



Area Plan Guidance

July 1, 2024, to June 30, 2028

Periods Covered	Due Date to CDA
2024-2028 Four-Year Area Plan	May 1, 2024
2025-2026 Area Plan Update	May 1, 2025
2026-2027 Area Plan Update	May 1, 2026
2027-2028 Area Plan Update	May 1, 2027

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OVERVIEW

Purpose

Area Plan Guidance Part II: Format and Templates includes all forms referenced in Part I: Instructions and References.

Regulation

In accordance with the Older Americans Act (OAA) Reauthorization Act of 2020, Sections 306(a) and 307(a)(1), Area Plans shall be submitted in a uniform format specified by the State Agency. The forms and templates contained in this document constitute the required Area Plan format.

In the event of an amendment to the OAA during the Fiscal Year (FY) 2024-2028 Area Plan cycle, CDA will issue a Program Memo (PM) describing the changes and provide relevant guidance and any necessary form and template changes pertaining to the Area Plan.

Content

The following components comprise the Area Plan:

- Area Plan Required Components Checklist – found in Part II.
- Transmittal Letter – found in Part II.
- Sections 1 – 19 (The Area Plan) as delineated in Part II.
- Additional Instructions, Information and Logistics – the end of Part I.

AREA PLAN UPDATE (APU) CHECKLIST
Check one: ☒ FY 25-26 ☐ FY 26-27 ☐ FY 27-28
Use for APUs only due May 1, 2025, 2026, and 2027

AP Guidance Section	Required Annual Update Sections	Check Updated
n/a	A) Transmittal Letter- <i>(submit by email with electronic or scanned original signatures)</i>	☒
n/a	B) APU- <i>(submit entire APU electronically only)</i>	☒
2, 3, or 4	C) Estimate- of the number of lower income minority older individuals in the PSA for the coming year	☒
6	D) Priority Services and Public Hearings	☒
n/a	E) Annual Area Plan Budget (send to finance@aging.ca.gov)	☒
8	F) Service Unit Plan (SUP) and LTC Ombudsman Program Outcomes	☒
10	G) Title III E Family Caregiver Support Program	☒
11	H) Legal Assistance (Revised 2026)	☒
AP Guidance Section	If there has been a change to another section, check the "Mark Changed" box AND include the "AAA Area Plan Summary of Changes" Attachment A:	Mark Changed
1	Mission Statement	☐
5	Needs Assessment/Targeting	☒
7	AP Narrative Objectives:	☒
7	• System-Building and Administration	☒
7	• Title IIIB-Funded Programs	☒
7	• Title IIIB-Program Development/Coordination (PD or C)	☐
7	• Title IIIC-1 or Title IIIC-2	☒
7	• Title IIID-Evidence Based	☒
7	• HICAP Program	☒
9	Senior Centers and Focal Points	☒
10	Title III E-Family Caregiver Support Program	☒
12	Disaster Preparedness	☐
13	Notice of Intent to Provide Direct Services	☐
14	Request for Approval to Provide Direct Services	☒
15	Governing Board	☒
16	Advisory Council	☒
17	Multipurpose Senior Center Acquisition or Construction	☐
18	Organizational Chart(s) (Must match Budget)	☒
19	Assurances	☒
Atch. A	AAA Area Plan Summary of Changes	☒
Atch. B	OCA Modernization Supplemental Summary	☒
Atch. C	Local Master Plan for Aging Supplemental Summary	☒

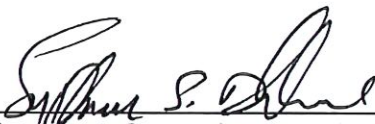
TRANSMITTAL LETTER
2024-2028 Four Year Area Plan/ Annual Update
Check one: ☐ FY 24-25 ☐ FY 25-26 ☒ FY 26-27 ☐ FY 27-28

AAA Name: San Joaquin County

PSA 11

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. Sukhminder S. Dhaliwal


Signature: Governing Board Chair ¹

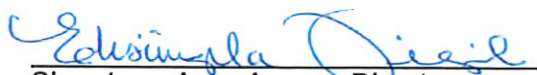
8/4/2026
Date

2. Bishop Dwight Earl Williams


Signature: Advisory Council Chair

May 4th 2026
Date

3. Elisangela Vigil


Signature: Area Agency Director

May 4, 2026
Date

¹ Original signatures or electronic signatures are required.

SECTION 1. MISSION STATEMENT

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

In addition, the San Joaquin County Commission on Aging as an entity of its own has as a mission to provide guidance, education, and advocacy on issues that relate to older adults of San Joaquin County; to provide leadership at the local level in developing systems of home and community-based services; and to assist our diverse population to live with independence and dignity in their home and communities.

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

Physical and Demographic Characteristics

The Area Agency on Aging is a single county. San Joaquin County, located in the Central Valley of California, is bordered by Sacramento, Calaveras, Alameda, Contra Costa, Amador, and Stanislaus counties. This location places San Joaquin County in the path of a dynamic growth corridor, ideally situated for business and industry. The Port of Stockton is a major link to the San Francisco Bay, where ocean going vessels regularly make the seventy-five nautical mile voyage from the Golden Gate Bridge, through the Delta, and into Stockton to deliver worldwide products to the most inland port in California.

Highway 99 and Interstate 5 bisect the county, north to south. Situated between the two highways in the southern part of Stockton is the Stockton Metropolitan Airport, which hosts one commercial airline and provides air cargo capability. A major arterial from west to east is Highway 205/120 in the south and serves as a source of immigration from the Bay Area to the Manteca/Tracy areas. Highway 12, in the Lodi area, and Highway 4, the Crosstown Freeway, also provide west/east access in San Joaquin County.

San Joaquin County is ranked 7th among the top ten agriculture producing counties in California, and agricultural land accounts for 85% of all land in San Joaquin County. While, at one time, San Joaquin County benefited from expansion in the retail service and the office sectors of the economy, currently, it is suffering from poor economy in other areas. The city of Stockton, the county's hub, is where most major services are located. The city of Stockton has experienced severe economic hardship. Stockton completed the bankruptcy process in 2015 and faced economic hardship during the pandemic but since the pandemic, has had equitable growth and recovery. Despite the slow return of economic stability, the community still faces residual financial challenges. Stockton was recognized as the most racially and ethnically diverse large city in the United States for 2020 according to U.S. News and Report when all ages are considered and was ranked the 13th best city in California to live according to the U.S. News and World Report 2023-2024.

According to the U.S. Census American Community Survey for San Joaquin County (2022):

- Population: 793,229
- 60 years of age and older: 146,583, 18.5%
 - Sex: 54.4% are females and 45.6% are males
 - Race/Ethnicity for those 60+: 50% whites, 7.4% Black or African American, 1.4% American Indian and Alaska Native, 16.4% Asian, 0.7% Native Hawaiian and Other Pacific Islander, 10% other race, 14.2% two or more races and 25% Hispanic or Latino origin of any race.
 - Poverty level: 11.5% below 100%, 7.4% between 100% to 149%, and 81.1% at or above 150%
 - Responsible for grandchildren who are 60 years and older: 2.2%

California Department of Public Health reported in 2019 that San Joaquin County was among the lowest 10 metropolitan counties in California for health factor (factors that, if modified, can improve length and quality of life) and health outcomes (length and quality of life). More recent data (2022) shows that San Joaquin County's health factor and health outcomes have improved slightly, and it is no longer in the lowest 10, but is still in the lowest 20 counties.

State of California Department of Finance's County Population Projections (2020-2070) projects an 10.1% increase in older adults in San Joaquin County as defined by the Older Americans Act between 2024 and 2028, whereas only a 9.2% increase in older adults is projected Statewide for that same time period, and only a 1.4% projected increase for newborns to age 59 years in San Joaquin County during that time.

Per California Department of Aging Population Demographic Projections by County and PSA, San Joaquin County's 2026's projections are as follows; 160,544 older adults of which 65,186 are non-minority and 95,358 are minority. Of the projected older adults, 21,370 are low income and 27,430 live alone. In addition, 44,881 will be Medi-Cal eligible, 15,167 geographically isolated, 11,095 have SSI/SSP, and 6,155 are non-English. The demographics reflect a 1% increase from 2023 projections for older adults, minorities, low income, living alone, MediCal eligible, geographically isolated, and having SSI/SSP.

As the population ages, the incidents of functional disabilities increase, and social and health problems multiply. Add to this the potential inability to access comprehensive services and the risk to the well-being of the older adults' population is compounded.

An overall goal within Planning and Service Area 11 is to continue to improve and provide services which are easily accessed by the older adults' population and their families. To accomplish this goal, enhanced coordination of services will reduce duplication, decrease inefficiencies, and increase the likelihood of comprehensive service delivery for older individuals.

Unique Resources and Constraints

The geographical and population configurations in San Joaquin County provide both unique resources and constraints to the delivery of services.

Resource and Constraint: Most older adult service providers are located in Stockton which makes coordination relatively easy; however, although improving, limited public transportation in the overall county restricts the access for those who live in rural areas. The Area Agency on Aging has made efforts to contract with agencies in all parts of the county or who serve all areas of the county to ensure services are as easily accessible as possible by those who live outside of the Stockton area. In addition, our Commission on Aging members advocate for better transportation at all opportunities.

Resource: The Area Agency on Aging is imbedded within the local County government structure giving the Area Agency on Aging the ability to operate in conjunction with county programs such as In-Home Supportive Services, Adult Protective Services, and Community Services. Not only does this give the Area Agency on Aging the ability to assist in the deployment of other resources for older adults, but a single point of entry (Older Adults Information and Assistance) allows for timely access to the optimum amount of services.

Resource and Constraint: San Joaquin County is a rich agricultural area providing an abundance of fresh fruits and vegetables. However, certified farmers markets are not active throughout the county, leaving older adults who do not drive and do not have a proxy unable to benefit from the fresh produce. Also, agricultural areas are hard hit during flood years or drought years, making produce more expensive, which impacts the access for older adults who are on a limited income and low-income caregivers.

Resource and Constraint: Significant diversity of ethnic minority groups brings about greater challenges to effectively serve those who are socially disadvantaged and often isolated. As a result of the diversity in San Joaquin County, there are social service agencies which serve specific populations and are used for the contracted services to ensure hard-to-reach diverse populations are assisted.

Constraint: San Joaquin County continues to compete with surrounding metropolitan areas that offer better paying salaries. Private, non-profit, and public agencies have challenges with recruitment and retention of qualified employees resulting in a disruption of services to be provided.

Service System

The Area Agency on Aging delivers programs under Titles: III B Supportive and Other Services, III C Congregate Meals and Home Delivered Meals, III D Health Promotion: Evidence-Based, III E Caregivers of Older Adults, and VII Prevention of Elder Abuse, Neglect, and Exploitation through a combination of direct implementation and service providers. Title VIIA: Long-Term Care (LTC) Ombudsman program is implemented directly by the Area Agency on Aging. Health Insurance Counseling and Advocacy Program (HICAP) is delivered through the multiple-PSA HICAP mechanism. Whether services are direct, or service provider implemented, the success of the service delivery relies on the vast network of partners such as senior and community centers, non-profits, vendors, and other county and cities' departments. In addition to the aforementioned unique constraints and resources, a main challenge is insufficient funds to meet the needs of San Joaquin County older adult residents which, for example, results in waiting lists for case management and respite services.

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

The San Joaquin County Area Agency on Aging is an organization entity within Aging and Community Services of the San Joaquin County Human Services Agency. The Board of Supervisors and Department staff are assisted and guided by the Commission on Aging, which serves as an advisory board. The Commission on Aging is composed of twenty-three members, primarily older adult citizens. The Board of Supervisors and city councils appoint commissioners to three-year terms.

The Area Agency on Aging funding resources includes federal dollars through the Older Americans Act, state funding through the California Department of Aging, and San Joaquin County. The funding is distributed through contracts with service providers and direct services provided by Aging and Community Services.

Leadership role

In a leadership role, Aging and Community Services has streamlined services, strengthened cooperation and coordination, and created greater ease for public access by consolidating the operations of many of the adult services in San Joaquin County into one organizational unit.

Develop the service delivery system goals

Aging and Community Services through its leadership role develops the AAA service delivery system goals that are outlined in the Area Plan. The goals are established based on the mission of the AAA for older adults to live with independence and dignity in their home and communities and reflect the needs assessment. Area Agency on Aging also provides input to other agencies, such as local Housing Elements that affect older adults and adults with disabilities.

Develops community-based systems of services

The Area Agency on Aging provides visible leadership in the development of community-based systems of care by taking the lead in providing seamless access to services for the target population and through collaborative efforts with local agencies.

Access and direct services

Aging and Community Services continues to be the leader of services to older adults in San Joaquin County. Services to older adults can be accessed through the Area Agency on Aging Information and Assistance Program. Older adults, or those calling on their behalf, are given information and resources to assist older adults in accessing services for needs they may have. Multilingual staff are available in Spanish, Tagalog, Greek, Japanese, Portuguese, Hmong, Chinese, and other Asian languages as well as interpreter services are available at no cost in other languages.

Title III Older American Act Programs provided through Aging and Community Services include the following:

- *Older Adults Information and Assistance* Provides information, referrals, and support in problem solving for people aged sixty and over and to family, friends, and service providers regarding older adult services and issues. By linking older adults to appropriate services in the community, staff are able to empower older adults to make choices that will enhance their quality of life and ability to live independently.

- *Long Term Care Ombudsman Program* utilizes an exemplary group of older adult volunteers to investigate, refer, and resolve problems for residents in long term care facilities. It is a confidential service that improves and maintains the quality of life for those residents through advocacy and education. An equally important aspect of the program is how this service ensures that residents are not forgotten and continue to have someone looking in on them, confirming that they matter at an often devastating time of life.
- *Elder Abuse Prevention* focuses primarily on the prevention, detection, intervention and response to elder abuse through community education, advocacy efforts, cross-agency collaboration, and problem-solving efforts. San Joaquin County has a Multi-Disciplinary Team comprised of representatives from law enforcement, the District Attorney's office, the Long-Term Care Ombudsman Program, Case Management Services, Adult Protective Services, Behavioral Health, Local Hospitals and other agencies within the County.
- *Congregate and Home Delivered Nutrition Services* are provided as a direct service through Aging and Community Services. Meals are provided throughout the county at eighteen congregate sites and at people's homes through the home-delivered meals service. Programming includes outreach for new site development.
- *Caregiver Services* are focused on ways to increase awareness of caregiver resources, explore resources to enhance and augment caregiver support, research other service delivery methods, identify ways to reach the older adult informal caregiver population, and provide direct services such as in home respite, assistive technology, and consumable supplies.
- *Case Management, Respite, and generalized supportive services.* These services are provided by staff to assist older adults with aging in place and to informal caregivers in their role of keeping older adults safe and independent in their homes.

