

# ALAMEDA COUNTY IS AGE-FRIENDLY



FOUR-YEAR AREA PLAN ON AGING  
Submitted to the California Department of Aging  
JULY 1, 2020 TO JUNE 30, 2024

AND  
AGING IS ALL ABOUT LIVING

The 2020-2024 Countywide Area Plan for Older Adults represents a monumental collaborative engagement which 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 team of fellow county agencies, community experts, staff, key informants, and consumers to partner in the process. We thank the Social Services Agency (SSA) Office of Policy, Evaluation, and Planning (OPEP). We would particularly like to acknowledge the 9,000 older adults who offered their input by responding to surveys or participating in public forums. We have tremendous appreciation for the efforts of all who offered their time and commitment to making Alameda County a livable community where “age-friendly” is an all-day every-day occurrence.

The County of Alameda Advisory Commission on Aging (ACA) formed an Ad hoc Planning Committee whose members also served on a voluntary committee of reviewers for preliminary drafts of the plan. We appreciate their engagement and dedication to working together to offer input into the plan.

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Special Appreciation goes to the Council for Age-Friendly Communities for their invaluable engagement, input, and support and James Cunniff for providing great assistance by creating many of the charts seen in the plan and appendices.

## EXECUTIVE SUMMARY:

Alameda County's population is aging. The older adult population is projected to triple between 2010 and 2060, when residents over age 65 will make up approximately 23% of the total population. Nearly 100,000 residents will be age 85 and over by 2050,<sup>1</sup> a fourfold increase from 2010. By 2060, the number of people age 65 and over with Alzheimer's Disease and Related Dementias will quadruple to nearly 80,000.<sup>2</sup>

Increasingly, aging is accompanied by economic insecurity. According to the 2011 Elder Economic Security Index, which considers costs for housing, food, out-of-pocket medical expenses and other necessary spending, half of Alameda County older adults do not have enough income to cover their basic needs, let alone to cover the cost of supportive services and in-home care. The Baby Boomers who have been turning 65 are entering retirement less economically secure than previous generations, and so this trend will continue. New and expanded services and creative solutions that allow people to age in place with dignity continue to be a priority for Alameda County and its diverse stakeholders.

For the last 2016-2020 planning cycle, Alameda County Social Services Agency (SSA), in partnership with Health Care Services Agency (HCSA), designed a process that brought consumers, community-based organizations, cities and other agencies together to inform and shape the Countywide Plan for Older Adults. As a result of this collaborative planning process, and with strong support from the Alameda County Board of Supervisors, the *Council for Age Friendly Communities* was formed. In 2017, the structure and composition of the Council was established, and monthly meetings began that August. In December 2018, the Council developed a 10-point workplan based on the goals and objectives in the Four-Year Countywide plan, to ensure that its cross-sector efforts continued in alignment with the objectives of the Countywide Plan.

The 10-point workplan has provided a framework for action by SSA, HCSA, the Area Agency on Aging (AAA), the Advisory Commission on Aging (ACA), and the Council. Within the last four years, actions and accomplishments include:

- ✓ Expanded Services for Seniors and their Families
- ✓ Increased Housing and Resources for Older Adults, including those Experiencing Homelessness
- ✓ Enhanced Partnerships to Improve Services for Seniors, including the development of an "Embracing Aging" training curriculum
- ✓ Improved Infrastructure to Support Senior Services
- ✓ Legislative Advocacy and Policy Improvements
- ✓ A multidisciplinary workgroup to address Alzheimer's Disease and Related Dementias in Alameda County

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<sup>1</sup> Senior Population Projections: California Department of Finance; Demographic Research Unit.

<sup>2</sup> Alzheimer's Disease and Other Dementias in Alameda County. *Alameda County Public Health Department*. August 2017.

- ✓ Quarterly Newsletter publications for Seniors
- ✓ Bi-monthly Information and Assistance Roundtables
- ✓ Support to advance a local Aging and Disability Resource Connection (ADRC)

As another important objective of the 10-point workplan, Alameda County joined the AARP Network of Age-Friendly States and Communities, the regional affiliate of the World Health Organization (WHO) Global Network of Age-Friendly Cities and Communities (the Network). In March 2019, the County Board adopted a Resolution to support membership in the Network.

This Resolution calls on the County to:

- Support healthy aging across the operations of all County government departments;
- Increase the number and coordination of cities within the County that support healthy aging; and
- Support healthy aging within the unincorporated areas of the County

Soon after the County was accepted into the Network, Governor Newsom issued an Executive Order calling for the creation of a Master Plan for Aging (MPA) to build an age-friendly State for all Californians. The Administration formed the MPA Stakeholder Advisory Committee (SAC) whose members provide expertise and guidance on the development of the Master Plan. The MPA created a tremendous opportunity for the Age Friendly Council to work with the State through the appointment of two of its members to the SAC. The shared expertise and best practices that members bring to the MPA SAC to guide the work of state government, local communities, private organizations and philanthropy is mutually beneficial, as we all seek to build environments that promote healthy aging.

As we entered a new planning period, the partnership with the Age Friendly Council propelled the AAA's older adults survey through wide distribution and concentrated outreach efforts across older adult networks, including the Board of Supervisors. The number of 2019 survey responses nearly doubled from that of 2015. In addition, Focus Groups conducted in several of the unincorporated areas increased representation from older adults living in those communities. The Focus Groups asked participants to prioritize their needs based on 9 Age-Friendly Domains of Livability. The feedback that was received through these surveys, focus groups, and public forums has been used to inform the 2020-2024 Area Plan, and will be used to shape future programs and services for older adults living Alameda County, and may have implications for state-wide programs and services in the near future.

**The 2020-2024 Countywide Area Plan goals and objectives** reflect the movement forward that began with the 2016-2020 goals and 10-point work plan, all of which resulted from a commitment to shared involvement, responsibility for change and passion for making Alameda County a place where aging is about living:

**Goal 1:** Promote and enhance healthy aging throughout the lifespan by planning, developing, and sustaining an Age-Friendly County of Alameda in the County's unincorporated areas, supporting healthy aging across the operations of all County Government departments, and working in collaboration with Age-Friendly cities in all regions of the county.

Rationale: An Age-Friendly Community includes the voice of older adults and leverages the alignment of CBOs, Cities, County Departments and State initiatives to better support the growing number of older adults to age well.

**Goal 2:** Establish a coordinated approach to assessing, designing, delivering and measuring the effectiveness of programs for older adults.

Rationale: All systems must be aligned and coordinated in order to effectively respond to the needs of the growing number of older residents, their increasing economic insecurity, and systemic inequities and their resulting disparities. The County has a leadership role in developing policy, infrastructure and measurements that track the effectiveness of all programs that touch the lives of older adults.

**Goal 3:** Enhance the health, safety and well-being of older adults and caregivers by providing an array of coordinated services and developing the County of Alameda Aging and Disability Resource Connection as a platform for seamless access to those services.

Rationale: As the number of older adults increases, services and supports are provided across a growing myriad of CBO, City and County Departments. In order to address the complexity of older adult needs, a holistic, systematic approach is required. While Social Services Agency may take a leadership role, it must work with a constellation of evolving systems to incorporate the needs of older adults and their support systems.

**Goal 4:** Advocate for resources, programs, and collaborative solutions to address critical issues of aging including financial and food insecurity, housing, mental health challenges, safety and elder justice, growing social isolation, complex care needs, dementia and the need for a formal and informal system of caregiving.

Rationale: The growing number and percentage of older adults who are high utilizers of services and require support across multiple systems of care is increasing. The combination of functional support, chronic illness management, and the consequences of social isolation and economic insecurity make this population vulnerable and requires advocacy for resources and resource coordination.

The following pages outline the process, findings and recommendations of the Area Agency on Aging and the Age Friendly Council to build upon the previous Countywide Plan. While this document recognizes that some of the content must speak specifically to the AAA's requirement to submit an area plan to the California Department of Aging, the joint effort moved it much further.

# Table of Contents

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Executive Summary.....	4
Area Plan (AP) Checklist:.....	8
Transmittal Letter .....	9
Section 1. Mission Statement .....	10
Section 2. Description of the Planning and Service Area (PSA) .....	11
Section 3. Description of the Area Agency on Aging (AAA) .....	15
Section 4. Planning Process / Establishing Priorities .....	19
Section 5. Needs Assessment .....	20
Section 6. Targeting .....	33
Section 7. Public Hearings .....	34
Section 8. Identification of Priorities .....	36
Section 9. Area Plan Narrative Goals and Objectives .....	38
Section 10. Service Unit Plan (SUP) Objectives .....	46
Section 11. Focal Points .....	67
Section 12. Disaster Preparedness .....	68
Section 13. Priority Services .....	71
Section 14. Notice of Intent to Provide Direct Services .....	72
Section 15. Request for Approval to Provide Direct Services .....	73
Section 16. Governing Board .....	74
Section 17. Advisory Council .....	75
Section 18. Legal Assistance .....	77
Section 19. Multipurpose Senior Center Acquisition or Construction Compliance Review .....	82
Section 20. Family Caregiver Support Program .....	83
Section 21. Organization Chart .....	85
Section 22. Assurances .....	86
Appendix A – Profiles by City.....	93
Appendix B – Consumer Survey Results.....	111



## 2020-2024 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

To ensure all required components are included, "X" mark the far-right column boxes.

Enclose a copy of the checklist with your Area Plan: *submit this form with the Area Plan*  
*due 5-1-20 only*

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

**TRANSMITTAL LETTER**  
**2020-2024 Four Year Area Plan/ Annual Update**  
**Check one:** ☒ **FY 20-24** ☐ **FY 21-22** ☐ **FY 22-23** ☐ **FY 23-24**

AAA Name: County of Alameda

PSA 09

This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director actively support the planning and development of community-based systems of care and will ensure compliance with the assurances set forth in this Area Plan. The undersigned recognize the responsibility within each community to establish systems in order to address the care needs of older individuals and their family caregivers in this planning and service area.

1. Richard Valle

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

\_\_\_\_\_  
Date

2. Donna Ireland

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

\_\_\_\_\_  
Date

3. Jennifer Stephens-Pierre

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

\_\_\_\_\_  
Date

## **SECTION 1. MISSION STATEMENT**

***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.***

The vision statement, created in 2016 by members of a committee formed to advise Alameda County on how best to develop a comprehensive plan to serve older adults, articulates an ideal and represents a desired state where all people are valued, safe and empowered. In order to achieve that vision, a number of community partners, government and older adults will work together to achieve agreed upon goals.

The Alameda County Area Agency on Aging (AAA), mandated by the Older Americans Act to develop community plans for older adults, recognizes both its obligations and the opportunities to engage with others in order to develop a more age-friendly community, and to engage in dialogue, advocacy and service. The AAA is one of 33 Area Agencies in California, all of which support the following mission:

***To provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services. (required inclusion)***

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

Alameda County, located on the east side of the San Francisco Bay, is the seventh most populous county in California with a 2019 estimated population of 1,669,301 residents.<sup>3</sup> The County is widespread geographically, consisting of 821 square miles, fourteen cities and 8 unincorporated communities. The County enjoys a temperate climate and varied geography ranging from urban marinas to rolling open spaces to hillside lakes and streams.

Alameda County's unincorporated areas encompass 375 square miles and include the communities of Ashland, Castro Valley, Cherryland, Fairview, Hayward Acres, Livermore-Amador Valley, San Lorenzo and Sunol. These communities are governed by Alameda County's Board of Supervisors, as they are outside the boundaries of any incorporated city. Decisions on law enforcement, economic planning, public works, social services and health care decisions in these unincorporated areas are under the purview of the five elected supervisors. Historically, Alameda County's unincorporated areas have experienced higher than average rates of poverty and mortality.

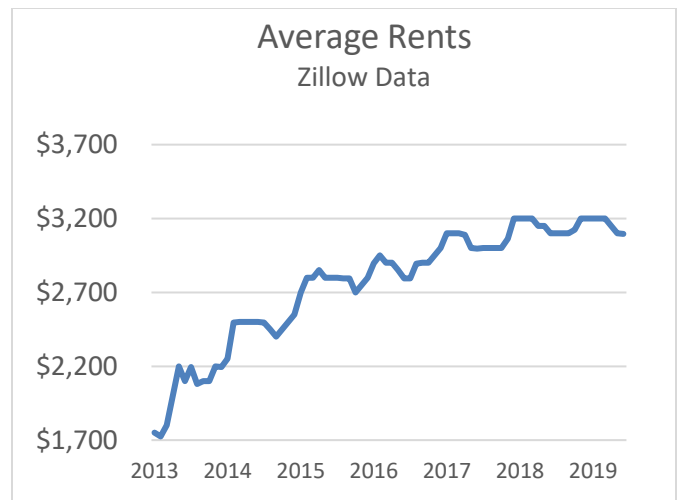
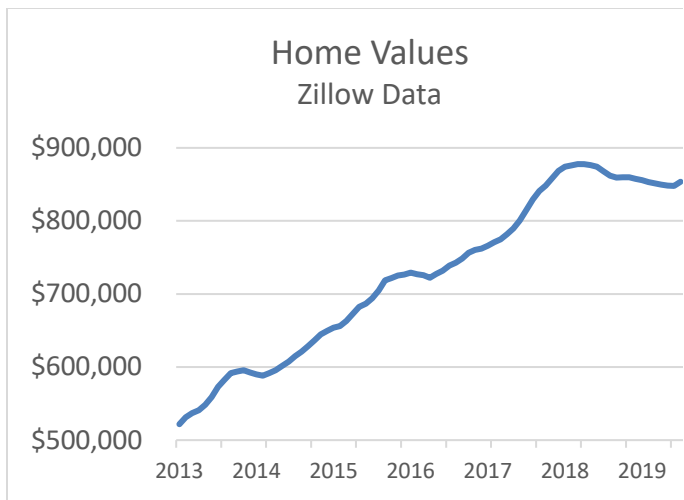
Oakland is the seat of county government, and its neighbor Berkeley is home to the University of California Berkeley, one of the largest and most prestigious research universities in the world. Another prominent institution is California State University of the East Bay in Hayward. The county includes 13 college and university campuses, 18 school districts, and a strong network of community colleges. The South County cities of Fremont, Union City and Newark, offer a well-coordinated and acclaimed approach to aging services. Citizens enjoy access to more than 350 parks and diverse recreational opportunities varying from wine tasting in Livermore Valley, strolling and shopping in the charming town of Pleasanton, and fine dining opportunities throughout the region. In Hayward, visitors are able to visit the first Japanese garden developed in California, and San Leandro residents have access to a wide public marina and park. Cal State East Bay and our strong network of community colleges mentioned here as well.

Rich in resources and increasingly home to technology innovation and industry, Alameda County, along with the entire Bay Area, also faces a severe housing crisis, with homelessness increasing 43% between the 2017 and 2019 bi-annual homeless counts. Older adults are the fastest growing segment of the homeless population. Vacancy rates have persistently hovered around 4% over the last several years, and home prices and apartment rents have soared,<sup>4</sup> as shown in the charts below.

