

# Contra Costa County



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## Area Agency on Aging 2020-2024 Four-Year Area Plan on Aging PSA #7

Submitted by

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Contra Costa County

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**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**

<b>Section</b>	<b>Four-Year Area Plan Components</b>	<b>4-Year Plan</b>
	Transmittal Letter – <i>must have original, ink signatures or official signature stamps- no photocopies</i>	<input type="checkbox"/>
1	Mission Statement	<input checked="" type="checkbox"/>
2	Description of the Planning and Service Area (PSA)	<input checked="" type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)	<input checked="" type="checkbox"/>
4	Planning Process / Establishing Priorities	<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 checked="" type="checkbox"/>
9	Title IIIB Funded Coordination (C) Objectives	<input checked="" 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 checked="" 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"/>

**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:** Contra Costa County Area Agency on Aging

**PSA**   7  

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. Candace Anderson  
(Type Name)

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

\_\_\_\_\_  
Date

2. Susan Frederick  
(Type Name)

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

\_\_\_\_\_  
Date

3. Kathy Gallagher  
(Type Name)

\_\_\_\_\_  
Signature: EHSD Director

\_\_\_\_\_  
Date

<sup>1</sup> Original signatures or official signature stamps are required.

## **SECTION 1. MISSION STATEMENT**

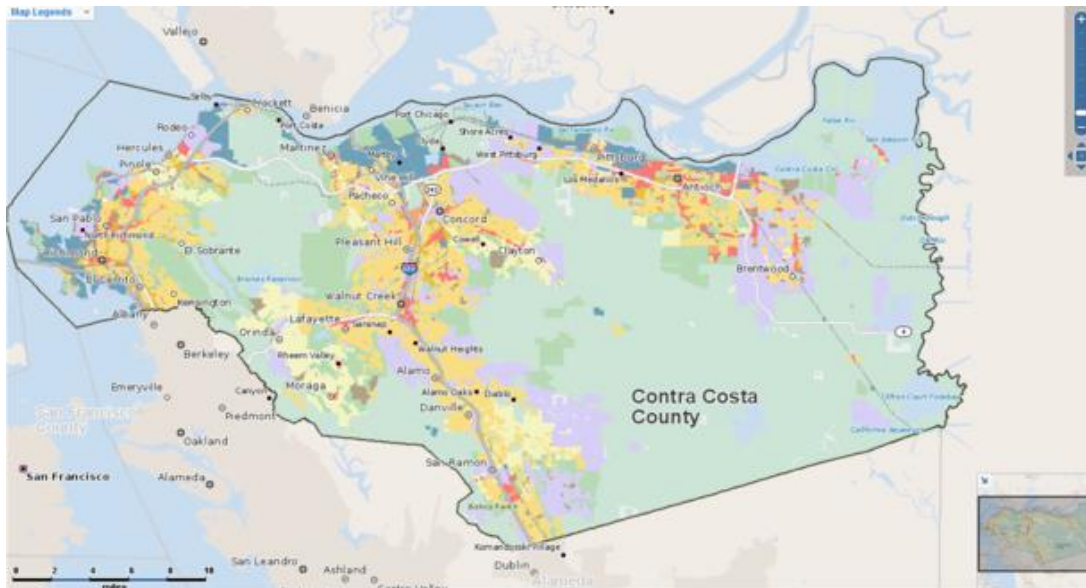
“The mission of the Contra Costa County Area Agency on Aging (AAA) is to provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California’s interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.”

We will accomplish this by:

- Working with others to create a complete and responsive system of services.
- Focusing attention on meeting the needs of older adults and adults with functional impairments.
- Planning and development of new programs, educating the public, advocating with legislators, and providing direct services that include the involvement of older adults.
- Supporting “Age Friendly” partnering, planning, and policy development.

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

Planning and Service Area (PSA) 7 is comprised of Contra Costa County (CCC) in its entirety. Contra Costa County is considered to be one of the nine Bay Area counties. Located on the east side of the San Francisco Bay, Contra Costa County is the 9<sup>th</sup> most populous county in California. In 2017, the estimated population was 1,123,678 people<sup>1</sup>, a 7% gain since the 2010 Census. The county is also geographically large, covering over 800 square miles from the San Francisco Bay to the Sacramento River Delta. This area covers urban, suburban, and rural populations.



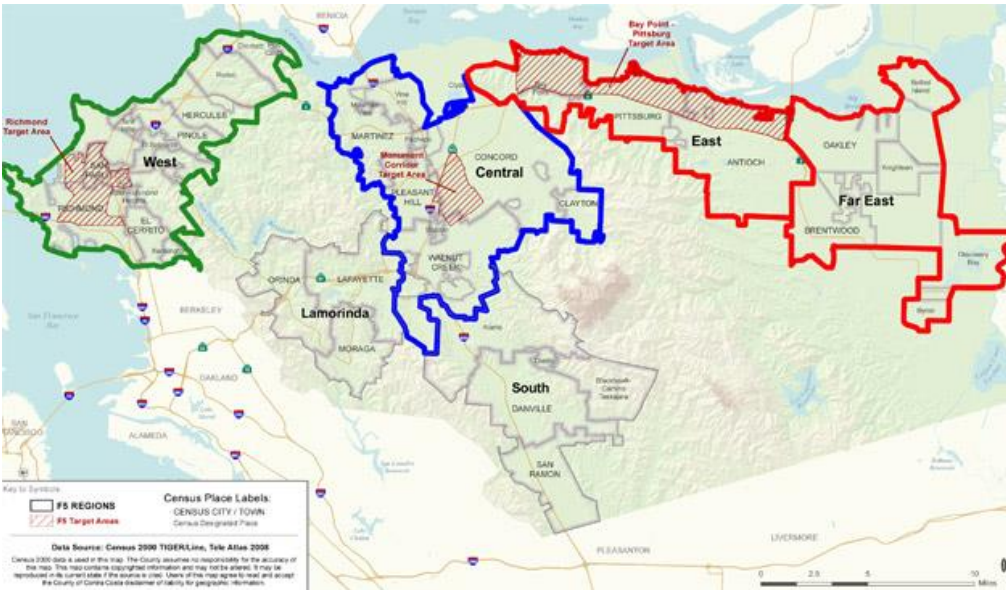
Contra Costa County has 19 incorporated cities and is bordered by San Francisco Bay to the West, San Pablo Bay and the Sacramento River Delta to the North, San Joaquin County to the East and Alameda County to the South. Hills effectively divide the county into three distinct

<sup>1</sup> 2017 American Community Survey

regions, which mirror how social, health, and other services are predominantly structured: East, West, and Central County. Central County is sometimes further delineated by “South County” to cover the communities of Danville, San Ramon and Alamo. Central County is the most affluent region of the county.

The portions of the county bordering water are where the heaviest industries are located, including several oil refineries and chemical plants along the Bay and Delta areas. The most inland areas are where the most rural portions of the county remain, although these areas have been greatly reduced. Areas along major freeways, particularly in Central County, make up the areas where major business parks and commercial centers are located.

East County is also further delineated as “Far East County”, as referred by community health needs assessments and health plans, to cover the communities of Oakley, Bethel Island and Brentwood. This area has had the most recent growth in population without the same pace of social and community based resources to meet the demands of the population. The Brentwood Senior Center, built just 10 years ago, has now exceeded capacity. As a result of economic displacement, this area is home to some of the region’s “super commuters” and has a younger median age than the rest of the county due to housing affordability. As older adults migrate to areas where the cost of living is lower, many face increasing challenges to finding, accessing, and receiving adequate health care and support, which is exacerbated by limited transportation access, particularly for people with disabilities.



**EAST COUNTY CITIES**  
Pittsburg, Antioch, Oakley, Bay Point, Brentwood, and the unincorporated areas of Bethel Island in the Delta, Knightsen, Byron, and Discovery Bay

**CENTRAL COUNTY CITIES/TOWNS**  
Lafayette, Orinda, Moraga, Walnut Creek, Concord, Clayton, Pleasant Hill, Martinez, Danville, San Ramon, and unincorporated areas Clayton, Alamo, Clyde and Rheem.

**WEST COUNTY CITIES**  
Richmond, El Cerrito, San Pablo, Pinole, Hercules and the unincorporated areas of El Sobrante, Rodeo, Crockett, Port Costa and Kensington

Central Contra Costa County is a predominantly suburban area with a mixture of housing, commercial and financial centers. It rests in a valley and is sometimes referred to as the Diablo Valley area, because Mt. Diablo is the major feature of the natural environment. Located in Central County, Concord is the most populous city in the county with 129,693 residents (2019)<sup>2</sup>. The City of Walnut Creek with a population has 68,516<sup>3</sup> residents has the oldest population in Contra Costa County with 35% of its residents who are 60 years of age and older. Rossmoor retirement community is located adjacent to the city of Walnut Creek and has almost 10,000 residents.

West County is the most urbanized section of the county with the City of Richmond as its largest

<sup>2</sup> US Census Bureau. Quick Facts

<sup>3</sup> American Community Survey (ACS) Demographic and Housing Estimates, 2013-2017 ACS 5-Year Estimates



city. Transportation is often cited as a major barrier for residents. Medical appointments are hard to access for older adults and people with disabilities because they need to access health services outside of West County. Same day, evening and weekend trip needs are not being met for those folks not able to use public transit.<sup>4</sup>

### Growth of Older Adult Population in Contra Costa County

Contra Costa County has one of the fastest growing populations of older adults in the U.S.<sup>5</sup>. In the next 15 years, the older adult population in Contra Costa County will grow by over 30,000 individuals. Contra Costa County population demographic projections for 2020<sup>6</sup> demonstrate the following characteristics of older adults in the county:

Non-Minority 60+	Minority 60+	Low Income 60+	MediCal Eligible 60+	Geographic Isolation 60+	SSI/SSP 65+	Population 75+	Lives Alone 60+	Non-English speaking 60+
62%	38%	7%	13%	6%	4%	29%	16%	2%

The growth of the older adult population will not be uniform throughout the county. Table 1 below, breaks down the overall change in older adult population by each Contra Costa city. Orinda, Pinole and Walnut Creek currently have a higher proportion of adults over the age of 80 than the county average. During the same timeframe, the number of older adults living in San Ramon and Oakley will nearly double. San Pablo, Antioch, and Pittsburg will also experience large increases in their older adult population.

**Table 1: Projected Increase in Residents over Age 60, 2017-2033**

	Number of Older Adults in 2017	Number of Older Adults in 2033	Percent Change
Contra Costa County	231,404	262,657	+13%
Antioch	18,168	24,397	+34%
Brentwood	11,498	13,831	+20%
Clayton	2,804	3,090	+10%
Concord	25,802	28,772	+12%
El Cerrito	6,391	5,720	-10%
Hercules	5,486	6,106	+11%
Lafayette	6,391	6,690	+5%
Martinez	8,685	10,251	+18%
Oakley	5,305	8,897	+68%
Orinda	5,631	5,165	-8%
Pinole	5,194	4,466	-14%
Pittsburg	11,267	14,931	+33%
Pleasant Hill	7,523	8,133	+8%
Richmond	19,315	23,636	+22%
San Pablo	4,457	6,471	+45%
San Ramon	10,389	19,615	+89%
Walnut Creek	23,997	14,903	-38%
Unincorporated/Other	53,101	72,576	+37%

Source: American Community Survey 2017; National Vital Statistics Report Vol 67, No. 7, 2018

<sup>4</sup> West Contra Costa County Transportation Authority Committee (WCCTAC) Needs Assessment Study, Nelson Nygaard, February 2018

<https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2018.05233>

<sup>5</sup> U.S. Census Bureau

<sup>6</sup> 2020 CDA Population Demographic Projects by County and PSA

Table 2 below, shows the change in older adult population by city and age group. The number of individuals ages 60 to 64, as well as those over 85-years-old, will decrease slightly in the county overall. However, the number of individuals ages 65 to 84 will increase, in large part due to the aging of the “baby boomer” generation. The largest increase will be for those between the ages of 75 and 79. For Employment and Human Services Department (EHSD), these changes may result in increased enrollment in the In Home and Support Services (IHSS) program, attendance for senior meal programs, as well as demand for senior employment programs.