Collaborative efforts with local agencies

The Area Agency on Aging supports local agencies whether they are city or non-profits by attending their community events through AAA outreach services. This assures that their older individuals, adults with disabilities, and their caregivers are in the know of which services they may be able to receive.

Under the direction of the Area Agency on Aging, community agencies providing contracted services funded through Title III Older Americans Act include the following:

- *Adventist Health Lodi Memorial Hospital* provides an Adult Day Care program. The center provides Caregiver Respite Out-of-Home as it promotes independence, provides a protective environment, socialization, and nutritious lunch to participants aged sixty years and over.
- *Catholic Charities* provides Respite Care, Personal Care and Homemaker, as well as Caregiver Respite Other and Caregiver Respite In-Home services to low-income older adults who are not eligible for IHSS but cannot afford private in-home care. The agency is based in Stockton but serves the entire county.
- *Senior Advocacy Network* provides Legal Assistance to low-income older adults which includes representation. Senior Advocacy Network, as it is located in Modesto, provides services at senior and community centers throughout the county.
- *Jene Wah* provides Congregate Meals, Telephone Reassurance, Personal Care and Homemaker services primarily to low-income Chinese older adults in Stockton. They provide ethnically tailored meals to a hard-to-reach population.
- *LOEL Senior Center* provides Congregate Meals to individuals living north of Eight Mile Road and south of the San Joaquin/Sacramento County line. The LOEL Senior Center is located in Lodi.

- *University of the Pacific* provides a Health Promotion evidence-based program. They offer a HomeMeds service where pharmacy students, under the supervision and guidance of licensed pharmacist instructors, assist in evaluating medications used by older adults and provide education on the use of the medication, side effects, and other pertinent information. They also offer two Health services: 1) evaluating the best Medicare Part D plan for each older adult's unique health circumstance in order to increase drug adherence by decreasing drug costs, and 2) fall prevention through Matter of Balance.

Other agencies in San Joaquin County providing services to older adults, people with disabilities and caregivers but not funded by the Area Agency on Aging include:

Older adults and adults with disabilities

- Alzheimer's Association
- American Red Cross of the Heart of the Valley
- Del Oro
- DRAIL
- Housing Authority
- Hospice of San Joaquin
- Prevail
- Salvation Army
- San Joaquin County Behavioral Health Older Adult Services
- San Joaquin County Regional Transit District
- Valley Mountain Regional Center
- Home Health Agencies
- Residential Homes for the Older Adults

Caregivers

- Alzheimer's Association
- Del Oro
- Child Abuse Prevention Council
- San Joaquin County Children's Services
- San Joaquin Delta College Foster and Kinship Caregivers Program
- Wayfinder Family Services

Coordinates and links to county programs and services

Area Agency on Aging links to the following county programs and services through a collaborative partnership in Aging and Community Services: Commodities, Home Energy Assistance Program, In Home Supportive Services, Adult Protective Services, the Weatherization Program, and Community Action Agency. The eight Community Action Agency Community Centers are in low-income minority areas. Community Center staff have full knowledge of services, which allows for quick and easy neighborhood access for older adults. The Area Agency on Aging continues to expand services at these centers in efforts to increase access to services in local communities.

Coordinates and engages with local health plans

The Area Agency on Aging coordinates and engages with local health plans in a variety of ways. The revision of the Older Americans Act in 1996 brought the Health and Insurance Counseling and Advocacy Program under the umbrella of the Area Agency on Aging. This has given the Area Agency on Aging the added opportunity to strengthen the system of integration of home and community-based programs for older adults. Currently, the Health and Insurance Counseling and Advocacy Program for San Joaquin County is administered by Planning and Service Area 4 and is part of a nine-county delivery system. Through HICAP, health plans are contacted to ensure older adults receive services as outlined in the local plans.

In addition, interaction with local health plans takes place through referrals for home delivered meals when their patients need nutritious meals and the health plan includes it as a benefit through CalAIM. When a client begins to receive services through PACE/WeiBe Health, the Area Agency on Aging ensures no duplication of service is provided, such as home delivered meals, homemaker services, and case management. Similarly, when assistive devices are requested by older adults or their caregivers, the Area Agency on Aging works with clients and, if needed, their local health plans to ensure there is no duplication of service, with the local health plan benefits being prioritized.

Promotes involvement.

The Area Agency on Aging promotes the involvement of older adults, adults with disabilities, and their caregivers within their community in a variety of ways. Involvement of older adults is essential in the delivery of services as our older adults population provides many hours of volunteer service within the Title III programs. Older adult volunteers assist at congregate meal sites, in home care, telephone reassurance, and provide vital Ombudsman support. In addition, older adult volunteers serve on the Commission on Aging and advocate for issues facing older adults within our local community and at the state level.

To ensure involvement of adults with disabilities, the Commission on Aging has a representative appointed by the County Board of Supervisors to represent people with disabilities and other representatives on the Commission are proactive in advocating for people with disabilities. Adults with disabilities are also able to volunteer in services such as telephone reassurance. Lastly, to reduce isolation and improve social connectedness, the Area Agency on Aging ensures that the model used for the home delivered meals service is based on a friendly weekly in-person meal delivery.

The caregiver services are provided to assist caregivers and to keep them up to date on resources which might help them or their care receivers. Caregivers are provided with referrals to attend support groups and trainings with other caregivers for mutual support and provided respite services so they can reduce their isolation that occurs when caregiving.

SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES

Steps involved in the planning process

Area Plan on Aging took the following steps to develop the area plan: a) collected data through various methods to understand the population to be served, including a public hearing, b) established priorities based on the needs presented, c) analyzed the budget, d) determined the units of service based on priorities and budget, and e) created the goals and objectives that reflect the priorities and services to be provided.

Inclusion of feedback from various entities

During the planning process of the 2024-2028 Area Plan, public involvement was instrumental in understanding the needs of the older adult population in San Joaquin County. Different outreach methods were used to optimize the ability to obtain feedback from older adults, people with disabilities, caregivers, and key informants via public, public agencies, government entities, and organizations that serve older adults, adults with disabilities, and caregivers and incorporate their input. Data triangulation methodology was used to better understand the needs and determine the Area Agency on Aging's priorities. Quantitative data included results from the 2023 Community Assessment Survey for Older Adults (CASOA), Census Data, number of people on waitlists and Information and Assistance referral data. Qualitative data was received from the Public Hearing, conversations with caregivers, participants, staff, and key informants. The various data inputs were analyzed and applied across the CDA Service Categories and Data Dictionary in an effort to determine the need and establish priorities.

Public Hearing was conducted in March 2024 for the 2024-2028 Area Plan. The in-person/virtual public hearing was conducted prior to the Commission on Aging monthly meeting to optimize public input by older adults, adults with disabilities, and caregivers, as well as representatives from the county, cities, subcontractors, and congregate meal sites. The Public Hearing was advertised in local newspapers and their electronic websites, non-profit city and county senior and community centers, and subcontractors. The Public Hearing was also advertised to the people who receive the agenda for the Commission on Aging, which includes other government agencies and elected officials. Commissioners also contributed to outreach for the hearing by notifying constituents in their respective areas.

Census data was used primarily to establish baselines and to determine demographic and other pertinent information regarding the population as a whole and the older adult population in particular.

Planning cycle priorities and determining Title IIIB funds adequate proportion

The planning cycle priorities were identified based on the feedback received through the needs assessment findings and discussions at the public hearing on the Area Plan, with consideration given to funding and available human resources. Attendees of the Public Hearing identified in-home services related to adult day care, personal care, and homemaker services as the greatest need to assist with aging in place. For this reason, a greater percentage was applied to In-Home Services, followed by Access, and lastly Legal Services.

Factors influencing prioritization

Prioritization was determined by considering the impact to older adults' daily living, ability to maintain independence, and safely age in place. Services such as homemaker and personal care are services that can prevent pre-mature institutionalization, and without could jeopardize independence for individuals. Access, though valuable to the community, is often needed on a more sporadic and situational basis. Lastly, legal services is a very specific service that is less requested, but so specialized that availability of the service outweighs frequency of use.

Meet targeting mandates

Area Agency on Aging will meet targeting mandates through targeted outreach to prioritize services for people with greatest economic need and greatest social need. The factors related to the targeted population are self-certified low income, physical or mental disability, language barriers, and cultural or social isolation caused by, among other things, racial and ethnic status, sexual orientation, human immunodeficiency virus (HIV) status, gender identity, or gender expression.

SECTION 5. NEEDS ASSESSMENT & TARGETING

California Department of Aging sponsored the AAA older adult needs assessment through the Community Assessment of Older Adults (CASOA), which is a statistically valid survey (see Appendix: Needs Assessment). It measures existing and potential needs in six areas: Information and Assistance, Community Design, Equity and Inclusivity, Health and Wellness, Productive Activities and Employment and Finances. As the CASOA did not include the caregiver perspective, the AAA conducted in-depth interviews with caregivers and solicited input via a questionnaire from organizations serving caregivers and, stakeholders representing family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain disfunction.

The AAA's target priorities set forth by Older American Act were taken into consideration with the needs assessment by ensuring responses of people with greatest social and/or economic needs were included. People with greatest economic need and greatest social need included people who are low-income, minority, low-income minority, low-income older adults, LGBTQI+, and adults with disabilities. San Joaquin County 2022 Community Health Needs Assessment (most current available report) analyzed the county's neighborhoods regarding multiple factors - mental health/behavioral health; access to care; income and employment; housing; chronic disease, healthy eating, active living; community service; family and social support; education; and transportation. This analysis resulted in the identification of where the most vulnerable people are located according to census tract neighborhoods, which are: 1, 3, 6, 7, 16, 22.01, 27.01, 33.12, 38.03, 40.01, 44.03, 47.01, 51.09, and 53.03. AAA is considered an urban program service delivery area. However, by analyzing the Rural-Urban Community Area (RUCA) codes for the 40 zip codes used by 43 unique areas, the AAA has four areas identified as rural: Acampo, Holtville, Thornton, and Vernalis. In addition, data was collected from Information and Assistance regarding identified needs and requested services, and from the various AAA programs to understand demand and under-utilization of services. The older adults and caregiver needs assessments identified the types of needs of older adults, adults with disabilities, and their caregivers, as well as the extent of existing and potential needs.

AAA acknowledges there were research limitations. The constraints are twofold. First, POLCO who administered CASOA recognized that there were research limitations. These can be read in the CASOA report. Second, AAA encountered research limitations to reach representatives of various caregiver demographics despite utilizing various forms of outreach. The AAA reached out to the local Pride Center, an organization which serves the diverse LGBTQI+ community, which stated that the population they mainly serve are below 40 years old. During a Pride Center community event, the AAA outreach was present and took names of people who showed interest to be interviewed. Of the four who signed up, three did not return voice messages or emails. The sole person interviewed was receiving services from the Veterans Association and did not feel the need to continue the conversation. Thus, interviews with LGBTQI+ caregivers did not take place. However, an LGBTQI+ key informant did submit a questionnaire response with valuable information. As a result, a follow up conversation took place to gather additional information regarding older adults and gain a better understanding of the responses.

As part of the needs assessment, a gap analysis took place. AAA is the lead in providing services to older adults and caregivers. Yet, this does not minimize that there are community partners (identified in Section 3) which are also providing services to older adults and caregivers. This is important to note to ensure there is no duplication of services and collaborative work continues. Nevertheless, the needs are greater than both the AAA and local partners' existing funding and human resources. The funding received and available human resources are not sufficient to cover all of the different types of identified needs, nor fully cover one type of need. Taking into consideration the needs assessment, gap analysis, public hearing, and funding and human resources constraints, the adequate proportion of Title III B funds to be expended for Access, In-Home, and Legal services was determined, as well as the type and proportion of caregiver services.

The needs assessment results are as follows:

Funding	Services identified with greater than 50% need
III B	Adult Day Care
	Assisted Transportation
	Case Management
	Information and Assistance
	Outreach
	Public Information
	Transportation
	Health
	Chore
	Homemaker
	Personal Care
	Residential Repairs/Modifications
	Respite
	Telephone Reassurance
	Legal Assistance
	Cash/Material Aid
	Disaster Preparedness Materials
	Housing
	Personal/Home Device
	Senior Center Activities
III C	Congregate Meals
	Home Delivered Meals
III D	Health Promotion

III E	Caregiving Case Management
	Caregiving Information and Assistance
	Caregiving Information Services
	Caregiving Respite In-Home
	Caregiving Respite Other
	Caregiving Respite Out-of-Home Day Care
	Caregiving Assistive Technology
	Caregiving Consumable Supplies
	Caregiving Home Modifications
	Caregiving Legal Resources
	Caregiving Counseling
	Caregiving Support Groups
	Caregiving Training

Once the needs of older adults and their caregivers were determined, planning to establish services that increase independence and well-being began. As a result of the Needs Assessment, the department has determined the services in San Joaquin County most in need continues to be in home services, such as Homemaker, Personal Care, and Respite. In addition, the new service of Assisted Transportation will be added as a new need, as it was identified as a barrier for the targeted groups when attempting to access existing services. Barriers include limited assisted transportation between cities, non-existent assisted transportation in certain communities, extended travel time for individuals with health conditions who are physically unable to manage, or the assisted transportation is ADA accessible, yet individuals must have a companion to assist with the wheelchair locking. AAA will continue to provide Homemaker, Personal Care, and Respite services to meet the area of need. Furthermore, to assist older adults with managing money and having enough to live on, PSA 11 will continue to provide services, such as Congregate Meals and Cash/Material Aid, to help older adults stretch their monthly budgets.

The needs assessment results depict a need for AAA to: 1) advocate and be a leader in services to older adults, adults with disabilities, and their caregivers; 2) inform people of the services that AAA provides as well as other community services; 3) provide sound administrative and programmatic management of services; 4) ensure caregivers receive support; and 5) implement programs that will assist older adults to age in place. Based on the aforementioned, goals and objectives were developed to provide the framework for the services to be provided to respond to the needs of the AAA constituency. These needs informed the goals and the objectives leading to the identified services AAA will provide.

AAA analyzed the provision of each aforementioned service based on AAA's: 1) funding, 2) human resources, 3) internal subject matter expertise, and 4) subrecipient capacity. After careful consideration of the four factors to successfully implement those services, the analysis resulted in providing all the services except III B Assisted Transportation, Housing, and Senior Center Activities, and III E: Caregiver Counseling, Caregiver Training, and Caregiver Support Groups.

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS

2024-2028 Four-Year Planning Cycle

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds² listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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

Access:

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

2024-25 25% 25-26 25% 26-27 25% 27-28 _____%

In-Home Services:

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer’s Day Care Services, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting

2024-25 35% 25-26 35% 26-27 35% 27-28 _____%

Legal Assistance Required Activities:³

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

2024-25 6-7% 25-26 6-7% 26-27 6-7% 27-28 _____%

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

The allocations are justified through the needs assessment and public hearing process. Through these processes, it was determined that the area of greatest need is in-home services.

² Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

³ Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

PUBLIC HEARING: At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act Reauthorization Act of 2020, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ⁴ Yes or No	Was hearing held at a Long- Term Care Facility? ⁵ Yes or No
2024-2025	3/4/2024	San Joaquin County Office of Education	17	Translator available but not needed	No
2025-2026	3/3/2025	San Joaquin County Office of Education	23	Translator available but not needed	No
2026-2027	2/02/2026	San Joaquin County Office of Education	9	Translator available but not needed	No
	2/18/2026	Manteca Senior Center	9		
	2/24/2026	Escalon Community Center	14		
2027-2028					

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

- Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.
Outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/ or disabled older individuals included CASOA, caregiver interviews, key informant questionnaire, home delivered meals clients assessments, and information and assistance phone calls.
- Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?
☐ Yes. Go to question #3
☒ Not applicable, PD and/or C funds are not used. Go to question #4
- Summarize the comments received concerning proposed expenditures for PD and/or C
N/A
- Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services
☒ Yes. Go to question #5
☐ No, Explain:
- Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.
There were no specific comments.

⁴ A translator is not required unless the AAA determines a significant number of attendees require translation services.

⁵ AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

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

- Waste Management expects older adults to be able to carry waste to the curb and separate trash, recycling and compost into the correct trash containers. Very difficult for frail older adults, especially if there is a long driveway to carry the containers to the curb. Waste management stated that assistance is available; however, assistance was not provided. Also, lack of clear instructions for separating waste leads to confusion for older adults. Response: Advocacy with waste management. There is an older adult in an assisted living which is not providing medically tailored meals. How can the AAA assist? Response: Ombudsman will look at the admissions agreement.
- As it relates to Minimum Percentages, there is a growing waitlist for Caregiver respite; there is a lot of need. An example is a husband in late 80s taking care of his wife 24/7 as she had a stroke. The provider can only provide limited service due to lack of funding. Response: Minimum percentage was in relation to III B services. Noted, caregivers need more respite services.
- Doctors are providing a cheat sheet printout for low sodium diets that could be improved. Response: Advocacy on improved special diets resources by medical providers.
- Would like to know if someone who receives SSI can earn money and not affect their benefits.
Response: Referred to Social Security Office in Manteca
- Wife died and spouse is having difficulty making ends meet. Request for information about a program that levels income. Response: A guaranteed income pilot for San Joaquin County older adults will take place for 2 years. Applications are to open in July/August.
- Would like to see more adult day care programming and transportation. Response: There is a need for more adult day care centers. Lodi Memorial provides a great memory care program, call I&A for bus tickets, and Dial-a-Ride provides great service.
- How do people obtain assistance for assisted living? Response: There are nonprofits that guide people, such as: A Place for Mom. CalAIM Health Plans, and Master Care also assists people with SSI/SSP.
- What does one do if you have a loved one in a facility who is not getting the right care? Response: Contact the Long Term Care Ombudsman program that will assist with advocacy by speaking with the resident and the facility. If there is abuse, the State will be involved.
- Older adults have a fixed income and rent is increasing every two years. People are being forced to move out and unable to pay rent at another location. Response: It is tough, some cities control rent but places like mobile home parks do not. There is not enough senior affordable housing. C4A, California Senior Legislatures, and various organizations are advocating for aging in place. Home Safe is a program through Adult Protective Services offering services to prevent homelessness. Older adults can also seek legal assistance depending on the situation. Central Valley Low Income Housing supports people seeking low-income housing.
- Seniors are having access problems as many services are accessed online. There is a need for technology training. For those that know how to use a computer, accessing services at the public library computers is not safe as they need to scan and upload documents. Are there more devices? Response: El Concilio gave classes, but the funding ended. Legal Services can assist older adults to access services available online.

- Transportation between cities is not good. A person got stranded for a very long time. Also, people with medical conditions need assistance. Response: We have staff advocating at the SJCOG Social Services Transportation Advisory Council. Catholic Charities and El Concilio provide assisted transportation but are underfunded.
- People need case management but there is no provider in Escalon. There are many people who are low income with great need. How do we get the county to help here? Response: Working on having an eligibility worker have office hours in Escalon.

7. Note any changes to the Area Plan that were a result of input by attendees.
None.

SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES

Goals and Objectives are required per California Code of Regulations Title 22 Section 7300 (c)

Goals are statements of ideal conditions that the AAA wishes to achieve through its planned efforts. Objectives are measurable statements of action to meet the goals. Objectives indicate all of the following:

- (1) The nature of the action.
- (2) The party responsible for the action.
- (3) How the action will be accomplished.
- (4) The anticipated outcome of that action.
- (5) How the outcome of the action will be measured.
- (6) The projected dates for starting and completing the action.
- (7) Any program development and coordination activities, as specified in Section 9400, Welfare and Institutions Code, that are associated with the objective.

Goal # _____

Goal:

Rationale:

List Objective Number(s) _____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source⁶	Update Status⁷

Instructions:

Duplicate the headings above and table for fill-in as needed.

⁶ If not a program specific goal, indicate if the objective is Administration (Admin,) Program Development (PD) or Coordination (C). If a PD objective is not completed in the timeline required and is continuing in the following year, provide an update with additional tasks. For the program specific goals and objectives please identify service category where applicable.

⁷ Use for the Area Plan Updates to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal Number 1 The Area Agency on Aging (AAA) will advocate and provide the leadership role for services to older adults, adults with disabilities, and their caregivers in San Joaquin County.
Rationale The AAA will continue to develop and maintain community-based systems of care to older and disabled persons which support independence and protects the quality of life while including citizen involvement in the planning and delivery of services.

Objective 1.1 AAA staff and Commission on Aging members will recruit to fill current Commission on Aging (CoA) membership vacancies to provide full representation of the county. The members of the Commission reflect the economic, social, geographic, ethnic, and racial diversity as well as older adults, caregivers, service providers, local officials, etc. within the planning and service area. The anticipated outcome would be a Commission with few or no vacancies. The measurement for this outcome will be the average number of commissioners. This objective is ongoing from year to year as membership of the Commission is constantly in transition due to health and commitment issues.	July 2024 to June 2028	Admin	Cont
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Objective 1.2 AAA staff will coordinate a multi-disciplinary team (MDT) and conduct systems advocacy as a lead in older adult services in San Joaquin County. The MDT will be accomplished by scheduling and inviting the partners to attend meetings. Whereas the systems advocacy will take place by improving conditions in facilities, increasing access to services, collaborating with other agencies, and/or assisting with disaster preparedness response. The anticipated outcome is coordination of services amongst partnering agencies, improving services, reduction of duplication of services, learning from each other, and troubleshooting to better assist older adults. The measurement for this outcome is the number of meetings held per fiscal year and advocacy efforts accomplished. The objective is ongoing from year to year as the older adult issues are ongoing and new cases develop.	July 2024 to June 2028	Admin VII	Cont
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Objective 1.3 The Long-Term Care Ombudsman will recruit and retain staff and volunteer Ombudsmen through targeted outreach campaigns and ongoing recognition in order to maintain and improve capacity to provide leadership and advocacy for facility residents through routine visits, investigations, council coordination assistance, and sharing of information with individuals and facility staff. Ombudsman staff and volunteers will engage in routine evaluation of outcomes to determine effectiveness and impact. The anticipated outcome is successful complaint resolutions and will be measured by various supporting inputs such as: Routine access SNF and RCFE, number of staff and volunteers, work with councils, and information and assistance provided. The objective is ongoing from year to year as services to older adults and facility staff is ongoing.	July 2024 to June 2028	Admin III B VII	Cont
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Goal Number 2 The AAA will conduct outreach and provide information to the community of older adults and their families, health professionals, providers of social services, to link older adults and caregivers to appropriate services.
Rationale Older adults, adults with disabilities, and caregivers of San Joaquin County need accessible reliable information regarding the availability of services. Often older adults and caregivers do not reach out for help, and without knowledge of existing services can become underserved and at risk mentally, physically and vulnerable.

Objective 2.1 AAA staff will provide outreach by attending various community events, fairs, and facilities for older adults/adults with disabilities that are hosted by cities, non-profits, and businesses. Outreach will be accomplished by reaching out to organizations as well as accepting their invitations to attend their event/fairs/staff meetings. In addition, to ensure that people remember who to contact for information, assistance, and referrals, AAA staff will produce and distribute Information and Assistance pamphlets with the statewide toll-free telephone number and local numbers of services to older adults and their caregivers, and/or Ombudsman flyers about the LTC Ombudsman program or long-term care issues. The anticipated outcome is the targeted population will obtain knowledge of services provided to assist with their unmet needs. The measurement for this outcome will be the number of participants reached and number of engagements attended. This objective will remain ongoing to ensure older adults and caregivers are informed about social services and other information and constantly reach the greatest number of people as possible.	July 2024 to June 2028	Admin III B III E VII Outreach Information and Assistance	Cont
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Objective 2.2 AAA staff will utilize social media to ensure coverage of Older Adults Services through Information and Assistance as well as knowledge of specific services provided by the AAA and its subrecipients. The anticipated outcome of this objective is to promote access and utilization of programs and services in the county and increase the number of people accessing Information and Assistance. The outcome will be measured by the number of calls and number of referrals. This objective continues from year to year for the targeted population to maintain yearly access to older adult services.	July 2024 to June 2028	Admin III B	Cont
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Objective 2.3 AAA staff will provide outreach and public information that are inclusive of all populations and target populations such as people with greatest economic and social needs, LGBTQI+, people living with HIV, and caregivers coping with the impact of Alzheimer's Disease or Dementia. The anticipated outcome for this objective is that access to services will be user-friendly for all resulting in referrals through Information and Assistance. The outcome will be measured by the type of outreach events/fairs attended and content of the materials. This objective continues from year to year to maintain consistency in the provision of services.	July 2024 to June 2028	Admin III B VII Outreach Information and Assistance	Cont
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Goal Number 3 Ensure the integrity of the AAA as a separate entity.			
Rationale The San Joaquin Area Agency on Aging, as an organizational entity within the consolidated San Joaquin County Human Services Agency (HSA) will retain its autonomy with respect to internal budgetary control, access to the Board of Supervisors via the Advisory Commission, direct provision of Information and Assistance, Ombudsman, Administration of Older Americans Act subcontractor services, state-funded programs, and clear community accessibility.			

Objective 3.1 In 2012, San Joaquin County's Board of Supervisors adopted Delegated Authority, a process which streamlines administrative functions by allowing the Director and/or Deputy Director to sign certain agreements, administrative contract changes and Area Plan Updates. The Area Agency on Aging, however, will continue to seek approval from The Board of Supervisors. AAA fiscal support staff will continue the preparation of a separate budget unit from Aging and Community Services. The anticipated outcome is that preparation of a separate budget unit ensures autonomy with respect to internal budgetary control and access to the Board of Supervisors via annual budget hearings. This objective will be measured by fiscal review of the separate budget unit on a yearly basis. This objective continues from year to year to maintain the integrity of the AAA as a separate entity.	July 2024 to June 2028	Admin	Cont
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Objective 3.2 The AAA fiscal support staff will provide continuing fiscal technical assistance to all subcontractors. The anticipated outcome is that subcontractors will gain an understanding of budget development, monthly reports, and audit requirements and will be measured by an ongoing fiscal review. This objective continues from year to year to assist contractors to maintain good fiscal practices.	July 2024 to June 2028	Admin	Cont
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Objective 3.3 The Aging Program Coordinator will monitor all contracted service providers with ongoing desk reviews and will meet with contracted service providers and as applicable observe activities. The Commission on Aging will be invited to participate in the monitoring site visit. The anticipated outcome is to ensure compliance with service objectives, performing adequately and according to the contracts and guide each contract provider in efforts to reach and serve older adults most in need. This will be measured by review of programmatic practices, and monthly tracking of services units provided by the department and compared to the stated goals and objectives. This objective continues from year to year to maintain compliance and guidance for contractors.	July 2024 to June 2028	Admin	Cont
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Objective 3.4 AAA staff will provide HICAP services through a multiple planning and service area agreement. AAA will maintain a contract with a managing AAA and assist as needed. The anticipated outcome is that older adults will benefit from HICAP services. This will be measured by the percentage of partner meetings attended and number of people served. This objective continues from year to year to maintain HICAP services in the service area.	July 2024 to June 2028	HICAP	Cont
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Goal Number 4
Maintain the Family Caregiver Support Program as an integrated program essential to meet the needs of the caregiver to enable continued care of the care receiver.
Rationale Historically, our society has focused on the needs of the care receiver, and the needs of the caregiver have been overlooked. The Family Caregiver Support Program acknowledges the demands placed on the caregiver and the need for support services that are vital to the well-being and effective functioning of the informal caregiver.

Objective 4.1	July 2024 to June 2028	Admin III E Information Services Information and Assistance	Cont
AAA staff and contracted agency staff will provide information and assistance and information services in efforts to increase accessibility to caregiver services. The anticipated outcome is that caregiver services will be utilized. The outcome will be measured by the number of calls and referrals to caregiver services during the year. This objective continues from year to year to maintain accessibility to caregiver services.			

Objective 4.2	July 2024 to June 2028	Admin III E Caregiver: Case Management Respite: In-Home Other Out-of-Home Day Care Assistive Technologies Consumable Supplies Legal Consultation	Cont
AAA will offer caregiver case management, various respite services and supplemental services. The anticipated outcome is that caregivers will be able to better care for their care recipients and themselves. Assistive technology will be provided direct by the AAA. Legal consultation and out-of-home day care will be provided through subrecipients and vendors. This will be measured by the number of units of service provided to caregivers. This objective continues from year to year to positively impact the lives of the caregivers.			

Goal Number 5 Promote and develop programs that prevent and provide alternatives to institutionalization and ensure optimum efficiency and effective delivery of services to those in the greatest need.
Rationale Many older adults in San Joaquin County (SJC) have been affected by increases in general living expenses. The economic impact has resulted in increased risk of institutionalization of elders who are low income, minority, frail, disabled, and socially or physically isolated. Included in the mission of the SJC AAA is to protect the quality of life in older adults and persons with functional impairments. The Older Americans Act (OAA), as amended in 2024, mandates that programs funded through the Act target certain populations, including low income, minority, disabled, frail, socially isolated, etc. older adults, and their caregivers. The OAA places special emphasis on the needs of these special populations.