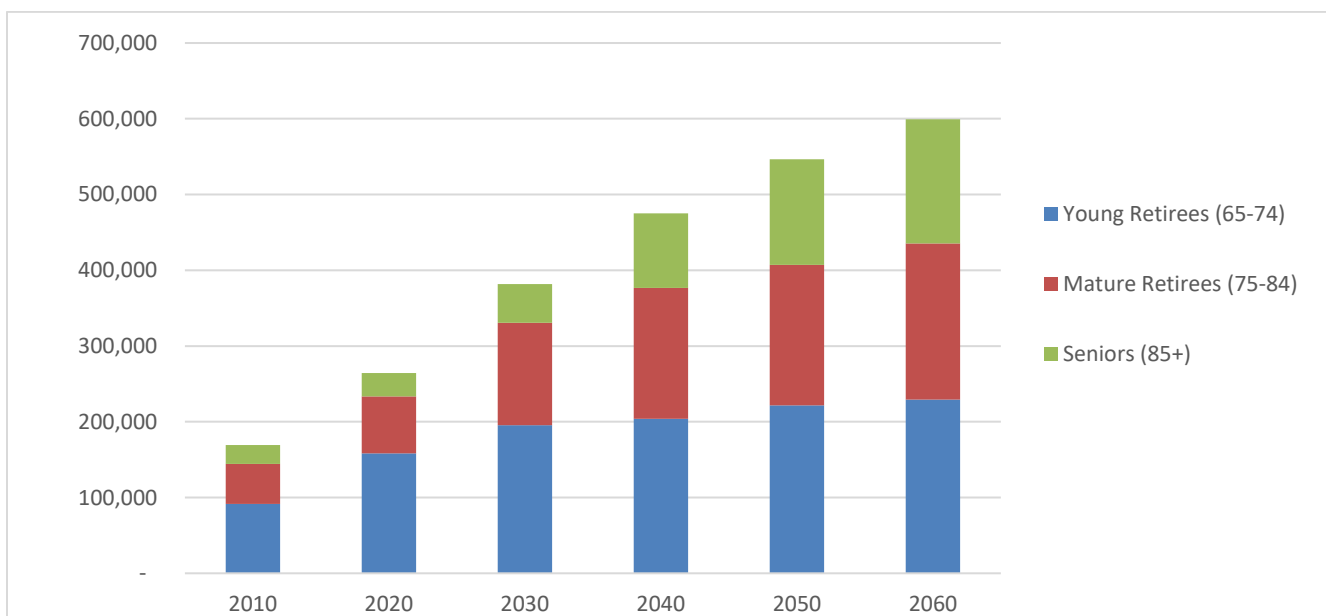
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<sup>3</sup> Census Bureau, American Communities Survey 5-year estimates 2017.

<sup>4</sup> Zillow Data, January 2020



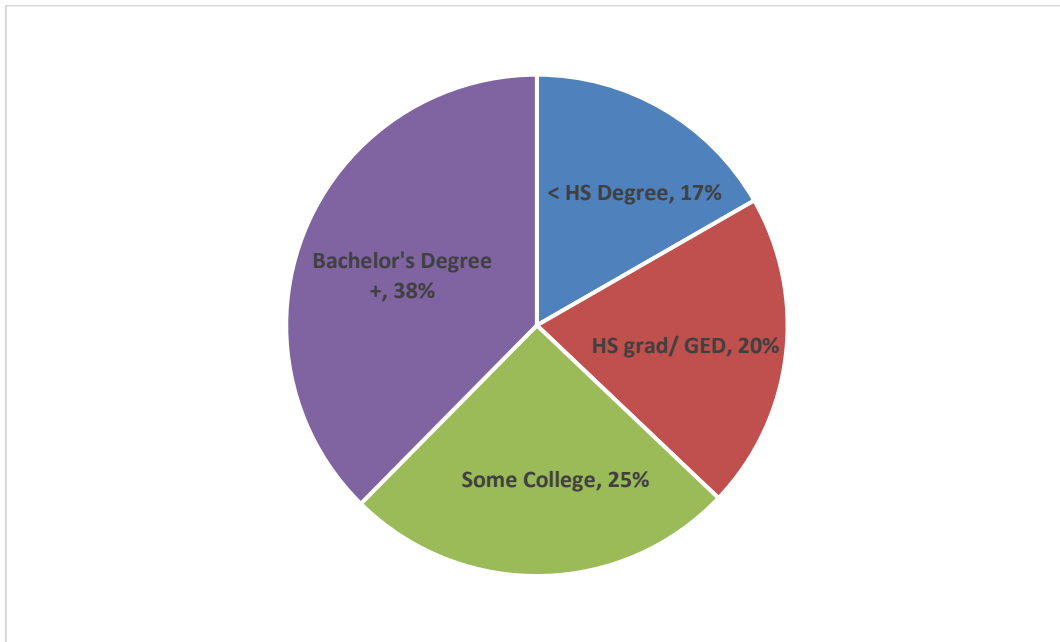
Most recent Census estimates show Alameda County is home to 300,276 adults age 60 and over. By 2060, the California Department of Finance<sup>5</sup> estimates that those age 60 and over will account for 32% of the total county population, and more than 139,000 older adults will be 85 years or older.



<sup>5</sup> Senior Population Projections: California Department of Finance; Demographic Research Unit 2019 Table P2

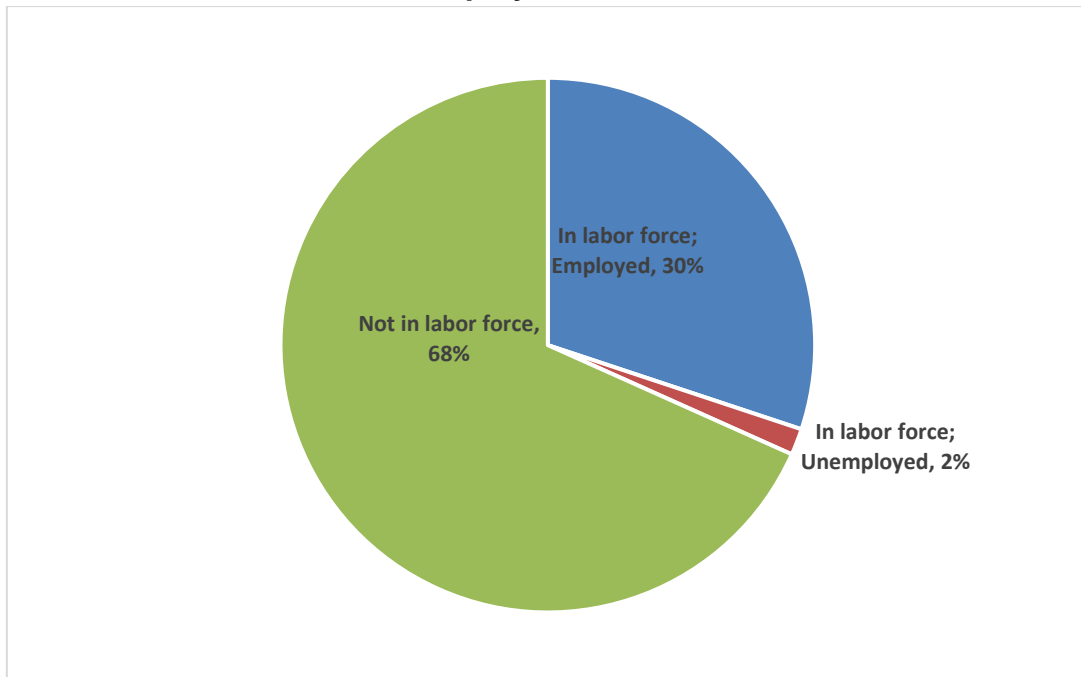
## Older Adult Socioeconomic Status

### Educational Level

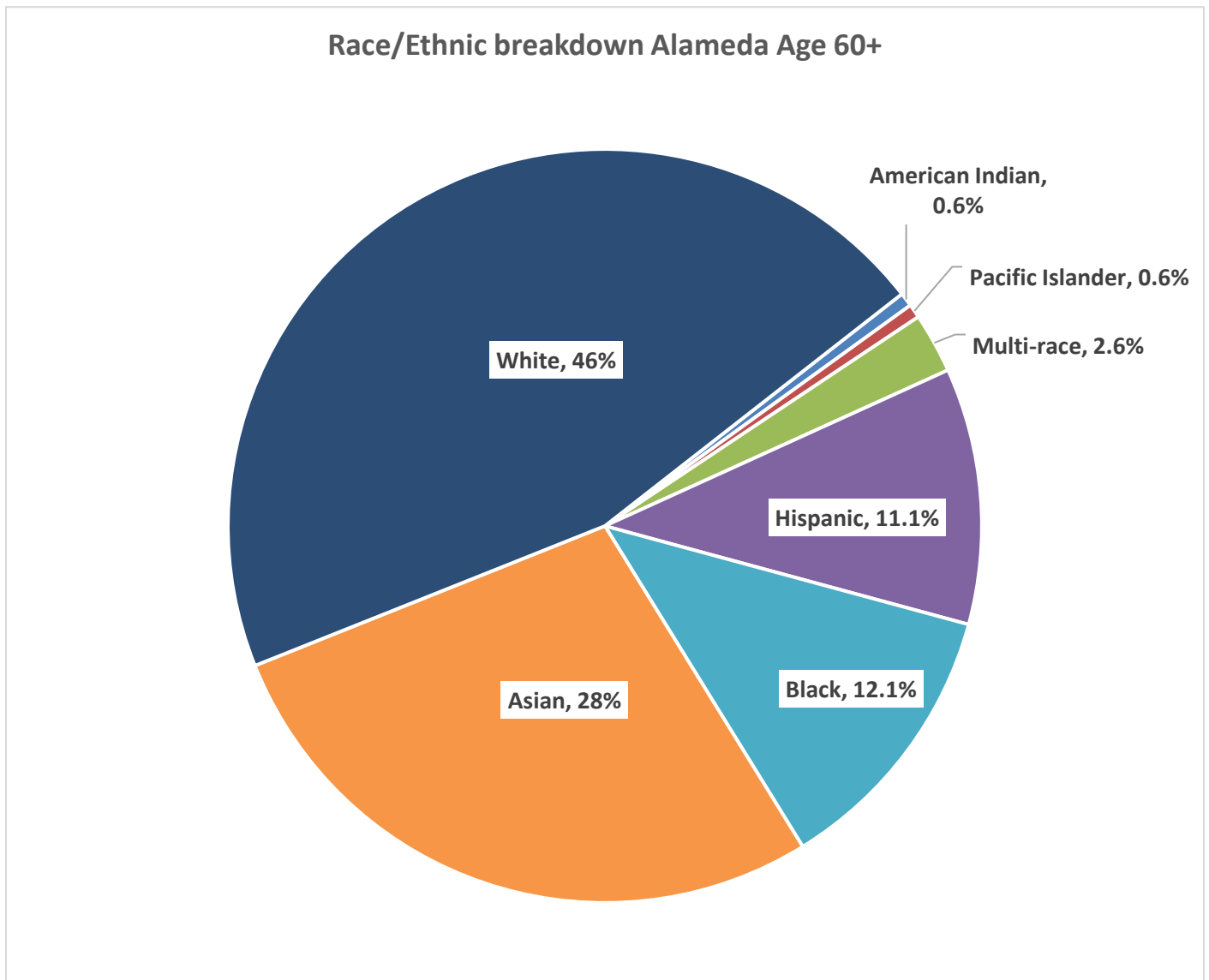


The County is one of the most diverse counties in the United States and is characterized by a rich multiplicity of cultures and ethnicities. For the general population, the racial/ethnic population is 32.2% White, 28.9% Asian, 22.5% Latino, 11.1% African American, 6.4% Multi-race, 0.8% Pacific Islander, and 0.6% Native American.

### Employment Status



The older adult population is diverse as well, with no one race as a majority and 38.4% of older adults speaking a language other than English at home. 37.5% of elders are foreign born and 26.3% are not US citizens. The largest percentage of the population is white (46%), followed by Asian (28%) and African American (12.1%).<sup>6</sup>



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<sup>6</sup> Census Bureau, American Communities Survey 5-year estimates 2017.

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

Area Agencies on Aging (AAAs) were established under the OAA in 1973 to respond to the needs of Americans 60 and over in every community. As the local component of the Aging Network administered by the federal Administration of Community Living, AAAs plan for, develop, coordinate, and deliver aging services. By providing a range of options that allow older adults to have access to the home and community-based services and living arrangements that suit them best, AAAs make it possible for older adults to age in place in their homes and communities. When viewing the service system for older adults, the AAA is one of many assets within the county. As outlined below, the AAA funds and coordinates a variety of services, provides management of direct programs, and works in partnership with other systems and collaboratives within the county.

#### **AAA Services:**

The Alameda County AAA is a department within the Adult & Aging Services division of the Alameda County Social Services Agency. The AAA is governed by a five-member Board of Supervisors and advised by the Alameda County Commission on Aging, a 21-person commission whose members are appointed by the Alameda County Board of Supervisors and the Mayor's Conference. The AAA's partners include a robust network of senior services providers, which include community-based organizations (CBO's), cities, and in support of nutrition programs, a hospital and a private sector caterer. The AAA administers 75 contracts for services and serves approximately 75,000 older adults annually. Funding for these contracts is provided through the OAA, California State funding, County General Funds and Measure A tax dollars administered the Alameda County Health Care Services Agency. Where possible and appropriate, the AAA "braids" funding from multiple sources in order to develop streamlined contracts and reporting requirements for its subcontracted providers.

The AAA fulfills its mission of planning, coordinating, and delivering services through a network of approximately 32 providers.

Program	Type of Provider	Number of Service Providers
Adult Day Care	CBO	1
Case Management	CBO	6
Home Delivered Meals	CBO/City/Private Sector	7
Congregate Meals	CBO/City/Private Sector	7
Legal Assistance	CBO	1
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 Nutrition 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
Dignity At Home Fall Prevention	CBO	1

In addition to its contracted programs, the AAA administers two programs as a direct service:

**Information & Assistance:** the AAA participates in a statewide system using 1-800-510-2020 as an information and assistance number that directs callers from anywhere in the state to their local AAA. Alameda County staff respond to an average of 500 calls a month from older adults and their caregivers and provide information about resources and referrals to appropriate programs. Staff also participate in outreach events throughout the county, providing information about a variety of programs. Staff also coordinate bi-monthly roundtables that bring in expert speakers to provide information on a variety of older adult focused topics. In addition, the AAA publishes an extensive library of resource guides in hard copy, electronic format, and posted on its website, covering a variety of topics including but not limited to the following:

1. Housing
2. Nutrition Programs
3. Long-Term Care Facilities
4. Community Support Service Programs

**Public Information:** AAA staff collaborates with commissioners, community volunteers, and interested public agencies and community organizations to write, collect, edit, and publish a quarterly newsletter to be distributed via 2,400 print copies and electronic medium to older adults, service providers, and community partners.

The AAA also partners with departments within the County on programs, including the following:

**Community Gardens:** the AAA and the Alameda County Public Health Nutrition Services department worked together to develop community gardens at low-income senior housing sites. The project includes providing technical assistance to the housing sites, building gardens, and providing nutrition education to the residents.

**Senior Injury Prevention Program (SIPP):** a collaborative partnership between the Area Agency on Aging, Emergency Medical Services, Department of Public Health, and other government, nonprofit and private sector organizations designed to reduce preventable injuries among the older population, raise awareness around the need for injury prevention programs for older adults, and enhance service delivery for senior injury prevention programs

**County Systems of Care:** Alameda County's systems of care for older adults include the following:

**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. Moreover, OA-SOC provides some of the infrastructure to broker organizational relationships to increase the system's capacity in addressing physical health, mental health and substance use in elderly individuals.

**In-Home Supportive Services (IHSS):** a federal, state, and locally funded program designed to provide assistance to those eligible aged, blind, and disabled individuals who, without this care, would be unable to remain safely in their own homes. As of October 2019, the program had 24,741 recipients, 13,880 of whom are aged 65 and older<sup>7</sup>

**Adult Protective Services (APS):** 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 either to lack capacity to manage finances and/or health care, or to be 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 who are unable to protect themselves.

