020-2021			
2021-2022			
2022-2023			
2023-2024			
Support Services	Total hours		
2020-2021			
2021-2022			
2022-2023			
2023-2024			
Respite Care	Total hours		
2020-2021			
2021-2022			
2022-2023			
2023-2024			
Supplemental Services	Total occurrences		
2020-2021			
2021-2022			
2022-2023			
2023-2024			

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

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

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

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

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

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

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

AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at: https://www.aging.ca.gov/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) ⁶

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2020-2021		
2021-2022		
2022-2023		
2023-2024		

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021		
2021-2022		
2022-2023		
2023-2024		

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021		
2021-2022		
2022-2023		
2023-2024		

⁴ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

COMMUNITY FOCAL POINTS LIST

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

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

Designated Community Focal Point	Address
Area 3 Agency on Aging Office	25 Main St, Chico, CA 95929-0799
Chico Area Recreation District	545 Vallombrosa, Chico, CA 95926
Feather River Senior Center	1335 Meyers, Oroville, CA 95965
Colusa Multipurpose Senior Center	10 th and Parkhill, Colusa, CA 95932
Orland Senior Center	19 Walker St, Orland, CA 95963
Willows Senior Center	556 E Sycamore, Willows, CA 95988
Wildwood Senior Center	366 Meadowbrook, Chester, CA 96020
Portola Senior Citizen's Club	449 W Sierra, Portola, CA 96122
Veteran's Memorial Hall	274 Lawrence, Quincy, CA 95971
Mohawk Resource Center	Highway 89, Gaeagle, CA
Corning Senior Center	1015 4 th St, Corning, CA 96021
Red Bluff Multipurpose Senior Center	1500 S Jackson, Red Bluff, CA 9608

SECTION 12 - DISASTER PREPAREDNESS

PSA 03

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

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

Staff meets with other agencies, in all truthfulness, after disasters to fine tune their responses and to suggest changes that need to be made. Staff has deliberated with county disaster agents, FEMA, and such charitable agencies such the Red Cross and the United Way. Because we are not first responders, we tend to see the aftermath of the disaster and have critical information about how best to address those.

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

Name	Title	Telephone	email
Cindi Duns Moor	Butte County OES	53055 23333	butteoem@buttecounty.net

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Joseph Cobery	Director Passages	53089 86758	jcobery@csuchico.edu

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

Critical Services	How Delivered?	
a a Senior Nutrition b Transportation c Other AAA and Agency programs including: Information and Assistance, HICAP, Ombudsman, Caregiver support, Volunteer services, Care Management services	a Through existing nutrition providers/sites if able to function. Through alternate sites identified in the community or support from neighboring communities/nutrition providers Providing shelf stable meals in advance. b Through existing Transportation providers if able to function. c Through central office located in Chico CA or alternate office if Chico office is affected by disaster. Services will be provided via telephone or in-person if needed at shelters of other location.	a b c d

5. List any agencies with which the AAA has formal emergency preparation or response agreements.
6. Describe how the AAA will:
 1. Identify vulnerable populations.

Clients contact information in addition to ADL's and IADL's is maintained and available in the event of a disaster. These lists are particularly useful for Care Management clients. In the event of a disaster such information can be shared with emergency response to assist with evacuation or other services. As evidenced by the response to Camp Fire, clients were able to be tracked because of data that had been collected regarding emergency contacts.

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

- An attempt was made to contact as many clients as possible. The Ombudsman followed the evacuation of all the RCFEs and assisted living homes and determined where clients were consequently housed. Most of the victims of the fire stayed in Butte County initially and services were increased to accommodate them. Since the congregate site in Paradise was destroyed, a new site in Gridley was established as any FEMA trailers were located there. Follow up will occur via telephone, through sub-contractors, or recovery events at shelters or other locations. This proved to be a viable plan.

By staying in contact with other agencies we continue to monitor our response. However, as we are not first responders, we do not plan how to counteract disaster but rather how to react to the situations arise. We find that the procedures we have used in the past tend to be universal in scope not matter the disaster. Ours is to make sure that services continue to be delivered and to safeguard our clients as much as possible.