Objective 5.1 The Aging Program Coordinator will meet with OAA Title III providers and direct service staff annually to discuss the potential of expansion of services and/or possible development of innovative services within their programs designed to support health, dignity, and independence of older adults who are low income, a minority population with limited English-speaking skills, the disabled, LGBTQI+, and people living with HIV and ensure outreach activities targets emphasized populations. The anticipated outcome is that providers and implemented programs can most effectively and efficiently serve older adults with the greatest needs and will be measured by the amount of participation of at-risk individuals. This objective continues from year to year to maintain assurance of services which meet the needs of the population.	July 2024 to June 2028	Admin	Cont
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Objective 5.2 AAA staff will continue to use contract language related to targeting special populations to ensure subcontractors efforts reach and serve older adults who are in the greatest need. The anticipated outcome of this objective is that at-risk populations will be targeted for services and will be measured by the demographics of participants. This objective continues from year to year to ensure vulnerable populations have access to services.	July 2024 to June 2028	Admin	Cont
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Objective 5.3 In an effort to keep at-risk individuals from being institutionalized prematurely and/or to reduce malnutrition, AAA staff will provide direct services to older adults. The anticipated outcomes of these services are that older adults will be able to live at home as independently as possible and be well nourished. This outcome will be measured by the number of units of services provided of direct services. The objective continues from year to year to assist older adults to continue to remain at home.	July 2024 to June 2028	Admin III B: Personal Care Homemaker Case Management Comprehensive Assessment Transportation Cash Material Aid Health Respite Telephone Reassurance Residential repairs/ modifications III C: Meals Congregate Home Delivered Nutrition Education	Cont
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Objective 5.4 In an effort to keep at risk individuals from being institutionalized prematurely, AAA staff will provide the File of Life and Freedom Alerts. The anticipated outcome is those in need of emergency intervention will have all medical concerns in one easily accessible location ultimately supporting easier and more efficient emergency medical response. This will be measured by the number of units provided. The objective continues from year to year as new older adults will need disaster preparedness and home security.	July 2024 to June 2028	Admin III B Disaster Preparedness Materials Personal/ Home Devices	Cont
Objective 5.5 In an effort to keep at risk individuals from being institutionalized prematurely, the AAA will provide residential repairs and modifications of homes and durable medical equipment, such as transfer benches, grab bars, raised toilet seats and other related medical equipment that are not available under other programs. The anticipated outcome is that older adults will be able to safely remain at home and will be measured by the number of modifications and equipment provided. The objective continues from year to year as there are new individuals from the target population on an ongoing basis that will need minor repairs/renovations and equipment to meet safety and health issues, and code standards.	July 2024 to June 2028	Admin III B Residential Repairs/ Modifications	Cont
Objective 5.6 In an effort to ensure older adults and their caregivers receive legal services, AAA will establish subrecipient agreement(s) for a partner(s) to provide the services. The anticipated outcome is older adults and their caregivers will continue to live independently in a safe environment, have access and benefit from programs available to them, and have peace of mind regarding their assets and health. This will be measured by the number of hours provided in legal services. This objective continues from year to year as the need for legal services is ongoing.	July 2024 to June 2028	Admin III B Legal Assistance III E Legal Consultation	Cont
Objective 5.7 AAA staff will establish subrecipient agreement(s) for a partner(s) to provide health promotion. The anticipated outcome is that the participant will have a positive outcome through an evidence-based program. For example, HomeMeds assures participants are taking the correct medication. This will be measured by a satisfaction survey. The objective continues from year to year as medication intake reassurance is ongoing.	July 2024 to June 2028	Admin III D	Cont

SECTION 8. SERVICE UNIT PLAN (SUP)**TITLE III/VII SERVICE UNIT PLAN
CCR Article 3, Section 7300(d)**

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

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

1. Report on the units of service to be provided with **ALL regular AP funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VII. Only report services provided; others may be deleted.
2. A written justification is required for service unit decrease greater than 10%: Citation: CDA Program Guide, Section 4.4.(1) Scope of Work

Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	2,377 hours	5	5.3
2025-2026	2,377 hours	5	5.3
2026-2027	2,377 hours	5	5.3
2027-2028			

Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	9,656 hours	5	5.3
2025-2026	9,656 hours	5	5.3
2026-2027	9,656 hours	5	5.3
2027-2028			

Chore (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	25 hours	5	5.3
2025-2026	25 hours	5	5.3
2026-2027	0 hours	5	5.3
2027-2028			

Note: This service has not been requested in the last least three years.

Adult Day Care/ Adult Day Health (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	7,500 hours	5	5.3
2025-2026	0 hours	--	--
2026-2027	0 hours	--	--
2027-2028			

Case Management (Access)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	2,000 hours	5	5.3
2025-2026	2,000 hours	5	5.3
2026-2027	2,000 hours	5	5.3
2027-2028			

Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	100 one-way trips	5	5.3
2025-2026	50 one-way trips	5	5.3
2026-2027	300 one-way trips	5	5.3
2027-2028			

Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	12,000 contacts	2	2.1, 2.2, 2.3
2025-2026	7,600 contacts	2	2.1, 2.2, 2.3
2026-2027	5,500 contacts	2	2.1, 2.2, 2.3
2027-2028			

Note: Contacts projection is decreased because of improved reporting methodology that allows the PSA to capture I&A contacts only for Older Americans Act services to prevent reporting data from callers utilizing I&A as a general county I&A resource.

Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	1,500 contacts	2	2.1, 2.3
2025-2026	1,100 contacts	2	2.1, 2.3
2026-2027	1,100 contacts	2	2.1, 2.3
2027-2028			

Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	3,600 hours	5	5.6
2025-2026	2,700 hours	5	5.6
2026-2027	1,400 hours	5	5.6
2027-2028			

Note: New subrecipient unit rate more than doubled due to attorneys providing legal assistance.

Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	74,700 meals	5	5.3
2025-2026	74,700 meals	5	5.3
2026-2027	74,700 meals	5	5.3
2027-2028			

Home-Delivered Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	95,000 meals	5	5.3
2025-2026	95,000 meals	5	5.3
2026-2027	95,000 meals	5	5.3
2027-2028			

Nutrition Education

Unit of Service = 1 session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	12 sessions	5	5.3
2025-2026	12 sessions	5	5.3
2026-2027	24 sessions	5	5.3
2027-2028			

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

- Each **Title IIIB** “Other” service must be an approved OAAPS Program service listed on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.
- Identify **Title IIIB** services to be funded that were not reported in OAAPS categories. (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 Device, Registry, Senior Center Activities, and Senior Center Staffing

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

Cash Material Aid**Unit of Service = 1 assistance**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	120 assistances	5	5.3
2025-2026	120 assistances	5	5.3
2026-2027	120 assistances	5	5.3
2027-2028			

Comprehensive Assessment**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	0 assistance	5	5.3
2025-2026	45 hours	5	5.3
2026-2027	312 hours	5	5.3
2027-2028			

Disaster Preparedness Materials**Unit of Service = 1 product**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	1,200 products	5	5.4
2025-2026	1,200 products	5	5.4
2026-2027	6,000 products	5	5.4
2027-2028			

Health**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	1,200 hours	5	5.3
2025-2026	1,200 hours	5	5.3
2026-2027	1,328 hours	5	5.3
2027-2028			

Personal/Home Devices**Unit of Service = 1 device**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	0 devices	5	5.4
2025-2026	6 devices	5	5.4
2026-2027	30 devices	5	5.4
2027-2028			

Public Information**Unit of Service = 1 activity**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	22 activities	2	2.1, 2.3
2025-2026	24 activities	2	2.1, 2.3
2026-2027	24 activities	2	2.1, 2.3
2027-2028			

Residential Repairs/Modifications**Unit of Service = 1 modification**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	10 modifications	5	5.5
2025-2026	100 modifications	5	5.5
2026-2027	260 modifications	5	5.5
2027-2028			

Respite Care**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	1,200 hours	5	5.3
2025-2026	1,200 hours	5	5.3
2026-2027	1,200 hours	5	5.3
2027-2028			

Telephone Reassurance**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	6,310 contacts	5	5.3
2025-2026	2,910 contacts	5	5.3
2026-2027	2,910 contacts	5	5.3
2027-2028			

4. Title IIID/Health Promotion—Evidence-Based

- Provide the specific name of each proposed evidence-based program.

Evidence-Based Program Name(s): HomeMeds**Unit of Service = 1 session**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	575 contacts	5	5.7
2025-2026	428 sessions	5	5.7
2026-2027	428 sessions	5	5.7
2027-2028			

TITLE IIIB and TITLE VII: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

2024-2028 Four-Year Planning Cycle

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

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

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

Complete all Measures and Targets for Outcomes 1-3.

Outcome 1.

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

Measures and Targets:

A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition). The average California complaint resolution rate for FY 2022-2023 was 52%.

Fiscal Year Baseline Resolution Rate	# of partially resolved or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	315	447	70%	<u>75%</u> 2024-2025
2023-2024	317	424	75%	<u>75%</u> 2025-2026
2024-2025	66	92	72%	<u>75%</u> 2026-2027
2026-2027				<u> </u> % 2027-2028

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>113</u> FY 2024-2025 Target: <u>125</u>
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended <u>177</u> FY 2025-2026 Target: <u>200</u>
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended <u>228</u> FY 2026-2027 Target: <u>230</u>
5. FY 2025-2026 Baseline: Number of Resident Council meetings attended ____ FY 2027-2028 Target: _____

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

1. FY 2022-2023 Baseline: Number of Family Council meetings attended <u>3</u> FY 2024-2025 Target: <u>3</u>
2. FY 2023-2024 Baseline: Number of Family Council meetings attended <u>3</u> FY 2025-2026 Target: <u>1</u>
3. FY 2024-2025 Baseline: Number of Family Council meetings attended <u>0</u> FY 2026-2027 Target: <u>1</u>
4. FY 2025-2026 Baseline: Number of Family Council meetings attended ____ FY 2027-2028 Target: _____

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

1. FY 2022-2023 Baseline: Number of Instances <u>247</u> FY 2024-2025 Target: <u>275</u>
2. FY 2023-2024 Baseline: Number of Instances <u>661</u> FY 2025-2026 Target: <u>450</u>
3. FY 2024-2025 Baseline: Number of Instances <u>509</u> FY 2026-2027 Target: <u>510</u>
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____

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

1. FY 2022-2023 Baseline: Number of Instances <u>623</u> FY 2024-2025 Target: <u>650</u>
2. FY 2023-2024 Baseline: Number of Instances <u>983</u> FY 2025-2026 Target: <u>990</u>
3. FY 2024-2025 Baseline: Number of Instances <u>968</u> FY 2026-2027 Target: <u>990</u>
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____

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

1. FY 2022-2023 Baseline: Number of Sessions <u>9</u> FY 2024-2025 Target: <u>10</u>
2. FY 2023-2024 Baseline: Number of Sessions <u>2</u> FY 2025-2026 Target: <u>10</u>
3. FY 2024-2025 Baseline: Number of Sessions <u>9</u> FY 2026-2027 Target: <u>10</u>
4. FY 2025-2026 Baseline: Number of Sessions _____ FY 2027-2028 Target: _____

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

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

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, state-wide, or even national in scope. (Examples: Work with LTC facilities to improve pain relief or increase access to oral health care, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.) Be specific about the actions planned by the local LTC Ombudsman Program.
Enter information in the relevant box below.

FY 2024-2025
FY 2024-2025 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) Systems Advocacy in FY 2024-2025 will focus on improving conditions in facilities county-wide by providing training to facility staff in Skilled Nursing Facilities and Residential Care Facilities on topics such as Resident to Resident Aggression, Elder Abuse/Mandated Reporting, and Residents' Rights. The Ombudsman will also partner with Adult Protective Services to re-vamp the bi-monthly Multi-Disciplinary Team (MDT) meetings, which will include evaluation of current design and effectiveness, development of new tools for confidentiality agreements, presentations/discussions, and an accountability process to create a communication loop for updates and outcomes; expanded outreach methods and recruitment of new members. The partnership and re-vamp will strengthen collaboration with other agencies to improve services for long-term care residents. These activities are aligned with Goal 1, Objective 1.2.

FY 2025-2026

Outcome of FY 2024-2025 Efforts:

Ombudsman Social Worker is developing several training courses: Resident's Rights, Mandated Reporting, Role of the Ombudsman, and Resident Aggression. Trainings can be scaled from 20-40 minutes depending on the request of the facility. A tracking system has been developed to ensure that all facilities will be offered the trainings, including number of attendees.

Based on prior Multi-Disciplinary Team (MDT) trainings, the FY 24-25 MDT meetings included a revamped confidentiality agreement, agenda, and tracking spreadsheet to document follow up actions developed in meetings and to support the communication loop. A survey was developed for MDT members to provide feedback about the MDT structure, purpose, effectiveness, and areas for improvement. The Ombudsman Coordinator facilitated a review of the survey responses and discussion amongst the members in order to implement suggested changes. In addition, the Ombudsman Coordinator and APS Supervisor attended an MDT convening in February 2025 to gain more knowledge and skills for further developing a successful and effective MDT.

FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

Systems Advocacy in FY 2025-2026 will focus on providing Community Education to promote awareness and visibility of Ombudsman Services. Presentations will be targeted towards organizations comprised of older adults / service organizations, such as Rotary clubs, etc. Conduct training to hospital Social Workers about updated Mandated Reporting requirements that include abuse reporting to law enforcement, licensing agencies and the LTC Ombudsman.

FY 2026-2027

Outcome of FY 2025-2026 Efforts: Systems Advocacy Efforts during FY 2025-2026 consisted of several community education presentations, such as the Adult Protective Services Multi-Disciplinary Team, which included professionals from various agencies and disciplines including Law Enforcement, Probation, Homeless Shelters, Public Guardian/Conservator, community-based case management organizations, PACE providers, Health Care Social Workers, Behavioral Health, Regional Center, and others. In addition, educational sessions were provided to staff from In Home Supportive Services and to seniors and community members at a local Senior Center in the City of Manteca. The program also conducted outreach and successfully schedule presentations at two memory care facilities to happen in FY 2026-2027. The outcome of these presentations led to awareness of the Ombudsman Program to a diverse population of service providers, professionals, seniors and other community members.

Although the program was not successful in training Hospital Social Workers, the program was able to provide education and participate in mandated reporter training in partnership with Adult Protective Services to the Stockton Police Department as part of their Departmental mandatory training for officers, wherein both seasoned and new officers were informed about the program. Training focused on the Ombudsman program, role of the LTC Ombudsman in facilities, and brochures were provided.

FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) The Ombudsman Coordinator will be an active participant in the California Long Term Care Ombudsman Association (CLTCOA) legislative subcommittee to provide insight and recommendations for State and Federal legislative advocacy efforts. In addition, the Coordinator will provide information and feedback to the County Welfare Director's Association (CWDA) legislative committee regarding State legislation that may impact facility residents and/or have a nexus with adult and older adult social services programs.

FY 2027-2028

Outcome of 2026-2027 Efforts:

FY 2027-2028 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

Outcome 2.

