

ALAMEDA COUNTY IS AGE-FRIENDLY



COUNTYWIDE AREA PLAN FOR OLDER ADULTS FOUR-YEAR AREA PLAN ON AGING Fiscal Years 2024 - 2028



2024-2028 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

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

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Front Page Cover Photo (pg. 1): Alameda County artist Qiwu Wang displays the work that won first prize in Fremont’s 2024 Adult Art Contest – Fine and Graphic Arts. Open to residents of the Tri-City Area (Fremont, Newark, and Union City) 55 years and older, the contest was part of an intergenerational art event marking both Older Americans Month and Children’s Mental Health Awareness Day.

Back Page Cover Photo (pg. 92): Starting on the right note, Alameda County resident Keith Barros opened the public hearing for the Countywide Area Plan for Older Adults with his rendition of "I've Got the World on a String."

EXECUTIVE SUMMARY: OLDER ADULTS IN EXTRAORDINARY TIMES

I can't think about this 2024-2028 Countywide Area Plan for Older Adults (CWAP) without remembering the last time I walked into a meeting with the County's Board of Supervisors (BOS) to present a CWAP. It did not go according to plan.

The date was March 17, 2020. The scheduled presentation was for the 2020-2024 CWAP. The CWAP is a comprehensive document that guides future decisions, investments, and improvements throughout the County for adults 55+. It is prepared every four years according to federal and state law by the County's Area Agency on Aging (AAA).

It coordinates with community-based organizations, public and private sector partners, and consumers to advance older adults' social, health, and well-being. Like this document, the 2020-2024 CWAP reflected over a year of work by the AAA in partnership with the BOS, the Social Services Agency, the County's Advisory Commission on Aging (ACA), the County's multi-disciplinary Age-Friendly Council, other County departments, community partners, and residents. I was eager to show the BOS and the public how we planned to improve nutrition, health, social connection, and other key areas of life that would make Alameda County a more age-friendly community.



Instead, I watched the BOS declare a Local Emergency in response to the COVID-19 pandemic, and the County Health Officer issued a Shelter in Place Order prohibiting non-essential travel, business, and personal activities. I realized we would need to pivot sharply to reach our goals.

Safe shelter had to be found for older adults experiencing homelessness. Nutrition programs that traditionally held group meals had to find other ways to supply needed food – and let older adults know how to access it. Older adults needed medical care, health information, legal assistance, and social connection when even their own families had to stay away to avoid infecting them. Digital devices could help meet these needs; however, many older adults could not afford digital devices or internet service plans or did not know how to use them.



As if that weren't enough, the region was hit with wildfires, floods, heat waves, and power outages that threatened to disrupt our services. These threats, linked to climate change, are likely to continue and increase. With help from our local, state, and federal partners, Alameda County rose to the challenge of addressing the emergencies and creating lasting accomplishments for its older adults. Today, we move forward with a new CWAP that reflects the lessons of the last four years. This is the County's roadmap to progress as an age-friendly community—even when things don't go according to plan.

EXPANDED SERVICES AND INNOVATIVE SOLUTIONS

Our programs for adults 55+, such as nutrition, senior centers, injury prevention, the Long-Term Care (LTC) Ombudsman program, support for caregivers, veterans' services, legal assistance, and our Senior Information and Assistance service, are making a difference. Older adults, service providers, caregivers, and families describe these programs as "lifelines."

But there is more we can and desire to do. Expanded services and innovative solutions that allow people to age in their right place with dignity have long been the priorities for Alameda County and its diverse stakeholders, and the need to continue expanding services is on the rise.

The older adult population in Alameda County is projected to increase by 51.5% between 2020 and 2060, when residents aged 60 and older will comprise nearly 32% of the total county population. The most significant growth will be among those aged 85 and older. Older adults will also reflect a more diverse population.¹



Our priorities must address critical issues in one of the nation's most diverse counties, including economic, housing, and food security; access to information and employment; social isolation; safety and emergency preparedness; and the complex care needs of an aging population. We are committed to reducing systemic inequities in a county with a [14-year difference in life expectancy according to zip code](#).² Our programs assist people with the greatest economic and social needs, including the LGBTQIA+ community, people living with HIV, AIDS, or other chronic conditions, low income, physical or mental disability, language barriers, and cultural or social isolation caused by racial or ethnic discrimination. Not only are those priorities mandated by federal and state law, but our community expects no less.

Fortunately, we are not operating in a vacuum. The US Government and the State of California are updating laws and regulations to prepare for an aging population. This CWAP will incorporate and work closely with these extensive efforts.

OUR GOALS

Based on feedback from the community and key stakeholders, we have identified four goals for our 2024-2028 CWAP, keeping our strengths and challenges in mind. These goals are focused on enhancing the health, safety, and well-being of older adults in Alameda County.

1. Lead, support, and advocate for services that address the top concerns older adults have named. These include financial and food insecurity, housing and homelessness, mental health, emergency preparedness, safety, elder justice, dementia, and caregivers' needs.
2. Increase public awareness and accessibility to information, resources, and services through the expansion of the County's Aging and Disability Resource Connection (ADRC) and the launching of new engagement efforts.
3. Deliver more coordinated and effective aging services through new and improved partnerships with county departments, healthcare organizations, Age-Friendly cities, and the Age-Friendly Council.
4. Advance community engagement for older adults, including social activities, volunteerism, and employment opportunities.

YOUR PLAN, YOUR VOICE

The 2024-2028 CWAP outlines how we will meet these goals by building on the knowledge and experience gained in the incredible years of 2020-2024. It reflects our commitment to shared involvement, responsibility for change, and passion for making Alameda County a place where aging is about living. It tells the story of where this plan came from: the people who shaped these goals and objectives and what they had to say. It specifies our services based on available resources and what we have learned about the community's needs.

The State of California will review this document to ensure that Alameda County is fulfilling its

¹ The Master Plan for Aging. The Data Dashboard for Aging. <https://letsgethealthy.ca.gov/mpa-data-dashboard-for-aging/#demographics-dashboard>.

² Alameda County Health Department. Healthy Alameda County. <https://www.healthyalamedacounty.org/indicators/index/view?indicatorId=6401&localeTypeId=3&periodId=455>.

obligations to older adults under federal and state law and to determine the level of funding it will provide to the County for our programs and services. But first, the community weighs in. We will hold a hearing for the public to review and comment. After incorporating the public's input, we will ask the County's Advisory Commission on Aging and Board of Supervisors for approval to move this plan forward to the state.

But even after we receive the state's approval, the conversation does not end there. Each year, we provide an Area Plan Update, and you will be invited to review and let us know where we are succeeding and where we can improve. For updates, please visit [our website](#) often. Questions, concerns, or comments about this plan may be sent to CWAP@acgov.org or by calling (510) 268-CWAP (2927).

Thank you for participating in this plan. Whether you are an older adult, family member, service provider, public official, or any other member of our community, the Countywide Area Plan for Older Adults is your plan, your voice.

Sincerely,



Jennifer Stephens-Pierre, M.A., Director, Alameda County Area Agency on Aging

2020-2024 ACCOMPLISHMENTS: POSITIVE CHANGE IN CHANGING TIMES

Despite the statewide battle with disasters, Alameda County's Area Agency on Aging (AAA) fulfilled its responsibilities under the Older Americans Act and Older Californians Act and advanced the County's age-friendly mission. Accomplishments include:

- Executed 81 contracts with 37 providers to deliver \$14 million worth of services mandated by the Older Americans Act, including nutrition, senior centers, injury prevention, the Long-Term Care (LTC) Ombudsman program, support for caregivers, legal assistance, and our Senior Information and Assistance Service.
- Distributed a \$1.5M Senior Nutrition Grant so providers could modernize technology and equipment, including purchasing six new Meals on Wheels Vans, freezer repairs, and shelf-stable foods to meet demand.
- Responded to COVID Emergency by working with the Alameda County Emergency Operations Center (EOC) to identify food deserts in the County and maintaining a COVID-19 Food Resource Guide on the County's 2-1-1 (Information and Assistance) website.
- Implemented an inclusive "No Wrong Door" access program for disabled and older adults. The program enables consumers to live successfully in the community by coordinating resources to address their challenges and needs. In partnership with two Independent Living Centers, the AAA has received Aging and Disability Resource Connection (ADRC) designation status and funding eligibility from the California Department on Aging (CDA).
- Collaborated with Empowered Aging and San Leandro Adult School to implement the state's Healthcare Career Pathways (HCP) - Certified Nursing Assistant (CNA) training program. Students who become CNAs will help alleviate the staffing shortages in the County's skilled nursing facilities.
- Distributed approximately 300 iPads with Wi-Fi and training to eligible disabled and older adults who use the devices to overcome social isolation, access telehealth, and connect with information and assistance.



New vans for nutrition programs expand delivery for older adults in Alameda County.

TRANSMITTAL LETTER

2024-2028 Four-Year Area Plan/ Annual Update

Check one: FY 24-25 FY 25-26 FY 26-27 FY 27-28

AAA Name: County of Alameda

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 to address the care needs of older individuals and their family caregivers in this planning and service area.

1. Nate Miley
(Type Name)


Signature: Governing Board Chair

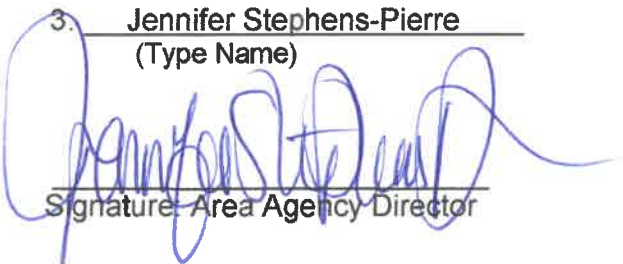
6/14/24
Date

2. Laura McMichael-Cady
(Type Name)


Signature: Advisory Council Chair

5-13-24
Date

3. Jennifer Stephens-Pierre
(Type Name)


Signature: Area Agency Director

5/13/24
Date

APPROVED AS TO FORM
DONNA R. ZIEGLER, County Counsel

DocuSigned by:
By: Victoria Wu
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Print Name: Victoria Wu

SECTION 1: MISSION STATEMENT

As the Alameda County Area Agency on Aging (AAA), we uphold and support the mission of all AAAs, which is to provide leadership in addressing issues that relate to older Californians, to develop community-based systems of care that provide services that 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 are also committed to the mission, vision, and values of our Agency, the County of Alameda Social Services Agency:

OUR MISSION

To promote the economic and social well-being of individuals, families, neighborhoods, and communities.

OUR VISION

In partnership with community organizations, private institutions, advocates, and other public agencies, we strive to better equip those we serve to overcome challenges on their path to self-sufficiency and family stability to ensure that individuals are successful, families are healthy, and neighborhoods thrive.

OUR VALUES

- Respect
- Integrity
- Customer Service
- Initiative
- Responsibility

As a member of the Alameda County Council for Age-Friendly Communities, we are also driven by the Council's vision statement:

"In Alameda County, older adults are valued, respected, and engaged in a community that is committed to healthy aging, inclusion, well-being, and safety. Older adults, family caregivers, and individuals with disabilities have access to a comprehensive system of services, supports and opportunities that foster aging with dignity, a high quality of life, and personal fulfillment."

SECTION 2: DESCRIPTION OF THE PLANNING AND SERVICE AREA

Alameda County, a single-county Planning and Service Area (PSA), has diverse urban, suburban, and rural environments. The county thrives due to active community engagement and investment in age-friendly efforts. This commitment contributes to maintaining an array of social services, which enhance the quality of life and well-being of the county's diverse aging population.

PHYSICAL GEOGRAPHY AND CLIMATE

Alameda County spans approximately 738 square miles and is home to over 1.6 million people, making it one of California's most densely populated counties. The topography ranges from coastal lowlands to inland hills. The county's western border is a scenic stretch along the eastern shores of the San Francisco Bay, offering waterfront views and access to a host of recreational activities.

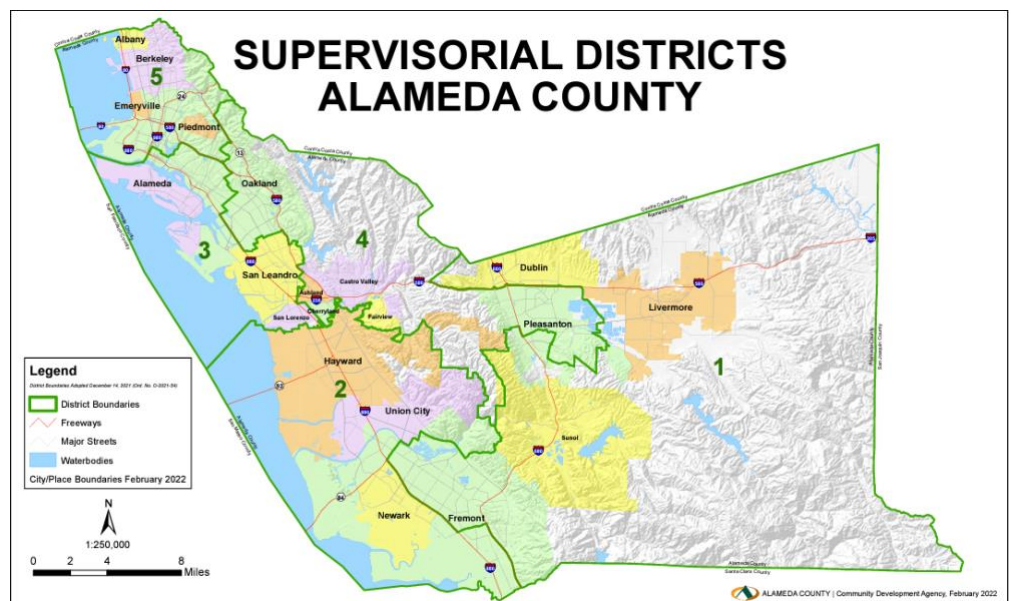


Residents enjoy Alameda County's combination of natural beauty and artistic talent at the Albany Bulb.

The county's climate is a delightful combination of dry summers and mild, wet winters, influenced by its proximity to the Pacific Ocean. However, Alameda County has begun to see an increase in storms, flooding, wildfires and smoke, and extreme heat linked to climate change that is likely to persist or deepen in the coming period. Local governments and communities have been developing strategies for local resilience.

Urban development dominates the landscape, with cities like Oakland, Fremont, and Berkeley serving as economic and cultural hubs. However, the county also boasts pockets of rural areas and unincorporated communities, preserving natural beauty amidst the urban sprawl. Notable features include Oakland's vibrant cultural scene, Berkeley's academic influence, and Fremont's technological innovation, all of which contribute to Alameda County's dynamic character within the Bay Area.

Alameda County also includes the unincorporated communities of Ashland, Castro Valley, Cherryland, Fairview, and Hayward Acres. Alameda County's Board of Supervisors governs these communities. The board, comprising five elected supervisors, is responsible for decisions on law enforcement, economic planning, public works, social services, and healthcare.³