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 funds⁷ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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

Access:

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

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

In-Home Services:

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

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

Legal Assistance Required Activities:⁸

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

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

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

SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES**PSA 03****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**

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

Check each applicable Fiscal Year**20-21 21-22 22-23 23-24**

- | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Title IID

- ☒ Disease Prevention and Health Promo.

20-21 21-22 22-23 23-24

- | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|

Title IIIE⁹

- ☒ Information Services
- ☒ Access Assistance
- ☒ Support Services

20-21 21-22 22-23 23-24

- | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Title VIIA

- ☒ Long Term Care Ombudsman

20-21 21-22 22-23 23-24

- | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|

Title VII

- ☒ Prevention of Elder Abuse, Neglect, and Exploitation.

20-21 21-22 22-23 23-24

- | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|

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

Outreach will be done in the geographic areas designated as low income and minority. Community members will be enlisted in areas such as churches, congregate meal sites and senior centers to let appropriate clients know about our services.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICE PSA 3

2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: Homemaker Services

Check applicable funding source:¹⁰

X IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

X FY 20-21 ☐ FY 21-22 ☐ FY 22-23 ☐ FY 23-24

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: See Appendix 1B

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICE PSA 3

2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: Health Insurance Counseling and Advocacy

Check applicable funding source:¹⁰

☐ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☒ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

X **FY 20-21** ☐ **FY 21-22** ☐ **FY 22-23** ☐ **FY 23-24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: See Appendix 1B

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICE PSA 3

2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: Emergency Cash Aid

Check applicable funding source:¹⁰

X IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

X FY 20-21 ☐ FY 21-22 ☐ FY 22-23 ☐ FY 23-24

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: See Appendix 1B

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICE PSA 3

2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: Peer Counseling

Check applicable funding source:¹⁰

X IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

X **FY 20-21** ☐ **FY 21-22** ☐ **FY 22-23** ☐ **FY 23-24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: See Appendix 1B

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICE PSA 3

2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: Congregate Nutrition – Butte County

Check applicable funding source:¹⁰

☐ IIIB

X IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

X FY 20-21 ☐ FY 21-22 ☐ FY 22-23 ☐ FY 23-24

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: See Appendix 1B

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICE PSA 3

2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: Home Delivered Meals – Butte County

Check applicable funding source:¹⁰

☐ IIIB

☐ IIIC-1

X IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

X **FY 20-21** ☐ **FY 21-22** ☐ **FY 22-23** ☐ **FY 23-24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: See Appendix 1B

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICE PSA 3

2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: Community Education

Check applicable funding source:¹⁰

X IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

X FY 20-21 ☐ FY 21-22 ☐ FY 22-23 ☐ FY 23-24

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: See Appendix 1B

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICE PSA 3

2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: Public Information

Check applicable funding source:¹⁰

X IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

X FY 20-21 ☐ FY 21-22 ☐ FY 22-23 ☐ FY 23-24

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: See Appendix 1B

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICE PSA 3

2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: Transportation Services

Check applicable funding source:¹⁰

X IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

X FY 20-21 ☐ FY 21-22 ☐ FY 22-23 ☐ FY 23-24

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: See Appendix 1B

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICE PSA 3

2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: Nutrition Education – Butte County

Check applicable funding source:¹⁰

☐ IIIB

X IIIC-1

XIIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

X FY 20-21 ☐ FY 21-22 ☐ FY 22-23 ☐ FY 23-24

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: See Appendix 1B

SECTION 16 - GOVERNING BOARDPSA 03

03

**GOVERNING BOARD MEMBERSHIP
2020-2024 Four-Year Area Plan Cycle****Total Number of Board Members:** 4**Name and Title of Officers:****Office Term Expires:**

Dr. Eddie Vela, Chair – Dean of College of Behavioral and Social Sciences	Indefinite

Names and Titles of All Members:**Board Term Expires:**

Clare Roby, Interim Dean Regional & Continuing Education	Indefinite
Mary Sidney, CEO Chico State Enterprises	Indefinite
Joseph Cobery, Director Passages, nonvoting	Indefinite