**Community Partnerships & Collaborations:** Alameda County is known for its collaborative culture and multiple partnerships and coalitions have formed whose mission is to improve and enrich the lives of older adults. Collaboratives include the following:

**Senior Services Coalition (SSC):** represents nonprofit and public providers of health and supportive services for seniors. Its members understand that meaningful improvements to the system of senior services can only happen when providers unite with other stakeholders to speak with one voice. The Senior Services Coalition is committed to strengthening and improving the network of support for older people in Alameda County, especially those disproportionately impacted and at risk because of fragile health, cognitive impairment, disability, language, culture, race or financial status.

**The Public Authority (PA) for In-Home Supportive Services:** committed to promoting the independence of consumers and supporting quality homecare services, training, and advocacy services for IHSS consumers and providers/workers. Several significant roles the PA fulfills is to assist consumers with access to providers/workers, provide consumer and provider/worker training, administer the health

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<sup>7</sup> Alameda County Social Services Agency, Office of Policy, Evaluation and Planning, October 2019 monthly report

plan for eligible providers/workers, and support the work of a community focused Advisory Board. The PA participates in many state-wide and local coalitions and initiatives that develop and support public policy to improve system and administrative access to seniors and people with disabilities. The Alameda County Board of Supervisors serves as the Governing Body of the PA.

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

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

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

**HomeSafe:** an Adult Protective Services (APS) pilot program to provide short-term supports, 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 entails collaboration between APS, County Housing and Community Development, and CBO partners.

**Tri-City Elder Coalition (TCEC):** an affiliation of over sixty-five organizations, including senior service providers, cultural and faith groups, hospitals, long-term care facilities, and businesses — all with 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 who need advance care planning resources, especially those who are dealing with illness at end-of-life. GMOL and its community partners teach Alameda County caregivers and residents at all levels of health, how to initiate "The Conversation" that results in appointing medical decision-makers and all members of the health care team learning about health care and end of life wishes/values. Advance Health Care Directive and POLST trainings prepare the community to legally document medical preferences.

**Ashby Village:** is part of a national movement of older Americans who are taking charge of our future as we age. The first (Beacon Hill) Village was established in 2001. Research has shown that the great majority of Americans want to remain in their own homes as they age, but there are currently few resources to make that possible for most people. The Village concept is that a community of people can pool resources by paying membership dues and volunteering their skills and time to support the Village infrastructure and to assist one another.

**Eden Area Village:** part of a fast-growing movement of neighborhood Villages sweeping the nation with the mission of helping our neighbors remain in their homes as they age. As a developing Village, it covers Hayward, Castro Valley, and San Lorenzo. It is a membership-based, non-profit organization that provides assistance and services, which may include rides to the doctor, minor home maintenance, social activities and daily check-in calls, utilizing volunteers, contractors, and maybe a small staff.

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

The AAA sought input and opinions from older adults through participation in a comprehensive needs assessment in support of developing this Countywide Area Plan. On an ongoing basis, ACA members were active participants in the AAA's activities and engaged in policy and programs throughout the County and State. Commissioners' activities included engagement on other commissions and participation and Board Memberships with Community Based Organizations. Their wisdom informs the development of the Countywide Area Plan and has been welcomed and incorporated into the AAA's programs and activities.

The ACA established an Ad hoc Planning Committee to engage Commissioners, Community Partners, and the Age-Friendly Council (AFC) in the work of developing the plan. The Age-Friendly Council (AFC) was established to continue the broad scope planning work of the 2015 collaborative partnership led by Alameda County Departments of Social Services Agency (SSA) and Health Care Services Agency (HCSA). Achieving Age-Friendly designation by the AARP Network of Age-Friendly States and Communities/World Health Organization (WHO) Global Network of Age-Friendly Cities and Communities, emerged as a major objective of the AFC. The planning process and priorities were aligned with 9 recognized Domains of Livability for Alameda County. AFC members received regular updates through AAA and ACA planning and statistical reports presented at its monthly meetings. Opportunities for input and feedback were made available throughout planning process.

AAA developed an initial overview of the needs assessment and presented information updates at AFC and public commission meetings. Community Based Organizations were engaged and took a lead role in distributing and collecting older adult surveys. AAA Staff conducted a total of 29 public forums at a variety of sites throughout the County. An additional 10 focus group meetings were held with targeted audiences including a broad array of stakeholders such as consumers, providers, and experts on older adult issues. The results of the activities are captured in this document and were presented at the public meeting held on March 9, 2020.

The agenda for the Public Hearing was designed by Area Agency on Aging staff, with the AAA Senior Planner facilitating the process. The agenda included the following items:

- Countywide Area Plan (CWAP) Planning and Purpose
- Older American's Act (OAA) Authority
- Advisory Commission (ACA) Role and Responsibility
- Countywide Area Plan (CWAP) 2020-2024 Overview
- Area Agency on Aging (AAA) Funding
- Area Agency on Aging (AAA) Services
- Countywide Area Plan (CWAP) Next Steps
- Questions & Answers/Public Comments

## **SECTION 5. NEEDS ASSESSMENT**

The Older American's Act requires that AAA's develop Area Plans every four years that reflect a local needs assessment. The plans consider demographics, services, gaps in services, and priority focus areas among domains of livability. Of utmost importance in planning efforts is incorporating the viewpoints of older adults themselves, so that the effort is planning with, rather than for, people to be served. With that in mind, the committee planned and organized outreach in three ways: through a consumer survey, through public forums, and through focus groups.

**Consumer Survey Methodology:** The Consumer Survey was introduced through three distinct launch events as the first phase of community outreach for the Countywide Area Plan for Older Adults. Initial outreach was through the Media Launch via Facebook, Twitter and the SSA Website. Next was the Commission Launch via the Advisory Commission on Aging (ACA) platform. The series concluded with the Provider's Launch via the AAA I & A Roundtable and AAA aging network email distribution.

The same 27-question, 5-page survey that was developed and used for the 2015 Needs Assessment Survey was revised to 30 questions to include CDA mandated Sexual Orientation Gender Identify (SOGI) questions and used for the 2019 Needs Assessment. The survey was made available in 9 languages, and surveys were distributed via hard copy, email, and web-based links to a wide variety of community partners. Community partners distributed surveys and offered assistance to older adults that needed help completing the questionnaire. Many community partners hosted survey outreach sessions with AAA staff and volunteers providing one-on-one assistance onsite.

In an effort to reach a larger number of low-income older adults and to attain a more racially diverse sample, surveys with postage-paid return envelopes were mailed to more than 27,000 Alameda County IHSS recipients and their care providers who were 55 years of age and older. In one of many creative approaches for reaching older adults, United Seniors of Oakland and Alameda County, a nonprofit organization, created a station with computers at its annual Healthy Living Festival (HLF) at the Oakland Zoo, with County EMS trainees volunteering to provide assistance. In another bold survey outreach initiative, the Advisory Commission on Aging (ACA) and AAA partnered with Adult Protective Services and created a survey station with i-pads and hardcopy surveys on opening day at the Alameda County Fair, Boomer Friday when older adults receive free entrance, and the following Saturday, Elder Abuse Awareness Day. These and other sustained efforts from our committed corps of community partners contributed to the 87% increase in consumer survey responses over the prior Needs Assessment survey. In 2015, there were 3,725 surveys completed, while in 2019 6,895 surveys were completed.

**Demographics of Survey Respondents:** 6,895 Alameda County residents aged 55 and older responded to the survey (see Appendix E for survey results). Respondents were overwhelmingly female, with a response rate of 69% as compared to the county population of 55%. The median age was 71, with 13.5% of respondents in the 85+ age bracket. 20% of respondents did not provide a response to the question concerning sexual orientation, but of the 80% who did, 6.8% identified as gay, lesbian, bisexual or questioning. The mass mailing of surveys to all IHSS recipients greatly increased participation in the survey by low-income residents, however it also skewed the survey demographics to more closely resemble the demographics of the IHSS program rather than the demographics of those age 60+ in the County overall. As the table below shows, Whites and Hispanic are under-represented in the survey, while Asians and Blacks are over-represented among survey participants.

<b>Race/Ethnicity</b>	<b>Survey %</b>	<b>60+ pop in Alameda%</b>
<b>White</b>	32%	46%
<b>Asian</b>	40%	28%
<b>Black</b>	17%	12%

<b>Hispanic/Latino</b>	9%	11%
<b>Native American</b>	1.4%	0.6%

<b>Gender Identity</b>	<b>Survey %</b>	<b>Survey #</b>
Female	69.5%	4531
Male	30.0%	1959
Trans/ Genderqueer	0.5%	32

<b>Income Range</b>	<b>Survey %</b>	<b>Survey #</b>
\$0 - \$11,770	41%	2429
\$11,771 - \$17,500	11%	636
\$17,501 - \$26,000	9%	506
\$26,001 - \$35,000	8%	441
\$35,001 - \$45,000	6%	379
\$45,001 - \$60,000	6%	370
\$60,001 - \$85,000	7%	420
\$85,000 and above	12%	698

Respondents spanned a full spectrum of reported income, although low-income respondents dominated with 61% reporting income of \$26,000 or less. Middle income respondents, reporting \$26,001 to \$60,000, comprised 20% of those surveyed, while 19% reported incomes over \$60,000.

The survey received a strong response from all geographic areas of the county, with most cities participating at rates comparable to the city's percent of the county's over 60 population. Due to the mass mailing of surveys to IHHS participants however, participation was higher in cities where the IHSS population is high. In Oakland, survey participation was about 7% higher than what might be expected given that Oakland represents 25% of the county's over 60 population but made up 32% of survey responses. The unincorporated areas of the county and eastern city of Livermore were less well represented in the survey. In absolute numbers, the cities of Oakland and Fremont had the highest number of respondents, as shown in the table below.

#### **SURVEY RESPONSE BY CITY**

<b>City</b>	<b>60+ Pop.</b>	<b># Survey Responses</b>	<b>% of Survey</b>	<b>% of 60+ Pop.</b>	<b>% Over/Under Expectation</b>
Oakland	75,099	2,215	32.1%	25.0%	7.1%
Fremont	38,911	967	14.0%	13.0%	1.1%
Berkeley	22,467	458	6.6%	7.5%	-0.8%
Hayward	25,514	620	9.0%	8.5%	0.5%
San Leandro	19,715	571	8.3%	6.6%	1.7%



Pleasanton	15,456	324	4.7%	5.1%	-0.4%
Alameda	16,885	457	6.6%	5.6%	1.0%
Castro Valley	14,482	179	2.6%	4.8%	-2.2%
Union City	15,314	316	4.6%	5.1%	-0.5%
Livermore	16,264	161	2.3%	5.4%	-3.1%
Newark	8,008	146	2.1%	2.7%	-0.5%
Dublin	7,667	189	2.7%	2.6%	0.2%
other	24,494	481	7.0%	8.2%	-1.2%
County total	300,276	6,895	100%	100%	

Population Source: Census table S0102 ACS 5-year 2017

### ***Findings from the Consumer Survey:***

Respondents were asked about whether they had available to them a list of 21 possible “resources”. In comparing results of the 2019 survey to results from 2015, there was a 6% average reduction in resource availability, from about 80% having the listed resources in 2015 down to 74% having them in 2019. The relative ranking of which resources were most and least available has remained fairly stable. Once again, Job opportunities was reported as the least available resource, although only about 3% of respondents said that they were unemployed and looking for work. Number two on the list is affordable housing, something that virtually everyone needs. However, 40% of survey respondents who answered this question either as yes or no, (rather than I don’t know/left blank) reported they do not have affordable housing. The Bay Area is experiencing unprecedented levels of homeless in recent years, and it is estimated that half of the homeless are now over age 50<sup>8</sup>. Opportunities for you to participate in community decisions saw the biggest decline between 2015 and 2019, dropping 19 percentage points, from 83% to 64%. It is thought that the significant increase in IHSS program participants as well as increases in non-English respondents may account for this change. Only two resources showed any increase; Job opportunities, a very slight 0.7% increase, and A trusted source to go to when you have a need, up by just 2%.

<b>Least Available Resources</b>	<b>% That Have the Resource</b>	
	<b>2015</b>	<b>2019</b>
Job Opportunities	34.5%	35.2%
Affordable Housing	63.3%	60.4%
Opportunities for you to participate in community decisions	83.4%	64.0%
A computer that you feel comfortable using	74.6%	64.7%
Opportunities to volunteer	77.8%	67.4%
Free or affordable opportunities for you to learn	80.0%	70.7%
Clean and well-kept sidewalks	78.5%	72.1%

<sup>8</sup> The Age Structure of Contemporary Homelessness: Evidence and Implications for Public Policy" *Analyses of Social Issues and Public Policy* 13.1 (2013): 1-17.

Respondents were also asked to rate a list of 16 possible “concerns” from low to high. Ratings were scored on a scale from “1” for low through “5” for high level of concern. The highest rated concerns overall were about *having enough income, being able to afford housing, being able to stay in current home, ability to maintain their home, falling, and being included in making decisions affecting their lifestyle*. In comparing results from the 2015 and 2019 surveys, the top concerns in 2015 remained the top concerns in 2019. While the relative priority of concerns remained stable regardless of demographic group, lower income respondents (those with incomes below \$35,000 per year) as expected were often much more concerned than the higher income respondents, especially about issues influenced by income. For example, 59% of those with incomes below \$35,000 per year rated the *having enough income to meet all basic needs* question as a high-level concern (4 or 5 on scale of 1-5), while 43% of those with incomes above \$35,000 rated it as a high. Similarly, some areas rated this concern very highly (Emeryville 74%; Hayward 62%; Ashland Fairview 61%) while others lower (Piedmont 33%, Livermore 38%). Concerns about *Falling* and *Confusion* were likewise much higher in the lower income group than those with higher incomes, a difference of 21 and 16 percentage points, respectively. Surprisingly, the only concern where the lower income group was less likely to be very concerned was *being included in making decisions that affect your lifestyle*, with the lower income group 7 percentage points less likely to be very concerned. (See Appendix X for more extensive tables analyzing the survey results.)

Highest-Rated Concerns	Average Rating
Having enough income to save	3.6
Having enough income to meet all basic needs	3.5
Being able to afford housing as you age	3.5
Being able to stay in current home as you age	3.4
Falling (being at risk for falls)	3.4
Having the ability to maintain home	3.4
Being included in making decisions affecting lifestyle	3.2

**Public Forum Methodology:** 29 public forums were held at a variety of sites, including senior centers, low-income housing sites, and a long-term care facility. Forums were held in each of the County’s 4 geographic service areas and 5 Supervisorial districts. As Alameda County was recently designated as a member of the World Health Organization (WHO)’s Global Network of Age-Friendly Communities, the format for the 2019 Community Forums framed the discussion by asking participants to first vote to prioritize two “domains” for discussion from among the World Health Organization’s (WHO) Domains of Livability as well as Dementia Services and Supports as a 9<sup>th</sup> Domain. As the Housing and Transportation domains already have so much public policy attention, facilitators requested that participants focus on areas where more public input is needed. As housing and transportation are such critical issues, it inevitably was part of many group discussions nonetheless. Facilitators at the forums provided a basic overview of the Domains of Livability framework and asked participants to talk about what was working and not working well within the domains prioritized for discussion, as well as to provide feedback on the best ways to get information out to older adults in the community about available services.

**Findings of the Public Forums:** When asked to prioritize two domains for group discussion, Dementia and Community and Health Services were the two most often prioritized domains for discussion, although some groups did not prioritize either of these. Regarding Dementia, participants spoke about the high cost and limited availability of support resources, the use of volunteers and companions to provide relief to caregivers, and the need to support the caregivers more. In the domain of Community and Health Services participants had generally favorable comments about the health care they received, the Senior Centers, and about how Medicare and Obamacare are mostly working for them. Things that were not working so well included healthcare for the homeless, the need for more mental health resources, and the need to spend down in order to qualify for some services. Resource availability issues permeated discussions across all the focus groups, regardless of the domain discussed. Education and more communication in all forms was talked about as something that is needed by consumers, caretakers and for the providers of service.