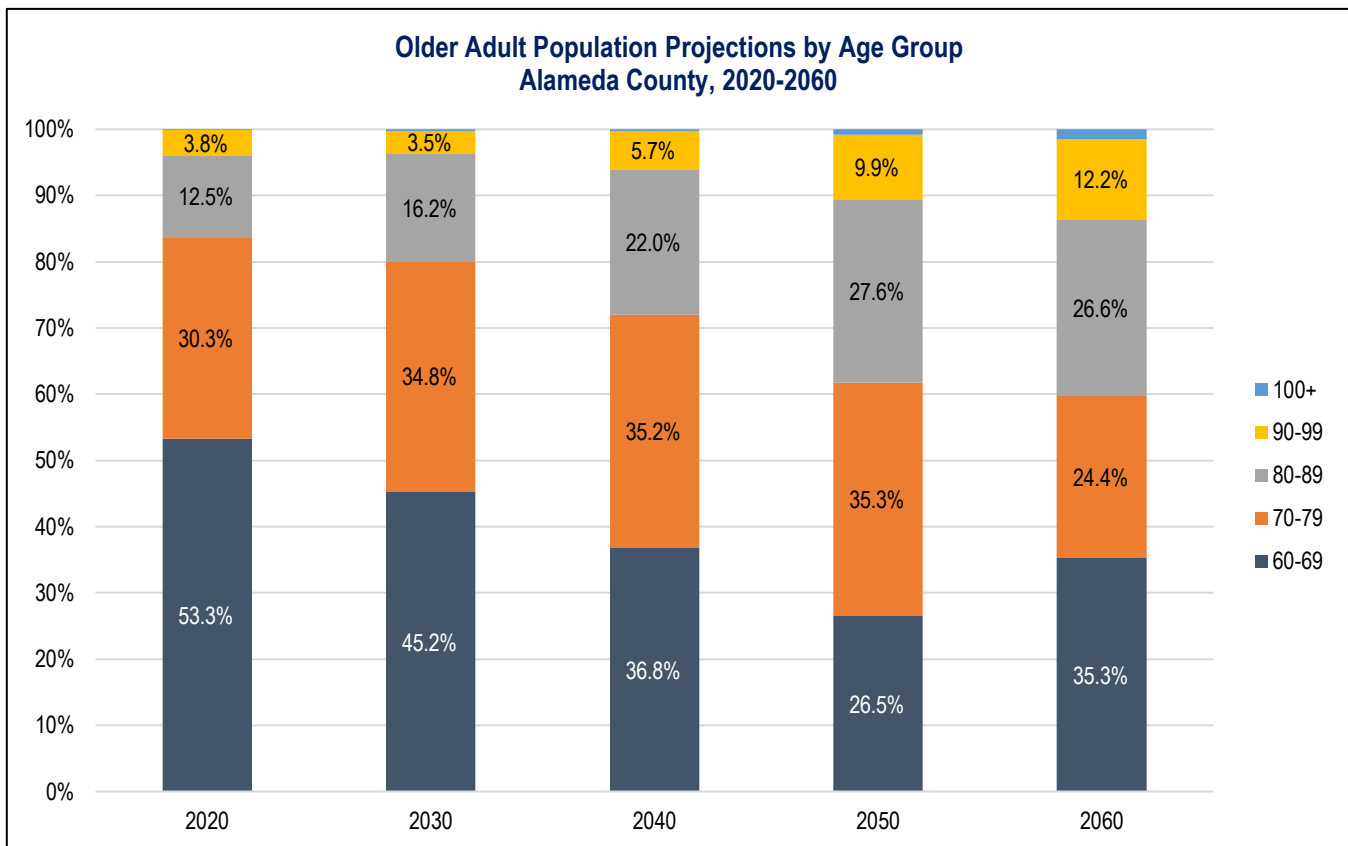
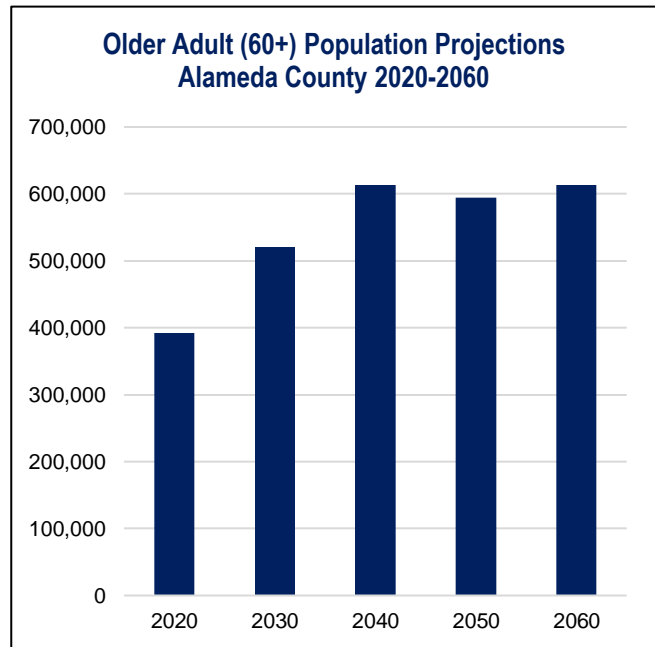
³ Alameda County Community Development Agency, February 2022
https://bos.acgov.org/wpcontent/uploads/sites/11/2022/06/BOS_2021_Map_legal.pdf

POPULATION DEMOGRAPHICS

The older adult population in Alameda County is the fastest-growing segment of its population. Today, there are 439,874 older adults ages 60 and over.

By 2040, about 30% of the Alameda County population will be 60 and over, representing over 600,000 older adults.⁴

Not only are more adults aging into older adulthood, but adults are living longer. When broken down by age group, the proportion of older adults ages 60-69 and 70-79 are expected to decline, while the proportion of adults ages 80-89, 90-99, and 100+ are expected to increase. **From 2020 to 2060, the proportion of centenarians (100+) is expected to grow from 500 to over 9000, a 1,500% increase.**

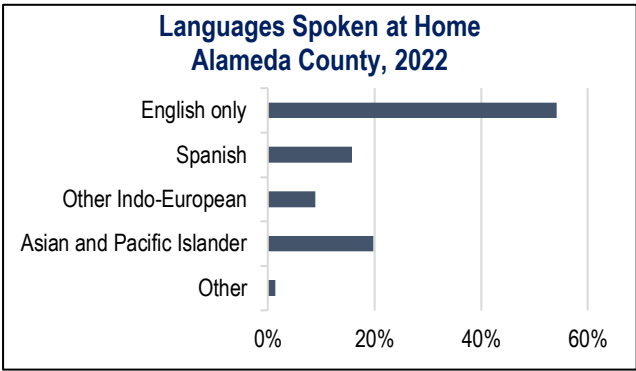


The racial and ethnic composition of Alameda County's older adults is also evolving to reflect increasing diversity. Currently, 41% of the elderly population are White, 33% are Asian, 13% are Hispanic, 10% are Black, 1% are Native Hawaiian and Pacific Islander, and less than 1% are American Indian and Alaska Native.⁴ By 2060, Asians are expected to surpass White as the predominant demographic group (35%

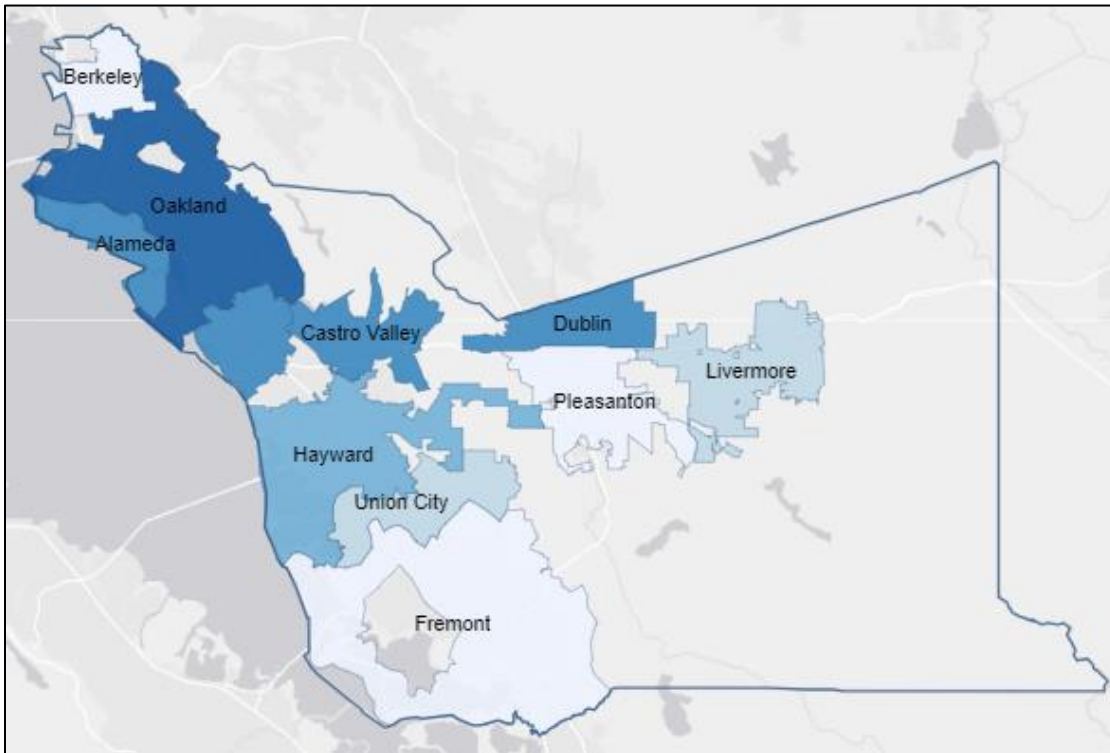
⁴ California Department of Finance. Report P-2B, 2020-2060. <https://dof.ca.gov/forecasting/demographics/projections/>

and 28%, respectively. The Hispanic population will see the most significant increase by 2060, a projected 22% increase.

Alameda County is linguistically diverse throughout the older adult population. While English is the predominant language spoken in households, about 41% of adults in Alameda County have limited proficiency in English.⁵ **Approximately 16% of households speak Spanish, while 20% use Asian and Pacific Islander languages.**



Socioeconomic status is commonly measured using income, education, and employment. Poverty rates among older adults in Alameda are steadily increasing. **Approximately 10% of older adults (65+) in Alameda County live at or below the poverty line, with a slightly higher rate (12%) among adults aged 75 and older.** From 2018-2022, the proportion of older adults living below 200% of the poverty line increased from 21.9% to 25.7%. The map below shows the distribution of older adults below 200% of the poverty line across the county, with the most significant concentrations in the northern areas of the county, including Oakland (37.6%), Dublin (29.6%), and Castro Valley (29.3%). According to the county’s 2022 Point in time count, 19% of unhoused people are age 60 or older, which is an increase from 14% in 2019 and 10% in 2017. In Oakland, over half of the unhoused population are over age 50.⁶



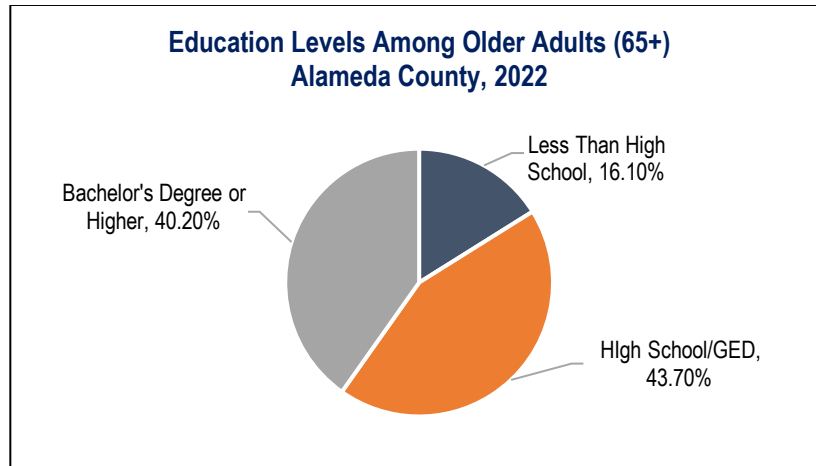
People 65+ Living Below 200% of the Poverty Level, Alameda County 2022 ⁷

⁵ California Health Interview Survey (CHIS), 2022. <https://healthpolicy.ucla.edu/our-work/health-profiles/adult-health-profiles>

⁶ Senior Services Coalition of Alameda County. <https://seniorservicescoalition.org/wp-content/uploads/2023-Alameda-County-Older-Adults-Fact-Sheet.pdf>

⁷ Healthy Alameda County. American Community Survey 1-Year Estimates (2022). <https://www.healthyalamedacounty.org/indicators/index/view?indicatorId=14933&localeId=238>

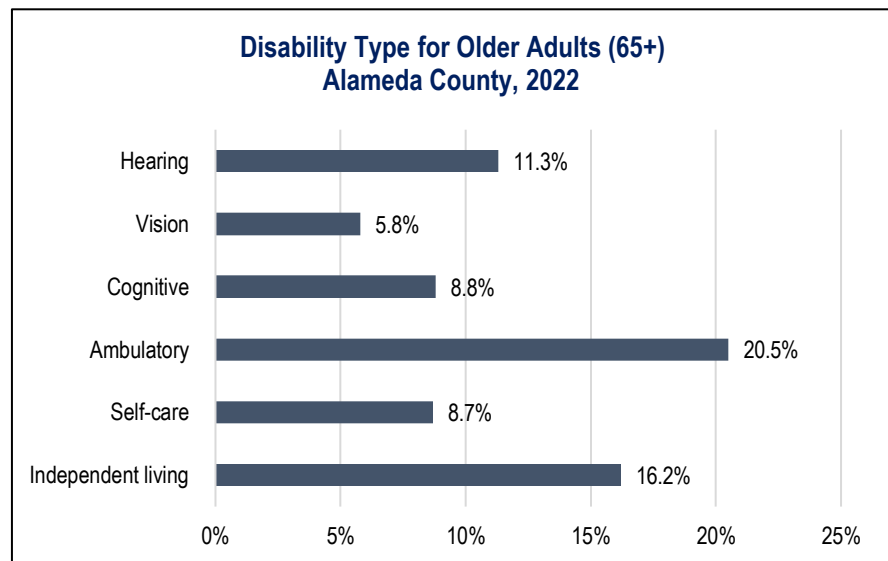
Education and employment influence individuals' economic opportunities, social well-being, and overall quality of life. In Alameda County, 1 in 5 older adults have never graduated high school, while 1 in 3 older adults have a college degree. **27% of adults ages 65-74 are in the labor force, while 7% of adults ages 75 and older are.**⁸



Education Levels Among Older Adults in Alameda County⁹

78% of older adults in Alameda County are covered by Medicare health insurance. In comparison, 22% have dual eligibility, meaning they are eligible for Medicare based on age and Medi-Cal based on low income.¹⁰ Dual-eligible adults often face the challenge of managing multiple chronic conditions and complex medical and social care needs while navigating poorly aligned systems.

Older adults face rising healthcare costs as illness and disability rates increase with age. **In Alameda County, over a third of individuals 60 years and over are living with a disability.** The most common disability types are related to mobility (i.e., serious difficulty walking or climbing stairs; 20.5%), independent living (difficulties doing errands alone, such as visiting a doctor's office or shopping; 16.2%), and hearing (deaf or having serious difficulty hearing; 11.3%).¹¹



⁸ American Community Survey (2018-2022).

<https://data.census.gov/table/ACSST1Y2022.S2301?q=Alameda%20County,%20California%20Employment>

⁹ Healthy Alameda County. American Community Survey 5-Year (2018-2022).

<https://www.healthyalamedacounty.org/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=341&localeTypeId=2&ioCaleId=238>

¹⁰ Profile of the California Medicare Population, February 2022 <https://www.dhcs.ca.gov/services/Documents/OMII-Medicare-Databook-February-2022.pdf>

¹¹ California Department of Finance. Report S1810: 2022 American Survey 1-Year Estimates Disability Characteristics.

<https://data.census.gov/table/ACSST1Y2022.S1810?q=050XX00US06001>

RESOURCES SHAPING OUR AGING AND DISABILITY SERVICES

An array of resources is accessible to older adults, supporting their ability to lead vibrant, fulfilling lives. Citizens enjoy more than 350 parks and diverse recreational opportunities, including the first Japanese garden developed in California and a public marina in San Leandro.

Community and senior centers play a vital role in enhancing the quality of life for older adults by providing educational workshops, arts and crafts classes, wellness programs, and social events that foster community involvement. Alameda County has 23 centers listed in the table below.

Community/Senior Center	Address
Age Well Center at Lake Elizabeth	40086 Paseo Padre Pkwy. Fremont, CA 94538
Age Well Center at South Fremont	47111 Mission Falls Ct. Fremont, CA 94538
Albany Senior Center	846 Masonic Ave. Albany, CA 94706
Clark W. Redeker Newark Senior Center	7401 Enterprise Dr. Newark, CA 94560
Downtown Oakland Senior Center	200 Grand Ave. Oakland, CA 94610
Dublin Senior Center	7600 Amador Valley Blvd. Dublin, CA 94568
East Bay Korean-American Senior Center	1723 Telegraph Ave. Oakland, CA 94612
East Oakland Senior Center	9255 Edes Ave. Oakland, CA 94609
Emeryville Senior Center	4231 Salem St. Emeryville, CA 94608
Fruitvale-San Antonio Senior Center	3301 East 12 th St. Oakland, CA 94601
Hayward Senior Center	22325 North 3 rd St. Hayward, CA 94546
Hong Lok Senior Center	275 – 7 th St. Oakland, CA 94607
Jewish Community Center East Bay	1414 Walnut St. Berkeley, CA 94709
Kenneth C. Aitken Senior Center	17800 Redwood Rd. Castro Valley, CA 94546
Mastick Senior Center	1155 Santa Clara Ave. Alameda, CA 94501
North Berkeley Senior Center	1900 Sixth St. Berkeley, CA 94710
North Oakland Senior Center	5714 Martin Luther King Jr., Oakland, CA 94609
Pleasanton Senior Center	5353 Sunol Blvd. Pleasanton, CA 94566
Robert Livermore Community Center	4444 East Ave. Livermore, CA 94550
Ruggieri Senior Center	33997 Alvarado-Niles Rd. Union City, CA 94587
San Leandro Senior Community Center	13909 East 14 th St. San Leandro, CA 94578
South Berkeley Senior Center	2939 Ellis St. Berkeley, CA 94703
West Oakland Senior Center	1724 Adeline St. Oakland, CA 94607

The county includes 13 college and university campuses, 18 school districts, and a strong network of community colleges. Berkeley is home to the University of California Berkeley, one of the world's largest and most prestigious research universities. Another prominent institution is California State University of the East Bay in Hayward. Berkeley City College, Chabot College, and Laney College offer a range of courses and programs designed for lifelong learners.

Alameda County cultivates an age-friendly environment, prioritizing the well-being of older adults. Through a multi-agency collaborative effort, **Age Friendly Alameda County** offers older adults

a consolidated resource on all programmatic and policy efforts to support older adults in the county.¹² Alameda County is a member of the Global Network of Age-Friendly Communities, along with the cities of Oakland, Berkeley, Fremont, and Emeryville.¹³

Since its inception in 2017, the **Council for Age-Friendly Communities** has collaborated with stakeholders to advocate for age-friendly policies, identify areas for improvement, develop action plans, and implement policies and programs that meet the needs of older residents related to issues such as housing, transportation, healthcare, social inclusion, and community engagement.¹⁴ From 2021-2022, the Council surveyed older adults in the county to better understand internet connection needs and gaps, particularly for those who lack access, to foster greater digital inclusion.¹⁵



Alameda County writer Sharon Phillips. (left) receives certificate from Fremont City Councilmember Desrei Campbell. Phillips won first prize in Fremont’s 2024 Adult Art Contest – Creative Writing/Spoken Word Category for area residents 55+

The Senior Services Coalition of Alameda

County, representing over 40 nonprofit and public organizations, advocates for policy change that will enhance the lives of older adults in the county. The coalition envisions an age-inclusive county where older adults integrate into the community and live safe, healthy, and fulfilling lives.