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

SECTION 17 - ADVISORY COUNCILPSA 03**ADVISORY COUNCIL MEMBERSHIP
2020-2024 Four-Year Planning Cycle**

Older Americans Act Reauthorization Act of 2016 Section 306(a)(6)(D)
45 CFR, Section 1321.57
CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies) 22Number of Council Members over age 60 19

	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
Race/Ethnic Composition		
White	<u>85.3</u>	<u>97.7</u>
Hispanic	<u>34.6</u>	<u>1.3</u>
Black	<u>1</u>	<u>1</u>
Asian/Pacific Islander	<u>2.3</u>	<u> </u>
Native American/Alaskan Native	<u>2.7</u>	<u> </u>
Other	<u> </u>	<u> </u>

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

Steven Chamblin, Chair, supportive services, Tehama County Supervisor health care	12/22
Shirley Boracci, Vice Chair & Membership Committee	12/22
Lupe Pereira, Secretary, family caregiver	12/22
Lyn Dorenzo, Membership Committee, Provider, caregiver	12/22
Marj Goosey, Membership Committee	12/22

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

Tami Ritter, Butte County Supervisor, Volunteer Sector	12/22
Lisa Decottignies, local representative	12/22

Virginia Lewis low income, local representative	12/20
Dave Bishop low income, disabled, local representative	12/20

APPROVED

Keith Corum, Glenn County Supervisor	12/22
Lori Simpson, Plumas County Supervisor	12/22
Larry Crowder low income, local representative	12/22
Kelly Osborne, supportive services	2/22
Donna Blanchette, local representative	2/22
Laura Williams, local representative	2/22
John Pereira, caregiver, local representative, senior legislator	2/22
Mike LePeilbet, local representative. Senior legislator	2/22

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

Yes No

- X ☐ Low Income
- X ☐ Representative Disabled
- X ☐ Supportive Services Representative
- X ☐ Provider Representative
- X ☐ Health Care Provider Representative
- X ☐ Family Caregiver
- X ☐ Representative Local
- X ☐ Elected Officials
- X ☐ Individuals with Leadership Experience in Private and Voluntary Sectors

Explain any "No" answer(s): _____

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

Virginia Lewis and Dave Bishop's membership have been renewed.

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

Each County may have 4 representatives: one appointed by the local Board of Supervisors and the others chosen by the local Commission on Aging (if in existence) otherwise they are community members. Future members are screened by the nomination committee and, if approved, forwarded to the general body for vote.

2020-2024 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2016 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)] ¹² 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

1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title IIIB requirements: **Discuss:** Our mission statement is included in this Area Plan on page 3, in the section title Mission Statement. It is not specific to Legal Services, any more than it is specific to any of the many services we provide. However, it states that we place emphasis on "...local systems to enable individuals to live out their lives with maximum independence and dignity in their own homes and communities..." and Legal Services clearly helps us achieve that. In addition, in the section on "identification of Priorities", in the subsection on Legal Assistance, our Area Plan states, "Protection of the limited benefits and incomes of so many of our rural seniors is essential, particularly in view of the fact that some entitlements are areas of intense political contention at the Federal level" which certainly communicates our commitment of the provision of Legal Services.
2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? **Discuss: 10%**
3. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years). **Yes/No, Discuss:** The Camp Fire in November 2018 significantly changed the needs of those directly impacted by the fire/evacuation as well as those in the surrounding areas. LSNC has opened over 600 Camp Fire related cases, many of these clients were older adults. Older adults were more significantly impacted by the effects of the fire due to limited fixed incomes and health needs. LSNC assisted and continues to assist clients with issues related to the Camp Fire, issues such as securing and maintaining affordable housing, public benefits, healthcare, and issues related to replacement of legal documents such as estate planning or advance planning documents.

Further, LSNC intends to address the emerging needs related to the COVID-19 public health crisis, and the implications it has on the region's older adults.