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

Measures and Targets:

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

1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 25 divided by the total number of Nursing Facilities 26 = Baseline 96%

FY 2024-2025 Target: 80%

2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 23 divided by the total number of Nursing Facilities 25 = Baseline 92%

FY 2025-2026 Target: 85%

3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 24 divided by the total number of Nursing Facilities 25 = Baseline 96%

FY 2026-2027 Target: 96%

4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ %
FY 2027-2028 Target: _____

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 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 87 divided by the total number of RCFEs 105 = Baseline 83%
FY 2024-2025 Target: 75%

2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 82 divided by the total number of RCFEs 111 = Baseline 74%
FY 2025-2026 Target: 75%

3. FY 2024-2025 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 90 divided by the total number of RCFEs 122 = Baseline 74%
FY 2026-2027 Target: 75%

4. FY 2025-2026 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ %
FY 2027-2028 Target: _____

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

1. FY 2022-2023 Baseline: 3.75 FTEs
FY 2024-2025 Target: 3.5 FTEs

2. FY 2023-2024 Baseline: <u>3.75</u> FTEs FY 2025-2026 Target: <u>3.75</u> FTEs
2. FY 2024-2025 Baseline: <u>3</u> FTEs FY 2026-2027 Target: <u>4</u> FTEs
4. FY 2025-2026 Baseline: _____ FTEs FY 2027-2028 Target: _____ FTEs

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>17</u> FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <u>20</u>
3. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers <u>20</u> FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers <u>22</u>
4. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers <u>23</u> FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers <u>23</u>
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____

Outcome 3.

Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2020, Section 712(c)]

Measures and Targets:

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

Some examples could include:

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

Fiscal Year 2024-25

In order to increase accuracy and consistency with documentation, SJC Ombudsman will conduct training to Staff and Volunteers on topics such as writing case notes and documenting Resident consent. The Ombudsman will also create new job aids covering intake procedures based on anticipated changes and guidance from the State Long Term Care Ombudsman.

Fiscal Year 2025-2026

In order to create consistency with data reporting, the SJC Ombudsman Coordinator will revise the written guidelines for SOC 341 intake processing based on new consent protocols. The written guideline will include protocols for contacting hospital reporting parties, and based on the resident's status, the guideline will provide next steps such as reports for residents who are hospitalized and will not return to the facility. The new protocol will require Ombudsman to contact the reporting party to encourage a cross report to Licensing, or to the responsible party for consent to cross report to Licensing. The protocol will also incorporate providing education on Mandated Reporter Guidelines via a flow chart based on AB 1417. This revision will increase consistent data reporting.

Fiscal Year 2026-2027

In order to streamline data entry and increase timely documentation of complaints into ODIN, the SJC Ombudsman Coordinator will train intake staff and expand utilization of the Assignment tab in ODIN. Complaints will be entered at the intake stage and updated after the resident has been contacted, at which time the complaint type will be classified as either a case or an information and assistance. Expanded use of the Assignment tab will ensure follow-up occurs as timeframe milestones are triggered when complaints are not updated.

Fiscal Year 2027-2028

TITLE VII ELDER ABUSE PREVENTION
SERVICE UNIT PLAN

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

☐	Ombudsman Program
☐	Legal Services Provider
☒	Adult Protective Services
☐	Other (explain/list)

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

Units of Service categories include public education sessions, training sessions for professionals, training sessions for caregivers served by a Title III E Family Caregiver Support Program, educational materials distributed, and hours of activity spent developing a coordinated system 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 2020, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Number of Individuals Served** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

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TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

The agency receiving Title VII Elder Abuse Prevention funding is: San Joaquin County

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	400	400	400	
Public Education Sessions	3	3	3	
Training Sessions for Professionals	5	5	5	
Training Sessions for Caregivers served by Title III E	10	10	0	
Hours Spent Developing a Coordinated System	75	75	75	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	300	Elder abuse and/or mandated reporter
2025-2026	400	Elder abuse and/or mandated reporter
2026-2027	400	Elder abuse and/or mandated reporter
2027-2028		

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

The Title III E Service Unit Plan (SUP) uses the five federally mandated service categories below that encompass 16 subcategories. Refer to the [CDA Service Categories and Data Dictionary](#) for eligible activities and service unit measures:

1. Access Services
2. Information Services
3. Respite Services
4. Supplemental Services
5. Support Services

At least one sub-service category should be provided for each of the five federally mandated service categories. The availability of services for Older Relative Caregivers (ORC) are dependent upon the AAAs individual needs assessment and public hearings.

Use the tables for each service provided and must include the following:

- Specify proposed audience size or units of service for all budgeted area plan funds.
- Providing an associated goal and objective from **Section 7 Area Plan Narrative Goals and Objectives**.

Direct and/or Contracted III E Services – Caregivers of Older Adults (COA)

Provided to family caregivers of adults aged 60 and older or of individuals of any age with Alzheimer's diseases or a related disorder. All service unit reductions of greater than ten percent (10%) from prior Fiscal Year require written justification and approval from CDA.

Direct and/or Contracted III E Services

CATEGORIES (16 total)	1	2	3
Caregivers of Older Adults (COA)	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
COA Caregiver Access Case Management	Total hours	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	875	4	4.2
2025-2026	1,200	4	4.2
2026-2027	1,200	4	4.2
2027-2028			
COA Caregiver Access Information & Assistance	Total Contacts	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	5,450	4	4.1
2025-2026	5,940	4	4.1
2026-2027	2,400	4	4.1
2027-2028			

COA Caregiver Information Services	# Of activities and Total est. audience (contacts) for above:	Required Goal #(s)	Required Objective #(s)
2024-2025	# Of activities: 22 Total est. audience (contacts): 500	4	4.1
2025-2026	# Of activities: 24 Total est. audience (contacts) for above:8,000	4	4.1
2026-2027	# Of activities: 24 Total est. audience (contacts) for above: 4,200	4	4.1
2027-2028	# Of activities and Total est. audience (contacts) for above:		
COA Caregiver Support Training	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	200	4	4.2
2025-2026	0		
2026-2027	0		
2027-2028			
COA Caregiver Support Groups	Total sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	6	4	4.2
2025-2026	0		
2026-2027	0		
2027-2028			
COA Caregiver Respite In-Home	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	2,200	4	4.2
2025-2026	3,578	4	4.2
2026-2027	2,900	4	4.2
2027-2028			
COA Caregiver Respite Out-of-Home Day Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	22,500	4	4.2
2025-2026	30,000	4	4.2
2026-2027	30,000	4	4.2
2027-2028			

COA Caregiver Respite Other	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	2,300	4	4.2
2025-2026	752	4	4.2
2026-2027	1,100	4	4.2
2027-2028			
COA Caregiver Supplemental Services Legal Consultation	Total contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	575	4, 5	4.2, 5.6
2025-2026	0	4, 5	4.2, 5.6
2026-2027	219	4, 5	4.2, 5.6
2027-2028			
COA Caregiver Supplemental Services Consumable Supplies	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	35	4	4.2
2025-2026	35	4	4.2
2026-2027	35	4	4.2
2027-2028			
COA Caregiver Supplemental Services Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	30	4	4.2
2025-2026	16	4	4.2
2026-2027	15	4	4.2
2027-2028			

Note: Legal Consultation – reflects the results of the RFP launched during FY 26.

Note: Caregiver Information & Assistance - Contacts projection is decreased because of improved reporting methodology.

Note: Public Information - Contacts projection is decreased because of improved reporting methodology.

Note: In-Home - Decreased hours due to increased unit rate.

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

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

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

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

STATE & FEDERAL PERFORMANCE TARGETS: HICAP is assessed based on State and Federal Performance Measures. AAAs should complete the service unit plan with targets that meet or improve on each PM.

Contact CDA.HICAP@aging.ca.gov for guidance on annual HICAP performance measure targets and definitions

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

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

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

SECTION 1: STATE PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	409	3.4
2025-2026	409	3.4
2026-2027	333	3.4
2027-2028		
HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	17	3.4
2025-2026	17	3.4
2026-2027	12	3.4
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	2,820	3.4
2025-2026	2,820	3.4
2026-2027	1,116	3.4
2027-2028		
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	1,219	3.4
2025-2026	1,219	3.4
2026-2027	590	3.4
2027-2028		
HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	384	3.4
2025-2026	384	3.4
2026-2027	172	3.4
2027-2028		

HICAP Fiscal Year (FY)	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	346	784	0	1,089	3.4
2025-2026	346	784	0	1,089	3.4
2026-2027	346	231	0	115	3.4
2027-2028					
HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)			Goal Numbers	
2024-2025	3,548			3.4	
2025-2026	3,548			3.4	
2026-2027	1,116			3.4	
2027-2028					

Note: The Minimum Target Penetration count provided.

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

HICAP Fiscal Year (FY)	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2024-2025		
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025		
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025		
2025-2026		
2026-2027		
2027-2028		

SECTION 9. SENIOR CENTERS & FOCAL POINTS**COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST**

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), Older Americans Act Reauthorization Act of 2020, Section 306(a) and 102(21)(36)

In the form below, provide the current list of designated community senior centers and focal points with addresses.

Designated Community Focal Point	Address
Arnold Rue Community Center	5758 Lorraine Avenue, Stockton
Boggs Tract Community Center	533 S. Los Angeles, Stockton
El Concilio California	445 N. San Joaquin Street, Stockton
Garden Acres Community Center	607 Bird Avenue, Stockton
Jene Wah, Inc.	238 E. Church Street, Stockton
Kennedy Community Center	2800 S. D Street, Stockton
Larch Clover Community Center	11157 Larch Road, Tracy
Lodi Community Center	415 S. Sacramento Street, Lodi
Lodi Memorial – Adult Day Care	125 S. Hutchins Street, Lodi
Northeast Community Center	2885 E. Harding Way, Stockton
Stribley Community Center	1760 E. Sonora Street, Stockton
Taft Community Center	389 W. Downing Avenue, Stockton
Thornton Community Center	26675 N. Sacramento Blvd, Thornton
Van Buskirk Community Center	1740 Houston Avenue, Stockton
Lathrop Senior Center	15557 Fifth Street, Lathrop
LOEL, Inc.	105 S. Washington Street, Lodi
Lolly Hansen Senior Center	975 E. 9 th Street, Tracy
Manteca Senior Center	295 Cherry Lane, Manteca
Oak Park Senior Center	730 E. Fulton Street, Stockton
Ripon Senior Center	433 S. Wilma Street, Ripon
Ursula Meyer Community Center	1461 E Morada Lane, Stockton

Senior Center	Address
Lathrop Senior Center	15557 Fifth Street, Lathrop
LOEL, Inc.	105 S. Washington Street, Lodi
Lolly Hansen Senior Center	975 E. 9 th Street, Tracy
Manteca Senior Center	295 Cherry Lane, Manteca
Oak Park Senior Center	730 E. Fulton Street, Stockton
Ripon Senior Center	433 S. Wilma Street, Ripon

SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM

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

Based on the AAA's needs assessment and subsequent review of current support needs and services for **family caregivers**, indicate what services the AAA **intends** to provide using Title III-E and/or matching FCSP funds for both. This must be completed and updated annually.

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

Caregiver of Older Adult (COA) Services

Provided to family caregivers of adults aged 60 and older or of individuals of any age with Alzheimer's diseases or a related disorder

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

Note: Caregiver Supplemental shows Legal Consultation checked as it pertains to 2024-2025 "Yes Contract". 2025-2026 "Yes Contract" has been unchecked as no contract has been signed.

Older Relative Caregiver Services

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

Justification: If any of the five main categories are **NOT** being provided please explain how the need is already being met in the PSA. If the justification information is the same, multiple service categories can be grouped in the justification statement. The justification must include the following:

1. **Provider name and address.**
1. **Description of the service(s) they provide (services should match those in the CDA Service Category and Data Dictionary**
3. **Where is the service provided (entire PSA, certain counties)?**
4. **How does the AAA ensure that the service continues to be provided in the PSA without the use of Title IIIIE funds**

Note: The AAA is responsible for ensuring that the information listed for these organizations is up to date. Please include any updates in the Area Plan Update process.

III E Family Caregiver Support

The services are provided independently of AAA funding, through community based organizations through their own funding mechanism. Several of these agencies are listed in our Information and Assistance Resource Directory as a non OAA community-based organization. The AAA updates the I&A resource directory annually. During this process, the AAA contacts the agency to confirm information is still accurate and up-to-date. Caregivers will be provided with the below resources that will be updated as needed.

Del Oro Caregiver Resource Center

www.deloro.org / Phone: 916 728-9333

This agency offers in-person and online support groups and online evidence based training through Powerful Tools for Caregivers. Other resources provided are: a) Tip Sheets with information on caring for older adults and for the caregiver, b) Fact sheets with information on caregiving issues (long distance caregiving, grief and loss, etc.), c) Caregiver Resources with information provided on LTC options, health, and legal (advanced directives, conservatorships and guardianships, etc.), and d) online-based events.

Alzheimer's Association

www.alz.org / Phone 1800 272-3900

This agency offers help and support by providing information for caregivers on different stages of caregiving, caregiver healthy, safety, etc. Examples of resources are: a) ALZ Talks which are webinars on various caregiving topics, b) Community Resource Finder that offers phone/webinar-based learning on various topics e.g. Understanding Alzheimer's and Dementia, Communicating Effectively, and c) trainings. Resources available in Spanish and Mandarin.

California Resource Center

www.caregivercalifornia.org / Phone: 916 728-9333

This agency offers resources such as videos, live steam classes, podcast, and virtual education events. List of upcoming events are offered in multiple languages, such as Spanish, Vietnamese. Topics include caregiver wellness, LTC, personal care, resources.

Family Caregiver Alliance

www.caregiver.org / Phone: 800.445.8106

This agency offers resources on health conditions, caregiving, and caring for self in various formats, such as: a) videos: Caregiver College Video Series (transfer skills, nutrition, dental care, bathing and dressing, toileting and incontinence, behavioral issues, and self-care), b) webinars: have a library of webinars on different caregiving topics, c) articles: variety of caregiving topics, and d) events: offer some classes. Resources available in Spanish, Chinese, Vietnamese, and Tagalog.

National Institute on Aging

<https://www.nia.nih.gov/health/caregiving> / Phone: 800-222-2225

This agency offers worksheets that provide information on caregiving responsibilities that can be downloaded or printed. Topics include home safety, medication management, and taking care of self.

CalGrows Training Courses

<https://gero.usc.edu/centers/fcsc/calgrows-training-courses> / Phone: (800) 540-4442

This agency offers 21 free online training courses to help develop caregiving skills. All courses are online and completed at own pace. Topics include dementia behavior care, finding strength when stressed, food fundamentals, housekeeping and more. Courses are available in Spanish and Mandarin.

III E Older Relative Caregiver Services

These services are and continue to be provided independently of AAA funding, by community based organizations, through their own funding mechanism. This agency is listed in our Information and Assistance Resource File as a non OAA community-based organization. The AAA updates the I&A resource directory annually. During this process, the AAA contacts the agency to confirm information is still accurate and up-to-date.