A quarterly publication, the **Senior Update Newsletter**, “The Eyes and Ears of Alameda County Seniors,” is a collaborative effort by the Alameda County Advisory Commission on Aging (ACA) and the Area Agency on Aging (AAA).¹⁶ The newsletter includes information on issues and events affecting older adults and opportunities for community engagement.

AAA SERVICES AND PROGRAMS

The AAA fulfills its mission of planning, coordinating, and delivering services for older adults through a network of 32 providers. The table below lists each type of service and the number of programs.

Program	Type of Provider	Number of Programs
Adult Day Care	CBO (Community Based Organization)	1
Case Management	CBO	6
Home Delivered Meals	CBO/City/Private	7
Congregate Meals	CBO/City/Private	7
Legal Assistance	CBO	1

¹² Age Friendly Alameda County. <https://agefriendly.acgov.org/index.page>

¹³ Network of Age Friendly Efforts. <https://agefriendly.acgov.org/af-efforts/af-efforts.page>

¹⁴ Alameda County Council for Age-Friendly Communities (2020). <https://agefriendly.acgov.org/af-efforts/af-council.page>

¹⁵ Understanding Internet Connection Needs in Alameda County: Survey of Older Adults. (2022). <https://agefriendly.acgov.org/af-efforts/internet-survey.page>

¹⁶ Senior Update Newsletter. <https://www.alamedacountysocialservices.org/our-services/Seniors-and-Disabled/Area-Agency-on-Aging/senior-update-newsletter>

Elder Abuse Prevention	CBO	1
Information & Assistance	CBO/County	7
Family Caregiver Support	CBO	10
Senior Employment Services	CBO	1
Visiting	CBO	6
Health Promotion	CBO	4
Senior Center Activities	CBO/City	10
Brown Bag Nutrition Services	CBO	1
CalFresh Outreach Services	CBO	1
SNAP-Ed/Community Garden	CBO/County	1
Long-Term Care Ombudsman	CBO	1
Senior Injury Prevention	CBO	8
Health Insurance Counseling and Advocacy Program (HICAP)	CBO	1
Medicare Improvements for Patients and Providers Program Act (MIPPA)	CBO	1

In addition to the contracted programs above, the AAA administers the following programs:

1. **Information & Assistance:** The AAA is involved in a statewide system, utilizing the 1-800-510-2020 hotline as a central information and assistance number. The hotline directs callers to their local AAA. In Alameda County, staff members handle an average of 500 monthly calls from older adults and their caregivers. They offer valuable information about resources and make referrals to programs. Moreover, these staff members engage in community outreach events across the county, disseminating information about available programs.
2. **Community Roundtables:** The AAA organizes bi-monthly roundtables featuring speakers who provide insights on topics relevant to older adults. The AAA maintains a collection of resource guides, available in hard copy, electronic format, and on its website. These guides cover housing, nutrition programs, long-term care facilities, and community supports.
3. **Public Information:** AAA staff collaborate with commissioners, community volunteers, public agencies, and community organizations to author, gather, edit, and publish a quarterly newsletter. This newsletter is disseminated through 2,400 printed copies and electronically, reaching older adults, service providers, and community partners.

The AAA also engages in partnerships with County departments to implement programs such as:

1. **Community Gardens:** Historically, the AAA and Alameda County Public Health Nutrition Services department spearheaded the development of community gardens at low-income senior housing sites. AAA is developing a plan to expand the community garden program to include intergenerational participation.
2. **Senior Injury Prevention Program (SIPP):** This is a joint effort by the AAA, Emergency Medical Services, Department of Public Health, and other governmental, non-profit, and private sector organizations. The program aims to decrease preventable injuries among older adults through fall prevention education, minor home modifications, and physical activity.

OLDER ADULT SERVICE COLLABORATION IN ALAMEDA COUNTY

In Alameda County, the older adult service system addresses the diverse needs of the community's aging population, emphasizing customization and flexibility. Collaboration with organizations, including private, non-profit, and government entities, is fundamental to success. Collaborative efforts strengthen the impact of services, while outreach efforts connect older adults with the necessary resources. Additional services and resources include:

Alameda County Aging, Disability & Resource Connection (ADRC): the ADRC's mission is to promote and provide access to services and support for seniors and people with disabilities. In 2013, Alameda County received designation as an ADRC to promote and provide easy, uniform, and streamlined access to services, support, and advocacy for individuals seeking long-term support and services (LTSS) and information about LTSS. The Alameda County ADRC's core partnership comprises the Area Agency on Aging, Community Resources for Independent Living (CRIL), and the Center for Independent Living (CIL). Each core partner has expertise in delivering services and has actively promoted ADRC in community settings, including monthly council and coalition meetings.



Alameda County Behavioral Health Older Adult System of Care (OA-SOC): In 2007, BHCS used Mental Health Services Act funds to develop an OA-SOC, resulting in a small number of specialized services to address the needs of older adults with serious mental illness in its hospitals and emergency rooms and throughout the continuum of care. The OA-SOC provides the infrastructure to broker organizational relationships to build capacity to address physical health, mental health, and substance use in elderly individuals.

In-Home Supportive Services (IHSS) is a federal, state, and locally funded program that assists eligible elderly, blind, and disabled individuals who cannot remain safely in their homes without this care. As of October 2019, the program had 24,741 recipients, 13,880 of whom were 65 and older.

Adult Protective Services (APS) is a program that is mandated to investigate reports of abuse or neglect of elders and dependent adults.

Public Guardian/Conservator manages probate and mental health (Lanterman-Petris-Short, known as LPS) conservatorships for Alameda County residents who have been adjudicated by the Superior Court due to lack of capacity to manage finances and healthcare or are gravely disabled by mental illness or substance abuse. The Public Guardian-Conservator works in partnership with APS to protect elders and dependent adults who are victims of financial abuse or exploitation and unable to defend themselves.

AC Care Connect, Alameda County's Whole Person Care Pilot provides comprehensive and coordinated care to vulnerable populations. The program addresses the complex needs of individuals who are homeless, have multiple chronic conditions, or are frequent users of emergency services. While this is not exclusively a service for older adults, many of the county's most vulnerable residents who benefit from the service are older adults. AC Care Connect integrates services such as medical, behavioral health, housing, and social services to ensure that individuals receive holistic care tailored to their needs. By coordinating services and providing wraparound support, the program aims to improve health outcomes, reduce unnecessary emergency department visits and hospitalizations, and enhance participants' well-being.

ADDITIONAL PARTNERSHIPS AND COLLABORATIONS

The Public Authority (PA) for In-Home Supportive Services is committed to promoting consumers' independence and supporting quality homecare services, training, and advocacy services for IHSS

consumers and providers/workers. The PA fulfills several roles: assisting consumers with access to providers/workers, providing consumer and provider/worker training, administering the health plan for eligible providers/workers, and supporting the community-focused Advisory Board. The PA participates in many state and local initiatives that develop and support public policy to improve system and administrative access for older adults and people with disabilities. The Alameda County Board of Supervisors serves as the Governing Body of the PA.

The Center for Independent Living (The CIL) provides services, support, and advocacy to enhance the rights and abilities of people with disabilities to participate in their communities and live self-determined lives.

Community Resource for Independent Living (CRIL) was organized as a self-help organization in 1979 by a small group of people with disabilities (consumers). This group is committed to improving the range of choices and support for consumers in southern and eastern Alameda County.

HomeSafe is an Adult Protective Services (APS) pilot program to provide short-term support, case management, and housing navigation assistance to prevent homelessness among APS clients who are dependent or elderly adults age 65+, victims in a substantiated case of fraud, abuse, or self-neglect, and at risk of housing insecurity. HomeSafe became operational in September 2019 and is a collaboration between APS, County Housing and Community Development, and CBO partners.

Tri-City Elder Coalition (TCEC) is an affiliation of over sixty-five organizations, including senior service providers, cultural and faith groups, hospitals, long-term care facilities, and businesses. These organizations have one goal: to provide programs, services, and opportunities for older adults living in Fremont, Newark, and Union City, CA.

Getting the Most out of Life (GMOL) offers culturally relevant education and support to communities that need advanced care planning resources, especially those dealing with illness at the end of life. GMOL and its community partners teach Alameda County caregivers and residents how to initiate “The Conversation,” which results in appointing medical decision-makers and learning about health care and end-of-life wishes/values. Advance Health Care Directive and POLST training prepare the community to document medical preferences legally.

Ashby Village and Eden Area Village are two local neighborhood villages that are part of a national movement to help neighbors remain in their homes as they age. The villages are membership-based organizations where residents pay dues and receive assistance and services, including rides to the doctor, minor home maintenance, social activities, and daily check-in calls. Residents can also volunteer their time and skills to contribute to the support given within their community.



CHALLENGES FOR AGING AND DISABILITY SERVICES

Efforts dedicated to supporting and advocating for older adults can be more effective with increased collaboration and coordination. The AAA will address this challenge through the goals established for 2024-2028. Though not unique to Alameda County, funding and resource capacity constraints must also be acknowledged. The state’s climate is one of budget uncertainties and staffing challenges. The need for older adult services and support is greater than the availability. For these reasons, AAA and its network of partners must innovate to support the community efficiently and effectively.

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

Operating within the City and County of Alameda, the Alameda County AAA coordinates services tailored to the needs of older adults, veterans, people with disabilities, and their caregivers. The AAA carries out the mandate under the federal Older Americans Act (OAA) to serve as the hub for addressing local aging concerns. By coordinating resources, advocating for policy reforms, and implementing targeted programs, the AAA supports older adults to age in place within their community and home.

OVERVIEW OF THE DEPARTMENT OF ADULT & AGING SERVICES

The Alameda County AAA is housed within the Department of Adult & Aging Services (AAS), part of the Social Services Agency (SSA). AAS has 250 full-time equivalent employees. It is governed by a five-member Board of Supervisors and guided by the Alameda County Commission on Aging, a 21-person council appointed by the Board of Supervisors and the Mayor's Conference.



COORDINATING A SERVICE DELIVERY SYSTEM

The AAA partners with a network of senior service providers, including community-based organizations (CBOs), cities, a hospital, and a private caterer for nutrition programs to facilitate 75,000 service connections annually through 75 contracts (see provider counts by program type in Section 2). With an annual budget in 2023-2024 of \$42,143,890, the AAA receives funding from various sources, such as the Older Americans Act (OAA), California State allocations, County General Funds, and Measure A tax dollars administered by the Alameda County Health Care Services Agency.¹⁷ The AAA combines funding from multiple sources to develop streamlined contracts and reporting requirements for its subcontracted providers.

ENGAGING WITH THE PUBLIC

Far too often, at public events, AAA staff are asked what the AAA is and what it does. Many residents are aware of programs funded by the AAA but are less familiar with the role and span of services offered by the AAA. Engagement with community members, particularly older adults, is crucial to AAA's success. The AAA is represented at senior center events, fairs, farmers markets, and more to ensure the community is aware of available resources and information. The AAA is instituting new ways to engage with older adults in the community through in-person events and publications.



For example, in the CWAP planning process, the AAA employed approaches to ensure that community voices were central to the decision-making process for goal setting and establishing priorities (see Section 4 for details on these approaches). The AAA will continue to engage with its partners to monitor the needs of older adults and react accordingly. This includes considering the needs of population groups of focus, such as LGBTQIA+ and Veterans.

¹⁷ County of Alameda Proposed Budget 2023-2024. <https://budget.acgov.org/Content/pdf/FY23-24/FY%202023-24%20Proposed%20Budget%20-%20WEB.pdf>

SECTION 4: PLANNING PROCESS AND ESTABLISHING PRIORITIES

To develop the 2024-2028 CWAP for the Alameda County AAA, the AAA recognized the importance of engaging as many stakeholders and community members as possible, emphasizing populations historically less represented in the engagement efforts. The AAA gathered input through public forums, focus groups, and two surveys. These efforts began in the Summer of 2023 and lasted through early 2024. Then, the data was analyzed and synthesized to identify the findings across engagement efforts to inform the 2024-2028 CWAP priorities.

PUBLIC FORUMS

The county's five supervisorial districts each hosted a public forum event conducted by the AAA. The events included presentations from local community members and elected county supervisors, information on the AAA, and an overview of the CWAP process. During a facilitated discussion, in-person and online attendees had the opportunity to weigh in on four topics to help inform the CWAP. These topics included what makes Alameda County age-friendly right now, participants' vision for a more age-friendly Alameda County in 2028, lessons learned from COVID-19 and how to apply them in the next four years, and preferred ways of finding out about services and information. The meetings were recorded to allow a complete analysis of the feedback received.

FOCUS GROUPS

Six focus groups were conducted to inform the development of the CWAP. The Alameda County Social Services Agency hosted the focus groups in partnership with the AAA and the SSA's Office of Data and Evaluation. The six focus groups were held at five different locations during Fall 2023. Each location was selected to encourage participation by a priority population group. See the table below:

Focus Group Location	Priority Population	Average Age of Participants	Average Income of Participants	Ethnicities Represented
Pacific Center	LGBTQIA+	74	\$30,000	White – 60% Asian – 20% Mixed – 20%
Kyakameena Care Home	Skilled Nursing Facility Residents	69	\$26,077	Black – 50% White – 33% Asian – 17%
St. Mary's	Older Adults Experiencing Homelessness	N/A	N/A	N/A
Family Caregiver Alliance	Caregivers	63	\$69,800	Asian – 40% Black – 20% Mixed – 20% White – 20%
Pacific Center	Older Adults Living with HIV	66	\$17,533	Mixed – 67% White – 33%
Swords to Ploughshares	Veterans	65	\$15,388	Black – 58% White – 21% Asian – 10.5% Mixed – 10.5%

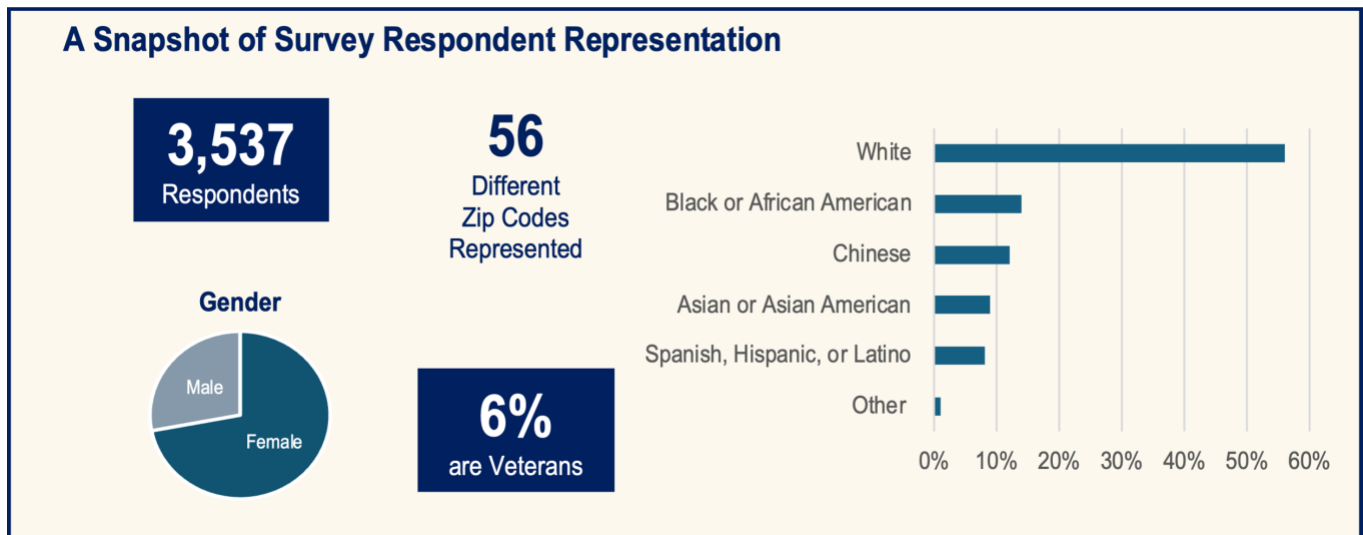
Focus group discussions covered community strengths to support older adults living independently, barriers to accessing services and how to address them, lessons learned from COVID-19, and preferred communication methods. The Office of Data and Evaluation summarized and analyzed the data.

AAA COMMUNITY SURVEY

The AAA established a Steering Committee to develop the survey. The Steering Committee included service providers, Advisory Commission members, and county department staff. This group created the survey questions, which were organized around the “domains of livability” established for age-friendly communities by the AARP and the county’s Age Friendly Council: outdoor spaces and buildings, transportation, civic participation and employment, communication and information, respect and social inclusion, social participation, health services and community supports, housing, and support for people living with dementia and their caregivers.

The survey was distributed in Fall 2023 and remained available to residents to complete through February 2024. It was available online, in paper form, and in multiple languages. The survey was distributed through newsletters, social media platforms, senior centers, advertisements in local papers, community events, and public forums. The AAA also held survey completion events in partnership with the Advisory Commission to encourage engagement. These events provided Spanish translation to promote greater participation in the survey by this demographic.