4. Specific to Legal Services, does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Yes/No, Discuss:** Yes "Subgrantee will give preference to older individuals with greatest economic and social need, with particular attention to low income minority Individuals" is specifically in contract.
5. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA? **Yes/No, Discuss:** Yes Housing, Estate Planning, Consumer Issues, Health

Related Issues

LSNC has identified preservation of housing and serving populations with special vulnerabilities – including older adults – in its organization Statement of Priorities. LSNC aims to preserve housing for older adults and other vulnerable populations through legal advocacy, which includes, but is not limited to: helping with the creation and/or preservation of affordable or subsidized housing; representing tenants in eviction proceeding; representing tenants in administrative hearings to challenge proposed terminations of housing subsidies; assisting low-income homeowners to avoid foreclosures; advising tenants about safety and habitability concerns; and providing legal education and information to tenants and homeowners. This has been a significant portion of our office's time, especially in this post Camp Fire era.

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

The targeted senior population consists of those individuals who are aged 60+, with particular emphasis on those who are low income and/or minority. In fact, the language in the Legal Assistance subcontract Scope of Services, in the section on "Target Population Objectives" is very specific: "Subgrantee will give preference to older individuals with greatest economic and social need, with particular attention to low income minority individuals...". The mechanism(s) for reaching those groups are varied: our Legal Assistance subcontractor has several bi-lingual, bi-cultural (English/Spanish) which facilitates access by our largest minority population; they have a toll free telephone line that serves our five county area; they have a FAX number that serves the five counties; they have a website and all staff have email addresses; they have a regular schedule of appointments throughout our five counties to facilitate local access; they do extensive outreach, participating in such events as the Senior Health and Fitness Fairs; they provide Community Education presentations as part of the contract; they do an annual Senior Law Day event which focuses on specific topics such as advanced directives.

LSNC always strive to target the most vulnerable older adults – vulnerable in terms of age, income, geographic isolation, ESL, etc. We use mapping to help determine where different populations are – based on census data – and try to reach all corners of our service area. That said, we've been heavily Camp Fire responsive this past year and due to our staffing we have not physically gotten out to the more rural areas as much as prior years.

7. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? **Discuss:** As noted earlier staff of our Legal Assistance subcontractor participate in community events such as the Senior Health and Fitness Fairs and they do an annual Senior Law Day. In addition, they participate in a collaborative effort to do a major training on elder abuse once per year; they participate in the Hispanic Resource Council to increase their contacts in the Hispanic communities in our area and they participate in the Hmong Refugee Task Force to increase their connection to that group. The efforts of the Legal Assistance subcontractor are often reflected in articles in the local newspapers of all five counties.

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

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

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

Prospective clients can call Passages or LSNC directly. We answer the calls live and have a voicemail when the phones are off or busy. LSNC also operates an expanded access project which allows individuals to access our services outside of regular business hours.

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

LSNC has regular community meetings that we attend on weekly, monthly, and quarterly basis. We attend the region's MDT meetings and Camp Fire-related recovery meetings. We have strong relationships with local government, the court's self-help services, the law library, and many other services providers. We do regular presentations on a variety of our services, always highlighting our senior legal services work. We have an active client-friendly website, and more older adults are savvy with smart phones find us this way.

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

Fiscal Year	Name of Provider	Geographic Region covered
2020-2021	a. Legal Services of Northern California	a. Butte, Colusa, Glenn, Plumas and Tehama counties
2021-2022	<i>Leave Blank until 2021</i>	<i>Leave Blank until 2021</i>
2022-2023	<i>Leave Blank until 2022</i>	<i>Leave Blank until 2022</i>
2023-2024	<i>Leave Blank until 2023</i>	<i>Leave Blank until 2023</i>

12. Discuss how older adults access Legal Services in your PSA: **Discuss:** As noted in the response to question 3, our Legal Assistance subcontractor has a toll free telephone number that serves all five counties in PSA3 as well as a website and email to facilitate access by isolated seniors. They have a regular schedule of appointments around the five counties to help increase local access in our rural area. They have bilingual staff (primarily English and Spanish) to facilitate access to our

minority population. In addition, seniors who call the Area Agency's Information and Assistance Program can be "connected" to our Legal Assistance subcontractor either by an appointment being made with the subcontractor on behalf of the client or by having the subcontractor call the client back to discuss their issue(s). Our Information and Assistance Program also has a toll free telephone number, one that has been in existence since 1978 and which has been widely advertised. Many outside agencies make referrals as well.

13. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area): **Discuss:** New trends - Camp Fire related: lost home, rebuild, insurance questions, title issues, and related matters. Camp Fire tenants: return of security deposits and rent, right to return to residence. Mobile Home issues for tenants and owners. Issues related to no cause notices to vacate and price gouging in surrounding areas post Camp Fire.

Similarly, since AB 1482 became effective January 1, 2020, LSNC has prioritized ensuring older adults understand their rights and review all eviction cases for possible AB 1482 defenses – ensuring there is cause for notice to vacate and rents are not illegally increased.

Some other major issue areas relate to income maintenance – public benefits/Social Security questions and healthcare-related access and rights, including issues related to In-Home Supportive Services (IHSS).

Additionally Medicare and MediCal issues remain among the top concerns of clients.

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

Yes. As discussed above, new issues related to the Camp Fire: help with FEMA and other disaster-related matters – including tenant protections post Camp Fire, and a continued focus on preserving and creating affordable housing options for our clients, which is more valuable now than ever.

15. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. **Discuss:** Transportation. Our service area includes several rural communities and many senior clients cannot get to our office or even the outreach sites in their own communities. We do many consultations by phone but often times we need follow-up paperwork from our clients that is very difficult to obtain. This coincides with another barrier which is technology. Many of the institutions and agencies our clients have to deal with no longer address issues with face-to-face interactions. Most services are now automated and dealt with through on-line applications or e-mail or even automated telephone systems. Many senior clients cannot navigate these systems and cannot provide us with the documents we need to provide legal advice. Many of our senior clients don't have access to a computer, fax machine or scanner or as to provide us with important paperwork. Sometimes critical time is lost in just the exchange of necessary documents. Satellite offices would be one way to address the issue or shared office space with another social service agency, for example. Lastly, we have senior clients who are homeless. Besides the obvious barriers homeless individuals face, their situation is even more challenging when it comes to accessing legal services. It is difficult to reach them even by phone or mail and even more challenging to meet with them, obtain documents, etc. . LSNC remains accessible by

phone and remains willing and able to regularly conduct intake or community outreach in more remote areas.

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

Discuss: LSNC coordinates with the local Camp Fire recovery groups, domestic violence programs, the area shelters, local government bodies ask for our guidance, local housing authorities, the bar association, private attorneys, and other community organizations. LSNC has been serving Northern California communities for over 60 years and we have strong connections throughout our service area with providers of a variety of services. These established connections help foster meaningful referrals and allow us to work collaboratively in fulfilling our mission. All LSNC offices coordinate their senior legal services work and convene regularly to discuss latest trends or issues affecting older adults. Legal Services participates in monthly MDT (multi-disciplinary team) meetings in each county in the service area. They also participate in community task forces and participate on Board of community groups, non-profits, etc. Specific organizations include PASSAGES, Adult Protective Services, senior centers, family resource centers, crisis intervention centers, the Disability Action Center, Far Northern Regional Center and the Office of Clients' Rights Advocacy (a program of Disability Rights California)

SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW¹³

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

☒ No. Title IIIB funds not used for Acquisition or Construction.

☐ Yes. Title IIIB funds used for Acquisition or Construction.

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

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

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 2016,
Section 373(a) and (b)

2020-2024 Four-Year Planning Cycle

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

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

Family Caregiver Services

Category	2020-2021	2021-2022	2022-2023	2023-2024
Family Caregiver Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Supplemental Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No Direct <input type="checkbox"/> Contract

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

Grandparent Services

Category	2020-2021		2021-2022		2022-2023		2023-2024	
Grandparent Information Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Grandparent Access Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Grandparent Support Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Grandparent Respite Care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract

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

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

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

We do not offer **any** of the services for Grandparents because our needs assessment reflects the PSA does not have a significant demand for the services, as such there are no service providers offering these services.