Child Abuse Prevention Council

540 N. California Street, Stockton, CA 95202

This agency offers Information Services, Access – Information and Assistance, Support – Support Groups, and Respite – Out of Home Day Care. We can refer older relatives of children in need of current information on opportunities and services available within their community; caregiver support resources and services; monthly support groups led by a trained individual; respite through their early childhood center-based childcare; and support to obtain guardianship of the children.

San Joaquin County Children's Services

333 E Washington Street, Stockton, CA 95202

This agency offers: Information Services, Access – Information and Assistance and Case Management, Supplemental – Other (Assessment), and Respite – Out of Home (Overnight). We can refer older relatives of children in need of current information on opportunities and services available with their community; caregiver assessment and case management based on the need of the caregiver, and respite through treatment services if child is in need.

San Joaquin Delta College Foster and Kinship Care Education Program

5151 Pacific Avenue, Stockton, CA 95207

This agency offers: Support Services—Support Group and Caregiver Training. This program is an education and support program for the Resource Family Approval Program that is administered by the San Joaquin County Human Services Agency and offers education classes and events, as well as, caregiver support groups to create a community of support to help families to create and continue offering welcoming and loving homes.

Wayfinder Family Services

747 N. Pershing Avenue, Stockton, CA 95203

This agency offers: Support Services—Counseling, Support Group, Respite In-Home, Respite Out-of-Home Day Care; Access –Information and Assistance, Information Services, and Legal Referrals. We can refer older relatives caregivers in need of the following: in-home support, counseling, support groups, respite resources, advocacy, information and referrals, legal referrals, workshops on guardianship, adoption assistance, family activities, play care, mentoring and assistance with basic emergency needs.

The services are provided for all residents of PSA 11.

SECTION 11. LEGAL ASSISTANCE

2024-2028 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act designates legal assistance as a priority service under Title IIIB. In this section, the AAA must provide information about how the AAA provides legal services within the PSA. This section must be completed and submitted annually by completing the required form.

CDA developed California Statewide Guidelines for Legal Assistance (Guidelines), which are to be used as best practices by CDA, Areas Agency on Aging (AAAs), and Legal Services Providers (LSPs) in the contracting and monitoring processes for legal services.

1. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? **Response:** The percentage of Title III B funding allocated to Legal Services based on the local needs assessment is 6-7%.
2. Does the LSP(s) in your area solicit voluntary contributions or donations from recipients? If yes, considering 42 U.S.C. § 3030c-2(b), please describe the manner in which the funds are solicited, and describe how the funds support the expansion of legal services in your PSA. **Response:** The LSP provides an opportunity for recipients of this program to give a voluntary contribution. This opportunity is indicated on site and through the case closing letter process. The LSP has an internal policy to review all donations and voluntary contributions to ensure that they are appropriately allocated to programs. For voluntary contributions received from Title IIIB clients, the funds are noted as income to the program and used within that fiscal year to expand legal services by covering the costs of the program, which permits more units of service to be provided. However, the total amount of voluntary contributions for legal services remains minimal.
3. Please indicate whether the AAA provides the LSP(s) a copy or link to the California Statewide Guidelines for Legal Assistance. How does the AAA monitor and/or support the LSP's implementation of the statewide guidelines? **Response:** The AAA provided the LSP with a copy of the California Statewide Guidelines for Legal Assistance. The AAA formally monitors the LSP's implementation of the statewide guidelines once every two years per CDA's MOU with the AAA, and informally on a monthly basis upon receipt of the units of service and conversations/emails as needed. If the LSP has a question regarding the implementation of the statewide guidelines, the LSP knows to reach out to AAA who will contact CDA for guidance if needed.
4. Please describe the partnership work between the AAA and the LSP(s) (e.g., quarterly meetings, coordinated outreach efforts, etc.)? Please identify any topics, priorities, and/or trainings addressed in your discussions. **Response:** FY 26 represented the first year of partnership with the current LSP. As such, the discussion topics were related to start up operations, and site outreach and engagement. Discussions occurred through phone call conversations, virtual meetings, and emails, and continue as the need arises. As part of the start-up, the AAA collaborated with the LSP by providing introductions and warm handoffs with the community sites where the services would be provided. The LSP also provided flyers outlining their services and ways to contact them which were then shared with the network of older adult service providers in the PSA. Routinely, the LSP's flyers are distributed at outreach events attended by the PSA's Information and Assistance staff. The priorities addressed were services that are highly utilized in PSA 11: Abuse/Neglect, Housing, Protective Services, and Other Consumer Issues, such as scams, fraud and financial exploitation.

5. What are the top four (4) legal areas the LSP(s) prioritizes in your PSA? Do the AAA and LSP(s) jointly work to identify the priority areas? **Response:** The top four priority legal issues in PSA 11 are Abuse/Neglect, Housing, Protective Services, and Other (Consumer issues), such as scams, fraud and financial exploitation. During the Area Plan development process, the AAA collaborates with the legal service provider to review and establish priority issues. Given that the service provider serves each person that asks for service, no one is denied regardless of falling outside the priority areas.
6. Please describe any trends or changes in your local needs over the past year(s). What resources (e.g., funding, education, training, etc.) have been allocated to accommodate any changes in the local needs or trends? **Response:** The PSA continues to observe the trend of social services and governmental agencies increasing usage of online models for conducting business, which presents a challenge for older adults and caregivers in the PSA. In order to address the ongoing need, the PSA will be allocating increased funding resources to offer two LSP models, both of which focus on priority areas and provide advice and limited representation; while one will also provide legal representation. The trend will be addressed through the increased advice and limited representation offered by two providers, rather than just one.
7. What are the target groups in your PSA? Do the AAA and LSP(s) jointly work to identify the target groups? **Response:** The target groups are the most vulnerable, those older adults with greatest economic need and greatest social need. The AAA and LSP jointly worked to identify locations to provide service where the target groups visit and where outreach would be most effective.
8. What methods of outreach is the LSP(s) using to reach the target groups? **Response:** The LSP utilizes multiple methods of outreach to reach the target groups. Each method of outreach has direct contact with providers that serve and/or the older individuals with the greatest economic need, social need, disability, and/or limited English-speaking ability. 1) contacts the AAA subrecipients and congregate meal sites, 2) maintains a presence by providing direct services at senior and community centers, 3) presents to various groups such as Commission on Aging and local organizations like Escalon Fun Bunch, and 4) connects with the aging provider network, such as Veteran Services, Adult Protective Services, HICAP, CalAIM community supports providers, Hospice of San Joaquin, Community Center for the Blind and Visually Impaired, Salvation Army, and HousingWORKS, and 5) receives referrals from the AAA Information and Assistance, Long Term Care Ombudsman, and Adult Protective Services regarding specific potential clients.
9. Discuss how older adults access legal services in your PSA and whether they can receive assistance remotely (e.g., virtual legal clinics, phone, U.S. Mail, etc.). **Response:** Older adults access legal services in-person, remotely and by phone. The LSP provides services throughout the county at senior and community centers, as well as in homes, hospitals and long term care facilities.
10. What are the barriers to accessing legal services in your PSA? Include proposed strategies for overcoming such barriers. **Response:** Barriers include lack of knowledge that free legal assistance is available and transportation for homebound individuals and those without reliable means of transportation to seek in-person services. To overcome the barrier of not knowing there is free legal assistance, the LSP conducts continuous outreach and the AAA provides referrals. Regarding transportation, the LSP provides direct service at senior and community centers throughout the county. For those who are unable to conduct business at

community sites, the LSP travels to older adults in need of assistance wherever they may be and also offers services by phone.

11.How many LSPs are in your PSA? Complete table below.

Fiscal Year	# of Legal Assistance Services Providers	Did the number of service providers change? If so please explain
2024-2025	One	No change
2025-2026	One	No change
2026-2027	Request for Application deadline is September 23, 2026	Request for Application deadline is September 23, 2026
2027-2028		

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

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	El Concilio California	San Joaquin County
2025-2026	El Concilio California Senior Advocacy Network	San Joaquin County
2026-2027	Request for Application deadline is September 23, 2026	San Joaquin County
2027-2028	a. b. c.	a. b. c.

13. What other organizations or groups does your LSP(s) coordinate services with? Please also address the AAA's coordination efforts with the Ombudsman program, the local Legal Services Corporation program, and the local Health Insurance Counseling and Advocacy program (HICAP). **Response:** The LSP coordinates services with Kennedy Community Center in Stockton, Lolly Hansen Senior Center in Tracy, the Manteca Senior Center in Manteca, LOEL Senior Center in Lodi, and Lathrop Senior Center in Lathrop. The LSP and these centers have an agreement for the LSP to provide direct services on site. The LSP is in communication with California Rural Legal Assistance which is the local Legal Services Corporation program. In addition, the LSP works with both Ombudsman and HICAP either with mutual clients or through referrals. The Ombudsman has initiated steps to execute a MOU with the LSP in FY 26.

SECTION 12. DISASTER PREPAREDNESS

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

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

The Disaster Preparedness Plan for Planning and Service Area 11 ensures the provision of critical services that will meet the emergency needs of older adults the Area Agency on Aging is charged to serve during medical or natural disaster, such as earthquakes, floods, or fires. The Area Agency on Aging Disaster Preparedness Plan has been written and developed in accordance with the Disaster Assistance Handbook for Area Agencies on Aging, Adult Day Health Care Centers, and Multi-purpose Older Adults Services Programs, prepared by the California Department of Aging. In an emergency, this Area Agency on Aging has the following objectives: to identify the disaster related needs of older persons; to provide an overview of the disaster response system; to provide an overview of the disaster planning stages; to provide guidance on initial response actions; to clarify the CBO's role in the recovery phase; to indicate the mitigation measures that CBOs can take; to identify procedures for reimbursement, and the provisions of additional resources.

Communications with the Office of Emergency Services will be critical in the case of a disaster in San Joaquin County. Cell phones will be used in the event land lines are disabled during the disaster and for practical logistics of the situation. If the disaster disables cell phone use, "walkie talkie" devices, currently used in County Departments for emergency drills, will be utilized. The Area Agency on Aging has a plan outlined to notify staff if a disaster should happen after hours, and the list shall outline which staff to notify in order of importance and task. In addition, the Area Agency on Aging shall maintain an external list of emergency agency numbers such as the fire department, law enforcement, and other disaster authorities of local government. Just as the Area Agency on Aging Disaster Plan folds into the larger County Disaster Plan, the County Disaster Plan will fold into the State Disaster Plan, as key players take their cues from the governor and other State officials. Local and County resources will be deployed as requested by the governing agency, which will depend on how widespread the impact of the disaster is.

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
Tiffany Cacho	Director, Emergency Operations	Office: 209-953-6200 Cell: Not available for public document.	tcacho@sjgov.org

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Richard Lott	Program Manager	Office: 209-468-1925 Cell: Not available for public document	rlott@sjgov.org

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

Critical Services	How Delivered?
Senior Nutrition	The meal providers have specifically stocked food that can be distributed during a disaster. Food in stock includes items that need minimal refrigeration and preparation and can be easily transported. Local community centers and churches provide locations where meals can be distributed. Home delivered meals participants receive shelf stable food in anticipation of a disaster meanwhile, until services can reach them.
Information	All provider agencies have direct contact with clients and will be invaluable in the distribution of information regarding the disaster, as well as the aftermath of the disaster. This flow of information will assist in minimizing the disruption of critical services as people are directed to locations and resources that will accommodate their needs.
In-Home Services (Homemaker and Personal Care)	Those most at risk will be identified so that responders can meet their needs in the most appropriate way. This identification will also assist in maintaining services with as little disruption as possible.

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

Critical Services	How Delivered?
After cyber attack	County Information Services Department will ensure online safety protocols have been restored and will inform staff of when emails and shared drives can be used. In the meantime, staff will communicate via telephone.
Evacuation of building due to fire, earthquake, or flood	Staff will follow safety protocols provided during orientation and during drills and will meet at a designated location. Staff will continue to provide client services at the clients' homes, by telephone, or at the focal point locations.
Pandemic	County would proceed to provide services through telephone, virtually, and to-go methodologies and with in-person services as needed with protective equipment and maintaining safe distance.

6. List critical resources the AAA need to continue operations.
 - Phone (regular and satellite) and internet services – utilities/batteries
 - Vehicles – fuel
 - Funds – ability to pay
7. List any agencies or private/non-government organizations with which the AAA has formal or nonformal emergency preparation or response agreements. (contractual or MOU)

The Area Agency on Aging has a close relationship with the service providers. The evaluation process to ensure providers have the ability to continue to provide services during and after a disaster is continuous. In addition, discussions during past provider meetings have been useful in identifying what kind of resources each provider already has in place. Discussions also led to partnerships between agencies to share resources should they have a need. Knowledge of this information, prior to a disaster, will better prepare both the Area Agency on Aging and the provider agencies. The Area Agency on Aging does not have an agreement with local tribal organizations. There is an absence of a tribal Title VI grantee in the county and the Bureau of Indian Affairs: Tribal Leadership Directory does not document a tribal government in San Joaquin County.

The Area Agency on Aging is a part of the county government, and key staff have been participating in a county wide disaster preparedness team. This team includes representation from fire departments, law enforcement, Emergency Services, Red Cross, and a variety of other responding organizations.

8. Describe how the AAA will:
 - Identify vulnerable populations:
 - Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, ETC)
 - Follow up with vulnerable populations after a disaster event.

The AAA will identify vulnerable populations and their possible needs before a disaster event through the client database, social workers, meal drivers, community centers, and by word of mouth. Follow up with vulnerable populations after a disaster event will occur through phone calls, home visits, meetings and gatherings at community centers.

9. How is disaster preparedness training provided?
 - AAA to participants and caregivers
 - To staff and subcontractors

Disaster preparedness training for AAA participants and caregivers is provided in multiple ways. Through disaster response kits and printed materials, and during home visits.

AAA and subcontractor staff receive disaster preparedness training during orientation. Also, AAA staff as part of the county's response team receive periodic training.

SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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

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

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

Check applicable direct services**Title IIIB**

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

Check each applicable Fiscal Year**24-25 25-26 26-27 27-28**

- ☒ ☒ ☒ ☐
☒ ☒ ☒ ☐
☒ ☒ ☒ ☐
☐ ☐ ☐ ☐
☐ ☐ ☐ ☐
☒ ☒ ☒ ☐

Title IIID

- ☐ Health Promotion – Evidence-Based

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

- ☐ ☐ ☐ ☐

Title IIIE⁸

- ☒ Information Services
☒ Access Assistance
☒ Support Services
☒ Respite Services
☒ Supplemental Services

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

- ☒ ☒ ☒ ☐
☒ ☒ ☒ ☐
☒ ☐ ☐ ☐
☒ ☒ ☒ ☐
☒ ☒ ☒ ☐

Title VII

- ☒ Long Term Care Ombudsman

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

- ☒ ☒ ☒ ☐

Title VII

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

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

- ☒ ☒ ☒ ☐

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

Target populations will be served throughout the PSA with the help of outreach materials, referrals by social workers and others in the field, and word of mouth. Services will be offered in all areas of the county as feasible to increase accessibility. Partnering with older adults centers, community centers, and other areas where older adults congregate will also help to ensure the target population is reached.