**Table 2: Projected Residents by Age Category, 2033**

	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85+
Contra Costa County	61,095	59,495	53,892	41,810	27,338	19,027
Antioch	5,699	5,464	5,331	3,842	2,529	1,513
Brentwood	3,238	3,515	2,802	2,039	1,321	925
Clayton	424	868	639	587	347	225
Concord	6,874	5,850	5,885	4,935	3,071	2,158
El Cerrito	1,172	1,206	1,079	1,082	705	506
Hercules	1,203	1,328	1,388	955	762	471
Lafayette	1,235	1,704	1,470	1,036	683	562
Martinez	2,331	2,088	2,120	1,746	1,194	772
Oakley	2,452	2,363	1,635	1,244	739	462
Orinda	988	1,215	1,113	839	573	437
Pinole	771	933	1,058	708	643	353
Pittsburg	3,736	3,355	3,026	2,483	1,324	1,007
Pleasant Hill	1,787	1,764	1,578	1,366	1,002	637
Richmond	5,991	5,594	4,476	3,451	2,447	1,678
San Pablo	1,695	1,380	1,520	929	545	402
San Ramon	6,178	5,212	3,747	2,275	1,309	895
Walnut Creek	3,163	2,831	3,132	2,394	1,696	1,687
Unincorporated/Other	12,158	12,897	11,893	9,899	6,448	4,337
Percent Change in Age Category from 2017	-10%	+5%	+38%	+55%	+42%	-13%

Source: American Community Survey 2017; National Vital Statistics Report Vol 67, No. 7, 2018

As the number of older adults in the County increases, so will the number of older adults with disabilities. Combining the population projections from Table 2 with the current prevalence rates of disability by age group, the table below shows the estimated number of older adults who will be living with a disability or needing assistance by 2033. In the next 15 years, we estimate a 24% increase in older adults who are disabled living in Contra Costa County.

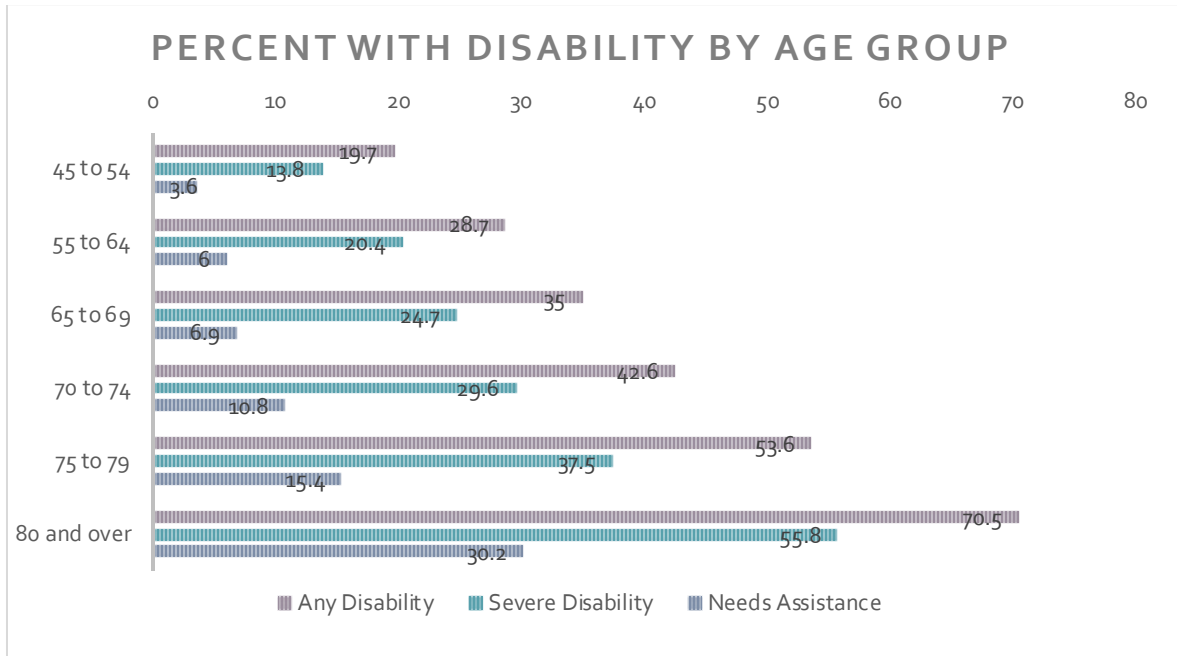
**Table 3: Estimated Number of Older Adults with Disabilities in Contra Costa County by Age Group, 2017-2033**

	2017			2033			Change (any disability)
	Any Disability	Severe Disability	Needs Assistance	Any Disability	Severe Disability	Needs Assistance	
65 to 69	19,794	13,969	3,902	20,823	14,695	4,105	+1,029
40 to 74	16,695	11,601	4,233	22,958	15,952	5,820	+6,263
75 to 79	14,440	10,103	4,149	22,410	15,679	6,439	+7,970
80 and over	28,966	22,926	12,408	32,687	25,872	14,005	+3,721
County Total	79,895	58,598	24,692	98,879	72,198	30,366	+18,984

Source: Current Population Reports, Americans with Disabilities 2010;



The U.S. Census Bureau measures the proportion of the population living with a disability. Disabilities include both physical and mental challenges that may require assistance, limited activity, reduced participation in activities, or other impairments. Physical disabilities include movement limitations, communication limitations, challenges completing activities of daily living (e.g., bathing), and learning issues. These are considered severe when they require the use of mobility devices (e.g., a wheelchair), mental conditions that prevent completing basic functional activities (e.g., dementia), or needing around-the-clock healthcare. The percentage of the national population who have a disability or need assistance is below.



Source: Current Population Reports, Americans with Disabilities 2010; American Community Survey 2017; National Vital Statistics Report Vol 67, No. 7, 2018

Demographic Concerns- Housing, Disability, Equity, Nutrition

By many standards Contra Costa County is an affluent county. However, significant pockets of immigrant and low-income communities exist in each region of the county. Access to basic needs such as housing, transportation and nutritious food are social determinants of health that affect individuals, families and communities. It is projected that by 2029 the majority of middle class Baby Boomers will have reached age 75 years and older, and will have challenges that are relatively different from today’s middle-income seniors, which include the ability to afford housing and healthcare.

**Housing** is consistently ranked as a priority and concern for everyone. Older adults are often on a fixed income, and will face challenges as the county’s housing prices continue to rise. One major area of need in the coming years is housing suitable for the needs of older adults. Homeless shelters and other housing providers are struggling to help older adults find housing in one of the most expensive housing markets in the country. Available and affordable housing are the most pressing needs for households. Older adults with Section 8 benefits struggle to find property owners willing to rent to them.

According to the 2019 Contra Costa County Point-In-Time Count, an annual census of the homeless population, there has been a 99% increase in homeless older adults since 2014. In 2019

median rents in Contra Costa County increased by 22.2% since 2017<sup>7</sup> (compared to a 9.7% increase statewide). Efforts to end homelessness and increase housing security for older adults in Contra Costa County requires targeted and coordinated efforts among a complex network of public and private entities. The county follows the philosophical principles of “housing first,” viewing housing as a right rather than a reward for recovery or program completion (alcohol/drug rehabilitation). Services focus on helping people to obtain permanent housing as quickly as possible and arranging the community services and supports people need to retain their housing. Employment and Human Services (EHSD) has collaborated with the Health Services Department to design innovative programs for older adults experiencing or at risk of homelessness.

Among older adults who are housed, few have made fall-prevention or safety modifications to safely age in place. “Aging in place” refers to when older adults stay in their current homes rather than moving to a retirement community or other facility. According to national surveys, more than 90% of older adults want to age in place, though this often requires significant modifications to homes, such as installing handrails, ramps, or other fall prevention and accessibility related renovations. However, these same surveys show that 80% of older adults have made these changes that would allow them to safely and comfortably stay in their homes.

**Equity:** The Harvard Joint Center for Housing Studies underscores the serious challenges facing America’s aging population with regard to the widening housing inequality among older adults. In 2018, the black-white homeownership gap among households age 65 and over was at a 30 year high of 19.4 % while the Hispanic-white gap stood at 18.4%. With the leading edge of the Baby Boomers reaching their 80’s in this upcoming decade the need for affordable and accessible housing will sharply increase.<sup>8</sup> Older homeowners have far greater wealth than older renters, even when their incomes are similar.<sup>9</sup>

The Forgotten Middle: (Health Affairs, Vol. 88, No. 5: Pearson/Published April 24, 2019)

“Unfortunately, our study revealed that most of tomorrow’s middle-income seniors will lack the financial resources required to pay for private seniors housing, regardless of their preferences. Even if we assume that seniors devote 100 percent of their annual income to seniors housing—setting aside any personal expenses—only 19 percent of middle-income seniors will have financial resources that exceed today’s costs of assisted living.... if we assume that middle-income seniors do draw down housing equity, 54 percent (7.8 million) will still lack the resources to pay for seniors housing at today’s costs.”

The number of older Americans with housing cost burdens is also rising, as older adults enter retirement with lower homeownership rates and elevated levels of mortgage debt of those who do own, there are significant differences in owners and renters when it comes to being prepared for retirement.<sup>10</sup>

The Elder Economic Index estimates (Table 9 below) the required income to meet basic needs for adults over age 65 who are living in the community. Contra Costa County has a higher-than-average cost of living for older adults when compared to the rest of California and the U.S. average. Property owners who have paid off their mortgage need the least income to meet their basic needs. Single older adults are much more likely to experience economic insecurity than couples. While couples need a higher income, this threshold is easier to meet with two

<sup>7</sup> Elder Economic Index, UCLA, Fielding Institute  
<sup>8</sup> Harvard Joint Center for Housing Studies; [www.jchs.harvard.edu/embargo-housing-americas-older-adults2019](http://www.jchs.harvard.edu/embargo-housing-americas-older-adults2019)  
<sup>9</sup> JCHS tabulations of Federal Reserve Board, 2016 Survey of Consumer Finances  
<sup>10</sup> *ibid*

income earners rather than one. Because women generally live longer than men, a higher proportion of those 85 and older are single women, who may struggle to earn enough income to meet their needs without public assistance. Additionally, people of color are more likely to experience economic insecurity as they age. National averages show that more than half of African-American and Hispanic older adults have annual incomes below the Elder Economic Index.

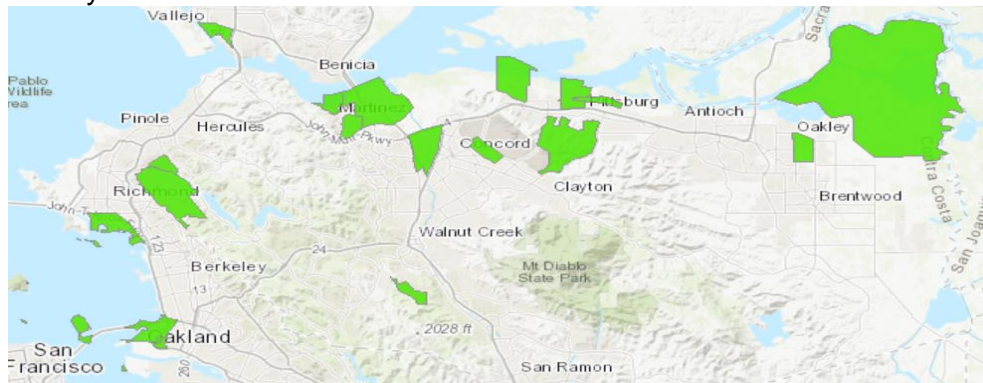
**Table 9 Elder Economic Index (Contra Costa County), 2019**

Expenses	Single Older Adult			Older Adult Couple		
	Owner w/o Mortgage	Renter, one bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, one bedroom	Owner w/ Mortgage
Housing (including utilities, taxes, and insurance)	\$618	\$1,664	\$2,131	\$618	\$1,664	\$2,131
Food	\$323	\$323	\$323	\$603	\$603	\$603
Transportation	\$276	\$276	\$276	\$373	\$373	\$373
Health Care	\$296	\$296	\$296	\$592	\$592	\$592
Misc. Costs	\$301	\$301	\$301	\$437	\$437	\$437
Monthly Totals	\$1,814	\$2,860	\$3,327	\$2,623	\$3,669	\$4,136
Yearly Totals	\$21,768	\$34,320	\$39,924	\$31,476	\$44,028	\$49,632

Source: Institute for Women's Policy Research

**Nutrition:** As we age, our nutritional needs change and having access to quality nutrition is crucial in maintaining health. Barriers to access quality nutrition include isolation, lack of transportation, costs and ability. When faced with increasing housing and medical costs, grocery budgets are usually cut first to accommodate other necessary items. Additionally, Contra Costa County has a number of areas that are considered food deserts, defined as: “An area that has limited access to affordable and nutritious food, usually within low income neighborhoods.” The USDA further defines a food desert, as those who live more than one mile from a supermarket in urban or suburban areas, and more than 10 miles from a supermarket in rural areas. Food deserts lack whole food providers who supply fresh protein sources (such as poultry, fish and meats) along with whole food such as fresh fruits and vegetables, and instead provide processed and sugar- and fat-laden foods in convenience stores.<sup>11</sup>

The Food Desert Map<sup>12</sup> below corresponds to the areas of home delivered meal waitlists in Contra Costa County.