Org chart

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SECTION 22 - ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Use outreach efforts that —

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals **with limited English proficiency**;

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

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

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

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

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

7. OAA 306(a)(5)

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

8. OAA 306(a)(9)

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

9. OAA 306(a)(11)

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

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

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

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

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

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

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

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

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

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

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

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

11. 306(a)(14)

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

12. 306(a)(15)

Funds received under this title will be used—

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

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

B. Additional Assurances:

Requirement: OAA 305(c)(5)

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

Requirement: OAA 307(a)(7)(B)

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

Requirement: OAA 307(a)(11)(A)

(i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

Requirement: OAA 307(a)(11)(B)

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

Requirement: OAA 307(a)(11)(D)

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

Requirement: OAA 307(a)(11)(E)

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

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

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

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

Requirement: OAA 307(a)(15)

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

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

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

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

Requirement: OAA 307(a)(18)

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

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

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

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

Requirement: OAA 307(a)(26)

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

contract or commercial relationship that is not carried out to implement this title.

Requirement: OAA 307(a)(27)

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

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

CFR [1321.53(a)(b)]

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

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

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

(2) Provide a range of options;

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

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

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

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

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

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

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

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.61(b)(4)]

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

CFR [1321.61(d)]

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

CFR [1321.69(a)]

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

Appendix 1B – Supplement

This is the justification for our Request for Approval to Provide Direct Services in all the following categories: Health Insurance Counseling and Advocacy Program, Homemaker, Cash Aid, Peer Counseling, Public Information, Community Education and IIIIE services.

Primarily there is no other subcontractor that has the breadth of knowledge or staff available to provide all of these services. Passages has maintained and trained a highly educated and capable staff.

The direct provision of the programs listed above is extremely cost-effective for a number of reasons. Of course, the major advantage is having a central office which is subsidized by Chico State Enterprises. Each of the programs shares with the Information and Assistance Program the primary toll free telephone number that services the five Counties of PSA3 – each program receives the full benefit of toll free access but only pays a small portion of the cost of the number. All the programs share the use of two copier machines and a FAX without having to pay the full cost of such tools individually.

As an integral part of Passages, each of the programs is listed as a service in the Center's brochures and publicity documents but only pays a small portion of the total cost of production of the material. All the programs in the Center have the full benefit of access to email and the Internet without having to pay the full cost. The website is maintained by the Center as well. All the Center's programs share the benefit of a networked computer system and knowledgeable technical support without having to pay the full cost individually.

All staff of the Center have free access to the Center Library which is stocked with books, periodical, fact sheets and CDs. All the Center programs also have the benefit of a part-time reception staff at no charge.

As part of Chico State Enterprises, staff of all programs have direct access to staff faculty of the university as well as to the Library. All the programs also have the advantage and enormous benefit of the many university interns assigned to the Center from such fields as Social Work, Nursing, Public Administration, Dietetics and Gerontology.

Home Maker: Services have been operated as a direct service in order to secure service providers in every county. The Previous sub-contractor was unable to serve more than two of the most populated counties in PSA 3. The issue was identified over the course of several on-site monitoring visits. Since the program has been offed as a direct service Home Maker services are not offered in four of the five counties.

Cash/Material Aid: Is best provided as a direct service because of the small dollar amount budgeted (\$100). The cost of administration, monitoring and audit would be cost more than the amount budgeted.

Peer Counseling: Is an integral component of our Mental Health Service Act program funded by Butte County Department of Behavioral Health. Peer counselors work under an existing Volunteer Services department within the agency and receive 20 hours training from a Licensed Clinical Social Worker in the identification of depression, recognition of stigma and mental illness, and peer support strategies. Peer counselors provide a point of contact and companionship to older adults who are receiving cognitive therapy in their homes as a result of a diagnosis of depression and or suicidal ideation. Due to the existing volunteer program and

the sensitive nature of mental health services it is both cost effective and practical to operate the Peer Counseling program as a direct service.

Transportation is provided by buying, at a discount, bus passes from the local transit agency.

APPROVED