A total of 3,537 survey responses were received and analyzed. The survey included multiple-choice and open-ended questions, allowing for a more robust understanding of community needs and opportunities.



STATEWIDE SURVEY (CONSUMER ASSESSMENT SURVEY FOR OLDER ADULTS)

As part of a statewide effort to learn more about the needs of older adults through a survey process, the California Department of Aging conducted the Community Assessment Survey for Older Adults (CASOA) in partnership with local AAAs. The CASOA questionnaire gathers information about the needs, preferences, and challenges older adults face. This survey was more general than the CWAP community survey and less publicized, so the county’s response rate was low (468 responses out of 4,200 selected households). However, the CASOA survey results were included in the CWAP analysis.

ESTABLISHING PRIORITIES

To begin establishing priorities, the AAA engaged Collaborative Consulting to assist in analyzing stakeholder engagement. Collaborative Consulting is a consultancy dedicated to creating a better system of health, working at the intersection of assessment, collaboration, strategy, and action to help clients and the people they serve achieve the best outcomes possible. For our 2024-2028 CWAP, Collaborative Consulting analyzed and synthesized the themes from each engagement type (survey, focus groups, and public forums) and identified the top needs. These needs, along with considerations of the county’s capacities and capabilities, led to identifying the priorities established for 2024-2028.

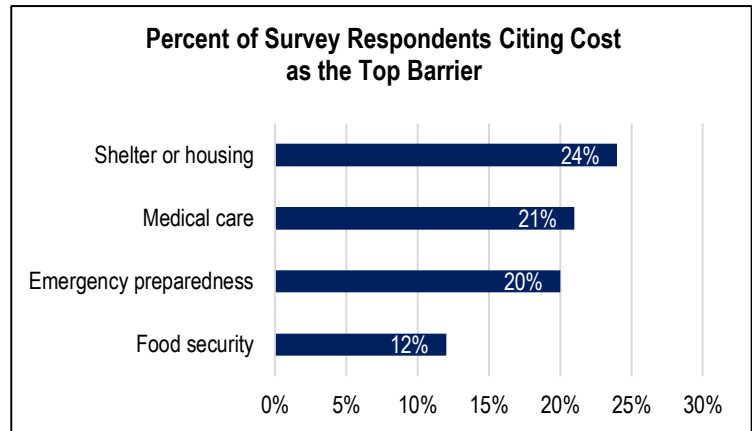
SECTION 5: NEEDS ASSESSMENT AND TARGETING

This section details the priorities for older adults in Alameda County based on the stakeholder engagement process detailed in Section 4.

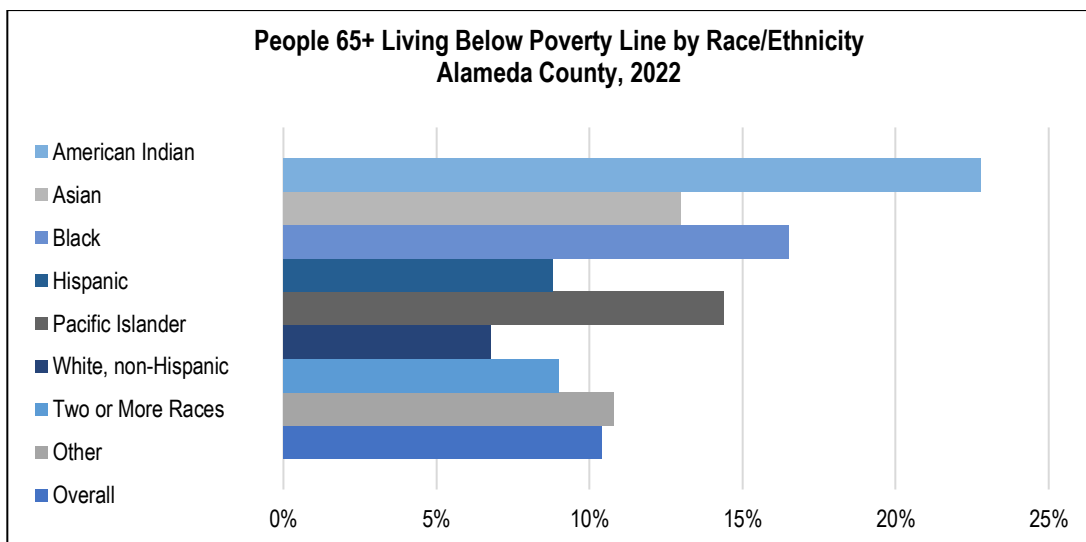
The high cost of living concerns older adults, and affordability is the most common barrier they face.

More financial assistance is needed to cover older adults' needs, particularly those who do not meet low-income criteria to receive financial assistance. Many older adults feel insecure about their ability to cover care costs, home updates, and other needs that may become more prominent as they age. To address these challenges, many are interested in programs or services to help cover expenses, such as free or low-cost transportation services, free or low-cost internet services, discounts on food, and financial assistance for respite care. Many focus group participants recognize that the programs and services available today to address the cost of basic needs for older adults are highly valued and impactful in allowing recipients to live independently.

“While I feel safe and able to care for my present needs, costs are increasing, and we don't know what the future will hold. Additionally, many in Alameda County are presently truly needy and deserve to be cared for with respect and understanding.”



While all older adults can be susceptible to income insecurity, Alameda County racial and ethnic minorities are disproportionately affected. According to the 2018-2022 American Community Survey, 23% of American Indian older adults are living in poverty in Alameda County, 16% of Black older adults, 14% of Hispanic older adults, 13% of Asian older adults, and 6% of White older adults.¹⁸ There is also a higher proportion of older women living below the federal poverty line than men. This, coupled with wage inequality and lower lifetime earnings among women, places racial/ethnic minority women at the highest susceptibility to living in poverty.



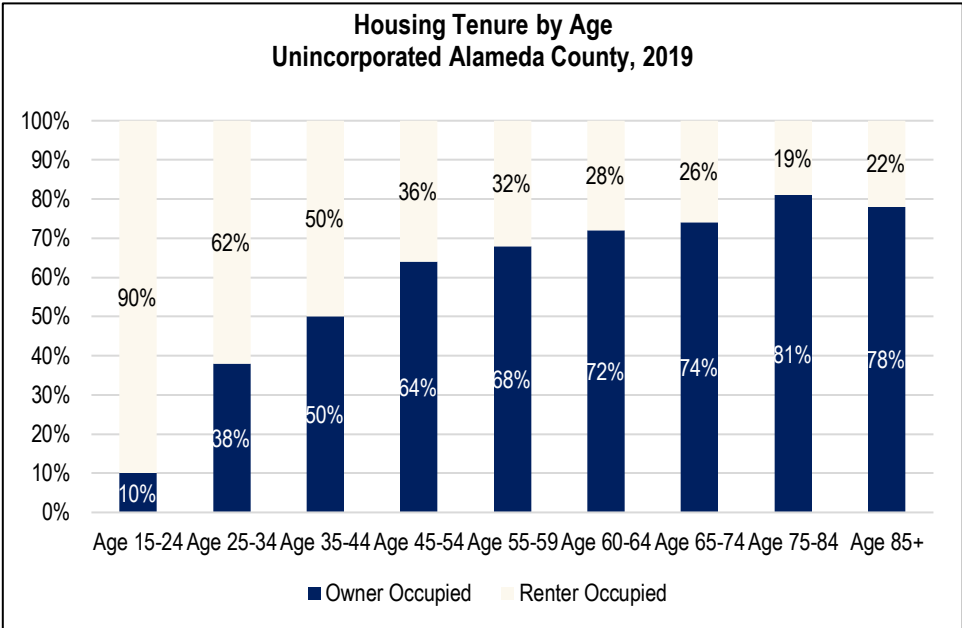
¹⁸ American Community Survey 5-Year (2018-2022).

<https://www.healthyalamedacounty.org/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=343&localeId=238&localeChartIdx=1%7C2%7C4>

Housing barriers and housing security concerns are experienced by older adults. Over one-third (34%) of survey respondents report at least one barrier to shelter, and nearly one-fifth (18%) consider their housing situation temporary, uncertain, or unhoused. The homelessness crisis is a worry among those experiencing housing insecurity, and many are concerned about its impact on safety and public health. There are challenges related to securing affordable housing, especially units that meet needs such as accessibility, health, safety, pet friendliness, proximity to services, maintenance, cleanliness, and comfort.

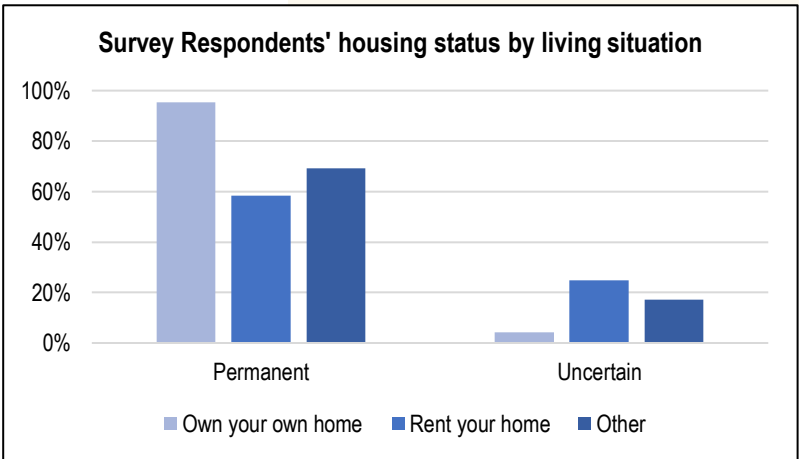
“A lurking issue that becomes a barrier is that the cost of housing never stops rising, so I have a history of living in ever-shrinking spaces over decades and uncertain security over the length of time a given housing unit will be there for me.”

Statistics on housing tenure (owners vs. renters) can reflect potential instability due to factors like high housing costs, overcrowding, or limited housing options. The latest data on housing tenure in Alameda County comes from the 2019 Census, which indicated that 54% of adults own their homes, while 46% are renters.¹⁹ Older adults are more likely to own homes than younger adults. However, older homeowners looking to downsize often need more options due to the expensive housing market and the need for senior-specific options.



Renters worry about rising rents, landlord intimidation, and inability to find a new place should they need to move. Homeowners are concerned with mortgage costs, property taxes, home maintenance, accessibility updates, and a lack of options for downsizing. To address these challenges, older adults are interested in efforts to increase the supply of affordable housing with dedicated units for older adults. Respondents are also interested in assistance with home maintenance and accessibility updates to ensure living spaces are safe as they age. Many are grateful for access to subsidized housing and rent control, indicating the importance of these services to older adults.

“At this time, we can stay in our home, but worry what will happen if we need to move because of stairs or for care needs, given the cost of care and cost/low availability of accessible housing.”



¹⁹ U.S. Census Bureau, American Community Survey 5-Year Data (2015-2019), Table B25004

Transportation and safety concerns hinder the ability to move freely around the county. Older adults rely heavily on driving to get around the community, with around 75% of survey respondents relying on personal vehicles or rides from others. Most agree they can get where they need on their schedule (80%) and leave home when they wish (81%). However, some cite challenges in arranging transportation to medical services, using public transit, and securing paratransit services.

Barriers to using transportation services include lack of information, high costs, and lack of service offerings and reliability.

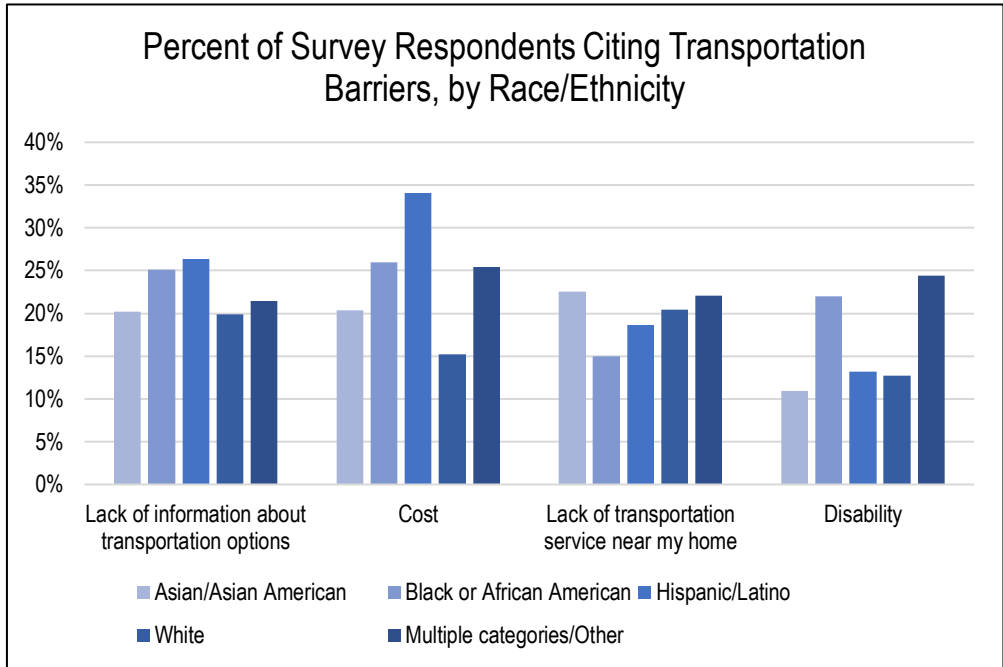
Concerns about crime and violence in communities are widespread among survey respondents, with many older adults indicating that they do not feel safe accessing public spaces, public transportation, activities, or local services. Some feel especially vulnerable to crime as older adults and as individuals with mobility challenges.

Older adults are interested in solutions that include more senior-friendly transportation options, free or low-cost transportation services, and more outreach to inform the public about transportation options and to assist with arranging services. Stakeholders also recommend sidewalk repair, traffic safety measures, and security enforcement to improve the cleanliness, safety, and accessibility of transit and neighborhoods.

Safety concerns for older adults also go beyond neighborhood and pedestrian safety to include fraud and emergency preparedness and response. Participants in public forums emphasized that older adults are one of the most vulnerable groups. Program designs should carefully take this into consideration.

Access and navigation of public and living spaces are restricted due to disability and mobility issues. Available services do not always meet the accessibility needs of a wide range of older adults, such as public transportation for those with mobility challenges, safe housing and neighborhoods, and social and daycare programs that serve those with Alzheimer’s or other types of dementia. Nearly a quarter of older adults surveyed have accessibility challenges that impact their access to public spaces, transportation,

“I can afford to take the bus and BART but not ride-sharing services, so there are places that I would like to go that are difficult to get to because they aren’t accessible by BART or AC Transit or the like without my having to walk a long way.”



“For those people who need a little bit of extra help and a little extra time when they get into a vehicle, Lyft and Uber do not meet that need very well.”

“While there are many resources for seniors in Oakland, crime, and risk of harm to humans is out of control. The psychological stress of encountering or experiencing crime in the community is real. We pre-plan our movements by walking or by car travel within Oakland to avoid dangers as much as possible.”

housing, and activities and events. Lack of accommodations also limits access to green spaces and public buildings.

Nearly 20% of survey respondents feel physical or mental health challenges are a barrier to social participation. 15% have a disability that results in a barrier to transportation, and 8% have accessibility issues related to shelter or housing.

Suggestions to address these challenges include ensuring unobstructed wheelchair and pedestrian access on sidewalks, updating infrastructure like seating, railings, and lighting in public spaces, increasing accessible transportation and parking, conducting maintenance and accessibility updates on affordable housing, and increasing activities for older adults.

“Many areas have no sidewalks and, often, sidewalks on city and residential streets are in need of repair and/or signage indicating tripping hazards.”

“There is not enough seating for elders in public parks and the commons.”

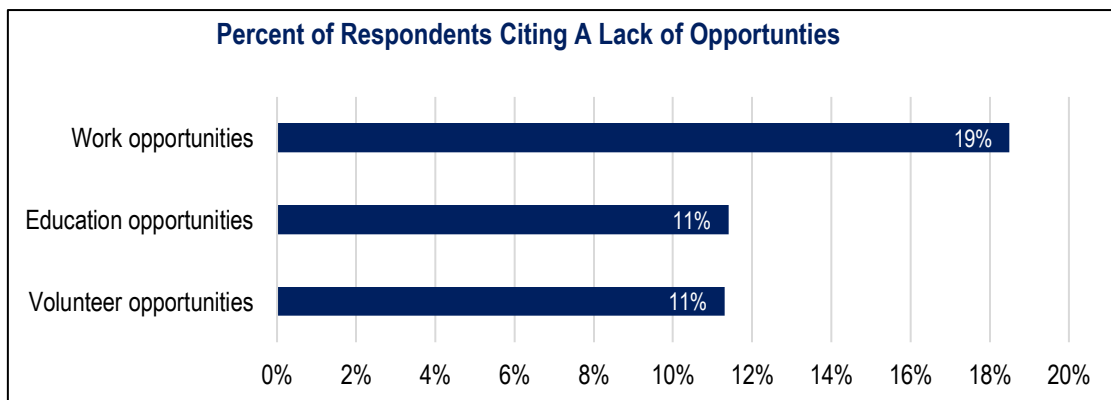
Loneliness and isolation are experienced by older adults.

Close to half of respondents feel isolated from others (43%) or lonely (44%) at least one or two days a week. One-third of respondents (33%) feel their needs for social participation are not being met. Top barriers to social participation include lack of information about activities (22%), physical or mental health challenges (19%), transportation, safety concerns, and cost. Experiences leading to reduced social participation include changes in social circles as friends and spouses pass away, challenges meeting new people, caregiving responsibilities, fatigue, fear of COVID and getting sick, and visual, hearing, or cognitive impairment. Some older adults feel that ageism is also a challenge.