**Focus Group Methodology:** 10 focus groups lasting from 45 minutes to two hours were conducted with residents of long-term facilities, participants in mental health programs, formerly homeless seniors, lesbian/gay/bisexual/transgender (LGBT) seniors, family caregivers, and senior men. Focus group participants were also asked to discuss the Domains of Livability and the best ways of getting information out into the community. The sessions were professionally facilitated, recorded and transcribed.

**Findings of the Focus Groups:** Eight out of the ten groups identified affordable, appropriate housing as a pressing need, making it the most predominant concern. Housing difficulties are most often tied to income, and many participants would struggle even in a less heated housing market due to very low incomes. Many also need housing with integrated services. Five groups named transportation as an important need, especially for short-notice medical appointments and trips home from procedures involving anesthesia, neither of which can be met with paratransit services. Another major concern was the need for more specialized education and/or training for those who work with seniors, including CNAs, social workers, and doctors. Other common themes of the focus group were the difficulty of affording and/or accessing services when not eligible for Medi-Cal and the value of senior centers as a central support. Family caregivers and Alzheimer's caregivers generally felt a need for additional supportive services, especially reasonably priced respite care, adult day care and overnight home care. Half the groups agreed that the best way to communicate information to them was through organizations they were already involved with or services they were already receiving. This supports a granular approach to disseminating information for seniors, with wide distribution to the plethora of community agencies working with seniors and their caregivers. Groups also expressed a desire for a well-designed website as a probable good source of information.

In total, almost 8,000 adults aged 55 years or older participated in surveys or discussion groups. Their concerns were remarkably consistent, with primary worries about the connected issues of economics, housing, health, safety, access to information, and self-determination. These concerns, coupled with information presented throughout the planning process, prompted a further investigation of information and data, as outlined in the following section.

### **Data Findings:**

#### **Poverty**

The Federal Poverty Level (FPL) in 2019 for a single person was \$12,490<sup>9</sup>. FPL, an income level determined nationally, is important because of its function as a gateway for eligibility for many federally funded programs, including Medi-Cal, Cal Fresh, General Assistance and Community Health Systems. According to the definition, 9.5% of Alameda older adults aged 65 years and older are below the poverty level, and 1 in 4 older adults have an income of less than 200% of poverty.<sup>10</sup>

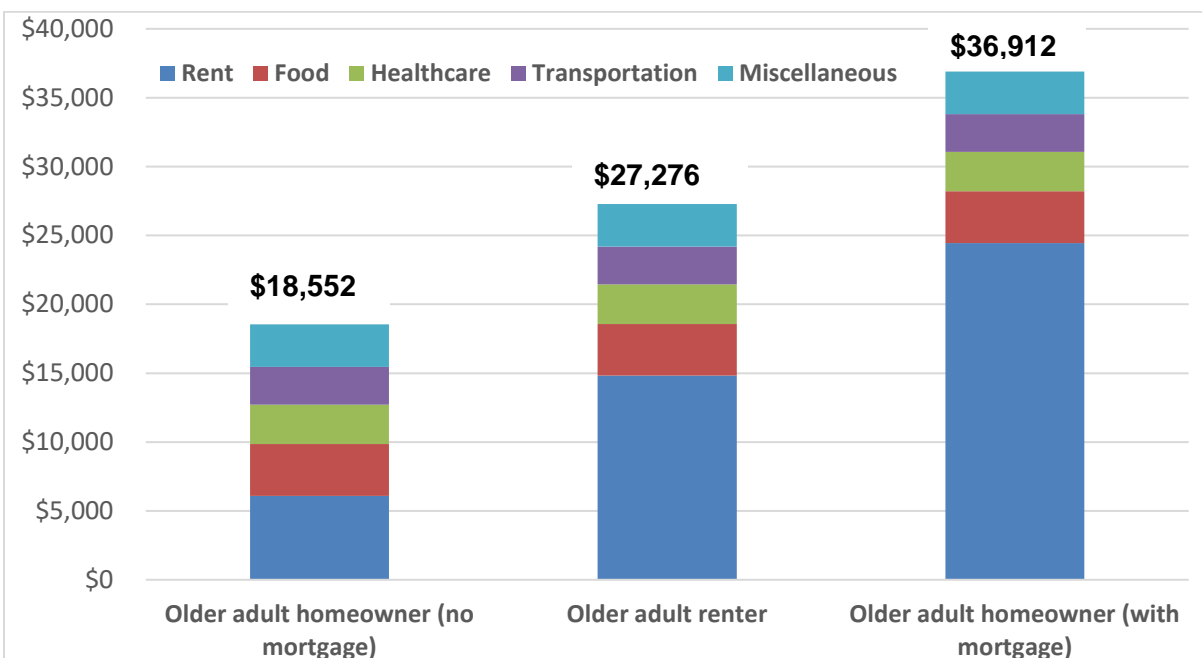
Although used commonly to describe economic demographics, the FPL is a poor indicator of economic security in Alameda County. The UCLA Center for Health Policy Research, in collaboration with the Insight Center for Economic Development, calculated the real cost of living for elders by examining expenses for housing, healthcare, food, transportation and other items. The resulting Elder Economic Security Standard Index (Elder Index) provided information by County that showed the number of "hidden poor," adults whose incomes were higher than the FPL, but below what is required for a minimum standard of living. Using that index as a standard, a single adult, renting a house, needs an income of \$27,276 and an older adult with a mortgage requires \$36,912.

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<sup>9</sup> DHSS ASPE 2019 Poverty Guidelines

<sup>10</sup>US Census American Community Survey 2017 5-year estimates

## Income needed for Living Expenses



According to the UCLA Center for Health Policy and Research<sup>11</sup>, 26.5% of Alameda County's adults age 65 and over have incomes below the Elder Index standard, and 57.3% of those who are renters have incomes below the Elder Index standard. In California, a full-time worker needs to earn \$34.69 an hour to afford a two-bedroom apartment.<sup>12</sup> Economic insecurity also affects females more than males (30.2% and 22.2% respectively) and Blacks most among communities of color (37.4%). The hidden poor may have a house, may have lived a middle-class lifestyle, but may be desperately unable to cover all their expenses. Without access to government assistance programs, this population is without needed resources and frequently forgotten in public policy dialogue.

### Housing

Alameda County is in the midst of a housing crisis. The median price of a home in Alameda County is now substantially higher than in the pre-recession highs of 2006. The rental market is one of the highest in the nation, with the median price of a one-bedroom apartment now \$3,095. Apartment vacancy rates remain stubbornly low given that the East Bay added 158,481 residents but only 15,137 new housing units between 2013 and 2018<sup>13</sup>. As of the fourth quarter of 2018, the vacancy rate in the East Bay stood at 3.9%.

In Alameda County, 69 percent of older adults are owners and 31% are renters. Elder's concerns regarding having the ability to stay in their own homes are well-founded, with 30% of owners and 59% of renters "cost burdened," meaning they are paying over 30% of their income for housing<sup>14</sup>.

<sup>11</sup> UCLA Health Policy Research Center Elder Index Dashboard Alameda County

<sup>12</sup> National Low-Income Housing Coalition report, "Out of Reach-2019"

<sup>13</sup> East Bay Economic Development Alliance 2019

<sup>14</sup> US Census American Community Survey 2017 5-year estimates Table S0102

Every year the U.S. Department of Housing and Urban Development releases "extremely low-income limits" (ELI) the maximum income allowed to qualify for Section 8 rent subsidy programs. The ELI limit for a family of 4 in Alameda in 2019 was \$37,150, or 30% of the area median income. The County is home to 60,906 extremely low-income households, 50% of which are elderly or disabled households. With only 3,543 subsidized senior housing units, housing options are woefully inadequate. Low-income renters are unable to secure housing, and in many cases, elders with homes face the prospect of their children and family members moving out of the region because of prohibitive housing costs.

Not surprisingly, elders who are homeowners frequently live in older homes. About 30% of households headed by older adults live in housing built before 1950, with Piedmont having the highest percentage at 86% and Dublin the lowest at 2%. Older housing requires some maintenance or upkeep. Among homes owned by older persons, 4% reported moderate to severe problems with plumbing, heating, kitchen, electric, and/or upkeep. The percentage jumped to 11% if the household was under the poverty rate. Older adults that need assistance living in their homes because of health conditions, or who require the fuller support of assisted living or skilled nursing accommodations bear tremendous expense, with the annual cost of a one-bedroom assisted living facility averaging \$45,000 and skilled nursing facility costing \$86,815. The availability of beds in these facilities, currently 14,555, is not sufficient to meet the need of the increasing population.

Increasingly, older adults face the prospect of homelessness. According to Margot Kushel, MD, a professor of medicine at the University of California, San Francisco, in the 1990s slightly more than 10 percent of the homeless population was over 50. By 2003, that number had risen to one in three. "What is true now is about half the homeless population is 50 and older," she said.<sup>15</sup> In 2015, Ms. Kushel led a study of 350 homeless seniors in the city of Oakland. She reported that 43% of the participants had been housed until very recently. "Something happened to them late in life," she said. "It's never one thing. It's often complicated. Someone loses a job. A spouse dies. They lose the family home after a parent dies."

### **Employment**

In California, the older adult population is growing faster than any other age group, mirroring the rapid increase in the aging population in the United States. As a result, a major challenge has developed in Alameda County where the number of employable older adults far exceeds the available employment opportunities and resources. Often, available jobs do not provide adequate income to cover basic needs. Housing and food costs in Alameda County have outpaced retirement income. In some instances, older adults are being required to spend over 50% of their income on rent. The American Community Survey puts the average income for older adults at approximately \$25,000 annually.

The lack of marketable skills contributes to a decreased ability for many older adults to compete for higher income employment in the current job market. As information technology continues to develop at an incredible pace, major skill sets, soft skills, and the ability to keep pace with information technology advancements are paramount for older adults seeking employment. Michael Jimenez, Vice President of Operations for SER-Jobs for Progress, asserts that older adult employment programs work to help bridge

## **HOUSING IN ALAMEDA COUNTY**

- *The median price of a one-bedroom apartment is \$3,095.*
- *There are fewer than 4,000 units of subsidized housing for older adults.*
- *There are more than 30,000 extremely low income elderly or disabled households.*

<sup>15</sup> Kushel, MD, Margot. "Growing Older, Getting Poor." *New American Media*. April 2015

the gap in marketable skills for job seekers but often experience a level of need for employment support services which far exceeds the impact of the available funding.<sup>16</sup>

Older adults face an age bias that has plagued this population for years, although discrimination in the workplace is difficult to substantiate. US Equal Opportunity Commission data substantiates that almost a quarter of all claims filed by workers are related to age-based discrimination.<sup>17</sup> The fact that employers are less willing to hire older adults due to the risk of injury is also a real concern, according to Jimenez.<sup>18</sup>

An AARP survey found that:

- Nearly 1 in 4 workers age 45 and older have been subjected to negative comments about their age from supervisors or coworkers.
- About 3 in 5 older workers have seen or experienced age discrimination in the workplace.
- 76% of these older workers see age discrimination as a hurdle to finding a new job;
- More than half of these older workers were prematurely pushed out of longtime jobs and 90% of them never earned as much again<sup>19</sup>.

While the job market may appear unfavorable for older workers, it looks even more bleak for older workers with some type of physical or mental impairment. Of the total 981 survey respondents who responded as unemployed (both looking and not looking), 2 out of 3 reported also having a caregiver. Of the 185 who responded that they are still looking for work, 45% are over age 65 and 44% of them have a caregiver. Of those unemployed looking for work, 60% have some type of Activity of Daily Living (ADL) limitation, including 16% with reported memory loss. So, persisting in the job search becomes increasingly difficult when the person may need some type of work accommodation in addition to the widespread systemic challenges faced by older people and those with a disability.

### ***Health: Access and Economic Insecurity***

An older adult's ability to access health and supportive services is directly tied to the cost of the services, the individual's economic status and the options covered by their health coverage. 98% of Alameda County older adults have health insurance. 53,854 older adults are Medi-Cal eligible, 44,015 older adults have Medi-Cal and Medicare, and 9,839 have Medi-Cal only<sup>20</sup>.

Medicare coverage typically covers about 50% of the cost of health care and some short-term nursing services but does not cover the cost of long term supports and services. According to the California Health Interview Survey, 48.5% of Alameda County adults age 60+ have had to forgo needed medical care due to cost.<sup>21</sup>

Older adults with Medi-Cal have access to long term care options, and protection from out-of-pocket medical costs that are not available to seniors of modest means and those with higher incomes. Medi-Cal beneficiaries may be eligible to receive in-home care through In Home Supportive Services, which

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<sup>16</sup> Jimenez, M. County of Alameda Older Adult Needs Assessment Key Informant Interview. March 2020

<sup>17</sup> Age Discrimination in Employment Act (Charges filed with EEOC) (includes concurrent charges with Title VII, ADA, EPA, and GINA) FY 1997 - FY 2019. U.S. Equal Employment Opportunity Commission

<sup>18</sup> Jimenez, M. County of Alameda Older Adult Needs Assessment Key Informant Interview. March 2020

<sup>19</sup> Workplace Age Discrimination Still Flourishes in America, AARP, December 30, 2019

<sup>20</sup> California Dept Health Care Services August 2019

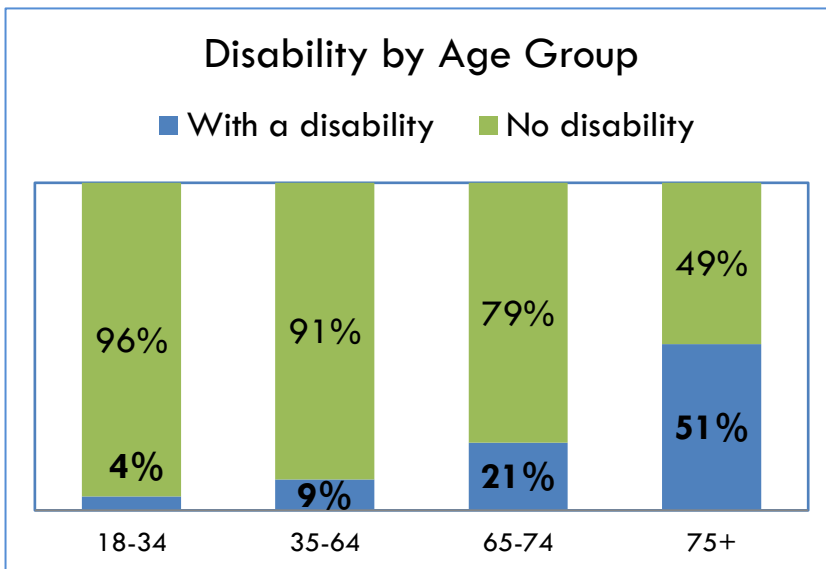
<sup>21</sup> CHIS data. UCLA Center for Health Policy Research 2014

currently serves 13,880 adults age 65 and older. Other services available to Medi-Cal beneficiaries include Adult Day Health Care services and MSSP Case Management, although both programs serve a limited amount of people. Beneficiaries may also receive long-term care at a skilled nursing facility, but access is limited because of the small number of beds available.