<sup>11</sup> Wikipedia

<sup>12</sup> MAP SOURCE: USDA Economic Research Service - <https://www.ers.usda.gov/dat>

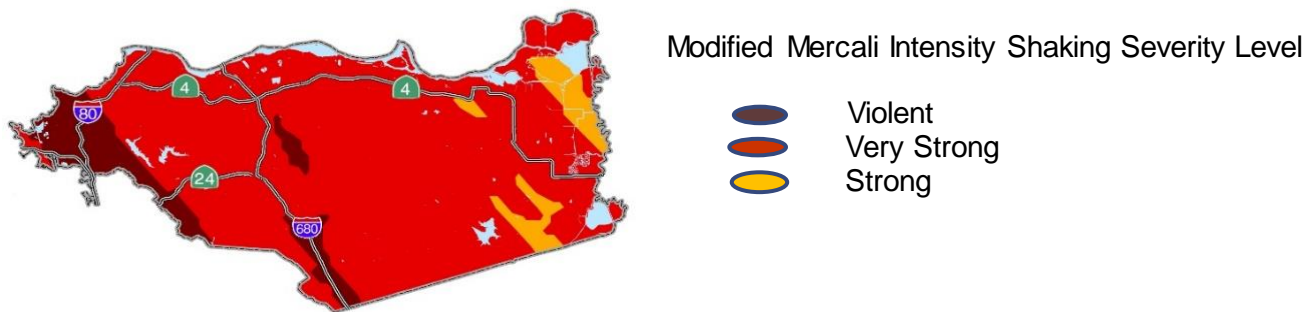
The percentage of population enrolled in government assistance programs in East County is substantially higher than the state average.<sup>13</sup> There are fewer than two grocery stores or produce vendors per 10,000 people living the Far East county- this is 38% lower than the state average. The percentage of the local population receiving Supplemental Nutrition Assistance Program (SNAP) benefits are substantially higher than the state average.<sup>14</sup> Recent changes in CalFresh benefits (Food Stamps) is allowing those who are Supplemental Security Income (SSI) recipients to be eligible for CalFresh benefits. Overall, there is an estimated 10.1% of Contra Costa County residents (113,940 residents) who are food insecure. Of those that are food insecure 37% are above the income threshold of 200% poverty level to qualify for SNAP; and, 63% are below other Nutrition Programs threshold 200% poverty level.<sup>15</sup>

The City of Oakley, established a Senior Center in June 2019 and will host a congregate meal site for older adults once per week starting this year. Oakley is situated near the largest food desert in Contra Costa County, its new Senior Center is also a food distribution site, providing food to over 900 people during the centers initial months of operation. In Fiscal Year 18-19 there was an increase of 34% of home delivered meals to the Far East region. The county continues to apply efforts to expand services and provide resources to the most impacted areas.

#### Disaster Preparedness and Emergency Response

Since 2017, California wildfires have impacted Contra Costa with smoke (air quality), interruption of power, and displacement of residents from other Bay Area communities which has impacted the county's infrastructure and health. The most serious natural event that threatens the area continues to be earthquakes. The map below illustrates where fault lines are in the region and where shaking will be most violent in the event of a major earthquake. Older adults who are homebound are most at risk during a natural disaster where quick evacuation is needed as demonstrated by the tragic loss of human life during the major fire events during the past few years in California.

West County communities face multiple challenges as they lie along fault lines in areas that are also at risk during wild fires due to natural habitat conditions. During the month of October 2019, this area was impacted by a refinery "shelter-in-place" warning due to storage tank explosions, two Public Safety Power Shutoffs (turning off electricity for public safety when gusty winds, dry conditions, combined with a heightened fire risks are forecasted), a wildfire and an earthquake. It is no longer a matter of preparing for "if" a disaster happens but when the next disaster will happen and how severe it will be.



Fire risks increase during high winds and extreme heat. Extreme heat days have increased, according to the Contra Costa Health Services 2015 Climate Change Report<sup>16</sup>. The most extreme heat will be concentrated in East County. Older adults are physiologically vulnerable to heat due to reduced physical ability to acclimatize, as well as the prevalence of pre-existing medical conditions.

The most vulnerable communities in Contra Costa County based on a comparison of census tracts based

<sup>13</sup> Sutter Health. Sutter Delta Medical Center. 2019 CHNA

<sup>14</sup> Ibid

<sup>15</sup> Feeding America, website, 2017 Overall County Food Insecurity in California, Contra costa County

<sup>16</sup> Contra Costa Health Services 2015 Climate Change Vulnerability in Contra Costa County: A Focus on Heat

on social, economic, medical, biological and environmental characteristics shows that the communities to be at the greatest health risk from extreme heat will be:

- West County- Richmond, San Pablo and North Richmond
- East County- Pittsburg, Bay Point and Antioch
- Concord's Monument District
- Walnut Creek's Rossmoor Area
- Bethel Island

The disasters and the need to be prepared were underscored during the current disaster, the COVID19 pandemic. Since March 2020, program and service interruptions impacted all Californians as a shelter in place order was enacted by the Governor. The toll on older adults who depended on their services at Adult Day Health Care, Seniors Centers, injury prevention exercise groups and various support groups for individuals and their caregivers demonstrated just how important these programs were to public safety and the maintenance of health. Access to nutrition was the immediate need identified as older adults had a harder time accessing grocery stores and once accessed had scarce food items in the first few weeks of the order. The Senior Nutrition program in Contra Costa County was well positioned to meet the need and had the capacity to quickly expand meal deliveries by over 300%.

The pandemic also underscored how vulnerable our nursing home residents were. Nationwide (at the time of this writing) 43% of COVID19 deaths occurred in nursing homes.<sup>17</sup> The Long Term Care Ombudsman staff and volunteers were not deemed as "essential workers" and were unable to assist and visit in person those who could have benefitted from advocacy. Being isolated from advocates, non-profit service providers and family had a negative impact on mental health and exacerbated the acuity of symptoms in those with Alzheimer's and other dementias.

In all, these events are helping us to understand how to apply what we have learned to bridge the "digital divide" to ensure that connection and communication aren't interrupted during an emergency. It is teaching us to be more flexible and come up with new service designs, use of zoom meetings so that older adults can age well in place. In the coming year we expect that there will be more funding to address the impact of the pandemic, we also know that there will be subsequent cuts as the economy tries to recover from loss revenue.

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<sup>17</sup> <https://nypost.com/2020/06/27/almost-half-of-us-covid-19-deaths-are-linked-to-nursing-homes/>

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

The Contra Costa County Board of Supervisors was designated as the County AAA governing body on May 20, 1975. The California Department on Aging first granted funding of PSA 7 Older Americans Act, the following September. During this first contract period, the Advisory Council was set up and the Area Agency on Aging was established within the County Social Service Department, now known as the Employment and Human Services Department (EHSD).

#### Contra Costa County Advisory Council on Aging (ACOA)

The ACOA has 40 member seats, 19 seats appointed by city jurisdictions and 20 member at large seats, and 1 Nutrition Council seat, all approved and appointed by the County Board of Supervisors. The ACOA is advisory council to the Board of Supervisors. The ACOA facilitates countywide planning, cooperation and coordination for individuals and groups interested in improving and developing services and opportunities for older residents. The ACOA provides leadership and advocacy on behalf of older persons and serves as a channel of communication and information on aging issues. The ACOA follows the guidelines set forth in the Brown Act.

The ACOA has many ways for the community to be involved and all committees and workgroups are open to the public, with public comment time set aside on all agendas. Its committees consist of the Executive Committee, Planning Committee and Membership Committee. The Planning Committee provides input into the needs assessments, goals, objectives, and setting priorities for the Area Plan.

The ACOA also has the following workgroups (open membership):

- Elder Abuse Prevention
- Health
- Housing
- Legislative
- Transportation
- Technology

ACOA achievement highlights:

1. Senior Transportation Forum
2. Disaster Preparedness Forum
3. Elder Abuse Prevention Presentations
4. Stroke Prevention Awareness
5. "Nosy Neighbor" Campaign
6. Development of a shared housing program
7. Legislative Advocacy
8. Annual Senior Programs Reviews



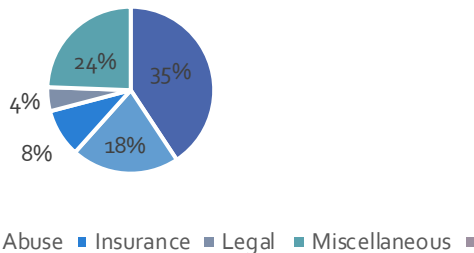
## Contra Costa County AAA Programs and Initiatives

Contra Costa provides both direct and contracted services with Older Americans Act funding. The AAA is funded to provide Information and Assistance (I&A) and the Health Insurance Counseling and Information Program (HICAP) in addition to contracting with community organizations to implement services.

### INFORMATION AND ASSISTANCE (I&A)

Information & Assistance (I&A) is a helpline that serves as the entry point to aging services. The helpline is staffed with Social Workers who can help callers initiate applications for In-Home Supportive Services (IHSS), take reports of alleged abuse/neglect for Adult Protective Services, and provide information and referral to community services. Having a “no wrong door” approach in accessing aging and adult services in Contra Costa County allows us to capture the needs of over 18,000 callers per year into actionable data about the services needed by our community. In FY 2018-2019, I&A handled over 18,400 calls. About 35% of calls were for IHSS/home care, 18% abuse, 11% housing, 8% insurance, 4% legal, and 24% are miscellaneous.

Major Needs FY 18-19



Over 2,000 calls, received by I&A were related to housing, approximately 8% of those calls were from those who were unhoused. These are difficult calls to address because of the lack of housing resources. Many callers contact I&A when they are about to lose their housing and need to find an affordable place immediately. Low-income home seekers have little options because subsidized housing has long wait lists and rents in the open market are too high. Callers are referred to resources such

as home sharing, homeless services, and legal aid for eviction counseling, if appropriate. Also, I&A holds a weekly workshop to show people how to look for housing online. These services can be helpful but fundamentally, there is just not enough affordable housing in Contra Costa County to meet needs.

In addition, I&A workers conducted community outreach to increase awareness about services available to help seniors live independently. I&A participated in 30 community events and served over 14,400 people in 2019. I&A published its second annual Senior Resource Directory, which contains almost 80 pages of information about public and non-profit services. Over 11,000 copies of the Directory was distributed in FY 2018-2019.

### HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)

HICAP provides Medicare-related health insurance counseling, helping seniors understand and find their way through the complexities of the program. People seek HICAP services for initial and ongoing information, help when claims are denied, and assistance when Medi-Cal and Medicare are supposed to coordinate, but do not do so smoothly. These efforts could not be achieved without the work of 43 highly trained volunteers.

The program expanded its outreach effort this year, information was provided to senior low income residences, mobile home sites, libraries, food banks, clinics (including those for marginalized groups), pharmacies, community centers, churches/temples, thrift stores, laundromats, and homeless navigation centers. Low income fliers were translated into Chinese, Spanish, Russian and Vietnamese. The program has deepened its relationships with library contacts, and senior low income housing coordinators, Medi-Cal and medical clinics. During the

autumn 2018 open enrollment period, 5,000 residents received termination letters from two Medicare Advantage plans. Each person received the HICAP telephone number to call for assistance in selecting new plans. HICAP receives a high volume of referrals from Medi-Cal for Medicare clients who need help in eliminating their Medi-Cal share of cost. As these cases can be time consuming and complex, HICAP trains counselors on low-income programs throughout the year.

#### EVENTS AND OUTREACH

On June 21, 2019, Adult Protective Services (APS) and Area Agency on Aging organized an event to jointly celebrate the opening of the new Oakley Senior Center and to bring attention to Elder Abuse issues. We renewed bus and BART ads to “Know Abuse, Report Abuse”, a presentation was made to the Board of Supervisors, and 5,000 purple flags were planted at the Oakley Senior Center; each representing a report of elder abuse in the past year.

AAA staff, with the Older Adults Mental Health Committee from Contra Costa County Health, organized a day-long training to increase the knowledge, skills, and comfort of our mental health clinicians working with clients at the end of their lives. This event was held November 2, 2018 with 100 people in attendance.