“I am becoming the primary care giver to my husband as we age. I am spending more time managing our collective affairs and have less time to socialize. Many of our friends and family are dying, moving out of town, or are ill. Our support and social circle have decreased dramatically over the last couple years.”

Older adults who live alone face risks such as social isolation, limited support, and emergency assistance shortages. Approximately 23% of older adults (65+) in Alameda County live alone, representing nearly 55,000 older adults.²⁰ Living alone doesn't necessarily mean loneliness, but many solitary older adults are vulnerable due to isolation, poverty, disabilities, limited care access, or inadequate housing. The city with the highest rates of people 65+ living alone is Emeryville, where nearly 46% of older adults live alone.

33%
of survey respondents feel their need for social participation is not being met.



²⁰ American Community Survey 5-Year (2018-2022). <https://www.healthyalamedacounty.org/indicators/index/view?indicatorId=342&localeId=238>

Respondents are interested in activities that accommodate different interests, schedules, language, format (online/in-person) preferences, and physical or cognitive abilities. They also call for more opportunities for intergenerational interaction, volunteer opportunities, educational offerings, and work opportunities.

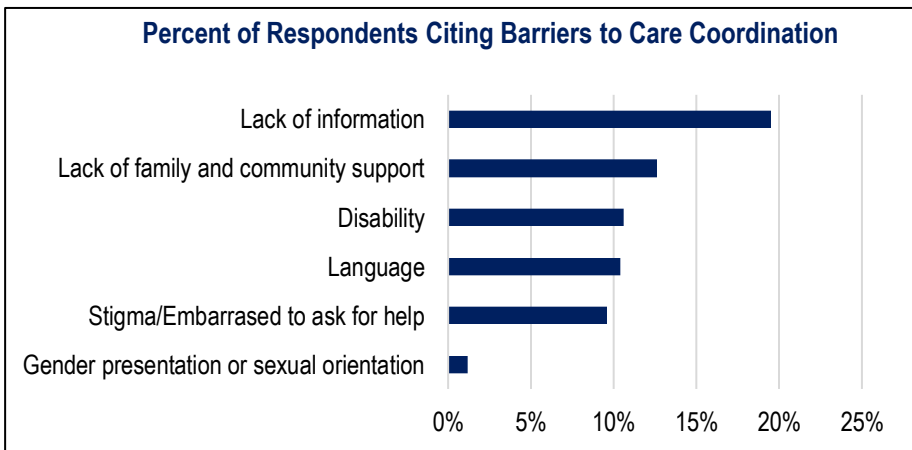
“The senior centers in Berkeley don't have activities that I'd like to participate in, such as discussion groups or art groups, which I am aware of. They are also not open enough hours per week... It seems the buildings are underused.”

Older adults struggle with the cost of healthcare and limited access to comprehensive care. While most older adults have access to basic healthcare, they struggle with costs and access to comprehensive care. Despite indications that older adults have good access to health insurance and primary care providers, nearly one-fifth (19%) of respondents report that they can't (or don't know if they can) afford the short-term healthcare needs of their household and a similar proportion (21%) report cost as a top barrier to medical care (21%). High costs of premiums, out-of-pocket expenses, and medications challenge older adults. The quality of care received also came through as a challenge, particularly long wait times, staff turnover, lack of responsiveness by providers, and lack of coverage and services for mental health, dental care, alternative therapies, dementia testing and early intervention, and specialty care.

Gaps and uncertainty in navigating caregiver needs and long-term care planning cause uncertainty. While around three-quarters of respondents (70-77%) agree that they have support from others to assist with their needs, fewer respondents (34%) have someone to coordinate their care, and less than half (45%) know where to find someone to coordinate services. Many do not know what care coordination services are available if they are eligible, and if they would benefit from services. The COVID-19 pandemic revealed gaps in services that had a disproportionate impact on communities, such as caregivers, individuals living with HIV, and others at risk of isolation.

“I consider myself pretty well connected but could use help negotiating this old-age stage of life, particularly in terms of dealing with Medicare and the supplemental programs; and home maintenance and making my home safer for my limited mobility.”

Many older adults are caregivers to a family member or spouse and need support. Older caregivers feel the emotional, physical, and financial toll of caregiving. Around 43% report not getting a break from caregiving, and over half (55%) report not getting adequate respite care. They need more information about care coordination, including eligibility for low-cost services and support from social service providers.



While most respondents (81%) feel they can afford their family's short-term health care needs, fewer than half (41%) are certain they can afford long-term care. Concerns for older adults include the ability to stay in their homes, shop and prepare meals, maintain access to medical care, afford in-home care or assisted living expenses, and navigate dementia.

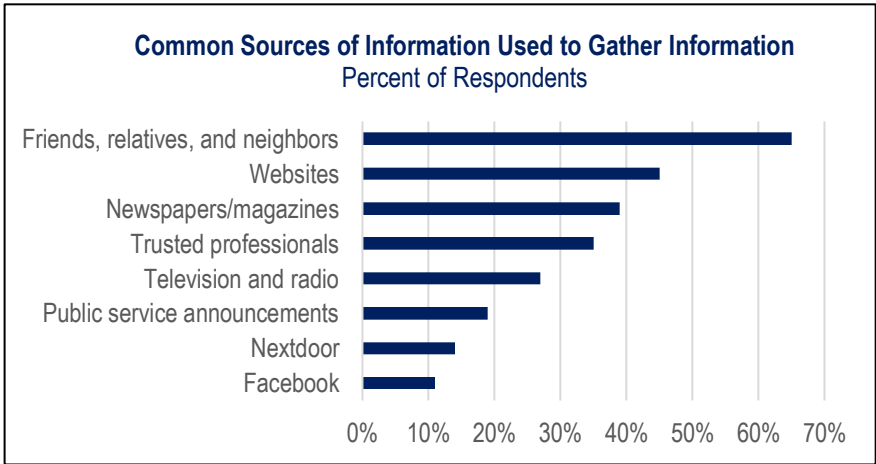
“My wife is older and has mobility issues and memory issues. I am the main caregiver for her, though fortunately she doesn't need intensive care. I do have concerns about caregiving if/when she needs more care than I can give.”

Better access to information and services and more assistance with technology are desired.

Older adults want better access to information and services and need more assistance with language and technology. There is interest in improved access to information about services and resources. Over one-third report that they need help getting information about senior services (41%), and over one quarter (28%) of those reporting veteran status say they need help getting information about veteran services. About one-quarter (25%) of respondents disagree that they know how to access legal and financial assistance in areas relevant to older adults. Across survey topics, lack of information is a commonly reported barrier to social participation (22%), care coordination (20%), and emergency preparedness (16%). Many older adults have language needs, with over one-quarter of respondents (27%) needing help getting information in their preferred language. Among these individuals, the most common languages spoken at home were Chinese or Mandarin (39%), Spanish (24%), Korean (8%), Cantonese (7%), Vietnamese (6%), and Dari (5%).

“It would be nice to have one portal for information, rather than a hodgepodge of sources or receiving it piecemeal. It would be great to have a senior technology help line, hands-on help provided at senior centers or libraries and a ‘mobile’ technology guru who can come to your house and help with installing devices, etc.”

Older adults vary in how they receive and access information and services. They obtain information from a variety of traditional and online sources, but there is a need for assistance with technology. Most respondents (87%) report using the internet, but over one quarter (26%) report barriers to internet use, the most common being lack of knowledge and affordability. Older adults are interested in improving their internet skills and receiving support for technical troubleshooting.



Improvements are needed to make high-quality services accessible to older adults. Services need to be more accessible for those with physical and cognitive disabilities and to address varying needs and preferences related to language and culture. Service provider skills can be improved to cater to these needs and improve the support to groups such as veterans and those living with HIV. These efforts must begin with raising awareness within the community. During community events, residents raised the need for services and learned for the first time that those services are available in the county, exemplifying gaps in awareness and the need for outreach. Many residents are interested in a single reliable source of coordinated information from the county and other providers.

“There are resources, but those who need them often are unaware.”

SECTION 6: PRIORITY SERVICES AND PUBLIC HEARING

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

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

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

Access:

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

2024-25 15 % 25-26 15 % 26-27 15 % 27-28 15 %

In-Home Services:

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

2024-25 15 % 25-26 15 % 26-27 15 % 27-28 15 %

Legal Assistance Required Activities: **

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

2024-25 10 % 25-26 10 % 26-27 10 % 27-28 10 %

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

The allocations have been calculated based on the findings from the needs assessment, which reflects the needs of Alameda County residents through research and stakeholder engagement (public forums, focus groups, and survey responses). These percentages were presented at the public hearing.

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

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

PUBLIC HEARING

At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act Reauthorization Act of 2020, Section 314(c)(1). A video of the public hearing will be available shortly [on our website](#).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? Yes or No	Was the hearing held at a Long-Term Care Facility? Yes or No
2024-2025	5/6/2024	In-Person: San Leandro Public Library, 300 Estudillo Avenue, San Leandro, CA 94577 Online: Zoom	50 (21 in person, 29 online)	Yes	No
2025-2026					
2026-2027					
2027-2028					

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

1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.

The Countywide Area Planning process is driven by community input. Multiple methods were used to gather feedback from an array of perspectives. Community members had the opportunity to share input early in the process through public forums, focus groups, and a survey that was available online and in print. The opportunity to share input on the planning process results and draft plan was provided through a public forum. These efforts were publicized via the Alameda County Social Services Agency website, social media, e-publication, and internal newsletters. Advertising was purchased in area newspapers, where news stories also covered the CWAP effort. Surveys were distributed to and collected from Meals on Wheels participants, many of whom are homebound and disabled. A focus group was held to gather feedback from residents living in a skilled nursing facility. Our provider partners were also notified of efforts and shared with their network. The providers encouraged institutionalized, homebound, and disabled participants to join the survey and attend the events.

A public hearing was held for this Area Plan on May 6, 2024. The hearing was publicized through:

- Legal notice in East Bay Times.
- Advertised on patch.com in all Alameda County markets (receiving close to 400,000 views).
- Flyers in English, Spanish, and Cantonese were posted on the Agency’s website and social media and shared widely by the Board of Supervisors and community partners.
- The flyer was distributed through AAA’s senior information contact list (over 500 providers and consumers) and the AAA listserv of commissioners and providers.
- Flyer posted at libraries, senior centers, faith-based organizations, and other areas where seniors are known to congregate.

At least one person with disabilities registered for the hearing and noted that the virtual option

made attending possible. We could not determine if any of our 29 online participants were institutionalized or homebound. We received a suggestion from a member of the Advisory Commission on Aging to reach out to the resident boards at local skilled nursing facilities, and we will incorporate that suggestion into our outreach efforts.

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

The AAA presented our coordination goals at the hearing: [1.4](#), [1.5](#), [2.2](#), [3.2](#), and [4.1](#). A provider of services to retirees thanked the AAA for working towards better service coordination and greater public awareness. Audience members also asked questions about how the AAA incorporates public feedback into the Area Plan and how the feedback for this plan compares with the feedback for the 2020-2024 Area Plan.

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

Yes. Go to question #5.

No, Explain:

5. Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.

The AAA presented the Title IIIB funding priorities at the hearing. An audience member asked how services might be coordinated for a 90-year-old neighbor who is being hospitalized. The AAA Director elaborated on Senior Information and Assistance services and the role of the ADRC.

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

An online participant emphasized the need to increase senior employment services for older adults who need and want to work.

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

The feedback at the hearing was supportive of this plan, particularly its emphasis on improved care coordination, public awareness, and employment opportunities.

SECTION 7: AREA PLAN NARRATIVE GOALS AND OBJECTIVES

Four goals have been prioritized for the 2024-2028 CWAP and are outlined below.

<p>Goal #1: Lead, support, and advocate for services that address the top concerns older adults have named. These include financial and food insecurity, housing and homelessness, mental health, emergency preparedness, safety, elder justice, dementia, and caregivers' needs.</p>				
<p>Rationale: Older adults in Alameda County are concerned with their ability to age affordably, safely, and happily in the community. For the older adults surveyed in Alameda County, cost was the top barrier for housing, transportation, food, and medical care. The need for additional support and services will continue to increase as the older adult population continues to grow, diversify, and age.</p>				
Objectives		Projected Start and End Dates	Type of Activity and Funding Source	Update Status
1.1	The AAA will partner with community service providers in the delivery of community and home-based services that support the needs of older adults to allow them to live safely and happily in the community.	2024	Administrative	
1.2	The AAA will pursue opportunities to braid funding and secure new funding sources to support and expand services that are provided through its network of community-based organizations dedicated to supporting the needs of the aging population.	2024	Administrative	
1.3	The AAA will work with community partners and coalitions to broaden the distribution of information through numerous mediums to improve awareness of services and resources.	2024	Administrative	
1.4	The AAA will work with its service provider partners to evaluate and update program offerings to ensure they are culturally competent (e.g., materials in multiple languages).	2024	Coordination	

1.5	The AAA will work with the Age Friendly Council, age friendly cities, county departments, and community stakeholders to establish and coordinate processes that identify and monitor the needs for priority populations, including those that are in most economic need, LGBTQIA+ older adults, older adults that are HIV positive, racially diverse populations, and veterans. This process will align programs with the greatest needs.	2024	Coordination	
1.6	The AAA will advocate for more affordable housing options that meet the needs of older adults and reduce the number of older adults that experience homelessness and housing insecurity within Alameda County. The AAA will support efforts to raise awareness and execute programs as they are available.	2024	Administrative	
1.7	The AAA will incorporate emergency preparedness and response guidance into distribution and education efforts and establish channels for emergency alerts.	2024	Administrative	

Goal #2: Increase public awareness and accessibility to information, resources, and services through the expansion of the County’s Aging and Disability Resource Connection (ADRC) and the launching of new engagement efforts.				
Rationale: Many residents who need services are unaware of what is available and how to access it. They want improved access to the support they need as older adults and/or caregivers.				
Objectives		Projected Start and End Dates	Type of Activity and Funding Source	Update Status
2.1	The AAA will work in partnership with Center for Independent Living (CIL) and Community Resources for Independent Living (CRIL) to strengthen the Alameda County Aging and Disability Resource Connection (ADRC).	2024	Administrative	

2.2	Through the ADRC, the AAA will establish practices for collecting community input on the preferred methods for outreach and will update outreach processes according to the feedback.	2024	Coordination	
2.3	The AAA, along with its ADRC partners will consistently update the ADRC's resource directory at least once a quarter.	2024	Administrative	
2.5	The AAA will host an inaugural resource fair to increase engagement with older adults in the community and improve awareness of resources.	2024	Administrative	
2.6	The AAA will develop and release its first annual Impact Report to demonstrate the volume, breadth, and positive outcomes of services that have been provided by the AAA and its network of partners.	2024	Administrative	

Goal #3: Deliver more coordinated and effective aging services through new and improved partnerships with county departments, healthcare organizations, Age-Friendly cities, and the Age-Friendly Council.				
Rationale: Many efforts are occurring within the community to address aging issues and support older adults, but there is a need to communicate and coordinate better across programs to serve the community more effectively and efficiently. Improving collaboration will lead to greater awareness amongst providers, improve outreach and assistance to consumers, and prevent duplication of efforts.				
Objectives		Projected Start and End Dates	Type of Activity and Funding Source	Update Status
3.1	The AAA will meet regularly with other Alameda County Departments to develop, plan, and participate in county-wide projects to represent, integrate, and coordinate services for older adults.	2024	Administrative	

3.2	The AAA will coordinate across county departments, age-friendly cities, and others to establish a coordinated approach to assessing, designing, delivering, and measuring the effectiveness of programs for older adults across the County.	2024	Coordination	
3.3	The AAA will coordinate across county departments, age-friendly cities, and others to encourage the alignment of efforts occurring within the county to the State's Master Plan for Aging	2024	Administrative	
3.4	The AAA will collaborate with the Senior Services Provider Coalition to align efforts to effect policy change.	2024	Administrative	
3.5	The AAA will partner with healthcare entities to strengthen the support for Medi-Cal recipients by increasing the awareness of home and community-based services available.	2024	Administrative	
3.6	The AAA will support its service provider network to collaborate with healthcare entities to strengthen services for Medi-Cal recipients through new reimbursement opportunities.	2024	Administrative	

Goal #4: Advance community engagement for older adults, including social activities, volunteerism, and employment opportunities.

Rationale: A third of older adults surveyed in Alameda County felt that their social participation needs were unmet; many others feel undervalued, isolated, and lonely. Social isolation has a negative impact on health and well-being.