### **Health: Chronic Disease and Conditions**

As older adults age, they acquire disabilities, suffer from more chronic disease, and have a higher chance of unintentional visits to hospital emergency rooms. Among older adults, the leading causes of death include Cancer, Heart Disease, Stroke, Alzheimer's disease and Chronic Lower Respiratory disease. These five conditions account for 64% of deaths, and heart disease accounts for more than 19,000 hospitalizations a year. Chronic diseases are the leading cause of death county-wide and are the most common and costly and yet frequently preventable and manageable through early detection and treatment. Chronic diseases account for \$3 out of \$4 spent on healthcare.

With increasing age comes the likelihood of disability or restrictions to perform activities of daily living. Older adults 65 years or older account for 42% of all people with disabilities. Issues with ambulation ranks as the highest percent of disability, following by independent living and hearing difficulty. Because of the expense of hearing aids, many older adults delay acquiring assistive technology, with a resulting loss of efficacy of devices. Older adults who acquire disabilities may experience depression or frustration over their loss of function.



At the nexus of some of the older adults dealing with complex health issues is housing that is expensive, overcrowded, in poor physical condition or located in unsafe neighborhood environments. It is widely accepted that the link between health and housing predetermines the health of many older adults in certain neighborhoods; For example, respiratory conditions such as COPD and asthma are associated with the conditions of the indoor air quality of many older adults' homes in low income communities with deferred maintenance. In addition, the data on older adults' fall prevention is reflective of not having homes that are prepared to age in place.

### **Dental Health**

An often-overlooked issue for older adults is dental health and care. Access to care may be compromised by lack of insurance, poverty and low oral health literacy. Vitamin deficiencies, dry mouth and diabetes are all contributing factors to oral disease. Patients with periodontal disease are twice as likely to develop diabetes. Treatment of periodontal disease can result in a 10-20% improvement in glycemic control. Bahar Amanzadeh, DDS, MPH, Dental Health Administrator for the Alameda County Public Health Department, recommends to key strategies for improving dental health: 1) integration of preventative dental health services to Nursing Home and Senior Center Activities; and 2) reducing access to dental care barriers: as an example, developing a Virtual Dental Home Model.



## **Falls**

In California, falls are the leading cause of injury related death for seniors 65 years and older and account for over \$2 million in medical costs a year.<sup>22</sup> Locally, falls account for 50% of emergency room visits, and are the leading cause of fatal and non-fatal injuries<sup>23</sup>. Older adults that fall more than once in a year are at greater risk of injury and repeat falls. A number of conditions contribute to repeat falls, including chronic health conditions, disabilities, and mental health issues. According to UCLA's CHIS data for 2014, 47.4% of the Alameda County older adults who fell more than once in a 12-month period received medical care for the fall. Of those who did receive care, only 27% had a health professional talk with them about how to avoid falls, and only 12.1% had a health professional review their medications. A number of measures can help reduce falls, including gait and balance training programs, medication management, home modification, exercise programs that increase strength and flexibility, and the use of assistive devices.

## **Mental Health**

Mental Health is also an aging issue, with 20% of adults 55 years and older experiencing depression and/or anxiety disorders. Research shows that as adult's age, they may experience predisposing factors that contribute to a need for mental health and substance use services. These factors include loss of loved ones, loss of vocation and independence, major financial problems and poverty, dislocation and homelessness, complex medical problems, misuse and abuse of multiple medications, reduced mobility, cognitive impairment, social isolation and social demoralization due to ageism (1998 data from the US Department of Health and Human Services).

Due to a broad range of issues, mental health related hospitalizations soar with aging (see appendix C, figures 28-29), with depression related hospitalization highest among Caucasians and lowest among Asians and Pacific Islanders. Compounding the issue is the dismissal of mental health issues through assumptions that symptoms are a natural part of aging. Because some symptoms may be similar, depression and dementia can be misidentified by both professionals and loved ones.

## **Nutrition Insecurity**

Older Adults in Alameda County face complex and diverse social and health needs. Proper nutrition is important for all older adults, especially frail older adults, or people recovering from a recent injury or illness. Quality nutrition serves as an important component of prevention, risk reduction and treatment for chronic health conditions.

Food insecurity among older adults is associated with poverty, being a person of color, lower nutrient intake, worse health, increased functional limitations, depression, and poor chronic disease management. In Alameda County, rates of food insecurity among older adults were found to be almost 20%, compared to 12% nationally. Meals on Wheels recipients living in Oakland have a whopping 62% rate of food insecurity.

In the fiscal year ending June 2019, the AAA, working with a network of providers, provided 575,548 home-delivered meals to 3,320 older adults, and 172,818 meals to 6,484 older adults at congregate meal sites throughout Alameda County. Funding from Measure A also supported the distribution of brown bags twice monthly to over 5,500 seniors; 73,000 grocery bags of health foods were delivered. The Senior Farmers Market Nutrition Program provided \$20 coupons for 1,500 seniors to redeem at their local farmers market. The SNAP Ed program funded the creation of seven gardens and 10 series of evidence-based nutrition education and fall prevention classes in low income senior housing facilities in Alameda County.

Self-reported data shows how the Older Americans Act Nutrition Programs help participants.

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<sup>22</sup> Wallace, PhD., Steven. More than Half a Million Older California Fell Repeatedly in the Past Year. *UCLA Center for Health Policy Research. Health Policy Brief*. November, 2014.

<sup>23</sup> Alameda County OSHPD Emergency Department Data, 2012-2014

In the congregate program:

- 79% feel better
- 64% state more likely to remain in home
- 73% eat healthier
- 76% have improved health

In the home delivered meals program:

- 85% feel better
- 90% state more likely to remain in home
- 81% eat healthier
- Reduces isolation, falls and worry.

Older Adults receiving meals on wheels are significantly more vulnerable than the average American older adult. The purpose of the home-delivered meal program is to provide nutrition to homebound people who have significant health conditions. Meals on Wheels in Alameda County are delivered daily, or almost daily, reducing loneliness and isolation. With current funding levels, older adults are prioritized based on the severity of their health conditions. Because of funding constraints, the network is not able to serve meals to all who request them; most programs have a waiting list for meals.

The meal providers network also offers nutritious meals and nutrition education at dining sites through Alameda County. All meals must meet minimum nutritional guidelines. The meals program is also a proven means for socialization. Older adults receiving meals at sites, primarily senior centers, also have access to supportive programming.

***“I get Meals on Wheels and cannot pay, so I am thankful.”***  
***Survey responder***

### ***Transportation***

Alameda County benefits from the services of the Alameda-Contra Costa (A-C) Transit Bus Service, the third-largest public bus system in California, and Bay Area Rapid Transit (BART), a 107-mile fixed rail train system serving the entire San Francisco Bay Area, as major public transportation providers. A-C Transit offers a discounted Senior (Age 65+) and Disabled Pass and BART offers a 62.5% discount to persons 65 years and older, persons with disabilities, and Medicare cardholders. East Bay Paratransit is a public transit service for people with a physical impairment or disabling health condition which prevents them from using AC Transit and BART. East Bay Paratransit was established by AC Transit and BART to meet the requirements of the Americans with Disabilities Act (ADA), observes the hours of AC Transit's bus and BART's rail operations, and limits service provision to areas within  $\frac{3}{4}$  mile of an operating bus route or BART station.

Although many transportation options exist, the systems lack flexibility and older adults frequently must wait for long periods of time for drivers to arrive or may not be comfortable waiting for or boarding busses. Although 67% of consumer survey respondents noted that they utilize public transportation, the lack of frequency and location of routes is a deterrent to some.

## ***Elder Abuse & Safety***

According to the National Center on Elder Abuse, it is believed that only 1 in 14 incidences of abuse actually comes to the attention of officials.<sup>24</sup> Females are more likely to be abused than males, and abuse occurs more frequently as one ages.<sup>25</sup> Alameda County Adult Protective Services receives approximately 400 reports of abuse per month with self-neglect as the highest reported abuse, followed by financial abuse. In the County, approximately 70% of alleged abusers are family members or trusted caregivers. The prospect and prevalence of interpersonal violence against older adults with disabilities increases substantially,<sup>26</sup> with women more at risk than men.

The Ombudsman program, which deploys trained volunteers and staff to advocate for residents in long-term care facilities, witnesses extreme cases of abuse, with facilities failing to meet basic health, wellness, and social standards. State licensing agencies, which have responsibility for citing and revoking the licenses of substandard agencies, have been understaffed and under-resourced, with devastating consequence, as grimly displayed in an Alameda County facility where residents were left without care or food when the owner/operator abandoned the premises. The Ombudsman program investigates complaints from facilities with over 15,000 beds in Alameda. There are 71 Skilled Nursing facilities (6,146 beds) and 265 Residential Care Facilities for the Elderly (8,953 beds) in the county. Ombudsman staff are challenged to fulfill their mission of advocating for residents, many of whom are without any family members to oversee their care. Dementia patients are most at risk and can easily suffer at the hands of others.

***"I am aging and do not have an end of life plan, and I am worried about the cost to my family"***

***Survey respondent***

## ***End of Life Decision Making***

Older adults in our survey responded with a high degree of concern about "being included in decisions that affect your lifestyle." Every person that lives will ultimately die, and older adults are statistically closer to that inevitability. According to a Pew Research Center study<sup>27</sup>, nearly four-in-ten U.S. adults (37%) say they have given a great deal of thought to their wishes for medical treatment at the end of their lives, and an additional 35% have given some thought to these

issues. But fully a quarter of adults (27%) say they have not given very much thought or have given no thought at all to how they would like doctors and other medical professionals to handle their medical treatment at the end of their lives.

Even among Americans ages 75 and older, one-in-four say they have not given very much or any thought to their end-of-life wishes. Further, one-in-five Americans ages 75 and older (22%) say they have neither written down nor talked with someone about their wishes for medical treatment at the end of their lives. And three-in-ten of those who describe their health as fair or poor have neither written down nor talked about their wishes with anyone, according to the Pew Research survey.

According to a 2012 survey released by the California HealthCare Foundation, a disparity exists between what people say they want at the end of life and what actually

***"Elder abuse is a violation of human rights and a significant cause of illness, injury, loss of productivity, isolation and despair."***  
***World Health Organization.***

<sup>24</sup> Elder mistreatment: Abuse, neglect and exploitation in an aging America. *National Research Council. The National Academies Press.* 2003.

<sup>25</sup> National Center on Elder Abuse, Westat, Inc. The national elder abuse incidence study: Final report. Washington D.C. 1988.

<sup>26</sup> Hughes, R., Lund, E., Gabrielli, J., Powers, L, & Curry, M. Prevalence of interpersonal violence against community-living adults with disabilities: A literature review. *Rehabilitation Psychology*, 56(4), 302-319. 2011

<sup>27</sup> Pew Research Center, November 2013



occurs. The survey finds patients' wishes regarding treatment are not always honored. Only 44% of Californians who have lost a loved one in the last 12 months say their loved one's end-of-life preferences were completely followed and honored by medical providers. These numbers drop to 26% for those whose loved ones experiencing a language barrier and 25% for those who were uninsured at the time of death<sup>28</sup>. Similarly, most Californians would prefer to die at home, but they typically don't. Seventy percent of those surveyed say their home is their preferred place of death, but only 32% passed away in their homes, according to death records data from the California Department of Public Health.

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<sup>28</sup> The Final Chapter: Californians' Attitudes and Experiences with Death and Dying; California Healthcare Foundation 2012

## **SECTION 6. TARGETING**

The Older Americans Act mandates that services are available to older adults with the greatest need, with an emphasis on reaching older adults who have the greatest economic need. Minority older adults in particular, with the greatest social needs, including social and language isolation, severe functional limitations, or higher rates of Alzheimer's Disease and related neurocognitive disorders.

As referenced in the description of the AAA's planning service area, Alameda County's diverse population of older adults exceeds 300,250 and includes 27% who have incomes below 200% of the Federal Poverty Level. Four out of every ten older adults speak a language other than English at home. Approximately one-fourth of older adults live alone and there are more than 30,000 extremely low-income elderly or disabled households in Alameda County. These conditions of poverty and financial insecurity, homelessness and housing insecurity, and disability present formidable challenges to people in all phases of life. But for our rapidly increasing population of older adults, these social and economic conditions are especially daunting.

In order to reach those populations, the Alameda County AAA funds outreach and information efforts that target low income, minority, monolingual, and language isolated older adults through information and assistance programs. Moreover, all of the AAA's service contracts mandate language services and contract specifications require services to be targeted to minority persons with the greatest economic need who are 75 years of age and older and are living with functional impairments. AAA service contractors are required to have an outreach strategy designed to inform the target population and greater community about the agency and services provided, and to promote increased participation in the funded programs. The AAA also supports its obligation to use the Elder Index as a barometer of poverty and will continue to advocate that programs reach older adults who are part of the "hidden poor."

**SECTION 7. PUBLIC HEARINGS****PSA 09**

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

<b>Fiscal Year</b>	<b>Date</b>	<b>Location</b>	<b># of Attendees</b>	<b>Presented in languages other than English? Yes or No</b>	<b>Was hearing held at a Long-Term Care Facility? Yes or No</b>
<b>2020-2021</b>	3/9/2020	6955 Foothill Blvd Oakland, CA 94605	30	No	No
<b>2021-2022</b>					
<b>2022-2023</b>					
<b>2023-2024</b>					

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

1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.  
The planning process for the Area Plan, which included the needs assessment, was public, involved a large committee of community members, and was published via the Alameda County website. Members of the public were invited to contribute at meetings through the year as well as the meetings where the plan was discussed and adopted.
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  
Members of the audience had questions about the use of funds, the determination of adequate proportion minimum percentages and funding associated with the 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.

Members of the audience had questions about the determination of adequate proportion minimum percentages and funding associated with the plan.

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

Members of the audience raised questions regarding contracted services and funding allocations.

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

As a result of a rigorous community planning process, that was informed by a comprehensive needs assessment, the feedback from thousands of older adults, and an engaged dialogue with non-profit, government and community partners, clear priorities emerged to guide Alameda County's work in creating an age-friendly community. These priorities reflect critical issues of the present and future – the need to increase economic, housing and food security; to ensure access to information and employment; and to address social isolation, safety and the complex care needs of an aging population. The priorities also reflect historic issues – the necessity to address systemic inequities and their resulting disparities. Alameda County's plan for advancing these priorities is expressed in the form of four recommended goals and their associated objectives.

The guiding assumption used in developing the four goals is grounded in the collaborative, cross-sector, cross-silo work of the past four years: that success will arise only through shared responsibility and partnership between public and private sectors, and that the conversations, programming and service delivery must be person-centered and reflect the needs and preferences of older adults. In highlighting the interconnectivity of pertinent issues, pressing concerns, and potential solutions, the assessment and evaluation process further supported the wisdom of achieving success through collaboration and partnerships.

Hence the following four recommended goals, their rationale and their associated objectives offer both a conceptual framework for a cross-sector, cross-silo effort to create an age-friendly community well as specific and targeted approaches:

**Goal 1:** Promote and enhance healthy aging throughout the lifespan by planning, developing, and sustaining an Age-Friendly County of Alameda in the County's unincorporated areas, supporting healthy aging across the operations of all County Government departments, and working in collaboration with Age-Friendly cities in all regions of the county.

Rationale: An Age-Friendly Community includes the voice of older adults and leverages the alignment of CBOs, Cities, County Departments and State initiatives to better support the growing number of older adults to age well.

**Goal 2:** Establish a coordinated approach to assessing, designing, delivering and measuring the effectiveness of programs for older adults.

Rationale: All systems must be aligned and coordinated in order to effectively respond to the needs of the growing number of older residents, their increasing economic insecurity, and systemic inequities and their resulting disparities. The County has a leadership role in developing policy, infrastructure and measurements that track the effectiveness of all programs that touch the lives of older adults.

**Goal 3:** Enhance the health, safety and well-being of older adults and caregivers by providing an array of coordinated services and developing the County of Alameda Aging and Disability Resource Connection as a platform for seamless access to those services.