Caregiver issues are one of the priorities of the AAA. As such, with Family Caregiver Alliance, we presented “Caregiver Conversations” on June 25, 2019. Approximately, 150 registered attendees discussed Caregiver Well-Being, In-Home Care, Legal/Financial Concerns, Caregiving and Dementia, End-of-Life Issues, and Younger Caregivers. Interest in this event was high and we expect to do future Caregiving events.

The AAA Staff has worked with the Advisory Council on Aging to hold a Disaster Preparedness Event and distributed over 400 disaster preparedness buckets to ensure that necessary emergency supplies could sustain two older adults in the event of a disaster. The results of this effort has informed some innovative practices with our transportation subcontractor who has developed ongoing evacuation plans and services for those who are homebound without transportation, this was evidenced during fire evacuations in the fall of 2019.

#### OLDER AMERICANS ACT GRANTS

The AAA has 15 contracts to provide supportive social services, congregate meals, home delivered meals, family caregiver support and elder abuse prevention services to older adults. This year a concerted effort was made by contractors to expand their scope of services to East County and as a result more seniors were served in East County. In addition, three RFP/RFI's for services (Health Promotion/Disease Prevention, Family Caregiver Support Program, and Supplemental Nutrition Assistance Program-Education, Ombudsman, Friendly Visitor and Telephone Reassurance) were issued within the past year. John Muir Caring Hands program which provided free, escorted rides by volunteers and provided friendly visiting and respite to provide a break to family caregivers terminated their senior services program, resulting in an increased demand on the remaining community based organizations.

#### SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM-EDUCATION

The SNAP-Ed Program provides evidence-based nutrition education and obesity prevention services to older adults age 60 or older at eligible Title III C congregate nutrition sites and other venues. SNAP-Ed activities are funded by the U.S. Department of Agriculture. Due to a significant increase in funding this fiscal year, Meals on Wheels Diablo Region, the SNAP-Ed

contractor, increased class sites from 3 to 9 and number of classes from 4 to 13. In addition to several senior centers and senior housing, new sites include Rainbow Community Center (LGBTQ), North Richmond Senior Center, Ambrose Center, and Monument Crisis Center.

#### CAL FRESH EXPANSION

This past year, the AAA received funding to provide outreach services to older adults who may now be eligible to receive Cal Fresh benefits (Food Stamps). As of June 1, 2019, SSI recipients became eligible to apply. We have partnered with our County Senior Nutrition Program to canvass our economically most in need areas to encourage older adults with food insecurity to apply for this benefit.

Looking forward, the AAA, plans on integrating the Master Plan for Aging at a local level to reflect the policy and funding priorities established by the state. We plan to seek an Aging and Disability Resource Connection (ADRC) designation and will be issuing an RFP for a Fall Prevention Program in 2020. Given the number local emergencies that are result of many factors this AAA will continue to look to innovative ways to deliver services that can be more nimble to flex to those needs as they suddenly emerge.

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

The AAA followed a time line in the development of the Four-Year Plan, beginning in late 2018 the AAA staff, several ACOA members and community partners met to discuss the needs assessment process, data needs and structure of the survey. The Needs Assessment Survey was distributed primarily to older adults, consumers of senior services and family caregivers from May - October 2019. Distribution of the survey was via online Survey Monkey and paper surveys which were distributed at congregate meal sites and with home delivered meals, as well as multiple public outreach events. Surveys were available in both English and Spanish, there were 1,895 respondents.

The Key Informant Survey was distributed in January 2020 to the following constituents: ACOA, current community based contractors currently receiving Older American's Act Funding, HICAP counselors, Tax Aide volunteers, nutrition program and Café providers, Senior Center Directors, City Council members from 10 jurisdictions within the County, and all Aging and Adult Services staff which includes IHSS and APS.

In addition, each Supervisorial District hosted a Senior Forum to seek input from their constituents on what was needed, with attendance at these forums ranged from 20 -100 participants. State Senator Bill Dodd also held a Senior Forum in Pleasant Hill with 70 participants. Common feedback and comments in all the Senior Forums included the cost of housing, access to services (transportation and available supportive services), and falling within the middle income gap where individuals are not eligible for assistance programs but cannot afford private options for caregiving. In addition a Laotian/Southeast Asian Senior Hall Meeting was held in West County, concerns raised included: isolation, financial abuse, and the inability to afford medication co-pays. They also cited a lack of translation services which prevented them from accessing services and the need for a place to meet and stay connected with those who speak their language.

Needs Assessments Survey Results and Senior Forum survey results are displayed in the appendices. Results of these surveys have been reviewed with the ACOA, we have been careful to ensure that our community's service needs corresponds with how the AAA and its advisory council allocates Older Americans Act funds. Many of our services are limited by the number of volunteers to meet the demand, which is particularly true for our volunteer transportation program, which is the only volunteer transportation program left in the county. We are also aware that Older Americans Act funds cannot address housing in a tangible manner and that our services really need to bolster those who are impacted by housing cost burdens by supporting older adults with services which provide needed advocacy to prevent untoward outcomes in addition to community connection and healthy outcomes.

As part of the planning process for this Area Plan, staff members revised goals and objectives of the prior years to move forward into this next period of time, created some new goals, eliminated others that either had been completed or were no longer relevant. This Area Plan took the lead from the preliminary direction from upcoming Master Plan for Aging to establish the same broad goals it addresses in anticipation of policy changes and priorities that will result when it is finally released.

## **SECTION 5. NEEDS ASSESSMENT**

The Older American’s Act requires that AAA’s develop Area Plans every four years that include a local needs assessment. The assessment considers demographics, services, gaps in services, and priority focus areas. In 2019, with the partnership of community-based organizations who serve primarily older adults, the Contra Costa AAA redesigned our needs assessment to focus on the holistic lives of clients including health, housing, transportation, and employment. For the first time, we also included a caregiver survey.

### Demographics of Survey Respondents

From July through October of 2019, there were 1,895 responses to our needs assessment. For the first time, copies were available online in addition to paper surveys, these surveys were available in both English and Spanish.

Recruitment for the survey was challenging, particularly finding males and people of color willing to complete the assessment. Staff reported that many Latinx were hesitant to provide personal information to the county, which may be related to the current political climate. This was the first year that Contra Costa County asked respondents about their sexual orientation. While the majority of respondents, 94%, were heterosexual, we were able to capture some level of diversity among older adults.

Demographics	Survey Respondents	County Demographics (60+)
Male	32%	45%
Female	67%	55%
Transgender	>1%	n/a
Gender Non-Conforming/Other	>1%	n/a
American Indian/Alaska Native	>1%	0.5%
Asian	11%	17%
Black/African American	11%	8%
Hispanic/Latino	7%	13%
White	74%	61%
Multiracial	3%	3%
Native Hawaiian/Pacific Islander	>1%	0.2%
Divorced	17%	17%
Married	39%	60%
Single	14%	9%
Widowed	27%	15%
In a committed relationship, but not married	3%	n/a

The sample is skewed to a more educated demographic, with 46% of respondents having a Bachelor’s degree or higher compared to the 42% general county demographic, though there was extensive outreach in senior centers, EHSD offices, and other community venues. Our primary recruiting partner was Meals on Wheels Diablo Valley (MOWDR). MOWDR has an extensive donor base in the county, and we believe this group may have had higher response rates to the needs assessment since 46% of the responses came from Central County.

Level of Education	Survey Respondents	County Demographics (60+)
Less than high school	6%	9%
High school diploma/GED	15%	19%
Some college/Associate degree	33%	30%
Bachelor’s degree or higher	46%	42%

Respondents to the needs assessment reflected a full distribution of ages, the majority of respondents were in their 70’s (40%), 26% in their 60’s and 25% in their 80’s, and 9% over the age of 90, see chart

below.

Age	Survey Respondents
60-64	11%
65-69	15%
70-74	21%
75-79	19%
80-84	15%
85 - 89	10%
90 or above	9%

The chart below demonstrates where survey respondents live in the county:

Location in County	Survey Respondents
Danville/Alamo/Diablo/Blackhawk/Tassajara	15%
Brentwood/Discovery Bay/Knighten	9%
Pittsburg/Bay Point/Shore Acres/Nortonville/Port Chicago/Clyde	8%
Antioch/Stewartsville	7%
Hercules/Pinole	2%
Richmond/El Cerrito/ San Pablo/Richmond Heights/El Sobrante	14%
Orinda/Lafayette/Eastport/Moraga/Valley Vista	7%
Oakley/Bethel Island/ Sand Hill/Bridgehead	4%
Walnut Creek/Contra Costa Centre/Bancroft/Clayton	11%
San Ramon	4%
Martinez/Crockett/Alhambra Valley/Pacheco/Rodeo	6%
Concord/Four Corners	8%
Pleasant Hill	5%

Though this sample lacks the diversity we know exists in the county, this was the first year the Contra Costa County AAA was able to conduct an in-depth needs assessment that collected full demographic information from respondents. We view this year as a baseline to improve recruitment for future years, though are still pleased to present this level of detailed information to our constituents. However, we view the results of this assessment as a minimum level of need that exists in the county, as many of the respondents had access to resources that lower-income residents may not.

#### Assistance and Unmet Needs

The top ten activities requiring assistance ranked in order by respondents were:

1. Basic home maintenance
2. Getting to places out of walking distance
3. Medical Appointments
4. Housework and cleaning
5. Shopping
6. Meal preparation
7. Getting to places within walking distance
8. Money management and bill paying
9. Personal care (e.g., bathing)
10. Using a cell phone

The majority of respondents who required assistance with these activities were able to access it. However, 29% of those who needed help with personal care were not receiving any assistance.

For those who were receiving assistance, it most often came from a family member. However, one-



quarter of respondents hired paid workers to meet their needs, few received help from a friend or volunteer. The majority of those with unmet needs were located in Central or East County. Fewer services are located in East County and transportation can be more challenging. However, seeing such a high proportion of those with unmet needs in Central County was a surprising finding, as the majority of county services are located in this region.

The vast majority of respondents reported that they were able to afford their medication, insurance, and food. However, about one-quarter of respondents reported reliance on food banks, which accounts for a high demand for access to healthy food. These results are also likely skewed by the relatively high income of this sample. Over half of the respondents did not receive any services.

Over one-third of our respondents (39%) lived alone. For older adults, living alone is associated with increased isolation. Additionally, worsening symptoms of illness or disease are less likely to be noticed<sup>18</sup>. Our sample generally reported good health and higher income, which may enable more people to live alone longer. An equal number of respondents lived with their spouse or partner. Fewer lived with their children or other relatives.

Among those who did live alone, nearly half were in Central County. The next largest group was in East County (29%), and one-quarter of older adults living alone were in West County.

Nearly two-thirds of respondents owned their home, and one-quarter were renters. Few respondents reported that they were homeless or at eminent risk of homelessness. However, homelessness is increasing among older adults in Contra Costa County. We believe that we did not fully sample this hard-to-reach demographic, as housing has become a major issue for older adults.

In order to safely age in place, many older adults will need to modify their homes. This can include wheelchair ramps, shower grab bars, or other change to prevent falls. Less than one-third of our sample reported they had made all necessary changes. Nearly half (49%) have not yet made any changes to ensure injury prevention in their homes.

According to the National Council on Aging, Elder Index, the cost for a single renter in Contra Costa County is \$1,706. However, the Zillow Rent Index for Contra Costa County is \$2,291 a month and the median sales price for homes is \$626,000. Over half of survey respondents reported paying \$1,000 or less which, accounting for property tax and insurance, indicates these individuals live in homes that are paid off or nearly paid off. Approximately, one in 15 respondents reported paying over \$2,500 a month, which would be in line with the current rental and sales market in the county.

Housing and health costs have been noted to be the major economic impacts to older adults who are considered “middle class”, over two thirds of the sample (69%) stated they were in good to excellent health. Less than one in ten respondents reported they were in poor health. Despite these reports of good health, approximately half the sample said their activities were limited or they accomplished less than usual in the past month due to their physical health. Nearly half of respondents also reported that pain interfered with their normal activities in the last month and one-third reported that mood interfered with their activities in the last month.

To understand respondents’ mental health, a series of questions were designed to indicate potential depression in older adults. Overall, 15% of the sample indicated possible symptoms of depression. Among those who indicated possible symptoms of depression, nearly half (42%) were located in Central County. Nearly one-third were in East County, and about one-quarter were living in West County.

Despite higher proportions of our sample reporting pain or a down mood, only about one-quarter reported that these issues interfered with their ability to socialize at least some of the time.