⁸ Refer to CDA Service Categories and Data Dictionary.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: Personal Care

Check applicable funding source:⁹

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ FY 24-25 ☒ FY 25-26 ☒ FY 26-27 ☐ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰: *We are requesting to provide Personal Care as a direct service in relationship with our direct Case Management services when our Social Worker, the case manager, identifies Personal Care as a needed service in the case plan and authorizes Personal Care carried out through a vendor.*

⁹ Section 15 does not apply to Title V (SCSEP).

¹⁰ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: Homemaker

Check applicable funding source:⁹

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ FY 24-25 ☒ FY 25-26 ☒ FY 26-27 ☐ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰: *We are requesting to provide Homemaker as a direct service in relationship with our direct Case Management services when our Social Worker, the case manager, identifies Homemaker as a needed service in the case plan and authorizes Homemaker carried out through a vendor.*

⁹ Section 15 does not apply to Title V (SCSEP).

¹⁰ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: Transportation

Check applicable funding source:⁹

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ FY 24-25 ☒ FY 25-26 ☒ FY 26-27 ☐ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰: *We are requesting to provide Transportation as a direct service to assure an adequate supply of service. Department Social Workers as well as community center and older adult center staff will be instrumental in the identification of those in need of transportation due to health issues.*

⁹ Section 15 does not apply to Title V (SCSEP).

¹⁰ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: **Congregate Meals**

Check applicable funding source:⁹

☐ IIIB

☒ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ FY 24-25 ☒ FY 25-26 ☒ FY 26-27 ☐ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰: *We are requesting to provide Congregate Meals as a direct service to assure an adequate supply of service. Since the AAA assumed responsibility for the majority of Congregate Meals in 2008, we have refined the operation and are now operating efficiently and effectively. The AAA also collaborates with two nonprofit agencies to provide congregational meals to specific populations. With this combination of direct and contracted service providers, we have established a successful model for serving all populations in the area in the best way possible. In the next RFP cycle, we will re-examine this model and consider all options.*

⁹ Section 15 does not apply to Title V (SCSEP).

¹⁰ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: Home Delivered Meals

Check applicable funding source:⁹

☐ IIIB

☐ IIIC-1

☒ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ FY 24-25 ☒ FY 25-26 ☒ FY 26-27 ☐ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰: *We are requesting to provide Home Delivered Meals as a direct service to assure an adequate supply of service. Since the AAA is embedded in County government, there are more resources available to ensure the older adults most in need are being served by the program. The Home Delivered Meal program is a program that requires extensive oversight and staff coordination. With the current financial challenges faced by many nonprofit agencies in San Joaquin County, the County is better able to absorb and spread the costs to ensure home delivered meals can be sustained at the current level. In the next RFP cycle, we will re-examine this model and consider all options.*

⁹ Section 15 does not apply to Title V (SCSEP).

¹⁰ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: Nutrition Education

Check applicable funding source:⁹

☐ IIIB

☒ IIIC-1

☒ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ FY 24-25 ☒ FY 25-26 ☒ FY 26-27 ☐ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰: *We are requesting to provide Nutrition Education as a direct service to assure an adequate supply of service. Since the AAA assumed responsibility for the majority of Congregate Meals in 2008 and currently provides Home Delivered Meals, we have refined the operation and are now operating efficiently and effectively. Nutrition Education is a component of the Congregate Meal and Home Delivered Meals program and has been provided along with the meals. The AAA also collaborates with two nonprofit agencies to provide congregate meals and Nutrition Education to specific populations. With this combination of direct and contracted service providers, we have established a successful model for serving all populations in the area in the best way possible. In the next RFP cycle, we will re-examine this model and consider all options.*

⁹ Section 15 does not apply to Title V (SCSEP).

¹⁰ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: Cash Material Aid

Check applicable funding source:⁹

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ FY 24-25 ☒ FY 25-26 ☒ FY 26-27 ☐ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰: *We are requesting to provide Cash Material Aid as a direct service to complement services provided through case management and other activities. Department Social Workers as well as community center and older adult center staff will be instrumental in the identification of those in need of cash/material aid.*

⁹ Section 15 does not apply to Title V (SCSEP).

¹⁰ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: Comprehensive Assessment

Check applicable funding source:⁹

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☐ FY 24-25 ☒ FY 25-26 ☒ FY 26-27 ☐ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰. *We are requesting to provide Comprehensive Assessment as a direct service to complement services provided through Residential Repairs/Modifications. AAA staff will be instrumental in the identification of fall prevention needs.*

⁹ Section 15 does not apply to Title V (SCSEP).

¹⁰ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: Disaster Preparedness Materials

Check applicable funding source:⁹

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ FY 24-25 ☒ FY 25-26 ☒ FY 26-27 ☐ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰: *We are requesting to provide Disaster Preparedness Materials as a direct service necessary to assure an adequate supply of service. Since the AAA is embedded in County government, we work with in house social workers, other county departments, and community organizations who have access to individuals in need of Disaster Preparedness Materials. The AAA has more resources to ensure this service is reaching hard to reach populations.*

⁹ Section 15 does not apply to Title V (SCSEP).

¹⁰ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: **Public Information**

Check applicable funding source:⁹

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ FY 24-25 ☒ FY 25-26 ☒ FY 26-27 ☐ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰. *We are requesting to provide Public Information as a direct service to assure an adequate supply of service. Historically, nonprofits in our area have a difficult time reaching the hard-to-reach populations (specifically, rural and homebound). Since the AAA is embedded in County government, staff has more resources to better reach the hard-to-reach populations.*

⁹ Section 15 does not apply to Title V (SCSEP).

¹⁰ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: **Residential Repairs/Modifications**

Check applicable funding source:⁹

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

☒ **FY 24-25** ☒ **FY 25-26** ☒ **FY 26-27** ☐ **FY 27-28**

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰: *We are requesting to provide Residential Repairs/Modifications as a direct service to assure an adequate supply of service, such as raised toilets, ramps, and other needed repairs and/or modifications. By providing Residential Repairs/Modifications as a direct service we can provide assistance to those who do not qualify for other programs. Repairs/modifications keep individuals from being institutionalized prematurely.*

⁹ Section 15 does not apply to Title V (SCSEP).

¹⁰ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 15. GOVERNING BOARD**GOVERNING BOARD MEMBERSHIP
2024-2028 Four-Year Area Plan Cycle**

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

Total Number of Board Members: 5**Name and Title of Officers:****Office Term Expires:**

Sukhminder S. Dhaliwal, District 3, Chair	January 2029
Steven J Ding, District 4, Vice Chair	January 2027

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

Mario Gardea, District 1	January 2029
Paul Canepa, District 2	January 2027
Robert Rickman, District 5	January 2029

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

San Joaquin County Board of Supervisors who are members of the AAA's Governing Board, with a January 2027 term date, will either be renewed or replaced with the 2026 elections.

SECTION 16. ADVISORY COUNCIL**ADVISORY COUNCIL MEMBERSHIP
2024-2028 Four-Year Planning Cycle**

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

Total Council Membership (include vacancies) 23

Number and Percent of Council Members over age 60 11 85% Council 60+

Race/Ethnic Composition	% Of PSA's 60+Population	% on Advisory Council
White	50%	46%
Hispanic	25%	12%
Black	8%	38%
Asian/Pacific Islander	16%	4%
Native American/Alaskan Native	1%	0%
Other	0%	0%

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

Bishop Dwight Williams, San Joaquin County Board of Supervisors At-Large with Leadership in Private and Voluntary Sectors	6/2027
Terri Whitmire, City of Lodi	6/2026
Wayne Templeton, City of Tracy	6/2026
Gina Castillano, San Joaquin County Board of Supervisors At-Large Representative Family Caregivers Of Older Adults	6/2027
Sheila Patterson, San Joaquin County Board of Supervisors At-Large Representative of the Disabled	6/2026

Name and Title of Other Members:**Office Term Expires:**

Elsa Sandoval, City of Escalon	8/2026
Gloria Murphy, San Joaquin County Board of Supervisors At-Large	6/2028
Karol Ford, City of Stockton	3/2027
Kate Schulenberg, City of Ripon	11/2027
Kathryn Thomas, Long-Term Care – Ombudsman	6/2026
Ogiram Chukwuka, Behavioral Health Services	6/2026
Ron Light, City of Manteca	6/2026
Victoria Escalante, San Joaquin County Board of Supervisors District 2	6/2026

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

Yes No

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

Yes No Additional Other (Optional)

- ☒ ☐ Family Caregiver, including older relative caregiver
- ☐ ☐ Tribal Representative
- ☐ ☐ LGBTQ Identification
- ☐ ☐ Veteran Status
- ☐ ☐ Other _____

Explain any “No” answer(s):

Although the bylaws includes a position for a representative with low income, there is a vacancy. Nevertheless, representation of the “other representation” are not included in the current bylaws. However, one or more members of the Advisory Council:

- carryout professional work with low income older adults
- has a disability
- is a supportive service provider, as works for a subrecipient agency
- is a veteran
- are appointed by elected officials from their respective county districts or cities

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

Members whose term expires during FY 2026 – 2027 have the ability to renew their position. Positions that are not renewed, recruitment is initiated for new members..

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

In accordance with the By-Laws of the Commission on Aging, Article 2: The Commission shall consist of those members designated by the Board of Supervisors with appointees reflecting the economic, social, geographic, ethnic, and racial diversity within the county.

The appointments are as follows:

- One (1) member appointed by each of the City Councils of each incorporated municipal entity within San Joaquin County.
- One (1) member appointed by each of the members of the Board of Supervisors from their respective supervisorial districts.
- Seven (7) at large members appointed by the Board of Supervisors from the County of San Joaquin. These members shall represent the following categories: family caregiver of older adults; person with leadership experience in the private and voluntary sectors; older adult (60+ years) or informal caregiver of older adults identified as in greatest social need; older adult (60+ years) or informal caregiver of older adults identified as in greatest economic need; general public; older relative caregivers (55+ years), including kin and grandparent caregivers of children or adults age 18 to 59 with a disability; and representative of people with disabilities;
- Three (3) members representing agencies, one of whom shall be: a representative of health care provider organizations, including providers of veterans health care (if appropriate); a representative of Area Agency on Aging service providers, which may include legal assistance, nutrition, evidence-based disease prevention and health promotion, caregiver, and other service providers; and a representative of the long-term care ombudsman program.

San Joaquin County and City Clerks actively assist with the recruitment of new Commission on Aging (COA) members. This is done by sending Media Advisory announcements, announcing open positions for which the Board of Supervisors is accepting applications. This is an on-going endeavor.

SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW ¹¹

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

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

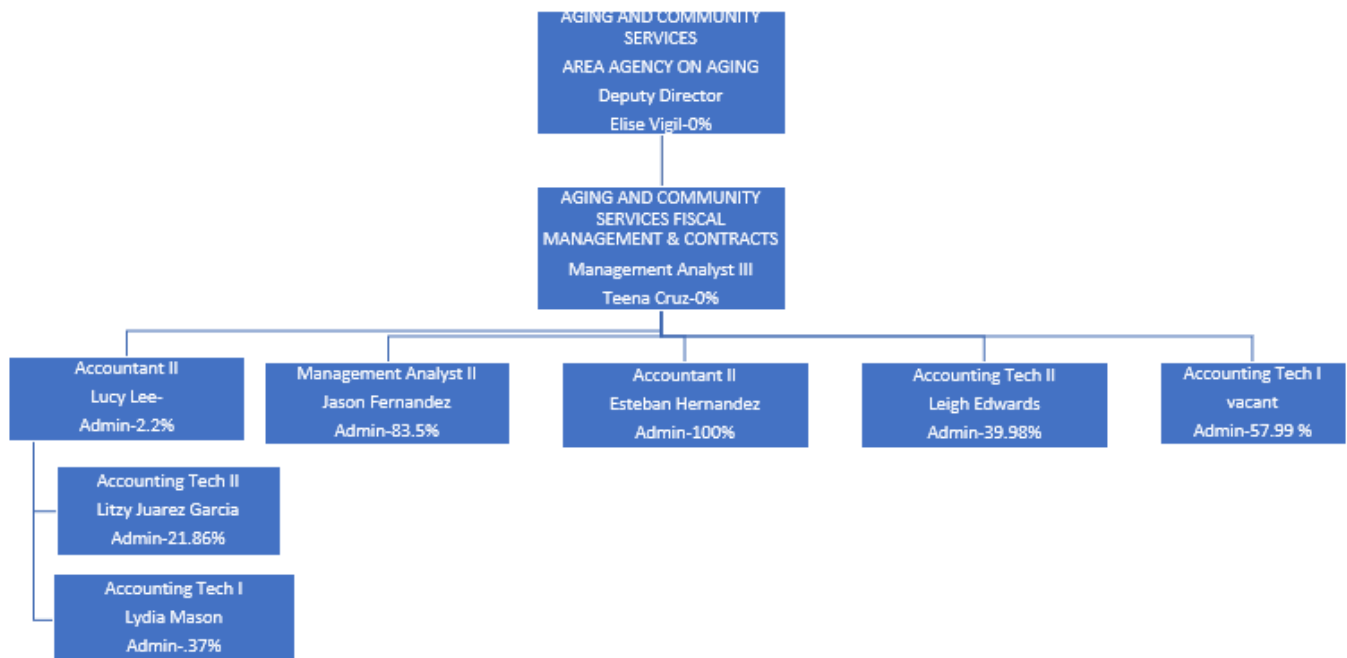
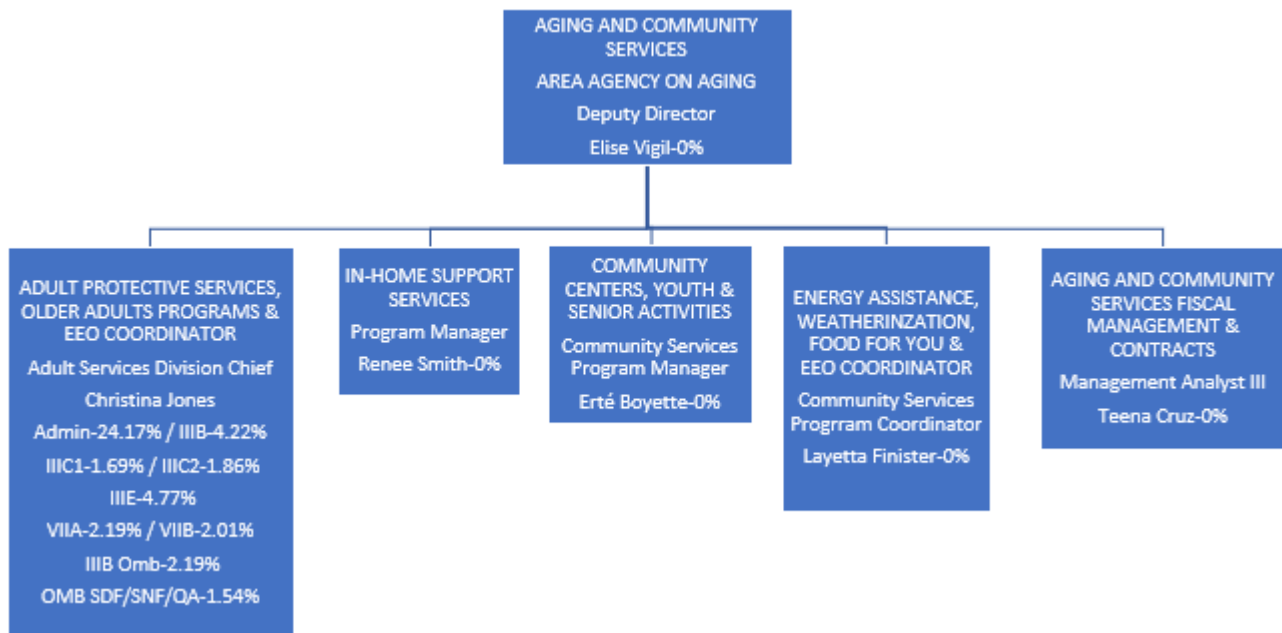
Title III Grantee and/or Senior Center (complete the chart below):