Objectives		Projected Start and End Dates	Type of Activity and Funding Source	Update Status
4.1	The AAA will engage the community to learn more about the interests in educational topics, classes, and other engagement opportunities as a response to the feedback received through the CWAP stakeholder engagement.	2024	Coordination	
4.2	The AAA will collaborate with senior centers to determine how to address community requests for expanded offerings and hours.	2024	Administrative	
4.3	The AAA will develop materials to encourage organizations to understand the benefits of employing older adults and the options to explore. This effort will broaden and improve the opportunities for older adults interested in employment.	2024	Administrative	
4.4	The AAA will work with community partners to expand peer support group offerings offered to older adults to address topics such as grief, caregiving, and more.	2024	Administrative	
4.5	The AAA will launch a campaign to encourage volunteerism amongst older adults, increase social engagement, and improve the capacity of volunteer-driven programs.	2024	Administrative	

SECTION 8: SERVICE UNIT PLAN (SUP)

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

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

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

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

Adult Day / Adult Health Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	30,240	1	1.1 – 1.5
2025-2026	30,240	1	1.1 – 1.5
2026-2027	30,240	1	1.1 – 1.5
2027-2028	30,240	1	1.1 – 1.5

Case Management (Access)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	16,314	1	1.1 – 1.6
2025-2026	16,314	1	1.1 – 1.6
2026-2027	16,314	1	1.1 – 1.6
2027-2028	16,314	1	1.1 – 1.6

Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	60	1	1.1 – 1.5
2025-2026	60	1	1.1 – 1.5
2026-2027	60	1	1.1 – 1.5
2027-2028	60	1	1.1 – 1.5

Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	35,938	1, 2	1.1 – 1.5, 2.1 – 2.5
2025-2026	35,938	1, 2	1.1 – 1.5, 2.1 – 2.5
2026-2027	35,938	1, 2	1.1 – 1.5, 2.1 – 2.5
2027-2028	35,938	1, 2	1.1 – 1.5, 2.1 – 2.5

Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	600	1, 2	1.1 – 1.5, 2.1 – 2.5
2025-2026	600	1, 2	1.1 – 1.5, 2.1 – 2.5
2026-2027	600	1, 2	1.1 – 1.5, 2.1 – 2.5
2027-2028	600	1, 2	1.1 – 1.5, 2.1 – 2.5

Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	7,342	1	1.1 – 1.6
2025-2026	7,342	1	1.1 – 1.6
2026-2027	7,342	1	1.1 – 1.6
2027-2028	7,342	1	1.1 – 1.6

Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	140,796	1	1.1 – 1.5
2025-2026	140,796	1	1.1 – 1.5
2026-2027	140,796	1	1.1 – 1.5
2027-2028	140,796	1	1.1 – 1.5

Home-Delivered Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	487,960	1	1.1 – 1.5
2025-2026	487,960	1	1.1 – 1.5
2026-2027	487,960	1	1.1 – 1.5
2027-2028	487,960	1	1.1 – 1.5

Nutrition Education

Unit of Service = 1 session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	21,771	1	1.1 – 1.5
2025-2026	21,771	1	1.1 – 1.5
2026-2027	21,771	1	1.1 – 1.5
2027-2028	21,771	1	1.1 – 1.5

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

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

Title IIIB, Other Priority and Non-Priority Supportive Services

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

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

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

Other Supportive Service Category: Visiting

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	12,481	1, 4	1.1 – 1.5, 4.1, 4.4, 4.5
2025-2026	12,481	1, 4	1.1 – 1.5, 4.1, 4.4, 4.5
2026-2027	12,481	1, 4	1.1 – 1.5, 4.1, 4.4, 4.5
2027-2028	12,481	1, 4	1.1 – 1.5, 4.1, 4.4, 4.5

Other Supportive Service Category: Senior Center Activities

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	19,118	1, 4	1.1 – 1.5, 4.1, 4.2, 4.4, 4.5
2025-2026	19,118	1, 4	1.1 – 1.5, 4.1, 4.2, 4.4, 4.5
2026-2027	19,118	1, 4	1.1 – 1.5, 4.1, 4.2, 4.4, 4.5
2027-2028	19,118	1, 4	1.1 – 1.5, 4.1, 4.2, 4.4, 4.5

Other Supportive Service Category: Telephone Reassurance

Unit of Service = 1 activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	4,416	1, 2	1.1 – 1.5, 2.1 – 2.5
2025-2026	4,416	1, 2	1.1 – 1.5, 2.1 – 2.5
2026-2027	4,416	1, 2	1.1 – 1.5, 2.1 – 2.5
2027-2028	4,416	1, 2	1.1 – 1.5, 2.1 – 2.5

Other Supportive Service Category: Public Information

Unit of Service = 1 activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	4	1, 2	1.1 – 1.5, 2.1 – 2.5
2025-2026	4	1, 2	1.1 – 1.5, 2.1 – 2.5
2026-2027	4	1, 2	1.1 – 1.5, 2.1 – 2.5
2027-2028	4	1, 2	1.1 – 1.5, 2.1 – 2.5

3. Title IIID/ Health Promotion – Evidence-Based

Evidence-based program names include:

- Enhance Fitness
- Tai Chi: Moving for Better Balance
- Tai Chi: Arthritis
- A Matter of Balance
- BingoCize.

Evidence-Based Programs

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	9,520	1	1.1 – 1.5
2025-2026	9,520	1	1.1 – 1.5
2026-2027	9,520	1	1.1 – 1.5
2027-2028	9,520	1	1.1 – 1.5

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

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

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

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

Complete all Measures and Targets for Outcomes 1-3.

Outcome 1.

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

Measures and Targets:

A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition).

The average California complaint resolution rate for FY 2017-2018 was 73%.

Fiscal Year Baseline Resolution Rate	# of Complaints Resolved	+ # of Partially Resolved Complaints	Divided by the Total Number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	626		706	89	90% 2024-2025
2023-2024	586		766	77	90% 2025-2026
2024-2025					
2025-2026					

Program Goals and Objectives Numbers:

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>2</u> FY 2024-2025 Target: <u>2</u>
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended <u>8</u> FY 2025-2026 Target: <u>8</u>

3. FY 2024-2025 Baseline: Number of Resident Council meetings attended _ FY 2026-2027 Target: _
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _ FY 2027-2028 Target: _
Program Goals and Objective Numbers: <u>1.1. 1.2. 1.4. 1.5</u>

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

1. FY 2022-2023 Baseline: Number of Family Council meetings attended 0 FY 2024-2025 Target: <u>1</u>
2. FY 2023-2024 Baseline: Number of Family Council meetings attended 0 FY 2025-2026 Target: <u>1</u>
3. FY 2024-2025 Baseline: Number of Family Council meetings attended _ FY 2026-2027 Target: _
4. FY 2025-2026 Baseline: Number of Family Council meetings attended _ FY 2027-2028 Target: _
Program Goals and Objective Numbers: <u>1.1. 1.2. 1.4. 1.5</u>

D. Information and Assistance to Facility Staff (NORS Elements S-53 and S-54)

Count of instances of Ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by telephone, letter, email, fax, or in person.

1. FY 2022-2023 Baseline: Number of Instances <u>810</u> FY 2024-2025 Target: <u>1,000</u>
2. FY 2023-2024 Baseline: Number of Instances <u>972</u> FY 2025-2026 Target: <u>1,000</u>
3. FY 2024-2025 Baseline: Number of Instances _ FY 2026-2027 Target: _
4. FY 2025-2026 Baseline: Number of Instances _ FY 2027-2028 Target: _
Program Goals and Objective Numbers: <u>1.1. 1.2. 1.3. 1.4. 1.5. 2.2</u>

E. Information and Assistance to Individuals (NORS Element S-55)

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

1. FY 2022-2023 Baseline: Number of Instances <u>1,838</u> FY 2024-2025 Target: <u>2,000</u>

2. FY 2023-2024 Baseline: Number of Instances <u>1,451</u> FY 2025-2026 Target: <u>2,000</u>
3. FY 2024-2025 Baseline: Number of Instances <u> </u> FY 2026-2027 Target: <u> </u>
4. FY 2025-2026 Baseline: Number of Instances <u> </u> FY 2027-2028 Target: <u> </u>
Program Goals and Objective Numbers: <u>1.1, 1.2, 1.3, 1.4, 1.5, 2.2</u>

F. Community Education (NORS Element S-68)

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

1. FY 2022-2023 Baseline: Number of Sessions <u>25</u> FY 2024-2025 Target: <u>4</u>
2. FY 2023-2024 Baseline: Number of Sessions <u>48</u> FY 2025-2026 Target: <u>4</u>
3. FY 2024-2025 Baseline: Number of Sessions <u> </u> FY 2026-2027 Target: <u> </u>
4. FY 2025-2026 Baseline: Number of Sessions <u> </u> FY 2027-2028 Target: <u> </u>
Program Goals and Objective Numbers: <u>1.1, 1.2, 1.3, 1.4, 1.5, 2.2</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.

FY 2024-2025
<p>FY 2024-2025 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p> <ol style="list-style-type: none"> 1. Collaborative work with the Healthcare Career Pathway Program to expand the program in Alameda County. 2. Outreach and engagement efforts to partner with CNA (Certified Nursing Assistant) programs providing services in Alameda County. 3. Continuation of building strong partnerships to offer accreditation and social supports for students that are recruited for the Healthcare Career Pathway Program.
FY 2025-2026
<p>Outcome of FY 2024-2025 Efforts:</p> <p>FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>
FY 2026-2027
<p>Outcome of FY 2025-2026 Efforts:</p> <p>FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>
FY 2027-2028
<p>Outcome of 2026-2027 Efforts:</p> <p>FY 2027-2028 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>

Outcome 2.

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

Measures and Targets:

A. Routine Access: Nursing Facilities (NORS Element S-58)

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

<ol style="list-style-type: none"> 1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>10</u> divided by the total number of Nursing Facilities <u>73</u> = Baseline <u>14</u> % FY 2024-2025 Target: <u>95</u>%

<p>2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>8</u> divided by the total number of Nursing Facilities <u>74</u> = Baseline <u>11</u> % FY 2025-2026 Target: <u>95%</u></p>
<p>3. FY 2024-2025 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 2026-2027 Target: _____</p>
<p>4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2027-2028 Target: _____</p>
<p>Program Goals and Objective Numbers: <u>1.1. 1.2. 1.3. 1.4. 1.5</u></p>

B. Routine access: Residential Care Communities (NORS Element S-61)

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

<p>1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>2</u> divided by the total number of RCFEs <u>245</u> = Baseline <u>1</u> % FY 2024-2025 Target: <u>95 %</u></p>
<p>2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>0</u> divided by the total number of RCFEs <u>234</u> = Baseline <u>0</u> % FY 2025-2026 Target: <u>95%</u></p>
<p>3. FY 2024-2025 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 2026-2027 Target: _____</p>
<p>4. FY 2025-2026 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ % FY 2027-2028 Target: _____</p>
<p>Program Goals and Objective Numbers: <u>1.1. 1.2. 1.3. 1.4. 1.5</u></p>

C. Number of Full-Time Equivalent (FTE) Staff (NORS Element S-23)

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

1. FY 2022-2023 Baseline: 4 _____ FTEs FY 2024-2025 Target: 4 _____ FTEs
2. FY 2023-2024 Baseline: 5 _____ FTEs FY 2025-2026 Target: 5 _____ FTEs
3. FY 2024-2025 Baseline: _____ FTEs FY 2026-2027 Target: _____ FTEs
4. FY 2025-2026 Baseline: _____ FTEs FY 2027-2028 Target: _____ FTEs
Program Goals and Objective Numbers: <u>1.1, 1.2</u>

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers 6 _____ FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers 4 _____
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers 5 _____ FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers 5 _____
3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: <u>1.1, 1.2</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 2020, Section 712(c)]

Measures and Targets:

In a 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.

Empowered Aging maintains a robust data compliance program that includes ongoing case review and data management. The Local Program Coordinator reviews all closed cases for accuracy and adherence to case standards. All open cases are reviewed to ensure that they have been handled in a timely fashion consistent with the organization’s reporting standards. The Local Program Coordinator also completes a monthly data review of all activities and addresses any areas of concern.

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

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

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

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

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

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

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

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

- Public Education Sessions: Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- Training Sessions for Professionals: Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- Training Sessions for Caregivers Served by Title III E: Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2020, Section 302(3) ‘Family caregiver’ means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.
- Hours Spent Developing a Coordinated System to Respond to Elder Abuse: Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
- Educational Materials Distributed: Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- Number of Individuals Served: Indicate the total number of individuals expected to be reached by any of the above activities of this program.

PSA 09

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

The agency receiving Title VII Elder Abuse Prevention funding is: Legal Assistance for Seniors

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	1,400			
Public Education Sessions	12			
Training Sessions for Professionals				
Training Sessions for Caregivers served by Title III E				
Hours Spent Developing a Coordinated System				

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	1,920	Flyers and education materials that: <ul style="list-style-type: none"> • Explain what elder abuse is and the laws that address it. • Identify signs of financial, emotional, physical abuse, and neglect. • Review legal remedies available to abused elders, including restraining orders. • Cover practical tips to help prevent abuse. • Provide information on agencies that can help.
2025-2026		
2026-2027		
2027-2028		

**TITLE IIIE SERVICE UNIT PLAN
CCR Article 3, Section 7300(d)
2024-2028 Four-Year Planning Period**

This Service Unit Plan (SUP) uses the five federally mandated service categories, which encompass 16 subcategories. For eligible activities and service unit measures, refer to the CDA Service Categories and Data Dictionary. Specify the proposed audience size or units of **service for ALL** budgeted funds. Providing a goal with associated objectives is mandatory for services provided. The goal states the big picture, and the objectives are the road map (specific and measurable activities) for achieving the big picture goal.

For example, **Goal 3:** Provide services to family caregivers that will support them in their caregiving role, thereby allowing the care receiver to maintain a healthy, safe lifestyle in the home setting.

- Objective 3.1: Contract for the delivery of virtual self-paced caregiver training modules. Review data monthly to strategize how to increase caregiver engagement in these modules.
- Objective 3.2: Facilitate a monthly in-person support group for caregivers where they can share success stories and challenges and share information regarding experiences with HCBS. Respite daycare will be available for their loved ones if needed.
- Objective 3.3: Do caregiver assessments every 6 months to stay connected to the caregiver and knowledgeable about their needs.

Direct and/or Contracted IIIE Services

CATEGORIES (16 total)	1	2	3
Family Caregivers – Caregivers of Older Adults and Adults who are caring for an individual of any age with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.	Proposed Units of Service	Required Goal #(s)	Required Objective #(s)
Caregiver Access Case Management	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Access Information & Assistance	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	2,081	1, 2	1.1-1.5, 2.2-2.5
2025-2026			
2026-2027			
2027-2028			
Caregiver Information Services	# of Activities and Total Estimated Audience above	Required Goal #(s)	Required Objective #(s)
2024-2025	# of Activities: 165 Est. Audience: 4,000	1, 2	1.1-1.5, 2.2-2.5

2025-2026	# of Activities: Est. Audience:		
2026-2027	# of Activities: Est. Audience:		
2027-2028	# of Activities: Est. Audience:		
Caregiver Respite In-Home	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	9,612	1	1.1-1.5
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Other	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Day Care	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Overnight Care	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			

Caregiver Supplemental Services Caregiver Assessment	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	72	1	1.1-1.5
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Caregiver Registry	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Consumable Supplies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Home Modifications	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Legal Consultation	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Groups	Total Sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			

Caregiver Support Training	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Counseling	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	6,561	1	1.1-1.5
2025-2026			
2026-2027			
2027-2028			

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

CATEGORIES (16 total)	1	2	3
Family Caregivers – Caregivers of Older Adults and Adults who are caring for an individual of any age with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.	Proposed Units of Service	Required Goal #(s)	Required Objective #(s)
Caregiver Access Case Management	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Access Information & Assistance	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Information Services	# of Activities and Total Estimated Audience above	Required Goal #(s)	Required Objective #(s)
2024-2025	# of Activities: - Est. Audience: -	-	-
2025-2026			

2026-2027			
2027-2028			
Caregiver Respite In-Home	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Other	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Day Care	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Overnight Care	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			

Caregiver Supplemental Services Caregiver Assessment	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Caregiver Registry	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Consumable Supplies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Home Modifications	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Legal Consultation	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Groups	Total Sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			

Caregiver Support Training	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Counseling	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			

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

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

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

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

STATE & FEDERAL PERFORMANCE TARGETS: The HICAP is assessed based on State and Federal Performance Measures. AAAs should set targets in the service unit plan that meet or improve on each PM displayed on the *HICAP State and Federal Performance Measures* tool located online at:

https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/Planning/

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

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

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

SECTION 1: STATE PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	1875	1
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	100	1
2025-2026		
2026-2027		
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	5,555	1
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	2,643	1
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	535	1
2025-2026		
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	3,209	2,442	0	767	1
2025-2026					
2026-2027					
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	5,481	1
2025-2026		
2026-2027		
2027-2028		

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

HICAP Fiscal Year (FY)	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2024-2025	100	1
2025-2026		
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	1,000	1
2025-2026	1,000	1
2026-2027	1,000	1
2027-2028	1,000	1

HICAP Fiscal Year (FY)	PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	-	-
2025-2026		
2026-2027		
2027-2028		

SECTION 9: SENIOR CENTERS AND FOCAL POINTS

COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), Older Americans Act Reauthorization Act of 2020, Section 306(a) and 102(21)(36)

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

Designated Community Focal Point	Address
Jewish Community Center East Bay	1414 Walnut St. Berkeley, CA 94709
J-Sei	1285 - 66th Street, Emeryville CA 94608
Korean Community Center of East Bay	101 Callan Ave. Suite 400, San Leandro, CA 94577
Robert Livermore Community Center	4444 East Ave. Livermore, CA 94550
San Lorenzo Community Center	1970 Via Buena Vista San Lorenzo, CA 94580
Weekes Community Center	27182 Patrick Dr. Hayward, CA 94544
Vietnamese American Community Center	655 International Blvd. Oakland, CA 94606

Senior Center	Address
Age Well Center at Lake Elizabeth	40086 Paseo Padre Pkwy. Fremont, CA 94538
Age Well Center at South Fremont	47111 Mission Falls Ct. Fremont, CA 94538
Albany Senior Center	846 Masonic Ave. Albany, CA 94706
Clark W. Redeker Newark Senior Center	7401 Enterprise Dr. Newark, CA 94560
Downtown Oakland Senior Center	200 Grand Ave. Oakland, CA 94610
Dublin Senior Center	7600 Amador Valley Blvd. Dublin, CA 94568
East Bay Korean-American Senior Center	1723 Telegraph Ave. Oakland, CA 94612
East Oakland Senior Center	9255 Edes Ave. Oakland, CA 94609
Emeryville Senior Center	4231 Salem St. Emeryville, CA 94608
Fruitvale-San Antonio Senior Center	3301 East 12 th St. Oakland, CA 94601
Hayward Senior Center	22325 North 3 rd St. Hayward, CA 94546
Hong Lok Senior Center	275 – 7 th St. Oakland, CA 94607
Kenneth C. Aitken Senior Center	17800 Redwood Rd. Castro Valley, CA 94546

Mastick Senior Center	1155 Santa Clara Ave. Alameda, CA 94501
North Berkeley Senior Center	1900 Sixth St. Berkeley, CA 94710
North Oakland Senior Center	5714 Martin Luther King Jr., Oakland, CA 94609
Pleasanton Senior Center	5353 Sunol Blvd. Pleasanton, CA 94566
Ruggieri Senior Center	33997 Alvarado-Niles Rd. Union City, CA 94587
San Leandro Senior Community Center	13909 East 14 th St. San Leandro, CA 94578
South Berkeley Senior Center	2939 Ellis St. Berkeley, CA 94703
West Oakland Senior Center	1724 Adeline St. Oakland, CA 94607

SECTION 10: FAMILY CAREGIVER SUPPORT PROGRAM

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

Based on the AAA’s needs assessment and subsequent review of current support needs and services for **family caregivers**, indicate what services the AAA **intends** to provide using Title III E and/or matching FCSP funds for both.