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<sup>18</sup> Harvard Health: <https://www.health.harvard.edu/mind-and-mood/the-challenges-of-living-alone>

## Transportation

The majority of respondents reported driving (or having someone else drive them) for their daily travel needs. Less than one in ten older adults reported using public transit or walking. Older adults reported several issues with accessing public transportation. Time of travel and the location of stops were among the most common issues. Additionally, mobility issues prevent many older adults from feeling comfortable riding the train or bus. Notably, about one in five older adults said they do not feel safe on public transit.

## Income and Employment

Consistent with the relatively high levels of education and home ownership in our sample, the respondents had relatively high income when compared to the county average. In the county, 88% of adults age 60 or older are living at or below 150% of the federal poverty level. However, nearly one-third of our sample reported earning over \$50,000 a year, and nearly a quarter earned more than \$85,000 a year. About one-quarter of the sample earned \$15,000 a year or less, which is the income range for SS/SSP income.

Over half the sample was not working or volunteering. About one in ten were working full time, and approximately the same proportion of the sample were actively looking for work or volunteer opportunities.

Among those who were working, less than one in ten said they could not afford to retire. The most common reasons for working or volunteering were socializing with others and feeling good about their contributions.

## Caregivers

In addition to older adults, we also surveyed caregivers serving older adults in Contra Costa County. We received 424 responses from caregivers. The majority of caregivers we surveyed were a relative of the person to whom they were providing care, most often their spouse or child. Nationally, approximately 85% of caregivers are providing care for a relative<sup>19</sup>, which is in line with our sample.

The majority of caregivers we surveyed (74%) were not paid for providing care. However, there was considerable variation in payment depending on the relationship between the caregiver and the person needing care. Relatives were the least likely to be paid (15%), followed by close friends (56%). However, the majority of those who were not friends or relatives with the person to whom they were providing care were paid (77%). Unpaid caregiving can save older adults thousands of dollars every year, however, it can lead to more stress on the part of the caregiver, especially when they have a paid job outside of caregiving<sup>20</sup>.

We asked each caregiver respondent a series of questions known as the Caregiver Strain Index and received 322 measurable responses. This is a validated tool used in clinical settings to measure the amount of stress or strain a caregiver is experiencing. Caregiver strain is associated with higher burnout of caregivers and premature institutionalization due to unmet needs of care recipients. Caregivers with more strain may be prone to depression, grief, fatigue, financial hardship, and negative changes in social relationships. They may also experience physical health problems<sup>21</sup>. Based on the version of the scale used in this survey, scores could range from zero to twenty-two. A score of seven or higher indicates considerable strain on the caregiver. The average strain of those surveyed was 10.4, indicating general strain and risk among caregivers in the county. In all categories, paid caregivers reported less strain than unpaid caregivers. Interestingly, the average both paid and unpaid family caregivers fell within the considerable strain range. However, friends and non-relative/friend caregiver averages all fell below the

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<sup>19</sup> National Alliance for Caregiving: [https://www.caregiving.org/wp-content/uploads/2015/05/2015\\_CaregivingintheUS\\_Final-Report-June-4\\_WEB.pdf](https://www.caregiving.org/wp-content/uploads/2015/05/2015_CaregivingintheUS_Final-Report-June-4_WEB.pdf)

<sup>20</sup> Family Caregiver Alliance: <https://www.caregiver.org/caregiver-statistics-demographics>

<sup>21</sup> Omega, 2008: <https://nursing.ceconnection.com/ovidfiles/00000446-200809000-00026.pdf>

considerable strain threshold.

Approximately eight out of ten caregivers we surveyed had been providing care for more than one year. While long-term care by the same caregiver can provide stability for the person needing care, it can also cause more stress for caregivers, especially when they do not have access to frequent respite<sup>22</sup>.

Those needing care were roughly equally split on having been diagnosed with a cognitive impairment and dementia. However, those caring for someone with a cognitive impairment reported higher average levels of caregiver strain.

The majority of caregivers we surveyed were also older adults. While this is in line with national trends, older adults who provide care are likely to need care themselves at some point in the future. Older caregivers are more likely to experience negative physical and mental-health related impacts of providing care as well<sup>23</sup>.

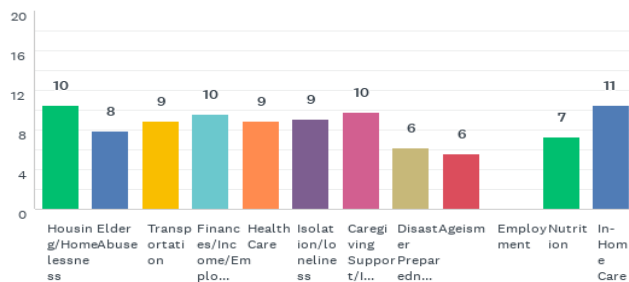
### Key Informant Survey

The Area Agency developed a web based survey which was distributed to local elected officials and service providers, Aging and Adult Services Staff at Employment and Human Services Department, Advisory Council on Aging members and Contra Costa County Public Health staff. There were forty nine respondents to this on-line survey. There were five questions grouped around: greatest need, inclusion and diversity, additional services needed, advocacy, and coordination. The comments and answers from these key informants help us understand the larger “systems” issues that affect service delivery.

The greatest needs as identified by our key informants were in order of ranking:

1. In-home Care
2. Housing-Income-Caregiving Support (tie)
3. Transportation-Health Care- Isolation (tie)

Q1 Based on your experience working with older adults, please rank the five greatest needs/issues/concerns older adults face today?



### Inclusion and Diversity

The following selected comments are included to reflect key informant answers to the following question:

*To ensure inclusivity and diversity, where and to whom, shall we expand services and reach?*

“Long-term care environments and their staff (senior housing, nursing facilities, In-home care and home health care agencies) would benefit from cultural humility training and LGBTQ dementia care training.”

<sup>22</sup> NORC- University of Chicago: <https://www.longtermcarepoll.org/long-term-caregiving-the-types-of-care-older-americans-provide-and-the-impact-on-work-and-family/>

<sup>23</sup> American Society on Aging: <https://www.asaging.org/blog/fall-generations-family-matters-when-older-adults-are-caregivers>

“Churches, mosques, synagogues, homeless services, immigrant and refugee services”

“West and East County, Spanish-speaking residents, African American, LGBT”

“Constituents in west Contra Costa (San Pablo, Richmond, Pinole, El Sobrante) and in East County (Pittsburg, Antioch areas predominantly) have high and growing populations of lower income Latinos, Asians, and African Americans, and LGBTQ communities who are all underserved and under-represented. Materials and information about where and how to get and navigate County services needs to be made available in their languages, and in a culturally competent manner so that the information is more readily accessible to these communities.”

#### Additional Services Needed

Key informants cited the need for transportation, and the need to link public transportation from West County to Central County. Many commented on the need for affordable in-home support for those who are just above the threshold to receive IHSS, and affordable homes. Selected comments included:

“With the recent notice that John Muir Health is closing its Senior Services, it is a concern that seniors will get “lost” in the larger case management and logistical services of the larger John Muir Health System. The geriatric care manager that was located in Brentwood was a wonderful local resource for patients, families and East County Primary Care physicians. “

“More services that would provide respite for the caregiver, independent attendant, registry co-op for less expensive alternative to in-home care.”

“Other ways to reach those in isolation, expanded funding for caregiver services in the home and adult day programs.”

“More housing and accommodations that are income based and affordable.”

“Self-help initiatives, such as subsidizing the spread of “villages” or supporting the establishment of intentional living communities.”

#### Advocacy Efforts Needed

Many issues were cited for needed advocacy, with the predominant issues being: dementia care, low income support, affordable housing and transportation. In addition to these issues, prescription drug prices, breaking down service silos, mental health and easier access to conservatorship were also mentioned. See sample of selected comments:

“Expansion of IHSS hours and eligibility to include low-income but non Medi-Cal eligible families. Increase Medi-Cal asset limits. County workforce training to work with older adults. Training for county emergency personnel regarding working with dementia patients. Increase dementia training requirements for workers and administrators at residential care facilities for the elderly and nursing homes.”

“Adequate and appropriate low income to no income housing first and foremost, affordable/free caregiving services for low income to no income elders/disabled adults in need, cognitive assessment practitioners who can determine capacity available to do in-home evaluations. There are many elders who are experiencing dementia who fall into abuse and neglect because they don't have the proper care and they are not remembering how to care for themselves anymore. APS social workers would benefit from the assistance of a qualified neuropsychiatric assessor to go into the home to complete assessments. This is happening in other counties within California.”

“Benefits, such as adult day services & housing for those who are just above the Medi-Cal eligibility line.”

## **SECTION 6. TARGETING**

Older Americans Act (OAA) services administered by the Area Agency on Aging (AAA) targets those most-in-need in our community. The OAA emphasizes services to older individuals with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas.

The following guideline<sup>24</sup> figures represent annual income, these guidelines are derived from the Census Bureau's current official poverty thresholds.

Persons in family/household	Poverty guideline
1	\$12,760
2	17,240
3	21,720
4	26,200
5	30,680
6	35,160
7	39,640
8	44,120

The “greatest economic need” is defined as older persons with monthly income at or below the Federal Poverty Guidelines (FPG). Furthermore, AAA and programs funded through our agency target seniors who are isolated or have priority needs due to socioeconomic factors such as sexual orientation, rural status, and racial and ethnic background.

The AAA requires its contractors to reach and serve the most-in-need older adults as part of their contractual obligations. Our Requests for Proposals (RFP) and Request for Interest (RFI) requires bidders, when submitting proposals to provide services, to include a community outreach plan that is inclusive of ethnic minority groups, Lesbian, Gay, Bisexual, and Transgender (LGBT) individuals, and individuals who are economically

disadvantaged or disabled.

The following strategies are used to meet the needs of targeted populations by this AAA:

- Provide translation services as needed to assist non-/or limited English speaking clients in all regions of the county.
- Active participation in work groups, task forces, focus groups, and community organizations focusing on addressing multicultural issues.
- Collaboration with other agencies to assist in identifying and serving low-income, rural, and minority seniors who may be at risk of not accessing needed services.
- Making available a Tax Counseling Program to help low and moderate income older adults prepare their tax returns.
- The ongoing involvement of the AAA with transit planning organizations in the county which allows service focus for low-income, frail and disabled older adults in need of assisted transportation.

<sup>24</sup> Federal Register [FR Doc. 2020-00858 Filed 1-15-20; 4:15 pm

**SECTION 7. PUBLIC HEARINGS**

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

<b>Fiscal Year</b>	<b>Date</b>	<b>Location</b>	<b>Number of Attendees</b>	<b>Presented in languages other than English?<sup>2</sup> Yes or No</b>	<b>Was hearing held at a Long-Term Care Facility?<sup>3</sup> Yes or No</b>
<b>2020-2021</b>	July 13, 2020	Zoom- Web based	49	No	No
<b>2021-2022</b>					
<b>2022-2023</b>					
<b>2023-2024</b>					

**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. Needs assessment was distributed to homebound seniors via the Meals on Wheels provider and through Senior Nutrition. A caregiver survey was also distributed to capture the needs of those older adults who relied on a caregiver to complete a survey on their behalf.
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. Positive feedback about the Goals being linked to the Master Plan for Aging for ease of implementation. Comments about the need to “provide radically different” ways of providing services which will require more collaboration with subcontractors and CBO’s. The COVID pandemic has highlighted the need for more collaboration and program development to capture and address new trends.
4. Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services



Yes. Go to question #5

No, Explain:

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

## **SECTION 8 - IDENTIFICATION OF PRIORITIES**

**PSA 7**

To synthesize and prioritize the needs identified in the assessment process the AAA formulated four goals. The AAA needs assessment, Key Informant Survey and the Senior Town Halls confirmed that respondents wanted support to remain living in their own homes. This can be broadly supported through policy, resource development, service provision and collaboration with other organizations.

Results from the needs assessment were synthesized to formulate four goals:

1. The AAA will provide services to enable our aging community to live where they choose as they age and have the help they and their families need to do so.
2. The AAA will promote development for Age-Friendly communities, ensure that community infrastructure fully and meaningfully includes older adults and families by having accessible and affordable housing, transportation, and community engagement.
3. The AAA will provide older adults with access to programs promoting health and well-being. The AAA will improve access to information, assistance and resources to achieve greater equity of resources and services among all older adults in our community.