Rationale: As the number of older adults increases, services and supports are provided across a growing myriad of CBO, City and County Departments. In order to address the complexity of older adult needs, a holistic, systematic approach is required. While Social Services Agency may take a leadership role, it must work with a constellation of evolving systems to incorporate the needs of older adults and their support systems.

**Goal 4:** Advocate for resources, programs, and collaborative solutions to address critical issues of aging including financial and food insecurity, housing, mental health challenges, safety and

elder justice, growing social isolation, complex care needs, dementia and the need for a formal and informal system of caregiving.

Rationale: The growing number and percentage of older adults who are high utilizers of services and require support across multiple systems of care is increasing. The combination of functional support, chronic illness management, and the consequences of social isolation and economic insecurity make this population vulnerable and requires advocacy for resources and resource coordination.

The collaborative work of the past four years has led to remarkable alignment between the Countywide Area Plan and other initiatives. The recommended goals are rooted in the Age-Friendly Community framework and the following 9 Domains of Livability that Alameda County committed to address:

- Outdoor Spaces and Buildings
- Transportation
- Housing
- Social Participation
- Respect and Social Inclusion
- Civic Participation and Employment
- Communication and Information
- Community and Health Services
- Dementia Services and Supports.

The recommended goals and their Age-Friendly Community framework align with Alameda County's Vision 2026, a comprehensive plan adopted by the Board of Supervisors to set a course for the next decade that anticipates community challenges and maximizes the County's ability to meet residents' needs in a rapidly changing world. Vision 2026 includes four essential areas of focus:

- Safe and Livable Communities
- Thriving and Resilient Population
- Healthy Environment
- Prosperous and Vibrant Economy

Vision 2026 includes the "10X Goals" of eliminating homelessness, healthcare for all, employment for all, eliminating poverty and hunger, crime free county, and accessible infrastructure. The 10X Goals serve as guideposts for achieving the vision by aiming to improve a situation, circumstance, or condition by a multiple of 10 rather than simply improving incrementally. Vision 2026 and the 10X Goals require more than "thinking outside the box", they require you to "rethink the box." This is the mindset that infuses the Countywide Area Plan's four recommended goals.

The Countywide Area Plan's four goals, as well as the associated objectives described on the following pages, will be accomplished through work and commitment of agencies and organizations outside of the AAA, including county departments, cities, and the many other collaborative partners represented by the Council for Age-Friendly Communities. In many cases, funding for community-based organizations will be blended, with funds from both the AAA and county general funds. The AAA is grateful for the substantial support that it receives from county departments to support the needs of older adults. Because the funding stream is fluid, the AAA intentionally sets the minimum percentage of funds for supportive services at low levels to allow for the greatest flexibility in support.

**SECTION 9 - AREA PLAN NARRATIVE GOALS AND OBJECTIVES**      **PSA 09**

**Goal 1:** Promote and enhance healthy aging throughout the lifespan by planning, developing, and sustaining an Age-Friendly County of Alameda in the County's unincorporated areas, supporting healthy aging across the operations of all County government departments, and working in collaboration with Age-Friendly cities in all regions of the county.

**Rationale:** *An Age Friendly Community includes the voice of older adults and leverages the alignment of CBO's, Cities, County departments and State initiatives to better support the growing number of older adults to age well.*

Objective Number(s) and Objective(s)	Project Start and End Dates	Title IIIB Funded PD or C	Update Status
<p><b>1.1 - AAA Director and staff will collaborate with the County of Alameda Council for Age-Friendly Communities (Age-Friendly Council), which includes cities, citizens and community stakeholders, to coordinate efforts to effect policy and system changes that enhance the overall well-being of older adults who live in Alameda County. The Council is a forum for expanding resources, services, and access to services and increasing collaboration among various community stakeholders. The collaboration will engage County Departments, Community Based Organizations (CBOs), leaders, consumers, and providers to develop and sustain a community framework that fosters healthy aging in addition to promoting and facilitating Alameda County's recent designation as a member of the World Health Organization (WHO)'s Global Network of Age-Friendly Communities.</b></p> <p><del>1.1 - AAA Director and staff will collaborate with the Council for Age-Friendly Communities (Age-Friendly Council), cities, citizens and community stakeholders to promote and facilitate Alameda County's recent designation as a member of the World Health Organization (WHO)'s Global Network of Age-Friendly Communities. As a WHO designated community, Alameda County has currently incorporated age friendly design in the following nine domains: Outdoor Spaces &amp; Building, Transportation, Housing, Social Participation, Respect &amp; Social Inclusion, Civic Participation &amp; Employment,</del></p>	7/1/20-6/30/21	<del>PD</del> C	

<p>Communication &amp; Information, Community Support &amp; Health Services, and Dementia Support Services.</p> <p><del>Non-OAA funded entities comprise the overwhelming majority of the collaborating partners. OAA-funded providers are primarily cities, who are integral to a countywide certification process such as this.</del></p>			
<p>1.2 - Allocate a Project Management or Staff resource to assist in WHO/AARP activities, which include the following: 1) work with the Age-Friendly Council and AAA to engage older adults and collaborative partners, 2) advance Alameda County's support of city efforts to become Age-Friendly Communities, 3) align with state age-friendly efforts and 4) fulfill WHO/AARP required activities.</p>	<p>“ “</p>	<p>Admin</p>	



**Goal 2:** Establish a coordinated method of assessing, designing, delivering and measuring the effectiveness of programs for older adults.

**Rationale:** All systems must be aligned and coordinated in order to effectively respond to the needs of the growing number of older residents, their increasing economic insecurity, and systemic inequities and their resulting disparities. The County has a leadership role in developing policy, infrastructure, and measurements that track the effectiveness of all programs that touch the lives of older adults.

Objective Number(s) and Objective(s)	Project Start and End Dates	Title IIIB Funded PD or C	Update Status
2.1 – The AAA, which is housed within the Adult & Aging Services department of the Alameda County Social Services Agency, will work in partnership with the Age-Friendly Council and Health Care Services Agency to coordinate an effort to collaborate with other County Agencies, including Community Development Agency, to focus attention on expanding the number of Departments throughout the County that are working to develop and embrace common age-friendly programs, goals and approaches. <b>The AAA will engage in meetings and workgroups with Age-Friendly Council and Health Care Services Agency to develop strategies and plan approaches to achieve full cooperation and engagement of all county departments involved in the delivery of services to older adults. The anticipated outcome is 100 percent inclusion of all County Agencies in the partnership.</b>	7/1/20-6/30/21	C	
2.2 – The AAA will work in partnership with the Age-Friendly Council, Healthcare Services Agency, Community Development Agency and other public and nonprofit organizations to facilitate a Leadership Team to monitor progress and results of the County-Wide Plan for older adults.	“ “	Admin	
2.3 – The AAA will support the development of an annual unified report that includes data on the number of older adults and services provided across County Departments, including services provided through community partners.	“ “	Admin	
2.4 - The AAA Director and staff will meet regularly with other Alameda County Departments to develop, plan, and participate in county-wide projects in order to integrate, coordinate and enhance services for older adults.	“ “	<del>PD</del> C	

2.5 – The AAA will strengthen its collaboration with groups serving veterans and will focus attention on assisting veterans that are older adults with accessing benefits. <b>The AAA will engage in countywide outreach through the CVSO, VAC, ACA, Age-Friendly Council and Health Care Services Agency to identify and engage groups providing services to older adult veterans. The anticipated outcome is the development of a broader coalition of community partners targeting attention, assistance, and access to older adult veterans in need of benefits.</b>	“ “	C	
<del>2.6 – The AAA will work in partnership with local and regional disaster planning and response agencies in order to ensure that the needs of older adults and seniors with disabilities are considered and included in planning and response efforts.</del> <b>The AAA will identify and work in partnership with local and regional governmental and non-profit agencies that are actively involved in disaster planning and response. The AAA will participate in a minimum of one meeting annually with these organizations to ensure the needs of the older adult and physically impaired adult populations are considered, included, and integrated in the disaster planning process and response efforts.</b>	“ “	C	
2.7 – The AAA, in partnership with the Age-Friendly Council, non-profit agencies, municipalities, training departments and community stakeholders, will work through the Embracing Aging initiative to provide training to County and CBO providers to increase their knowledge and skills to address the unique needs of older adults, including behavioral health, dementia and other issues that affect older populations. <b>The partnership will engage in meetings and workgroups with SSA TACT to develop a training curriculum and make it available County and CBO Providers. Non-OAA funded entities comprise the overwhelming majority of the collaborating partners. OAA-funded providers are primarily cities, who provide vital input to help ensure the development of a relevant training curriculum for those serving older adult populations. The anticipated outcome is the development and implementation of the Embracing Aging Training for County and CBO Providers.</b>	“ “	€ Admin	

**Goal 3:** Enhance the health, safety and well-being of older adults and caregivers by providing an array of coordinated services and developing the County of Alameda Aging and Disability Resource Connection as a platform for seamless access to those services.

**Rationale:** As the number of older adults increases, services and supports for older adults are provided across a growing myriad of CBO, City and County Departments. In order to address the complexity of older adult needs, a holistic, systematic approach is required. While Social Services may take a leadership role, it must work within a constellation of evolving systems to incorporate the needs of older adults and their support systems.

Objective Number(s) and Objective(s)	Project Start and End Dates	Title IIIB Funded PD or C	Update Status
3.1 – Alameda County will invest in and leverage an infrastructure of community-based providers that will meet the needs of the aging and disabled population.	7/1/20-6/30/21	Admin	
3.2 - Through the Area Agency on Aging, fund, deliver and monitor a wide array community and home-based services for older adults.	“ “	Admin	
3.3 - The AAA will provide capacity building support for older adult service providers.	“ “	€ Admin	
3.4 - AAA Director and Staff will work in core partnership with Center for Independent Living (CIL) and Community Resources for Independent Living (CRIL) to support the Alameda County Aging and Disability Resource Connection (ADRC). This work is purposed to provide a collaborative platform by which community partners can work toward access to a seamless system of LTSS for older adults and people with disabilities.	“ “	Admin	
3.5 - The AAA will coordinate Information & Assistance Roundtables by bringing together subject matter experts to present information regarding older adult programs, trends and data. Roundtables will be open to older adult service providers, consumers and other parties interested in expanding their knowledge.	“ “	Direct	
3.6 – The AAA will disseminate relevant information about county-wide and local resources on a variety of topics to assist older adults and caregivers in accessing services.	“ “	Direct	
3.7 – In order to address the needs of the Lesbian, Gay, Bisexual and Transgender (LGBT) community, the AAA will work in partnership with community providers to fund, support, and share LGBT friendly programs. The AAA funded Ombudsman program will	“ “	Admin	

incorporate LGBT cultural education in its training curriculum.			
3.8 – The AAA will be an active participant in regional collaboratives, including All In, the California Collaborative for LTSS, and the Senior Services Coalition, in order to help build an effective, statewide social movement toward transforming the State’s Master Plan for Aging. <b>AAA will participate in stakeholder workgroups and strategy development sessions with non-OAA funded entities as a contributing member of this collaborative effort. will include</b>	“ “	€ Admin	
<del>3.9 – AAA staff, commissioners and community volunteers will organize, solicit and coordinate an annual holiday drive that will provide baskets of nutritious food and gift items to 25 low income community dwelling older adults. Referrals for the program will come from social workers in county departments and Independent Living Centers. Staff will coordinate donations from local food banks, corporations and service providers. The referral process targets different recipients for each annual activity and collaborating partners are non-AAA funded entities.</del>	“ “	€ Admin Deleted	
3.10 – AAA staff will collaborate with commissioners, community volunteers, interested public agencies and community organizations to write, collect, edit, and publish a quarterly newsletter to be distributed via 2,400 print copies and electronic medium to older adults, service providers, and community partners.	“ “	Direct	
3.11 – To improve transportation services for Alameda County older adults, the AAA will <b>work with public agencies, transportation commissions, transportation professionals, community-based organizations, and older adults to (1) identify older adult transportation issues and resources, and (2) explore and develop partnerships, collaborations, and/or other methodologies to improve services and explore the feasibility of integrating existing services, and (3) support efforts that identify transportation issues, advocate for improvements, and involve older adults and systems in designing age-friendly transportation services. The anticipated outcome is the development of more available, accessible, and affordable transportation services for older adults in Alameda County.</b>	“ “	C	

**Goal 4:** Advocate for resources, programs, and collaborative solutions to address critical issues of aging including financial and food insecurity, housing, mental health challenges, safety and elder justice, growing social isolation, complex care needs, dementia and the need for a formal and informal system of caregiving.

**Rationale:** *The number and percentage of older adults who are high utilizers of services and require support across multiple systems of care is increasing. The combination of functional support, chronic illness management, and the consequences of social isolation and economic insecurity make this population vulnerable and requires advocacy for resources and resource coordination.*

Objective Number(s) and Objective(s)	Project Start and End Dates	Title IIIB Funded PD or C	Update Status
4.1 - Through Measure A and other funding mechanisms, the Board of Supervisors will allocate additional resources in order to expand senior injury prevention programs, respond to elder nutrition insecurity and address other issues relating to the health and stability of older county residents.	7/1/20-6/30/21	Admin	
4.2 – The AAA will partner with community-based organizations to provide Evidence-Informed and Evidence-Based Health Promotion Programs via delivery of services in community and clinic settings, including senior centers, community centers, and senior housing communities. OAA III-D funded Evidence-Based Programs include Enhance Fitness, Tai Chi: Moving for Better Balance, A Matter of Balance, Tai Chi for Arthritis, and Bingocize. OAA III-D funded programs and County Measure A funded Senior Injury Prevention programs, with the exception of Home Modifications, have been approved by the U. S. Department of Health and Human Services (DHHS) as Disease Prevention and Health Promotion programs and activities which have been demonstrated through rigorous evaluation to be evidence-based.	“ “	Admin	
4.3 - The Alameda County Public Health Department will expand home based visits through Public Health Nursing.	“ “	Admin	
4.4 – The Age-Friendly Council will identify naturally occurring retirement communities and “hotspot” areas of County where high utilizers of services reside in order to develop targeted interventions.	“ “	Admin	

4.5 - Expand the availability and awareness of Behavioral Health Services through the Alameda County Behavioral Health Care Services Department.	“ “	Admin	
4.6 - The AAA will partner with the Age-Friendly Council and Health Care Services Agency to increase awareness of behavioral health and dementia issues with older adults and advance the Healthy Brain Initiative in Alameda County.	“ “	Admin	
4.7 – The AAA will collaborate with the Age-Friendly Council, County agencies and community stakeholders to advance strategies to address Alzheimer’s Disease and Related Dementias, including those delineated in the Healthy Brain Initiative.	“ “	Admin	
4.8 – The AAA Director will participate as a member of the Mental Health Services Act (MHSA) stakeholder group in order to facilitate inclusion of older adults in developing and implementing mental health programs.	“ “	Admin	
<b>ELDER JUSTICE</b> 4.9 – The AAA will work in partnership with Adult Protective Services and the Age-Friendly Council to increase awareness of elder neglect and abuse through a coordinated campaign that includes public presentations, dissemination of collateral materials, proclamations, and social media communication. <b>The anticipated outcome is an increase in the rate of response to calls received by Adult Protective Services.</b>	“ “	C	
<del>4.10 – Adult Protective Services will increase the rate of response to calls received by Adult Protective Services.</del>	<del>“ “</del>	<del>C</del>	
4.11 – The AAA will participate with the Age-Friendly Council in an effort to coordinate a county-wide response to elder abuse by expanding partnerships with legal and law enforcement partners.	“ “	Admin	
4.12 - In order to increase the capacity of the Ombudsman program to respond to abuse claims in long-term care facilities, the program will recruit volunteers creating a force of 8 Certified LTC Ombudsman volunteers.	“ “	Admin	