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

Family Caregiver Services

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

Older Relative Caregiver Services

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

Justification: If any of the five main categories are **NOT** being provided, please explain how the need is already being met in the PSA.

When the AAA released its last RFP, it did not receive bid responses to provide FCSP Supplemental Services. The services are provided in the PSA. For example, the On Lok PACE program located at 3683 Peralta Blvd, Fremont, CA, provides assistive devices. The service is provided in Southern Alameda County.

For FCSP Grandparent Services, the AAA only received a bid response to provide Respite Services. The agency providing the service, Family Support Services of the Bay Area, 401 Grand Avenue, Suite 500, Oakland, CA 94610, <http://fssba.org/our-services/kinship-support>, offers a full range of services, including information & assistance, support groups, workshops & training and supplemental services (captured as “Basic Needs” on their agency budget). These services are provided in Northern Alameda County, including Albany through Oakland.

The AAA will again invite providers to bid for this service in the 2026-2030 RFP.

SECTION 11: LEGAL ASSISTANCE

2024-2028 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]. CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg

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

A total of 15% is allocated to Legal Services based on the local needs assessment.

2. How have your local needs changed in the past year(s)? Please identify any changes (include whether the change affected the level of funding and the difference in funding levels in the past four years). **Discuss:**

The local needs for legal assistance have changed over the past four years. As a result, the priority services for legal assistance have also changed to reflect this. The priority services are guardianships, consumer law, estate planning, and housing preservation. This has not impacted the funding levels but impacts outreach efforts and service prioritization.

3. How does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify and ensure that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Discuss:**

The AAA has a contract with Legal Assistance for Seniors (LAS). The contract is routinely reviewed to ensure program-specific memos clearly outline the expectations and requirements. A contract monitoring process is also in place and detailed within the contract, which requires regular reporting of performance data.

4. How does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priority issues for legal services? What are the top four (4) priority legal issues in your PSA? **Discuss:**

The AAA works closely with our provider partner, Legal Assistance for Seniors (LAS), to review the local needs information and identify the priority issues for legal services. The top four priority legal issues in PAS 9 include enhancing elder justice efforts, housing preservation, providing support and information on the Health Insurance Counseling and Advocacy Program (HICAP), and providing support for guardianship/conservatorships.

5. How does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? What is the targeted senior population and mechanism for reaching targeted groups in your PSA? **Discuss:**

Legal Assistance for Seniors (LAS) provides legal services to vulnerable older adults, including non-English speaking, those who are isolated, those living with disabilities, and/or residents of skilled nursing facilities and other group settings. LAS reaches these older adults by maintaining a multi-lingual staff, giving community presentations in multiple languages, and using a phone interpreter service to communicate with clients when needed. LAS also reaches older adults in isolated areas by traveling to

locations throughout the county to give presentations, including at senior centers, senior living facilities, and community centers. LAS holds office hours each month at several senior centers throughout the county to meet with clients who may find it difficult to travel to LAS' Oakland office. LAS attorneys make home visits to older adults who cannot travel due to health or financial concerns.

LAS is evaluating legal service delivery to determine if there are vulnerable populations that the agency has not been effective in reaching. Through analysis of agency data and conversations with community partners, LAS is striving to make sure the most vulnerable older adults in the community are receiving the legal services they need.

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

Fiscal Year	# of Legal Assistance Services Providers	Did the number of service providers change? If so, please explain.
2024-2025	1	No
2025-2026		
2026-2027		
2027-2028		

7. What methods of outreach are Legal Services Providers using? Discuss:

Legal Assistance for Seniors (LAS) provides several different methods of outreach to ensure that the senior community is aware of the services available and can access them. First, LAS holds office hours each month at senior centers throughout Alameda County, including Fremont Senior Center, Hayward Senior Center, and Alameda Senior Center. LAS also provides free community education presentations at locations throughout Alameda County on topics of interest to older adults, including How to Prevent Medicare Fraud and Abuse, An Overview of Long-Term Care, and How to Get Help with Healthcare Costs, among others. Through these presentations, older adults are also able to learn about the free services offered by LAS. In addition to providing community education presentations, LAS staff and volunteers also conduct outreach at health and community fairs; between LAS' outreach efforts and community education presentations, LAS can reach thousands of Alameda County older adults each year. LAS maintains a large network of community partners through collaboration and service provider groups to ensure that partners can easily refer older adults who need legal services to the agency. Additionally, LAS provides technical assistance to community partners to help them improve their services to older adults.

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

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	a. Legal Assistance for Seniors b. c.	a. Countywide b. c.
2025-2026	a. b. c.	a. b. c.
2026-2027	a. b. c.	a. b. c.

2027-2028	a. b. c.	a. b. c.
-----------	----------------	----------------

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

Older adults access LAS services through several different means; Adult Protective Services, the Department of Children and Family Services, and other community partners refer many clients. In addition to referrals, older adults also contact the LAS office either by phone or through the LAS website. Finally, older adults who attend LAS education presentations can ask questions after the presentation. If they have an issue that falls within LAS’ practice areas, an LAS staff member will follow up with them after the presentation to provide additional information or assistance.

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

The major types of legal issues that LAS handles are:

1. Elder abuse, including restraining orders and “kick-out” orders to remove abusers living in older adults’ homes.
2. Health law, including Medicare, Medi-Cal, and private insurance issues.
3. Naturalization, including assisting older adults in applying for fee waivers and disability waivers for the language and testing component of the citizenship interview.
4. Public benefits, including Social Security and SSI eligibility, reductions, and overpayment issues.
5. Legal guardianship for adults 50 and older who are caring for minor children; and
6. Housing, including representing older adult tenants who are at risk of losing their housing.

A recent study out of UCSF states that older adults are a significant portion of the newly homeless in Alameda County and highlights the critical nature of preventative services, such as legal representation, to stabilize housing. When older adults are displaced, they lose their homes, cultural community, caregivers, networks, and stability. These losses can cause severe health implications and premature death.²¹ Older adults cannot wait for new construction. The AAA and LAS believe older adults and the affordable housing they reside in must be protected and preserved in place. The organization is focused on providing legal services related to housing issues.

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

A major barrier to access to services is transportation and mobility issues. LAS has made home visits available to older adults who, for economic reasons or physical limitations, cannot easily travel from their homes. Without someone going to their home or to a meeting place close to their home, many older people would not be able to access the services they need to stay in their homes. Many of the elder abuse clients have been living in unsafe and dangerous situations for many years and have had difficulty finding help. Being able to connect face-to-face with an attorney helps the confidence of the older adults served so they may move forward and take the steps to get protection. During a home visit, the LAS attorney is also able to identify several other needs of the older adult. The attorneys help address other issues even though it may not have been the initial reason the older adult requested assistance or legal services in nature. Being able to meet with an older adult in a safe place is the most effective way to assist with their needs.

²¹ Handley, M.A., Kushel, M., Weeks, J., Olsen, P., Castillo, J., & Knight, K.R. (2022). Ground-Truthing the Experiences of Homeless Older Adults’ Recent Stays with Family and Friends: A Case Study of Participatory Data Analysis. *Journal of Health Care for the Poor and Underserved* 33(1), 268-285. <https://doi.org/10.1353/hpu.2022.0020>.

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

Discuss:

LAS works closely with community collaborators to ensure that the organization provides the strongest possible services to indigent older adults throughout Alameda County. LAS has direct contracts with the county of Alameda to provide legal services in elder abuse, guardianship, immigration, public benefits, and health law. LAS is also appointed by the Alameda County probate court to represent proposed conservatees. LAS holds a contract with Alameda County Adult Protective Services (APS).

LAS works closely with several other organizations, including:

- The Alameda County Bar Association to provide a guardianship workshop.
- Family Support Services of the Bay Area (FSSBA) to provide ongoing support for guardianship clients.
- The Alameda County Kinship Collaborative, a group of service providers focused on families headed by kin caregivers.
- The Court Bench Bar meeting, run by the court aimed at providing better services to the community.
- The Community Projects Committee, a group of nonprofit legal service providers that provide information and training to serve the indigent population better.
- The District Attorney's Office, to create a collaborative approach to victim's rights.
- The Senior Services Coalition, to coordinate services and support among senior service providers.

LAS also partners with cities, senior housing facilities, senior centers, and community centers within the County to create a service network for seniors. LAS is always searching for new and innovative community partners to ensure the highest quality services to older adults in Alameda County.

SECTION 12: DISASTER PREPAREDNESS

Disaster Preparation Planning Conducted for the 2024-2028 Planning Cycle Older Americans Act Reauthorization Act of 2020, Section 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

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

The AAA is part of the Alameda County structure and, therefore, conforms to the County's overall plan for disaster response and preparedness. One element of the County's plan enforces the requirement of County staff, including AAA staff, to serve as OFFICIAL DISASTER SERVICE WORKERS in accordance with Section 3100 of the California Government Code. The AAA participates fully in the Social Service Agency's (SSA) Health & Safety activities and Disaster Preparedness & Emergency Response planning and coordination protocols. These protocols include identifying onsite physical areas of responsibility during an emergency, performing preparedness resource readiness evaluations, and participating in announced evacuation drills as well as unannounced timed evacuation drills administered by the City of Oakland Fire Department.

The AAA coordinates with several community preparedness agencies, including county's Office of Emergency Services (OES), Eden Information and Assistance, the American Red Cross, Alameda County Volunteer Organizations Active in Disaster (VOAD), and Community Emergency Response Teams (CERT) from various cities in Alameda County. The AAA regularly receives and disseminates safety information briefings, advisories, and updates from the CDA-AAA Disaster Assistance Coordinator.

The Alameda County Social Services Agency, which includes the AAA, participates in implementation of the [County's 2023 Climate Action Plan for Government Services and Operations \(GOCAP\)](#), including provision of disaster preparedness support for older adults.

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
Lorena Briseño	Office of Disaster Preparedness and Emergency Manager	Office: 510-271-9174	lbriseno@acgov.org

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Marlisa Davis	Program Specialist	Office: 510-577-3590 Cell: 510-506-2261	Marlisa.davis@acgov.org

4. List critical services the AAA will continue to provide to the participants after a disaster and describe how these services will be delivered (i.e., Wellness Checks, Information, Nutrition programs):

Critical Services	How Delivered?
A Public outreach and assistance to older adults	A Trained individuals on the staff and volunteers
B Information & Assistance Services	B Trained individuals on the staff
C Coordination with local government partners	C Following the procedures set in place by SSA

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

Critical Services	How Delivered?
A. Communication with staff and subcontractors	The AAA maintains electronic and hard copy files of providers' contact information to ensure adequate avenues of communication with subcontractors regardless of circumstance
B. Access to information regarding older adult services	<p>The AAA will work to establish communication with service providers, verify provider operational status, confirm provider level of functionality, and inform consumers of service availability.</p> <p>The County will strengthen cross-sector partnerships among subject matter experts and professionals in emergency preparedness, older adult public health, and Alzheimer's Disease and related dementias (ADRD) across the 14 cities and 6 unincorporated areas in Alameda County in order to ensure that emergency plans at all levels address the specific needs of people with dementia and their caregivers. (See section 4.6 for more information about the County's efforts for people living with ADRD.)</p>

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

- Access to telecommunications and cellular service
- Access to computers, servers, and related technology
- Access to funding and operational resources

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

The AAA is part of the Social Services Agency of Alameda County and, as a result, has a countywide agreement with the Alameda County Office of Homeland Security and Emergency Services. SSA is responsible for coordinating and managing countywide Care and Shelter Operations through the Alameda County OES in the event of a disaster or emergency situation. The AAA performs vital functions in fulfilling SSA's broad coordination and management role, particularly as it relates to the County's older adult residents.

The Alameda County umbrella also offers the benefit of AC Alert for emergency message communication. AC Alert is the Mass Notification System used by City and County agencies throughout Alameda County to rapidly disseminate emergency alerts to people with residential,

business, or social associations with Alameda County. AC Alert allows participants to provide multiple methods of contact and designate multiple locations in Alameda County to receive emergency alerts. AC Alert can send alerts by voice, text, email, Nixle messaging, social media posting, and FEMA Wireless Alerts.

The AAA requires its Community-Based Organization (CBO) service providers to develop and implement a written Agency Emergency Operations Plan at the onset of each four-year funding cycle. Each subsequent year of the funding cycle, the plan must be updated and include an Incident Command System (ICS) protocol. The plan must ensure the provision of critical services to meet the emergency needs of consumers they are charged to serve during medical or natural disasters, such as earthquakes or floods. The plan must include assurances that preparations have been made in the following areas: 1) preparation of the facility, 2) training for all staff, volunteers, and participants in the Agency's emergency operations plan, and 3) fire safety preparations.

The template for the plan is provided to the contract CBO by the AAA.

The AAA's CBO Home Delivered Nutrition providers perform client status checks and provide emergency food packs consisting of shelf-stable food and water for the Meals on Wheels clients. The AAA also funded the purchase of infrastructure items such as vehicles and refrigerators for Home Delivered Nutrition providers to ensure their ability to respond during the COVID 19 lockdown.

8. Describe how the AAA will:

- Identify vulnerable populations:

The AAA has worked with the County-wide disaster planning team and service providers to identify vulnerable older adults and establish effective communication methods.

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

The AAA has worked with the County-wide disaster planning team, its network of service providers, and residents to identify and understand potential needs.

- Follow up with vulnerable populations after a disaster event.

The AAA maintains a database containing information regarding ADLs and IADLs representing the level of functional ability of individuals; however, the AAA database does not cross-reference this data with telephone contact information. The AAA will first work to establish adequate communication with service providers and subsequently, to coordinate appropriate follow-up through contract service providers. The AAA Senior Info Hotline, Senior Info Email distribution, SSA's Office of Public Affairs, and SSA's Office of Disaster Preparedness and Emergency Management, provide additional avenues for communication and follow-up with vulnerable populations.

9. How is disaster preparedness training provided?

- AAA to participants and caregivers
- To staff and subcontractors

SECTION 13: NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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

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

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

<u>Check applicable direct services</u>	<u>Check each applicable Fiscal Year</u>			
Title IIIB	24-25	25-26	26-27	27-28
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIID	24-25	25-26	26-27	27-28
<input type="checkbox"/> Health Promotion – Evidence-Based	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIIE⁹	24-25	25-26	26-27	27-28
<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"/>
Title VII	24-25	25-26	26-27	27-28
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII	24-25	25-26	26-27	27-28
<input type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

The AAA employs many methods to ensure that target populations throughout the PSA will be served, including providing Outreach, Information, and Assistance services countywide. The AAA also publishes a quarterly newsletter distributed via hard copy as well as through electronic media. The newsletter includes contributions from staff, outside contributors, and Commissioners.

SECTION 14: REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: Public Information

Check applicable funding source:

IIIIB

IIIC-1

IIIC-2

IIIE

VII

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.

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

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

The AAA publishes a quarterly newsletter that is distributed via hard copy as well as through electronic medium. The newsletter includes contributions from staff, outside experts, and Commissioners. The AAA is only charging for the production of materials, not for staff time. The in-kind contribution of staff and volunteers is the most cost-effective approach to delivering this product.