**SECTION 9 - AREA PLAN NARRATIVE GOALS AND OBJECTIVES**    PSA 7

**Goal # 1**

<b>Goal: The AAA will provide services to enable our aging community to live where they choose as they age and have the help they and their families need to do so.</b>			
Rationale: Contra Costa residents will have access to the help they need to live in the homes and communities they choose as they age. The AAA Needs Assessment, Key Informant Survey and the Senior Town Halls confirmed that respondents wanted support to remain living independently in their home communities as supported in the mission of the Older Americans Act. Since the COVID19 outbreak, food insecurity has become the number one concern of many older adults in the county.			
OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
1. AAA Program Manager/ Senior Staff Assistant will work with Dept. of Public Health/Health Services and CBO's to expand services in identified food deserts to provide additional social supports to at-risk seniors through meal delivery, congregate meal sites and other services to reduce food insecurity.	7/1/2020-6/30/2021	PD	
2. We will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support they need, and without endangering their own health or well-being or the health and well-being of the person they are helping. AAA Staff will: <ul style="list-style-type: none"> <li>• Develop a community education and training event to support family caregivers by 6/30/2021.</li> <li>• Work with other Aging and Adult Service programs at EHSD to expand the knowledge and support of family caregivers.</li> </ul>	7/1/2020-6/30/2021	C	
3. The AAA will develop relationships and activities with organizations providing services and advocacy on behalf people with mental illness and disabilities. The AAA will work in partnership with the Centers for Independent Living (core partner) and other organizations to develop an Aging, Disability and Resource Connection (ADRC). Core partners will provide staff support to an ADRC Advisory Counsel of the ADRC and will develop a system for “warm transfers” of callers seeking information and assistance.	7/1/2020-6/30/2021	PD	

4. AAA Staff will work with community partners, ACOA Health Workgroup, County Health and Public Health Departments to identify dementia health practices to be implemented in Contra Costa County as a result of the California Report on the Alzheimer’s disease to be released in October 2020. Broad community education and an event will be planned as a result of the report’s findings, will explore making Contra Costa County “Dementia Friendly”.	7/1/2020-6/30/2021	C	
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**Goal # 2**

<b>Goal: The AAA will promote development for Age-Friendly communities, ensure that community infrastructure fully and meaningfully includes older adults and families by having accessible and affordable housing, transportation, and community engagement.</b>			
Rationale: AAA needs assessment, community forums, key informant results, and caller identified need through the Information and Referral line indicate that access to affordable housing and transportation are the highest priorities for older adults to remain living in their home communities. Contra Costa residents will have access to the help they need to live in the homes and communities they choose as they age.			
OBJECTIVES	Projected Start and End Dates	Title III B Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
1. Through the ACOA Housing Workgroup, the AAA Senior Staff Assistant is working in concert with ACOA members, housing service providers, County Housing Authority, affordable housing developers, homeless programs, and other stakeholders to identify and develop advocacy strategies and solutions to help seniors struggling to find affordable housing.	7/1/2020-6/30/2021	C	
2. To improve transportation services for Contra Costa County, the AAA will work with public agencies, ACOA Transportation workgroup, transportation professionals, community-based organizations, and older adults to: <ul style="list-style-type: none"> <li>• Identify senior transportation issues and resources.</li> <li>• Explore partnerships and collaborations to improve and expand services.</li> </ul>	7/1/2020-6/30/2021	C	

<p>3. The AAA Program Manager, Aging and Adult Services Senior Staff Assistants, and the ACOA Planning Committee Members will work collaboratively with CBOs to develop and plan special programs/events/services to help address the needs of older adults with particular attention to seniors with limited-English speaking capability.</p> <ul style="list-style-type: none"> <li>• Ensure Spanish translation at events (other languages)</li> <li>• Laotian Community in Richmond</li> <li>• Other ethnicities/non-English speakers as needed</li> </ul>	<p>7/1/2020-6/30/2021</p>	<p>C</p>	
<p>4. In order to address the needs of the Lesbian, Gay, Bisexual, and Transgender (LGBTQ) community, the AAA will:</p> <ul style="list-style-type: none"> <li>• Support CBOs to provide services for LGBTQ clients;</li> <li>• Encourage training for CBOs to ensure safe and welcoming environments to people of all sexual orientation and gender identities.</li> </ul>	<p>7/1/2020-6/30/2021</p>	<p>C</p>	
<p>5. The AAA Staff will work with APS, ACOA Health Workgroup, ACOA Technology Workgroup, and other agencies to promote awareness of the health risks of social isolation.</p> <p>AAA Staff will work with CBOs to alleviate isolation by:</p> <ul style="list-style-type: none"> <li>• Creating an accessible AAA website that will showcase events and community activities to ensure that community resources are available to everyone throughout the county</li> <li>• Ensure that county social workers and others (outside of the AAA) have access to resources to connect clients to services that provide socialization.</li> </ul>	<p>7/1/2020-6/30/2021</p>	<p>C</p>	
<p>6. AAA will work with the advocates and the disability community to support programs that will ensure infrastructure to have accessible and affordable housing, transportation and community engagement.</p>	<p>7/1/2020-6/30/2021</p>	<p>C</p>	
<p>7. AAA Staff will actively participate in Senior Coalitions to identify and prioritize the needs of older adults by providing technical assistance in working with coalition members on needs identified by members, including: health and intergenerational issues, elder abuse prevention, and policy advocacy at all levels of the government.</p>	<p>7/1/2020-6/30/2021</p>	<p>C</p>	

<p>8. AAA Staff, ACOA members will work with CBOs to raise awareness of older adult issues by:</p> <ul style="list-style-type: none"> <li>• Coordinating events to promote the Master Plan for Aging and involving the County Board of Supervisors, other municipalities, non-profit, and private sector organizations</li> <li>• Promoting the inclusion of solutions to issues raised in the Master Plan for Aging in the County's long term planning for aging and adult services.</li> <li>• Participating in SCAN Foundation's California Collaborative for Long-Term Services and Support which seeks to build an effective, statewide social movement to transform the State's long-term services and supports (LTSS) system.</li> </ul>	7/1/2020-6/30/2021	C	
<p>9. Aging and Adult Services Senior Staff Assistants, Program Manager, Aging &amp; Adult Services Director, and ACOA members will focus on education and promotion of "age-friendly" initiatives to ensure that access to housing, transportation and civic life are planned in local municipality's policy decisions to address the needs of seniors.</p>	7/1/2020-6/30/2021	C	

**Goal # 3**

<p><b>Goal: The AAA will provide older adults with access to programs promoting health and well-being.</b></p>			
<p>Rationale: County residents will have access to programs promoting health and well-being throughout their life span.</p>			
OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
<p>1. AAA Staff will collaborate with Department of Health Services (Senior Nutrition program) to increase meal sites and alternative meals program in the less accessible areas (food deserts) of the county.</p>	7/1/2020-6/30/2021	PD	
<p>2. AAA Staff will seek new partners (e.g., Behavioral Health) who are not part of the Aging network to include them and provide greater services to older adults in great need, such as homeless and crisis shelters.</p>	7/1/2020-6/30/2021	C	
<p>3. AAA Staff will implement the Dignity at Home Program to ensure that there is a strong injury prevention program that can provide the assessment and equipment needed to help people age in place safely.</p>	7/1/2020-6/30/2021	PD	

**Goal #4**

<b>The AAA will improve access to information, assistance and resources to achieve greater equity of resources and services among all older adults in our community.</b>			
Rationale: The AAA Needs Assessment results, Key Informant Survey responses and the Senior Town Hall participants expressed many concerns about being able to afford to remain in their homes, in addition to feeling the ongoing threats of potential financial exploitation by the many scams targeting older adults.			
OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
1. The AAA Program Manager, Aging and Adult Services Senior Staff Assistants, and the ACOA will work collaboratively with CBO's to develop and plan special programs/events/services to help address economic insecurity in retirement.	7/1/2020-6/30/2021	C	
2. AAA Program Manager, Senior Staff Assistants and the Advisory Council will work with various services providers and other interested stakeholders to coordinate elder abuse prevention activities for seniors vulnerable to or at risk of exploitation. <ul style="list-style-type: none"> <li>• The Elder Abuse Prevention Workgroup of the ACOA will provide trainings and dissemination of elder abuse prevention materials and other related presentations will be made to the public several times per year.</li> <li>• AAA/APS staff members in conjunction with Ombudsman will assist with hosting seminars, fairs, or other educational events related to elder abuse and Elder Abuse Month.</li> </ul>	7/1/2020-6/30/2021	C	
3. AAA Program Manager, Senior Staff Assistants, ACOA and CBO's will help plan for and prepare for disasters and emergencies, and will provide timely communication and response for emergencies. During emergencies, stakeholder communications will be posted to the AAA website, information sharing and outreach will occur to ensure all member in the community are notified and have access to resources.	7/1/2020-6/30/2021	C	

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

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



**SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES**

PSA 7 \_\_\_\_\_

**TITLE III/VIA 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	N/A		
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	N/A		
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	N/A		
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	450,000	1, 3	
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	5,378	1,3	
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	N/A		
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	40,782	2	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	153,510	1	
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	N/A		
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	N/A		
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	4,911	4	
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	19,950	2	
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	17,500	1,2,3,4	
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	N/A		
2021-2022			
2022-2023			
2023-2024			

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

- Each **Title III B** “Other” service must be an approved NAPIS Program service listed above on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.
- Identify **Title III B** services to be funded that were not reported in NAPIS categories. (Identify the specific activity under the Other Supportive Service Category on the “Units of Service” line when applicable.)

**Title III B, Other Priority and Non-Priority Supportive Services**

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

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

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

**Telephone Reassurance**

**Unit of Service= 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
<b>2020-2021</b>	6,552	1,3,4	
<b>2021-2022</b>			
<b>2022-2023</b>			
<b>2023-2024</b>			

**Visiting**

**Unit of Service= 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
<b>2020-2021</b>	26,460	1,2,3,4	
<b>2021-2022</b>			
<b>2022-2023</b>			
<b>2023-2024</b>			

**3. 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:** **A Matter of Balance and Otago Classes**

- **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	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (Required)
<b>2020-2021</b>	168	3	3
<b>2021-2022</b>			
<b>2022-2023</b>			
<b>2023-2024</b>			

**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%.

<p>1. FY 2018-2019 Baseline Resolution Rate:  Number of complaints resolved <u>1,520</u> + number of partially resolved complaints <u>492</u>  divided by the total number of complaints received <u>2,425</u> = Baseline Resolution Rate  <u>83</u> % FY 2020-2021 Target Resolution Rate <u>93</u> %</p>
<p>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 _____ %</p>
<p>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 _____ %</p>



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: 4

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

1. FY 2018-2019 Baseline: Number of Resident Council meetings attended 65  
 2. FY 2020-2021 Target: 70

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 0  
 2. FY 2020-2021 Target: 8

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: 4

**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 1,104  
 FY 2020-2021 Target: 1,500

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 <u>1,911</u> FY 2020-2021 Target: <u>2,000</u>
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 <u>9</u> FY 2020-2021 Target: <u>20</u>
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: <u>1</u>

**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.

<b>FY 2020-2021</b>
<p><b>FY 2020-2021 Systems Advocacy Effort(s):</b>  Ombudsman Services will continue to work with Healthcare Career Pathway partners to expand and improve the education for caregivers and licensed care professionals. The partnership will work to deepen the pathway into east Contra Costa County and improve person centered education and access to students with addressable barriers. The partnership will work to develop a secondary training site and expand offerings to programs like RNA, HHA, LVN</p>
<b>FY 2021-2022</b>
<p><b>Outcome of FY 2020-2021 Efforts:</b></p> <p><b>FY 2021-2022 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p>
<b>FY 2022-2023</b>
<p><b>Outcome of FY 2021-2022 Efforts:</b></p> <p><b>FY 2022-2023 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p>
<b>FY 2023-2024</b>
<p><b>Outcome of 2022-2023 Efforts:</b></p> <p><b>FY 2023-2024 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p>

**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>29</u> divided by the total number of Nursing Facilities <u>31</u> = Baseline <u>94</u> % FY 2020-2021 Target: <u>94</u> %
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: <u>4</u>

**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>345</u> divided by the total number of RCFEs <u>381</u> = Baseline <u>91</u> % FY 2020-2021 Target: <u>93</u> %
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: <u>1.4</u>

**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: <u>5.51</u> FTEs FY 2020-2021 Target: <u>5.5</u> 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: <u>1.4</u>

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers <u>25</u> _____ FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers <u>25</u>
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: <u>1.4</u>

**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

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OSCC will continue to ensure the highest level of accuracy in data management. In the coming year the organization will add a complaints/case review system with Regional Supervisors and quarterly case review meetings.