4.13 – In order to address the issues of Elder Abuse, the AAA will retain Legal Assistance for Seniors (LAS) as Legal Services Provider (LSP) to provide all 12 AAA-sponsored sessions of community education related to the topic.	“ “	Admin	
<b>HOUSING</b> 4.14 – The AAA will support and coordinate efforts to explore alternative housing options including shared housing programs.	“ “	Admin	
4.15 - Community Development Agency will work with other County departments and cities to increase the number of housing units available and affordable for older adults through all feasible approaches, including deeply affordable units to serve the needs of older adults with SSI-level incomes and homeless older adults.	“ “	Admin	
4.16 - Community Development Agency will work with other County departments and cities to improve the habitability and preservation of existing units to allow for safe and healthy aging in place.	“ “	Admin	
4.17 - Community Development Agency will work in partnership with the Age-Friendly Council and with other County departments and cities and community groups to support regulations that protect older occupants from displacement.	“ “	Admin	

**SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES**PSA 09**TITLE III/VIIA SERVICE UNIT PLAN OBJECTIVES  
CCR Article 3, Section 7300(d)**

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

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

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

**Personal Care (In-Home)****Unit of Service = 1 hour**

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

**Homemaker (In-Home)****Unit of Service = 1 hour**

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

**Chore (In-Home)****Unit of Service = 1 hour**

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



**Home-Delivered Meal****Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	581,413	3	
2021-2022			
2022-2023			
2023-2024			

**Adult Day/ Health Care (In-Home)****Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	26,694	3	
2021-2022			
2022-2023			
2023-2024			

**Case Management (Access)****Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	10,223	3	
2021-2022			
2022-2023			
2023-2024			

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	225,190	3	
2021-2022			
2022-2023			
2023-2024			

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

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

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	9,418	3	
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	26,859	3	
<b>2021-2022</b>			
<b>2022-2023</b>			
<b>2023-2024</b>			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	21,557	3	
<b>2021-2022</b>			
<b>2022-2023</b>			
<b>2023-2024</b>			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	1,400	3	
<b>2021-2022</b>			
<b>2022-2023</b>			
<b>2023-2024</b>			

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

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

**Title IIIB, Other Priority and Non-Priority Supportive Services**

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

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

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

**Other Supportive Service Category: Visiting**

**Unit of Service: Hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
<b>2020-2021</b>	10,251	3	
<b>2021-2022</b>			
<b>2022-2023</b>			
<b>2023-2024</b>			

**Other Supportive Service Category: Senior Center Activities**

**Unit of Service: Hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
<b>2020-2021</b>	17,222	3	
<b>2021-2022</b>			
<b>2022-2023</b>			
<b>2023-2024</b>			

**Other Supportive Service Category: Public Information**

**Unit of Service: Activity**

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

### 3. Title IIID/ Disease Prevention and Health Promotion

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

**Unit of Service = 1 contact**

**Service Activities: Evidenced based group exercise programs including: Enhance Fitness, Tai Chi: Moving for Better Balance, Tai Chi: Arthritis, A Matter of Balance, and BingoCize.**

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	11,776	3 4	4.2
2021-2022			
2022-2023			
2023-2024			

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

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

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

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

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

Complete all Measures and Targets for Outcomes 1-3;

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

**Measures and Targets:**

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

1. FY 2018-2019 Baseline Resolution Rate:  
 Number of complaints resolved 350 + number of partially resolved complaints 58  
 divided by the total number of complaints received 1,897 = Baseline Resolution Rate  
22 %  
 FY 2020-2021 Target Resolution Rate 85 %

2. FY 2019-2020 Baseline Resolution Rate:  
 Number of complaints partially or fully resolved \_\_\_\_\_ divided by the total number  
 of complaints received \_\_\_\_\_ = Baseline Resolution Rate \_\_\_\_\_ %  
 FY 2021-2022 Target Resolution Rate \_\_\_\_\_ %

3. FY 2020 - 2021 Baseline Resolution Rate:  
 Number of complaints partially or fully resolved \_\_\_\_\_ divided by the total number  
 of complaints received \_\_\_\_\_ = Baseline Resolution Rate \_\_\_\_\_ %  
 FY 2022-2023 Target Resolution Rate \_\_\_\_\_ %

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

Program Goals and Objective Numbers: 4.12

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

1. FY 2018-2019 Baseline: Number of Resident Council meetings attended 17  
FY 2020-2021 Target: 20
2. FY 2019-2020 Baseline: Number of Resident Council meetings attended \_\_\_\_\_  
FY 2021-2022 Target: \_\_\_\_\_
3. FY 2020-2021 Baseline: Number of Resident Council meetings attended \_\_\_\_\_  
FY 2022-2023 Target: \_\_\_\_\_
4. FY 2021-2022 Baseline: Number of Resident Council meetings attended \_\_\_\_\_  
FY 2023-2024 Target: \_\_\_\_\_

Program Goals and Objective Numbers: 4.12

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

1. FY 2018-2019 Baseline: Number of Family Council meetings attended 1  
FY 2020-2021 Target: 2
2. FY 2019-2020 Baseline: Number of Family Council meetings attended \_\_\_\_\_  
FY 2021-2022 Target: \_\_\_\_\_
3. FY 2020-2021 Baseline: Number of Family Council meetings attended \_\_\_\_\_  
FY 2022-2023 Target: \_\_\_\_\_
4. FY 2021-2022 Baseline: Number of Family Council meetings attended \_\_\_\_\_  
FY 2023-2024 Target: \_\_\_\_\_

Program Goals and Objective Numbers: 4.12

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

1. FY 2018-2019 Baseline: Number of Instances 40  
FY 2020-2021 Target: 1,000
2. FY 2019-2020 Baseline: Number of Instances \_\_\_\_\_  
FY 2021-2022 Target: \_\_\_\_\_
3. FY 2020-2021 Baseline: Number of Instances \_\_\_\_\_  
FY 2022-2023 Target: \_\_\_\_\_
4. FY 2021-2022 Baseline: Number of Instances \_\_\_\_\_  
FY 2023-2024 Target: \_\_\_\_\_

Program Goals and Objective Numbers: 4.12

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

1. FY 2018-2019 Baseline: Number of Instances <u>8,889 8,899</u> FY 2020-2021 Target: <u>1,000</u>
2. FY 2019-2020 Baseline: Number of Instances _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Instances _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: <u>4.12</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 2018-2019 Baseline: Number of Sessions <u>5</u> FY 2020-2021 Target: <u>10</u>
2. FY 2019-2020 Baseline: Number of Sessions _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Sessions _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Sessions _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: <u>4.12</u>

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

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

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



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

<b>FY 2020-2021</b>
<p><b>FY 2020-2021 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p> <p><b>OSCC will continue its work to positively impact the workforce serving the LTC via the expansion of the Healthcare Career Pathway (HCP), an innovative collaborative designed to re-envision the entry into the allied Healthcare Field and Person-Centered training. OSCC will work with stakeholders to bring the program to Alameda County and secure its position as part of the Master Plan on Aging.</b></p>
<b>FY 2021-2022</b>
<p><b>Outcome of FY 2020-2021 Efforts:</b></p> <p><b>FY 2021-2022 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p>
<b>FY 2022-2023</b>
<p><b>Outcome of FY 2021-2022 Efforts:</b></p> <p><b>FY 2022-2023 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p>
<b>FY 2023-2024</b>
<p><b>Outcome of 2022-2023 Efforts:</b></p> <p><b>FY 2023-2024 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p>

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

**Measures and Targets:**

**A. Routine Access: Nursing Facilities** (NORS Element S-58) Percentage of nursing facilities within the PSA that were visited by an Ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>  2  </u> divided by the total number of Nursing Facilities <u>  75  </u> = Baseline <u>  3  </u> % FY 2020-2021 Target: <u>  90  </u> %
2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities = Baseline _____ % FY 2021-2022 Target:        %
3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities = Baseline _____ % FY 2022-2023 Target:        %
4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities = Baseline _____ % FY 2023-2024 Target:        %
Program Goals and Objective Numbers: <u>  4.12  </u>

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

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>  0  </u> divided by the total number of RCFEs <u>  260  </u> = Baseline <u>  0  </u> % FY 2020-2021 Target: <u>  80  </u> %
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ % FY 2021-2022 Target:        %
3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ % FY 2022-2023 Target:        %
4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ % FY 2023-2024 Target:        %
Program Goals and Objective Numbers: <u>  4.12  </u>

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

1. FY 2018-2019 Baseline <u>4.875</u> FTEs FY 2020-2021 Target: <u>7</u> FTEs
2. FY 2019-2020 Baseline: _____ FTEs FY 2021-2022 Target: _____ FTEs
3. FY 2020-2021 Baseline: _____ FTEs FY 2022-2023 Target: _____ FTEs
4. FY 2021-2022 Baseline: _____ FTEs FY 2023-2024 Target: _____ FTEs
Program Goals and Objective Numbers: <u>4.12</u>

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers <u>12</u> FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers <u>8</u>
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: <u>4.12</u>

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

**Measures and Targets:**

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

**OSCC maintains a robust data compliance program that includes ongoing case review and data management. The Lead Regional Supervisor reviews all closed cases for accuracy and adherence to case standards. In addition, they review all open cases to ensure that they are being handled in a timely fashion consistent with the organization reporting standards. Additionally, Regional Supervisors are cc'd on all case assignments given to Field Ombudsman(volunteers) and are responsible for overseeing the complaint and guiding the Field Ombudsman to appropriate resolution.**

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

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

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

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

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2016, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.

**Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials

that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

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

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

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

<b>Fiscal Year</b>	<b>Total # of Public Education Sessions</b>
<b>2020-2021</b>	12
<b>2021-2022</b>	
<b>2022-2023</b>	
<b>2023-2024</b>	

<b>Fiscal Year</b>	<b>Total # of Training Sessions for Professionals</b>
<b>2020-2021</b>	
<b>2021-2022</b>	
<b>2022-2023</b>	
<b>2023-2024</b>	

<b>Fiscal Year</b>	<b>Total # of Training Sessions for Caregivers served by Title IIIE</b>
<b>2020-2021</b>	
<b>2021-2022</b>	
<b>2022-2023</b>	
<b>2023-2024</b>	

<b>Fiscal Year</b>	<b>Total # of Hours Spent Developing a Coordinated System</b>
<b>2020-2021</b>	
<b>2021-2022</b>	
<b>2022-2023</b>	
<b>2023-2024</b>	

<b>Fiscal Year</b>	<b>Total # of Copies of Educational Materials to be Distributed</b>	<b>Description of Educational Materials</b>
<b>2020-2021</b>	1,920	
<b>2021-2022</b>		
<b>2022-2023</b>		

<b>Fiscal Year</b>	<b>Total # of Copies of Educational Materials to be Distributed</b>	<b>Description of Educational Materials</b>
<b>2023-2024</b>		

<b>Fiscal Year</b>	<b>Total Number of Individuals Served</b>
<b>2020-2021</b>	1,400
<b>2021-2022</b>	
<b>2022-2023</b>	
<b>2023-2024</b>	

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

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

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

<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Family Caregiver Services Caring for Elderly</b>	<b><i>Proposed</i> Units of Service</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Optional</i> Objective #(s)</b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
<b>2020-2021</b>	# of activities: 165 Total est. audience for above: 4,000	3	
<b>2021-2022</b>	# of activities: Total est. audience for above:		
<b>2022-2023</b>	# of activities: Total est. audience for above:		
<b>2023-2024</b>	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
<b>2020-2021</b>	2,550	3	
<b>2021-2022</b>			
<b>2022-2023</b>			
<b>2023-2024</b>			



Access Assistance		Total contacts	
Support Services	Total hours		
2020-2021	6,331	3	
2021-2022			
2022-2023			
2023-2024			
Respite Care	Total hours		
2020-2021	6,992	3	
2021-2022			
2022-2023			
2023-2024			
Supplemental Services	Total occurrences		
2020-2021			
2021-2022			
2022-2023			
2023-2024			

#### Direct and/or Contracted IIIE Services

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

<b>Grandparent Services Caring for Children</b>	<b><i>Proposed</i> Units of Service</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Optional</i> Objective #(s)</b>
<b>Access Assistance</b>	<b>Total contacts</b>		
2020-2021			
2021-2022			
2022-2023			
2023-2024			
<b>Support Services</b>	<b>Total hours</b>		
2020-2021			
2021-2022			
2022-2023			
2023-2024			
<b>Respite Care</b>	<b>Total hours</b>		
2020-2021	3,042	3	
2021-2022			
2022-2023			
2023-2024			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2020-2021			
2021-2022			
2022-2023			
2023-2024			

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

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

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

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

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

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

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

AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at:

[https://www.aging.ca.gov/Providers\\_and\\_Partners/Area\\_Agencies\\_on\\_Aging/#pp-planning](https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/#pp-planning).

(Reference CDA PM 17-11 for further discussion, including current HICAP Performance Measures and Definitions).

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

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

<b>Fiscal Year (FY)</b>	<b>3.1 Estimated Number of Clients Represented Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
<b>2020-2021</b>	100	3
<b>2021-2022</b>	<b>100</b>	<b>3</b>
<b>2022-2023</b>	<b>100</b>	<b>3</b>
<b>2023-2024</b>	<b>100</b>	<b>3</b>

<b>Fiscal Year (FY)</b>	<b>3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
<b>2020-2021</b>	1,000	3
<b>2021-2022</b>	<b>1,000</b>	<b>3</b>
<b>2022-2023</b>	<b>1,000</b>	<b>3</b>
<b>2023-2024</b>	<b>1,000</b>	<b>3</b>

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

**COMMUNITY FOCAL POINTS LIST**

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

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

<b>Designated Community Focal Point</b>	<b>Address</b>
Albany Senior Center	846 Masonic, Albany, CA 94706
Oakland Department on Aging	200 Grand Avenue, Oakland, CA 94610
J-Sei, Inc.	1285 – 66 <sup>th</sup> Street, Emeryville, CA 94608
North Berkeley Senior Center	1901 Hearst Street, Berkeley, CA 94710
South Berkeley Senior Center	2939 Ellis Street, Berkeley, CA 94703
Emeryville Senior Center	4321 Salem Street, Emeryville, CA 94608
Fruitvale San Antonio Senior Center	3301 E. 12 <sup>th</sup> Street, Oakland, CA 94601
Mastick Senior Center	1155 Santa Clara Avenue, Alameda, CA 94501
Family Bridges, Inc.	168 – 11 <sup>th</sup> Street, Oakland, CA 94607
St. Mary's Center	925 Brockhurst Street, Oakland, CA 94608
Hayward Senior Center	22325 N. Main Street, Hayward, CA 94541
Kenneth C. Aitken Senior Center	17800 Redwood Road, Castro Valley, CA 94546
Fremont Senior Center	40086 Paseo Padre Parkway, Fremont, CA 94538
Dublin Senior Center	7600 Amador Valley Boulevard, Dublin, CA 4568
Pleasanton Department of Parks and Community Services	5353 Sunol Boulevard, Pleasanton, CA 94566
Livermore Senior Services Center	4444 East Avenue, Livermore, CA 94550

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

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

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, participating in announced evacuation drills as well as unannounced timed evacuation drills administered by the City of Oakland Fire Department.

The AAA works in coordination with several community preparedness agencies including 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 Scott Crackel, CDA-AAA Disaster Assistance Coordinator.