SECTION 15: GOVERNING BOARD

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

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

Total Number of Board Members: 5

Name and Title of Officers:	Office Term Expires:
Nate Miley, President—District 4	2024 (was reelected)
David Haubert, Vice President—District 1	2024 (was reelected)

Names and Titles of All Members:	Board Term Expires:
Elisa Márquez—District 2	2026
Lena Tam—District 3	2026
Keith Carson—District 5	2024

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

Longtime District 5 Supervisor Keith Carson has decided not to seek another term. A runoff election for that seat will be held in November 2024. Supervisor Richard Valle passed away on February 8, 2023, after serving as Supervisor of District 2 since June 11, 2012. Due to Supervisor Valle’s passing, the Board of Supervisors adopted procedures to appoint a replacement to fill the District 2 vacancy pursuant to the County Charter. Candidate applications were required to be submitted by March 14, 2023 at 5:00 p.m. The 7 candidates who submitted applications include Ariana P. Casanova, Teresa Keng, Elisa Márquez, Jason Matthew Miguel, Harris Mojadedi, Mark Salinas, and Thomas Wong. On March 30, 2023, the Board chose to appoint Hayward City Councilmember Elisa Márquez to fill the District 2 Supervisor seat until the election and qualification of a successor to fill the seat for the balance of the existing term (through 2026). The next general election at which a candidate may be placed on the ballot is currently scheduled for March 2024. District 2 Supervisor Elisa Márquez was sworn in on April 4, 2023.

Former City of Alameda Councilmember Lena Tam was elected to fill the District 3 Supervisor seat in the General Election held on November 8, 2022.

SECTION 16: ADVISORY COUNCIL

**ADVISORY COUNCIL MEMBERSHIP
2024-2028 Four-Year Planning Cycle**

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

Total Council Membership (include vacancies) 21

Number and Percent of Council Members over age 60 5 83 % Council 60+

Race/Ethnic Composition	% Of PSA's 60+ Population	% on Advisory Council
White	46	40
Hispanic	11	0
Black	12	40
Asian/Pacific Islander	28	0
Native American/Alaskan Native	0.6	0
Other	2	20

Name and Title of Officers:	Office Term Expires:
Laura McMichael-Cady, Acting Chair	Renewal Pending
Vice-Chair, Bobby Grant	4/14/2027

Name and Title of other members:	Office Term Expires:
Barbara Price	7/1/27
Lisa Malul	3/12/28
Linda Boykins	4/12/25
Denise McCowan	10/11/27

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

Yes No

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

Yes No Additional Other (Optional)

- Family Caregiver, including older relative caregiver
- Tribal Representative
- LGBTQ Identification

Veteran Status
 Other _____

Explain any “No” answer(s):

The Commission has multiple vacancies, and the ACA is currently working with appointing entities (Board of Supervisors, Conference of Mayors) and their representatives to fill the vacancies. The CWAP public forums and public hearing also included announcements of the vacancies and information on applying.

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

When terms expire, members are permitted to remain in their positions until reappointments are secured. There are currently no members with expired terms.

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

Advisory Commission on Aging (ACA) members are appointed either by the Board of Supervisors or the Mayor’s Conference. Each of the five County Supervisors holds 2 seats, while the Mayor’s Conference holds eight seats. Three of the 21 positions are “at-large” and may be recommended by the Commission, and then forwarded to the Board of Supervisors for approval. The ACA is currently working with elected officials and their representatives to fill all existing vacancies.

SECTION 17: MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW

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

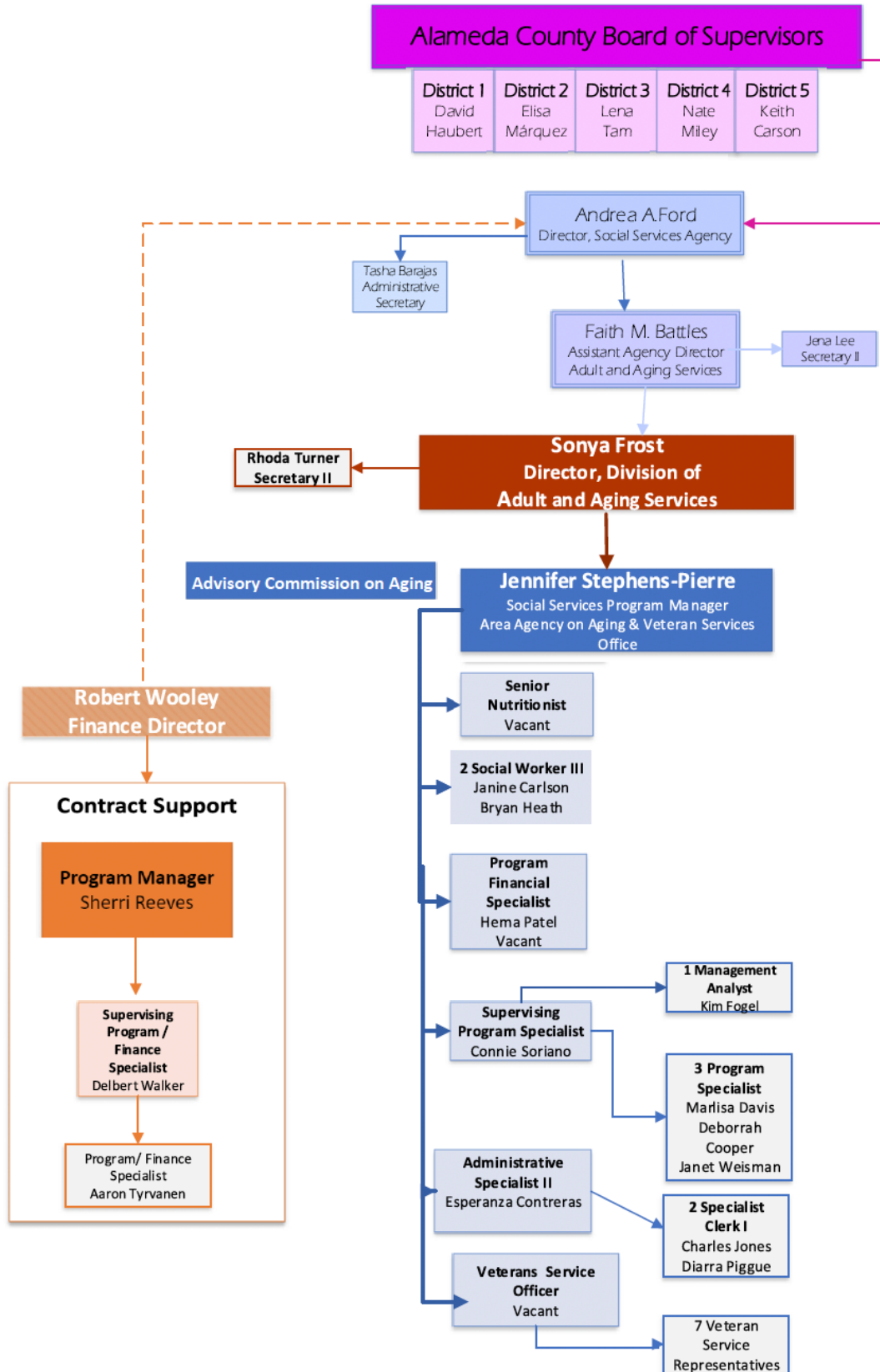
No. Title IIIB funds not used for Acquisition or Construction.

Yes. Title IIIB funds used for Acquisition or Construction.

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

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

SECTION 18: ORGANIZATION CHART



POSITION CLASSIFICATION	Annual FTE Wage Rate	FTE %	Admin	FTE %	Direct III B	FTE %	Total Title III
AAA Director (JSP)	\$ 147,035	60%	\$ 88,221	20%	\$ 29,407	80%	\$ 117,628
Supervising Prog. Spec. (DW)	\$ 126,651	30%	\$ 37,995			30%	\$ 37,995
Supervising Prog. Spec. (CS)	\$ 126,651	80%	\$ 101,321	5%	\$ 6,333	85%	\$ 107,653
Program FSS (HP)	\$ 113,651	80%	\$ 90,921			80%	\$ 90,921
FSS (AT)	\$ 100,110	50%	\$ 50,055			50%	\$ 50,055
Program Specialist (JW)	\$ 113,651	80%	\$ 90,921	10%		90%	\$ 90,921
Program Specialist (DC)	\$ 113,651	80%	\$ 90,921	10%	\$ 11,365	90%	\$ 102,286
Program Specialist (MD)	\$ 113,651	80%	\$ 90,921	10%	\$ 11,365	90%	\$ 102,286
Management Analyst(KF)	\$ 111,692	80%	\$ 89,354	10%	\$ 11,169	90%	\$ 100,523
Sr. Nutritionist (V)	\$ 105,000	75%	\$ 78,750			75%	\$ 78,750
Social Worker III (BH)	\$ 89,368	0%	\$ -	90%	\$ 80,431	90%	\$ 80,431
Social Worker III (JC)	\$ 92,000	0%	\$ -	90%	\$ 82,800	90%	\$ 82,800
Specialis Clerk (DP)	\$ 64,993	0%	\$ -	90%	\$ 58,494	90%	\$ 58,494
Specialist Clerk (CJ)	\$ 64,993	90%	\$ 58,494			90%	\$ 58,494

SCHEDULE OF PAID PERSONNEL COSTS TITLE III, TITLE VII, & SPECIAL OMBUDSMAN

POSITION CLASSIFICATION	Annual FTE Wage Rate	FTE %	Total Title III & VII	Total FTE%	Total Area Plan
AAA Director (JSP)	\$ 147,035	80%	\$ 117,628	80%	\$ 117,628
Supervising Prog. Spec. (DW)	\$ 126,651	30%	\$ 37,995	30%	\$ 37,995
Supervising Prog. Spec. (CS)	\$ 126,651	85%	\$ 107,653	85%	\$ 107,653
Program FSS (HP)	\$ 113,651	80%	\$ 90,921	80%	\$ 90,921
FSS (AT)	\$ 100,110	50%	\$ 50,055	50%	\$ 50,055
Program Specialist (JW)	\$ 113,651	90%	\$ 90,921	90%	\$ 90,921
Program Specialist (DC)	\$ 113,651	90%	\$ 102,286	90%	\$ 102,286
Program Specialist (MD)	\$ 113,651	90%	\$ 102,286	90%	\$ 102,286
Management Analyst(KF)	\$ 111,692	90%	\$ 100,523	90%	\$ 100,523
Sr. Nutritionist (V)	\$ 105,000	75%	\$ 78,750	75%	\$ 78,750
Social Worker III (BH)	\$ 89,368	90%	\$ 80,431	90%	\$ 80,431
Social Worker III (JC)	\$ 92,000	90%	\$ 82,800	90%	\$ 82,800
Specialist Clerk (DP)	\$ 64,993	90%	\$ 58,494	90%	\$ 58,494
Specialist Clerk (CJ)	\$ 64,993	90%	\$ 58,494	90%	\$ 58,494

SECTION 19: ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

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

- (A) services associated with access to services (transportation, health services (including mental and behavioral health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
- (B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

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

- (I) provide assurances that the area agency on aging will -
 - (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
 - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and;
- (II) include proposed methods to achieve the objectives described in (aa) and (bb) of subclause (I);

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

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

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
- (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area.

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

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

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

- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.

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

Use outreach efforts that —

- (i) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (I) older individuals residing in rural areas.
 - (II) older individuals with greatest economic need (with particular attention to low- income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low- income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities.
 - (V) older individuals with limited English proficiency.
 - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
- (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

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

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

7. OAA 306(a)(5)

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

8. OAA 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

9. OAA 306(a)(9)(A)-(B)

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

10. OAA 306(a)(11)

Provide information and assurances concerning services to older individuals who are Native

Americans (referred to in this paragraph as “older Native Americans”), including—

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

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

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

12. 306(a)(14)

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

13. 306(a)(15)

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

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

14. OAA 305(c)(5)

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

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

- i. no individual (appointed or otherwise) involved in the designation of the State agency or an Area Agency on Aging, or in the designation of the head of any subdivision of the State agency

- ii. no officer, employee, or other representative of the State agency or an Area Agency on Aging is subject to a conflict of interest prohibited under this Act; and
- iii. mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

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

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

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

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

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

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

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

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

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

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

21. OAA 307(a)(15)

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

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

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

22. OAA 307(a)(18)

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

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

23. OAA 307(a)(26)

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

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

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

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

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

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

convene all interested persons, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)]

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

28. CFR [1321.53(c)]

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

29. CFR [1321.53(c)]

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

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

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

31. CFR [1321.61(d)]

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

32. CFR [1321.69(a)]

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

ACKNOWLEDGMENTS

Alameda County's 2024-2028 Countywide Area Plan for Older Adults represents a monumental collaborative engagement that was only made possible through the passion, commitment, and involvement of people deeply concerned about the quality of life of older adults. The Area Agency on Aging (AAA) was very fortunate to have a dedicated Board of Supervisors, an Advisory Commission on Aging, and a team of fellow County agencies, community experts, staff, and consumers. We thank the Social Services Agency (SSA) Director's Office, SSA's Office of Data and Evaluation (ODE), and SSA's Office of Public Affairs. We would particularly like to acknowledge the approximately 4,000 older adults who offered their input by responding to surveys or participating in focus groups and public forums. Thanks to all who continue to offer their time and commitment to make Alameda County a livable community where "age-friendly" is an all-day, everyday occurrence.

The AAA formed a Steering Committee with members of the County's Advisory Commission on Aging and community partners. Members worked together to generate the survey, public forums, focus groups, and preliminary drafts of the plan. We appreciate their engagement and dedication.

Alameda County Board of Supervisors and Staff

David Haubert, District 1
Elisa Márquez, District 2
Lena Tam, District 3
Nate Miley, District 4
Keith Carson, District 5

Alameda County Advisory Commission on Aging

Laura McMichael-Cady (Chair)
Barbara Price
Bobby Arte Grant
Denise McCowan
Dr. Linda Boykins
Lisa Malul

Alameda County Council for Age Friendly Communities

CWAP Steering Committee

Chair: Kim Fogel, Senior Planner, AAA
Laura McMichael-Cady, Chair: County of Alameda Advisory Commission on Aging
Karen Grimsich, City of Fremont
Charlie Deterline, SOS Meals on Wheels
Lara Calvert, Spectrum Community Services
Patricia Osage, Life Elder Care
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SSA – Office of Public Affairs and Community Relations

In memory of our friend and colleague Sylvia Soublet, SSA Director of Public Affairs and Community Relations, whose advice and support helped bring this project to life.



Andrea Wong, Program Specialist

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Oakland Audio Visual Services
Accent on Languages

Focus Group Partners

Family Caregiver Alliance
Kayameena Care Center
Pacific Center
St. Mary's Center
Swords to Plowshares

Public Forum/Public Hearing Talent

Sunny Eom, Alameda County Vice Youth Poet Laureate
Bruce Roberts, Poet Laureate of Hayward Emeritus
Keith Barros, Singer

Public Forum Locations

Ed Roberts Campus
Ruggieri Senior Center
San Leandro Veterans Memorial Building
Robert Livermore Community Center
Eastmont Town Center

Public Hearing Location

San Leandro Community Library

OLDER CALIFORNIANS ACT (OCA) MODERNIZATION SUPPLEMENTAL SUMMARY

Program Memo 23-13 outlines the funding intent, allowable activities, and distribution of general funds for modernizing the Mello-Granlund Older Californians Act. Funding for these efforts include State General Funds granted in response to the AAAs network's legislative proposal. If the AAA is using the modernization funding to expand the scope of the existing OCA programs and/or fund community-based service programs, the supplemental summary document of the actions being taken at the AAA should be completed. The narrative summary should include programmatic actions being funded and the services provided including Nutrition Modernization programs.

Not Participating in OCA Modernization

Description of program(s) being funded:

Approved by the Alameda County Board of Supervisors on May 11, 2023, modernizing the Older Californians Act funding will provide support resources instrumental in assisting older adults to successfully age in place in their communities. The total OM-2223-09 Agreement funding amount of \$2,178,249 has been allocated to the AAA to support services that may include OCA Caregiver Respite, Linkages, Senior Companion, Alzheimer Day Care Resource Center, Aging in Place, Senior Volunteer Development, Foster Grandparent and Caregiver Support for people with Dementia/Alzheimer's services. The total NM-2324-09 Agreement funding amount of \$5,156,901 has been allocated to the AAA to support OCA Nutrition Infrastructure, Brown Bag, Groceries, Intergenerational Activities, Title III Congregate and Home Delivered Nutrition services.

Services being provided:

The total OM-2223-09 Agreement funding amount of \$2,178,249 has been allocated to the AAA to support services that may include OCA Caregiver Respite, Linkages, Senior Companion, Alzheimer Day Care Resource Center, Aging in Place, Senior Volunteer Development, Foster Grandparent and Caregiver Support for people with Dementia/Alzheimer's services for the program periods specified below:

- Program Year 1: January 1, 2023, through March 31, 2025, funding in the amount of \$1,268,715.
- Program Year 2: July 1, 2023, through March 31, 2026, funding in the amount of \$909,534.

The total NM-2324-09 Agreement funding amount of \$5,156,901 has been allocated to the AAA to support OCA Nutrition Infrastructure, Brown Bag, Groceries, Intergenerational Activities, Title III Congregate and Home Delivered Nutrition services for the program periods specified below:

- Program Year 2: July 1, 2023, through June 30, 2026, funding in the amount of \$607,074.
- Program Year 3: July 1, 2024, through June 30, 2027, funding in the amount of \$1,516,609.
- Program Year 4: July 1, 2025, through June 30, 2028, funding in the amount of \$1,516,609.
- Program Year 5: July 1, 2026, through June 30, 2029, funding in the amount of \$1,516,609.