**TITLE VIIIA 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.

**TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES**

The agency receiving Title VIIA Elder Abuse Prevention funding is: **Contra Costa County Senior Legal Services**

Fiscal Year	Total # of Public Education Sessions
2020-2021	9
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 III E
2020-2021	N/A
2021-2022	
2022-2023	
2023-2024	

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

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020-2021	500	Identity theft and account fraud; Elder Court/Senior Self-Help Clinic; What Should I Know About Elder Abuse; Consumer Fraud
2021-2022		
2022-2023		
2023-2024		

Fiscal Year	Total Number of Individuals Served
2020-2021	950
2021-2022	
2022-2023	
2023-2024	

**TITLE IIIE 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 IIIE Services**

<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Family Caregiver Services Caring for Elderly</b>	<b><i>Proposed Units of Service</i></b>	<b><i>Required Goal #(s)</i></b>	<b><i>Optional Objective #(s)</i></b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
<b>2020-2021</b>	# of activities: 42 Total est. audience for above:600	2	
<b>2021-2022</b>	# of activities: Total est. audience for above:		
<b>2022-2023</b>	# of activities: Total est. audience for above:		
<b>2023-2024</b>	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
<b>2020-2021</b>	1,191	1	
<b>2021-2022</b>			
<b>2022-2023</b>			
<b>2023-2024</b>			

Access Assistance		Total contacts	
Support Services	Total hours		
2020-2021	1,619	1	
2021-2022			
2022-2023			
2023-2024			
Respite Care	Total hours		
2020-2021	3,208	1, 4	
2021-2022			
2022-2023			
2023-2024			
Supplemental Services	Total occurrences		
2020-2021	178	1,3,4	
2021-2022			
2022-2023			
2023-2024			

**Direct and/or Contracted III E 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: 0 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:		

<b>Grandparent Services Caring for Children</b>	<b><i>Proposed</i> Units of Service</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Optional</i> Objective #(s)</b>
<b>Access Assistance</b>	<b>Total contacts</b>		
2020-2021	178	1	
2021-2022			
2022-2023			
2023-2024			
<b>Support Services</b>	<b>Total hours</b>		
2020-2021	399	1	
2021-2022			
2022-2023			
2023-2024			
<b>Respite Care</b>	<b>Total hours</b>		
2020-2021	525	1	
2021-2022			
2022-2023			
2023-2024			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2020-2021	63	1, 3	
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](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) <sup>6</sup>**

<b>Fiscal Year (FY)</b>	<b>3.1 Estimated Number of Clients Represented Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2020-2021	6	4
2021-2022		
2022-2023		
2023-2024		

<b>Fiscal Year (FY)</b>	<b>3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2020-2021	30	4
2021-2022		
2022-2023		
2023-2024		

<b>Fiscal Year (FY)</b>	<b>3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2020-2021	9	1,4
2021-2022		
2022-2023		
2023-2024		

<sup>3</sup> 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.

<b>Designated Community Focal Point</b>		<b>Address</b>
1	Antioch Senior Center	415 West Second Street, Antioch
2	Brentwood Senior Activity Center	193 Griffith Lane, Brentwood
3	Concord Senior Center	2727 Parkside Circle, Concord
4	Danville Senior Center	115 E. Prospect, Danville
5	Open House Senior Center	6500 Stockton Avenue, El Cerrito
6	Hercules Senior Center	111 Civic Drive, Hercules
7	Lafayette Senior Services	500 St. Mary's Road, Lafayette
8	Martinez Senior Community Center	818 Green Street, Martinez
9	Oakley Senior Center	204 Second Street, Oakley
10	Pinole Senior Center	2500 Charles Street, Pinole
11	Pittsburg Senior Center	300 Presidio Lane, Pittsburg
12	Pleasant Hill Senior Center	233 Gregory Lane, Pleasant Hill
13	Richmond Senior Citizens Center	2525 Macdonald Avenue, Richmond
14	Richmond Annex Senior Center	5801 Huntington Avenue, Richmond
15	San Pablo Senior Center	1943 Church Lane, San Pablo
16	Alcosta Senior Center	9300 Alcosta Boulevard, San Ramon
17	Walnut Creek Seniors' Club	1375 Civic Drive, Walnut Creek

**SECTION 12 - DISASTER PREPAREDNESS**

**PSA 7** \_\_\_\_\_

**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:
  
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
Rick Kovar	OES Manager	Office:	rkova@socccounty.us

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Anthony Macias	Sr. Staff Assistant	Office: 925-602-4175	<a href="mailto:amacias@ehsd.cccounty.us">amacias@ehsd.cccounty.us</a>

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

<b>Critical Services</b>	<b>How Delivered?</b>
a. <b>Staff Shelter</b>	<b>County staff will staff emergency shelters</b>
b. <b>Support meal delivery</b>	<b>AAA staff to assist with meal delivery</b>

5. List any agencies with which the AAA has formal emergency preparation or response agreements. The AAA is housed within the Contra Costa County Employment and Human Services Department which is responsible for care and shelter in the event of a major disaster. It has formal agreements with the American Red Cross, The Contra Costa County Office of Emergency Services, the Contra Costa County Health Department, and the Contra Costa Sherriff's Department.
  
6. 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): Anthony Macias (925)602-4175
  
7. Describe how the AAA will:
  - Identify vulnerable populations: The AAA utilizes information obtained from the In-Home

Support Services program and the aging network in Contra Costa County on vulnerable at risk individuals. The aging network consists of a collaboration of Ombudsman Services, AAA Contractors, and non-profit organizations whose purposes is to serve and advocate for older adults.

- Follow-up with these vulnerable populations after a disaster event: Protocols are in place to identify at risk populations and arrange for shelter care for those with special needs. AAA works with the Ombudsman Program to ensure skilled nursing facilities, assisted living facilities, and residential care homes provide for their clients, residents, and patients during and after a disaster.

**2020-2024 Four-Year Planning Cycle**

**Funding for Access, In-Home Services, and Legal Assistance**

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds<sup>5</sup> listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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

**Access:**

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

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

**In-Home Services:**

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

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

**Legal Assistance Required Activities:<sup>6</sup>**

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

2020-21 11%                      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. 7

With no significant changes to the level of needs in these service categories, the percentage of allocation remains the same as the previous planning cycle. The percentages continue to be established by the Advisory Council on Aging and are approved each year at the public hearing and are in-line with AAA funding and budget. However, if CBAS is eliminated these proportions will change at the next AP Update.

<sup>4</sup> Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

<sup>5</sup> Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

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

PSA 7

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

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

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

<u>Check applicable direct services</u>	<u>check each applicable Fiscal Year</u>			
<b>Title IIIB</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Program Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title IID</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input type="checkbox"/> Disease Prevention and Health Promo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title IIIE<sup>9</sup></b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input type="checkbox"/> Information Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VIIA</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VII</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input type="checkbox"/> Prevention of Elder Abuse, Neglect, And Exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Require RFP's and RFI's to include a plan to reach individuals with the greatest economic or social needs
- Require subcontractors to serve a minimum percentage of low-income and minority clients
- Provide translation service as needed to assist non-/or limited English speaking client in all regions of the county
- Actively participate in work groups focusing on addressing multicultural issues
- Collaborating with other agencies to assist in identifying and servicing low-income, minority seniors who may be at risk of not accessing needed services
- Focus on providing additional services to food deserts in the county

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES    PSA 7**

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Older Americans Act Reauthorization Act of 2016 Section  
307(a) (8)  
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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Complete and submit for CDA approval a separate Section 15 for each 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:** HICAP

Check applicable funding source:<sup>10</sup>

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** x **FY 21-22**  x **FY 22-23**  x **FY 23-24**

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>10</sup>: Contra Costa County AAA has provided HICAP as a direct service since the inception of HICAP. The location of HICAP within county government has aided client outcomes greatly in regards to its relationships to the County's Medi-Cal and IHSS staff, and can more effectively solve Medicare problems for people who also have Medi-Cal because of these relationships. No other AAA's are affected.

**GOVERNING BOARD MEMBERSHIP  
2020-2024 Four-Year Area Plan Cycle**

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

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**Total Number of Board Members:**     **5\_\_\_\_\_**

**Name and Title of Officers:**

**Office Term Expires:**

CANDACE ANDERSEN, Chair, District II	December 2025
DIANE BURGIS, Vice-Chair, District III	December 2025

**Names and Titles of All Members:**

**Board Term Expires:**

JOHN GIOIA, District I	December 2022
KAREN MITCHOFF, District IV	December 2022
FEDERAL GLOVER, District V	December 2025

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

**SECTION 17 - ADVISORY COUNCIL**

PSA \_\_\_\_\_

**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) 40 (10 Vacancies)

Number of Council Members over age 60 27

<b>Race/Ethnic Composition</b>	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
White	<u>61%</u>	<u>70%</u>
Hispanic	<u>13%</u>	<u>4%</u>
Black	<u>8%</u>	<u>7%</u>
Asian/Pacific Islander	<u>0.5%</u>	<u>16%</u>
Native American/Alaskan Native	<u>0.2%</u>	<u>0</u>
Other	<u>17.3%</u>	<u>3%</u>

**Name and Title of Officers:**

**Office Term Expires:**

<b>Susan Frederick, President/Chair</b>	December 19, 2020
James Donnelly, Vice President	December 19, 2020
Gail Garret, 2 <sup>nd</sup> Vice President	December 19, 2020
Richard Nahm, Secretary and Treasurer	December 19, 2020

**Name and Title of other members:**

**Office Term Expires:**

Aufhauser, Martin, Representing City of Moraga	September 30, 2021
Bhambra, Jagjit, At Large #11	September 30, 2021
Bruns, Mary, At Large #15	September 30, 2020
Card, Deborah, At Large #5	September 30, 2020
Donnelly, James, Representing City of Danville	September 30, 2021
Doran, Jennifer, Representing City of Hercules	September 30, 2020
Fernandez, Rudy, Representing City of Antioch	September 30, 2020
Frederick, Susan, At Large #20	September 30, 2020
Garret, Gail, Nutrition Council Representative	September 30, 2020



Kee, Arthur, Representing City of Brentwood	September 30, 2021
Kim-Selby, Joanna, Representing City of El Cerrito	September 30, 2020
Kleiner, Jill, At Large #19	September 30, 2021
Krohn, Shirley, At Large #2	September 30, 2020
Leasure, Nancy, At Large #8	September 30, 2021
Lipson, Steve, At Large #6	September 30, 2020
Nahm, Richard, At Large #18	September 30, 2020
Napoli, Frank, Representing City of Walnut Creek	September 30, 2021
Neemuchwalla, Nuru, At Large #12	September 30, 2020
O'Toole, Brian, At Large #16	September 30, 2021
Partridge, Erin, Representing City of Lafayette	September 30, 2021
Richards, Gerald, At Large #9	September 30, 2021
Rose, Mary, At Large #13	September 30, 2020
Selleck, Summer, At Large #7	September 30, 2020
Smith, Frances, Representing City of Richmond	September 30, 2020
Tervelt, Ron, Representing City of Clayton	September 30, 2021
Thompson, Kathie, At Large #3	September 30, 2021
Tobey, Terri, At Large #10	September 30, 2021
Van Ackeren, Lorna, Representing City of Pleasant Hill	September 30, 2020
Yee, Dennis, At Large #14	September 30, 2021

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

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

Explain any "No" answer(s): \_\_\_\_\_

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

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

Each new vacancy occurring on the Council is declared by Board Order. The Clerk of the Board’s Office is then instructed to advertise each vacancy for a period of 20 days prior to the filling of each seat to encourage and permit interested members of the public to apply. Vacancies are identified on the County’s website. Member at Large applicants are interviewed by the Council’s Membership Committee; Local Committee Seats are selected by the cities (usually the City Councils). All new appointments to the Council are made by Board Order. New members are given an orientation and advised of their duty to file FORM 700 and to complete ethics training for public officials as required by the Fair Political Practices Commission. Members are also provided video training on the Brown Act and the County’s own Better Governance Ordinance. Expired terms are renewed by mutual agreement.