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
Sylvia Soublet	Director, Public Affairs	Office: (510) 267-9434 Cell:	<a href="mailto:ssoublet@acgov.org">ssoublet@acgov.org</a>

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Delbert Walker	Supervising Program Specialist/AAA Sr Planner	Office: (510) 577-1943 Cell: (510) 821-1364	<a href="mailto:Dwalker2@acgov.org">Dwalker2@acgov.org</a>

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

**Critical Services**

**How Delivered?**

a. Communication with subcontractors	a. The AAA maintains electronic and hard copy files of contact information to ensure adequate avenues of communication with subcontractors regardless of circumstance.
b. Access to information regarding older adult services	b. 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.

5. List any agencies with which the AAA has formal emergency preparation or response agreements.

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 you to provide multiple methods of contact and designate multiple locations in Alameda County to receive emergency alerts. AC Alert is capable of sending 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 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 3-day generators for Home Delivered Nutrition providers to ensure an available power source during emergency and disaster response situations.

6. Describe how the AAA will:

- Identify vulnerable populations:

The AAA will work with the County-wide disaster planning team to identify vulnerable older adults and establish effective means of communication. Furthermore, the AAA has collaborated with Alameda County Public Health and My Family Circle Senior Center for the implementation a voluntary Countywide Registry of Community Dwelling Older Adults. Initial conceptual and developmental efforts were supported and financed through grant funding from the National Association of County and City Health Officials (NACCHO).

- Follow-up with these vulnerable populations after a disaster event:

The AAA maintains a database containing information regarding ADL's and IADL's 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, and SSA's Office of Public Information provide additional avenues for communication and follow-up with vulnerable populations.



**2020-2024 Four-Year Planning Cycle****Funding for Access, In-Home Services, and Legal Assistance**

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

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

**Access:**

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

2020-21 15%                      21-22 \_\_\_\_\_%                      22-23 \_\_\_\_\_%                      23-24 \_\_\_\_\_%

**In-Home Services:**

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

2020-21 15%                      21-22 \_\_\_\_\_%                      22-23 \_\_\_\_\_%                      23-24 \_\_\_\_\_%

**Legal Assistance Required Activities:<sup>8</sup>**

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

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

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

As a baseline, we have established minimum percentages for Access and In-Home services at 15% and 10% for Legal Services. Setting the percentages at these rates establishes a minimum floor for provision of services which is adequate to meet the basic needs in addition to allowing the most flexibility in responding to the increasing expansion of service and support needs of the older adults in our community.

**SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES****PSA 09**

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

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

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

**Check applicable direct services****Check each applicable Fiscal Year**

<b>Title IIIB</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title IID</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input type="checkbox"/> Disease Prevention and Health Promo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title IIIE<sup>9</sup></b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input type="checkbox"/> Information Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VIIA</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VII</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**    **PSA 09**

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

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

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

**Identify Service Category: Public Information**

Check applicable funding source:

☒ IIIB: Public Information

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☐ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ **FY 20-21**

☒ **FY 21-22**

☒ **FY 22-23**

☒ **FY 23-24**

**Provide:** documentation below that substantiates this request for direct delivery of the above stated 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 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 16 - GOVERNING BOARD**PSA 09**GOVERNING BOARD MEMBERSHIP  
2020-2024 Four-Year Area Plan Cycle**

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

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**Total Number of Board Members:**     5

<b>Name and Title of Officers:</b>	<b>Office Term Expires:</b>
Richard Valle, President—District 2	2022
Keith Carson, Vice President—District 5	2020

<b>Names and Titles of All Members:</b>	<b>Board Term Expires:</b>
Scott Haggerty—District 1	2020
Wilma Chan—District 3	2022
Nate Miley—District 4	2020

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

All terms expiring in 2020 will be filled through the Primary and General Elections held in March and November 2020.

District 1 Supervisor Scott Haggerty announced in June that he would not seek re-election, retiring from public service after his current term to closeout 24 years in public office. Four candidates are running for the District 1 Supervisor seat.

District 4 Supervisor Nate Miley is running for a sixth consecutive term against lone challenger Esther Goolsby, an environmental community organizer from Oakland.

District 5 Supervisor Keith Carson is facing off against lone challenger Nick Pilch, Incumbent City of Albany Councilmember.

**SECTION 17 - ADVISORY COUNCIL****PSA 09****ADVISORY COUNCIL MEMBERSHIP  
2020-2024 Four-Year Planning Cycle**

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

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Total Council Membership (include vacancies) 21Number of Council Members over age 60 12

	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
<b>Race/Ethnic Composition</b>		
White	<u>46</u>	<u>43</u>
Hispanic	<u>11</u>	<u>1</u>
Black	<u>12</u>	<u>36</u>
Asian/Pacific Islander	<u>28</u>	<u>1</u>
Native American/Alaskan Native	<u>0.6</u>	<u>0</u>
Other	<u>2</u>	<u>1</u>

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

Donna Ireland, Chair	09/01/2022
John Miller, Vice Chair	04/11/2021

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

Eric Eisenberg	07/01/2022
Dom Filardo	12/11/2021
Donna Griggs Murphy	12/01/2022
Royce Johnson	01/10/2022
Sarah Kim-Lee	04/13/2023
Howard Kirsch	07/01/2022
Carlos Londono	07/24/2020
Laura McMichael-Cady	12/01/2022
Barbara Price	06/30/2023
Christine Sevier	09/17/2023
Regina Silbert	06/30/2023
Sylvia Stadmire	02/10/2022

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

**Yes No**

- |                                     |                          |   |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Low Income  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Representative Disabled   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Representative  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Supportive Services   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Provider Representative   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Health Care Provider  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Representative  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Family Caregiver  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Representative Local  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Elected Officials   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Individuals with Leadership Experience in Private and Voluntary Sectors |

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

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

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

Advisory Commission on Aging 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. We are currently working with elected officials and their representatives to fill all existing vacancies.

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

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This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2016 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)] CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: [https://aging.ca.gov/Providers\\_and\\_Partners/Legal\\_Services/#pp-gg](https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg)

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1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title IIIB requirements: **Discuss:** The AAA's adherence to the State's Mission statement, pertains to legal services. The mission statement is as follows: [To provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.](#)
2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? **Discuss:** [10% is allocated to Legal Services.](#)
3. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years). **Yes/No, Discuss:** [No, there has not been a significant change in service.](#)
4. Specific to Legal Services, does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Yes/No, Discuss:** [Yes](#)
5. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA? **Yes/No, Discuss:** [Yes, combating elder abuse remains a top priority, along with health law through both Legal Services and the Health Insurance Counseling and Advocacy Program \(HICAP\). Guardianship of minor children and public benefits are also priority issues; all of these areas keep older adults, and others including children, safe and stable in their homes, thus preventing the need for future services.](#)
6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA **AND** what mechanism is used for reaching the target population? **Yes/No, Discuss:** [Yes, the AAA collaborates with the Legal Service Provider, Legal Assistance for Seniors \(LAS\) to provide services to targeted population. Please see below.](#)
7. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? **Discuss:** [LAS targets older adults who are non-English speaking, older adults who are isolated, and older adults with disabilities, to make sure these vulnerable groups are able to access needed legal services. 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](#)

more isolated areas by traveling to hundreds of locations throughout the county to give presentations on topics of interest to older adults, 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 currently evaluating legal service delivery through an equity lens to determine if there are vulnerable populations that the agency has not been effective in reaching. Through analysis of agency data, combined with conversations with community partners, LAS is striving to make sure the most vulnerable older adults in our community are receiving the legal services they need.

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

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

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

10. What methods of outreach are Legal Services providers using? **Discuss:** LAS provides several different methods of outreach to ensure that the senior community is aware of the services available and are able to 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 free 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 is able to 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. Additional, LAS provides technical assistance to community partners to help them improve their services to older adults.

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

Fiscal Year	Name of Provider	Geographic Region covered
2020-2021	Legal Assistance for Seniors	Countywide
2021-2022	<i>Leave Blank until 2021</i>	<i>Leave Blank until 2021</i>
2022-2023	<i>Leave Blank until 2022</i>	<i>Leave Blank until 2022</i>
2023-2024	<i>Leave Blank until 2023</i>	<i>Leave Blank until 2023</i>

12. Discuss how older adults access Legal Services in your PSA: **Discuss:** Older adults access LAS' services through several different means; many clients are referred by Adult Protective Services, the Department of Children and Family Services, and other community partners. In addition to referrals, older adults also contact LAS' office directly, either by phone or through LAS' website. Finally, older adults who attend LAS' various community education presentations are often able to ask individual questions after the presentation, and 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.

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

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, like legal representation, to stabilize housing. When older adults are displaced they not only lose their homes, they also lose their cultural community, their caregivers, their support networks and stability. Tragically, these losses can cause severe health implications and more and more frequently, death. Older adults especially cannot wait for new construction to occur and the move to new units may also be disruptive. LAS believes older adults, and the affordable housing they reside in, must be protected and preserved in place.

**14.** In the past four years, has there been a change in the types of legal issues handled by the Title IIIB legal provider(s) in your PSA? **Yes/No, Discuss:** In the past four years, there has not been a dramatic change in the types of cases that LAS handles.

**15.** What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. **Discuss:** For many of the older adults that LAS serves, a major barrier in 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 home. 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 home and thrive in the community. For many of our elder abuse clients, they have been living in unsafe and dangerous situations for many years and have had difficulty finding help. Being able to sit down with an attorney and connect face-to-face often is the difference in the senior's confidence to move forward and take the steps to seek protection. Often during a home visit, the LAS attorney is also able to identify several other needs of the senior. The attorneys help the senior address these other issues even though it may not have been the initial reason the senior requested assistance or legal in nature. Being able to meet with a senior in a safe place, one-on-one, is by far the most effective way to assist a senior with their needs.

**16.** What other organizations or groups does your legal service provider coordinate services with? **Discuss:** LAS works closely with many community collaborators to ensure that we are providing 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 also has working partnerships with many agencies in Alameda County. LAS currently works closely with the Alameda County Bar Association to provide a pro per 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 that hosts an annual educational conference for caregivers and the youth in their care; 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 trainings in order to better serve the indigent population; the District Attorney's Office, to create a collaborative approach to victim's rights; and the Senior Services Coalition, to coordinate services and support among senior service providers. LAS maintains a strong network of community partners through our work. LAS works closely with many of the cities in the County, partnering with existing city services to create a comprehensive service network for seniors.

Also, LAS works closely with senior housing facilities, senior centers and community centers. LAS is always searching for new and innovative community partners to ensure the highest quality services to older adults in Alameda County.

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

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

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

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

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

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

**SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM**

**Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services**  
 Older Americans Act Reauthorization Act of 2016,  
**Section 373(a) and (b)**

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

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

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

**Family Caregiver Services**

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

## Grandparent Services

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

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

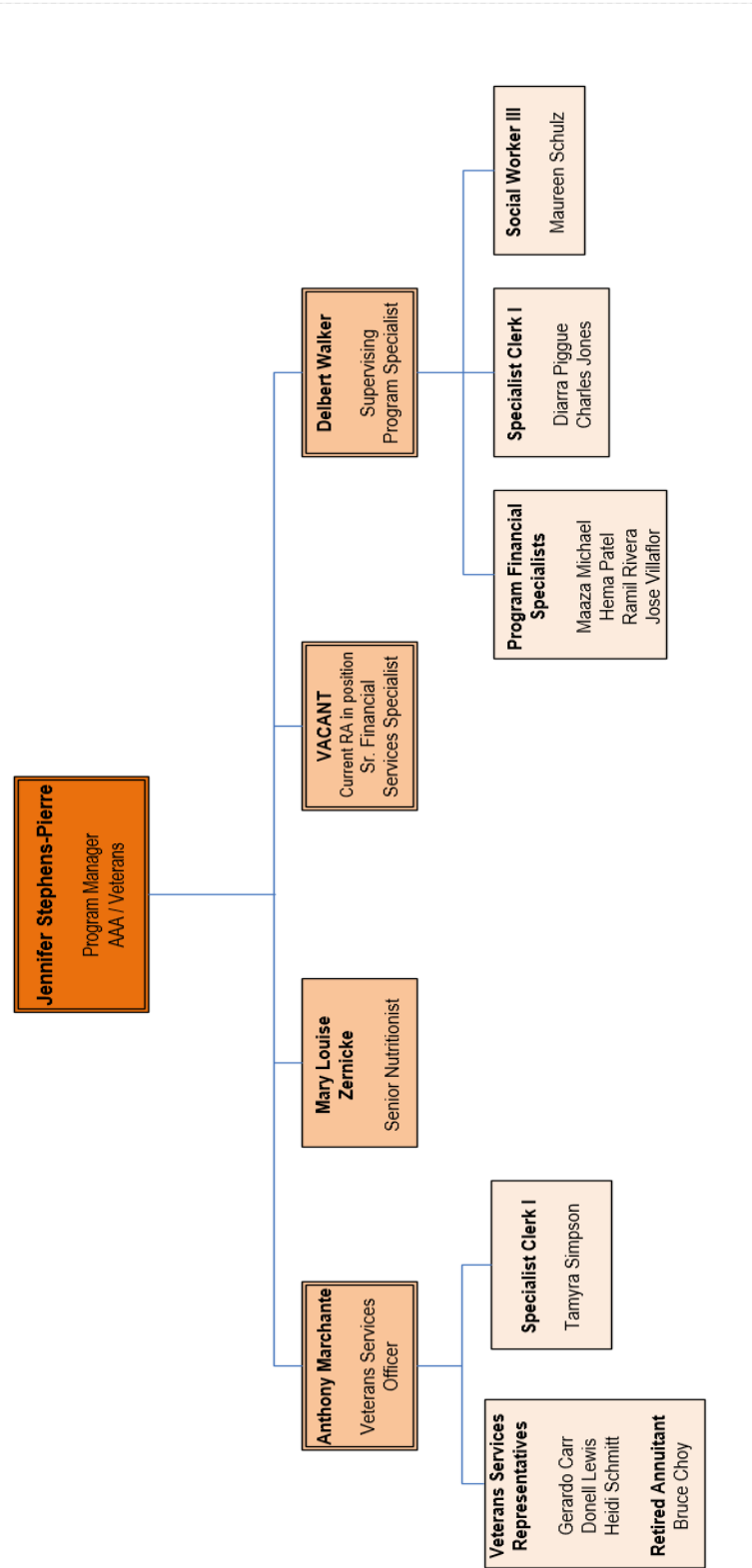
**Justification:** For each service category checked “no”, explain how it is being addressed within the PSA.

When the AAA released its last RFP, it did not receive bid responses to provide FCSP Supplemental Services. The services are being 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.**

## SECTION 21 - ORGANIZATION CHART

### AAA / Veterans / Ombudsman



## **SECTION 22 - ASSURANCES**

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

### **A. Assurances**

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

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

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

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

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

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

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

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



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

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

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

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

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

Use outreach efforts that —

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

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

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

7. OAA 306(a)(5)

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

8. OAA 306(a)(9)

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

appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

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

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

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

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

11. 306(a)(14)

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

12. 306(a)(15)

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

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in Older Americans Act Reauthorization Act of 2016, Section 306(a)(4)(A)(i); and
- (B) in compliance with the assurances specified in Older Americans Act Reauthorization act of 2016, Section 306(a)(13) and the limitations specified in Older Americans Act Reauthorization Act of 2016, Section 212;

13: OAA 305(c)(5)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20. OAA 307(a)(15)

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

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

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

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

21. OAA 307(a)(18)

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

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

22. OAA 307(a)(26)

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

23. OAA 307(a)(27)

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

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

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

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

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

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

(2) Provide a range of options:

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

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

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

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

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

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

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

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

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

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

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

29. CFR [1321.61(d)]

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

30. CFR [1321.69(a)]

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