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

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This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2016 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)] <sup>12</sup> CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at:

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

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1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title III B requirements: **For the provision of Legal Services, the AAA contracts with Contra Costa Senior Legal Services (CCSLs). The mission is to ensure justice, dignity, health, security, maximum autonomy and independence to older residents of Contra Costa, with a particular emphasis on those with the greatest economic and social need. They provide free legal advice, representation and education to elderly residents of Contra Costa County. The most urgent objective is to resolve legal problems that are adversely affecting basic needs of the elderly such as food, shelter, health care, and freedom from physical, psychological or economic abuse.**
2. Based on your local needs assessment, what percentage of Title III B funding is allocated to Legal Services? Discuss: **11 % of adequate proportion of unallocated Title III B funding is directed to Legal Services.**
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, there has been a 10% increase in clients seen in the past 4 years, it does not account for the number of people turned away either because the matter is not one that they could have helped them with or because of the lack of capacity of the organization to provide services. There was an increase in the level of funding for III B legal services. Approximately 27% of cases are housing related, primarily landlord/tenant disputes and eviction defense.**
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, the agreement does include expectations to use the California Statewide Guidelines in the provision of OAA legal services.**
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? 1.) Prevention of Elder Abuse; 2.) Housing Preservation; 3.) Access to Benefits; and 4.) Access to health care.
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 Discuss:**

Yes, the AAA collaborates with our legal service provider, CCSLS, to identify our target population. The target population is older adults with the greatest social and economic need. The mechanism for reaching them is through outreach and education at senior centers, nutrition sites, senior housing complexes, community events, and gathering places with diverse racial/ethnic

populations, such as San Pablo and Bay Point. CCSLS distributes brochures about its services in English, Spanish, and several Asian languages. CCSLS recently began outreach at dialysis clinics to advertise free health care directive services. CCSLS employs Spanish speaking staff and provides outreach to immigration fairs. Website can be accessed in many different languages (via Google translate); use of a language line for other languages (recently Farsi and Hindi).

Additionally, CCSLS collaborates with Ombudsman Services to reach those confined in long-term care facilities.

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

The targeted senior population are those with the Greatest Social Need: Isolated, disabled, low-income, and non-English speaking are all risk factors. The Legal Services Provider reaches them through a website that is accessible and includes a video describing their services as well as a blog. They also rely on frequent in-person outreach (over 45 events last year), distribute flyers in senior centers, food bank distribution sites and to Meals on Wheel clients. In addition, they receive referrals from Adult Protective Services, Family Justice Centers, Ombudsman Services, Contra Costa Bar Assn., local Senior Centers, Information & Assistance, etc.

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

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

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<sup>6</sup> For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or [chisorom.okwuosa@aging.ca.gov](mailto:chisorom.okwuosa@aging.ca.gov)

9. Does your PSA have a hotline for legal services? **No, Discuss:** There is no senior specific hotline. There was a statewide Senior Legal Hotline that was funded by a Model Grant. It no longer exists, but Bay Area Legal Services does offer a Help Line for eligible clients.

10. What methods of outreach are Legal Services providers using? **Discuss:** The Legal Services Provider conducts outreach through a website that is accessible and includes a video describing their services as well as a blog. They also rely on frequent in-person outreach (over 45 events last year), distribute flyers in senior centers, food bank distribution sites and to Meals on Wheel clients. In addition, they receive referrals from Adult Protective Services, Family Justice Centers, Ombudsman Services, Contra Costa Bar Association, local Senior Centers, Information & Assistance, etc.

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

<b>Fiscal Year</b>	<b>Name of Provider</b>	<b>Geographic Region covered</b>
<b>2020-2021</b>	a. Contra Costa Senior Legal Services b.	a. Contra Costa County b. c.
<b>2021-2022</b>	<i>Leave Blank until 2021</i>	<i>Leave Blank until 2021</i>
<b>2022-2023</b>	<i>Leave Blank until 2022</i>	<i>Leave Blank until 2022</i>
<b>2023-2024</b>	<i>Leave Blank until 2023</i>	<i>Leave Blank until 2023</i>

12. Discuss how older adults access Legal Services in your PSA: **Discuss:** Older Adults can access the Legal Service provider at senior centers and at the agency’s office in person or by telephone. It also conducts clinics at senior housing sites, assisted living facilities, and has staff who can travel to the home of an older adult who is homebound and in need of urgent services.

13. Identify the major types of legal issues that are handled by the Title III legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area): **Discuss:** The majority of cases handled by Contra Costa Senior Legal Services have to do with eviction and other housing issues. Other issues include debtors’ rights and planning for incapacity.

- Housing: The title III Legal provider assists seniors with problems relating to housing, including assistance with publicly subsidized housing, eviction defense, improving housing conditions, lockouts and utility shut offs.
- Elder Abuse: The title III Legal provider assists victims of abuse to enforce their rights against their abusers. Services include advising seniors about financial elder abuse, fraud and senior scams; assisting seniors in obtaining Elder Abuse Restraining Orders; and, advising and assisting clients victimized by identity theft or fraud.
- Consumer and Individual Rights: The Title III legal provider advises debtors about their rights, assist with debt collector lawsuits, and with resolution of some contract disputes. It also drafts powers of attorney and Advance Health Care Directives.

- Public Benefits: The Title III legal advisor assists with waivers and reconsiderations in SSI overpayment matters.
- It also engages in planning for incapacity (Advance Health Care Directives and Durable Powers of Attorney) for older residents of the County

Prior to the recent outbreak of the coronavirus, the most urgent trends concerned threats to housing and economic stability. These issues are likely to become even more pronounced in light of the health crisis affecting our community.

- 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, Discuss:** The legal provider is now able to handle a limited number of Social Security, SSI and Medi-Cal matters as well as expanding services for incapacity planning thanks to the pro bono volunteers.
- 15.** What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. **Discuss:** The Legal Services provider is small and has a limited ability to conduct outreach in languages other than Spanish and English. The Legal Services provider is endeavoring to use volunteers to address this barrier. Seniors also have difficulty with transportation. While services are offered by telephone, many legal issues require review of documents or in person assessment of capacity. The legal services provider is collaborating with other agencies such as the Family Justice Center to provide services in the western and eastern portions of the county.
- 16.** What other organizations or groups does your legal service provider coordinate services with? **Discuss:** They coordinate services with Adult Protective Services, Family Justice Centers, Ombudsman Services, Contra Costa Bar Association, local Senior Centers, Information & Assistance, Meals on Wheels Diablo Region, etc. In addition, they work on many collaborative projects including the Elder Abuse Prevention Project (multiple agencies), the Resident Empowerment Program (Ombudsman Services), and Pop up Legal Clinics (the Food Bank), etc.

**SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW** <sup>13</sup>

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

No. Title III B funds not used for Acquisition or Construction.

Yes. Title III B 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	III B Funds Awarded	% Total Cost	Recapture Period		Compliance Verification State Use Only
				Begin	End	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

<sup>7</sup> Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

**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**

<b>Category</b>	<b>2020-2021</b>	<b>2021-2022</b>	<b>2022-2023</b>	<b>2023-2024</b>
Family Caregiver Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" 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 type="checkbox"/> Direct <input checked="" 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 type="checkbox"/> Direct <input checked="" 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 type="checkbox"/> Direct <input checked="" 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 Direct <input checked="" 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 <input type="checkbox"/> Direct <input type="checkbox"/> Contract

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



## Grandparent Services

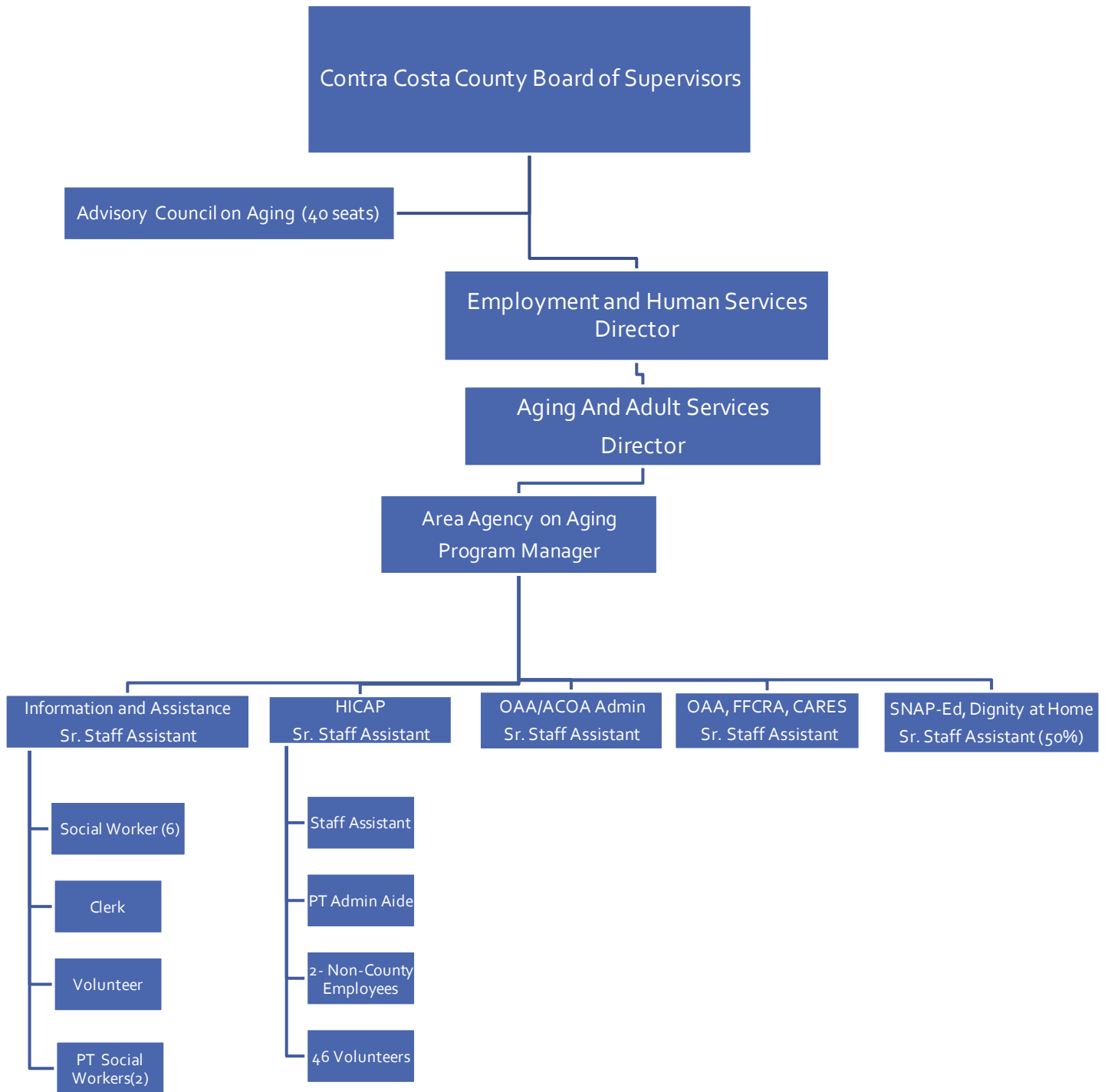
Category	2020-2021	2021-2022	2022-2023	2023-2024
Grandparent Information Services	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/>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

\*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: I&A, 400 Ellinwood, Pleasant Hill, CA
- Description of the service: Grandparent information services, AAA’s I&A team provides resources and referrals to callers in need.
- Where the service is provided (entire PSA, certain counties, etc.): Contra Costa County
- Information that influenced the decision not to provide the service (research, needs assessment, survey of senior population in PSA, etc.): Currently have only one provider of Grandparent Caregiver services, the other provider quit late last year. At this time I&A is able to provide referrals and resources to those who need help.
- How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds: call volume can be handled.

**SECTION 21 - ORGANIZATION CHART**



## **SECTION 22 - ASSURANCES**

Pursuant to the Older Americans Act Reauthorization Act of 2016, (OAA), the Area Agency on Aging assures that it will:

### A. Assurances

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

Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2016 Section 307(a) (2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

- (A) services associated with access to services (transportation, health services (including mental 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 sub-clause (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)

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

7. OAA 306(a) (5)

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

8. OAA 306(a) (9)

Provide assurances that the Area Agency on Aging will carry out the State Long-Term Care Ombudsman program under 307(a)(9), will expend not less than the total amount of

funds appropriated under this Act and expended by the agency in fiscal year 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) An assurance that the Area Agency on Aging will to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) An assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

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

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

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

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

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

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

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

11. 306(a) (14)

Provide assurances that preference in receiving services under this Title shall not be given to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a) (15)

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in Older Americans Act Reauthorization Act of

2016, Section 306(a)(4)(A)(i); and  
(B) in compliance with the assurances specified in Older Americans Act Reauthorization act of 2016, Section 306(a)(13) and the limitations specified in Older Americans Act Reauthorization Act of 2016, Section 212;

13: 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.

14. 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.

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

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

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

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

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

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

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

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

19. 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.

20. OAA 307(a) (15)

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

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

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

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

21. OAA 307(a) (18)

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

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

22. OAA 307(a) (26)

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.

23. OAA 307(a) (27)

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

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

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

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

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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



27. CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

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

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

29. CFR [1321.61(d)]

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

30. CFR [1321.69(a)]

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