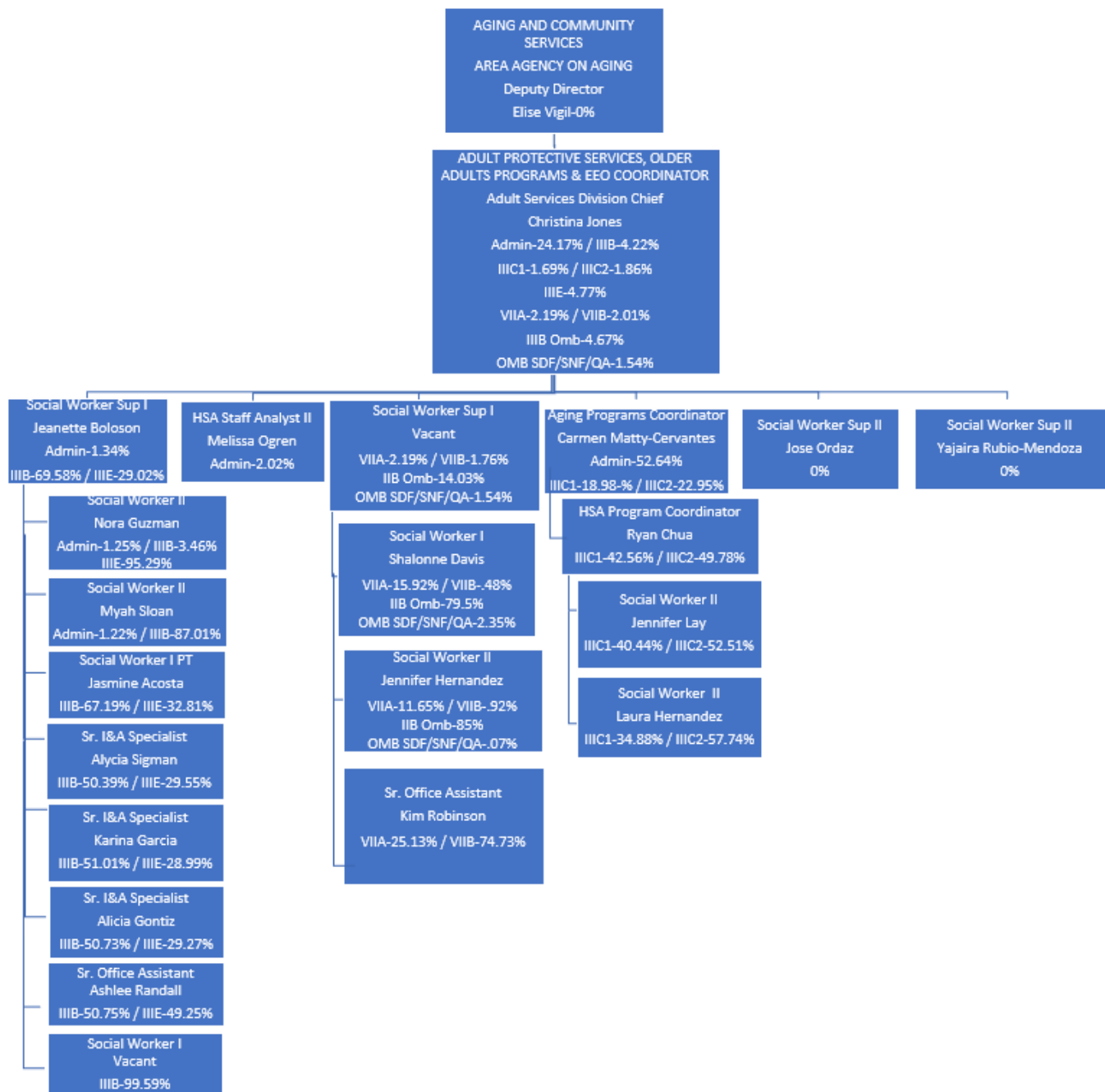
Title III Grantee and/or Senior Center	Type Acq/Const	IIIB Funds Awarded	% Total Cost	Recapture Period Begin	Recapture Period End	Compliance Verification State Use Only
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

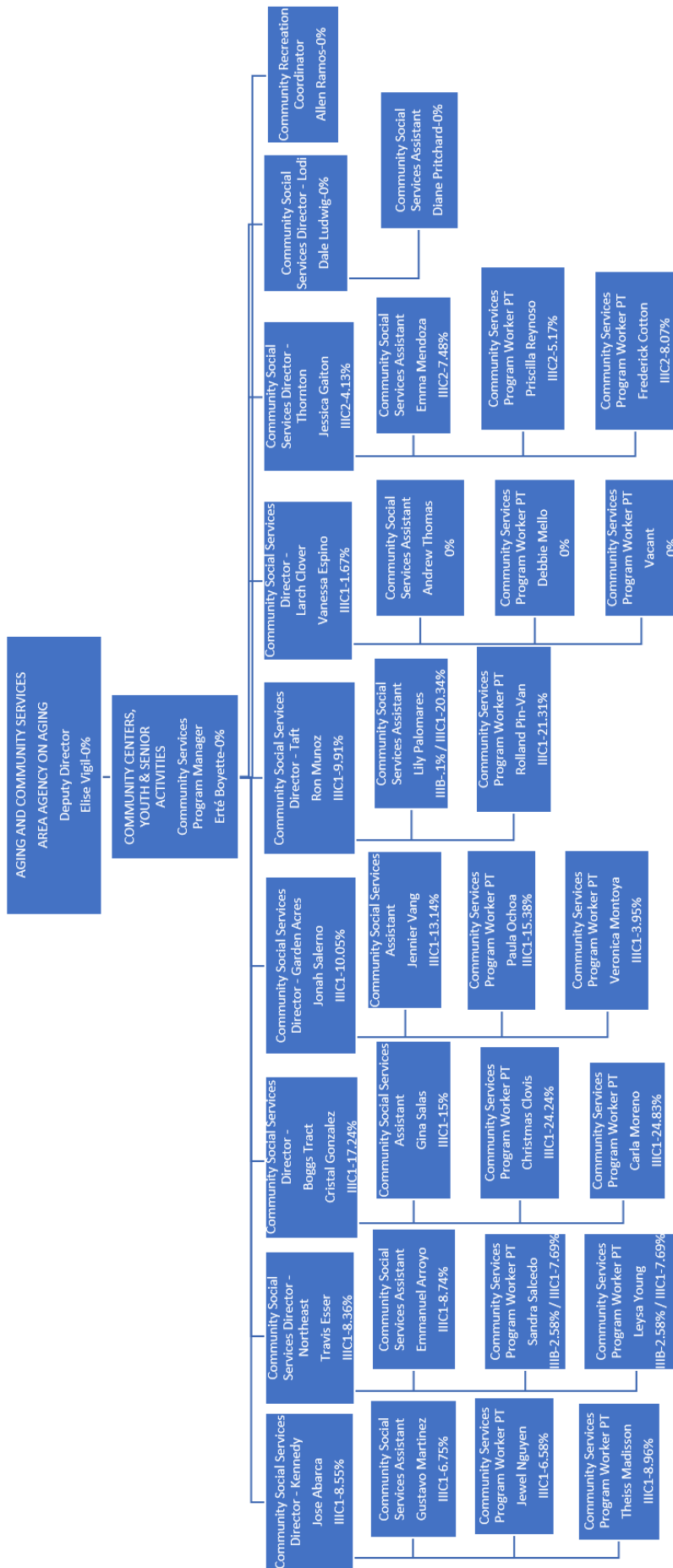
⁶ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

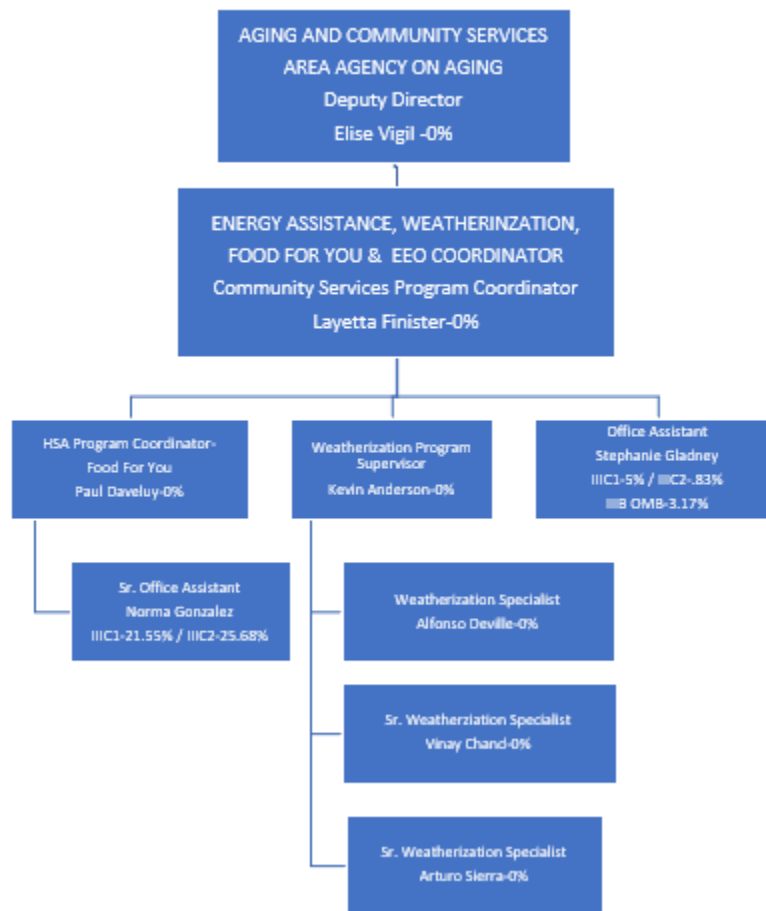
SECTION 18. ORGANIZATION CHART

Note: The organization chart reflects the names of the people in the current position (not when the budget was created) matching the percentage in the budget for that position.









SECTION 19. ASSURANCES

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

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

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

(C) legal assistance;

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

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i) (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 items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will 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; and

(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 clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

(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.

(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;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

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

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(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;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(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 paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify

individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period

described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

**ATTACHMENT A.
AAA AREA PLAN SUMMARY OF CHANGES**

Section	Page(s)	Excerpt Prior Year Content in Area Plan	Excerpt Current Year Content in Area Plan
Section 2: Description of the Planning and Service Area	8	* State of California Department of Finance’s County Population Projections (2010-2060) projects an 8.8% increase in older adults in San Joaquin County as defined by the Older Americans Act between 2024 and 2028, whereas only a 6.4% increase in older adults is projected Statewide for that same time period, and only a 1.5% projected increase for newborns to age 59 years in San Joaquin County during that time. Per California Department of Aging Population Demographic Projections by County and PSA, San Joaquin County’s 2023’s projections are as follows; 155,394 older adults of which 71,782 are non-minority and 83,612 are minority. Of the projected older adults, 19,285 are low income and 25,680 live alone. In addition, 37,909 will be Medi-Cal eligible, 11,455 geographically isolated, 10,295 have SSI/SSP, and 6,410 are non-English.	*State of California Department of Finance’s County Population Projections (2020-2070) projects an 10.1% increase in older adults in San Joaquin County as defined by the Older Americans Act between 2024 and 2028, whereas only a 9.2% increase in older adults is projected Statewide for that same time period, and only a 1.4% projected increase for newborns to age 59 years in San Joaquin County during that time. Per California Department of Aging Population Demographic Projections by County and PSA, San Joaquin County’s 2026’s projections are as follows; 160,544 older adults of which 65,186 are non-minority and 95,358 are minority. Of the projected older adults, 21,370 are low income and 27,430 live alone. In addition, 44,881 will be Medi-Cal eligible, 15,167 geographically isolated, 11,095 have SSI/SSP, and 6,155 are non-English. The demographics reflect a 1% increase from 2023 projections for older adults, minorities, low income, living alone, MediCal eligible, geographically isolated, and having SSI/SSP.
	9	* The Area Agency on Aging delivers programs under Titles: III B Supportive and Other Services, III C Congregate Meals and Home Delivered Meals, III D Health Promotion: Evidence-Based, III E Caregivers of Older Adults, and VII Prevention of Elder Abuse, Neglect, and Exploitation through a combination of direct implementation and service providers. Title VIIA: Long-Term Care (LTC) Ombudsman program is implemented directly by the Area Agency on Aging. Health Insurance Counseling and Advocacy Program (HICAP) is delivered through the multiple-PSA HICAP mechanism. Whether services are direct, or service provider implemented, the success of the service delivery relies on the vast network of partners such as senior and community centers, non-profits, vendors, and other county and cities’ departments. In addition to the aforementioned unique constraints and resources, a main challenge is insufficient funds to meet the needs of San Joaquin County older adult residents which, for example, results in waiting lists for case management and respite services, or provide a wider array of additional services.	*The Area Agency on Aging delivers programs under Titles: III B Supportive and Other Services, III C Congregate Meals and Home Delivered Meals, III D Health Promotion: Evidence-Based, III E Caregivers of Older Adults, and VII Prevention of Elder Abuse, Neglect, and Exploitation through a combination of direct implementation and service providers. Title VIIA: Long-Term Care (LTC) Ombudsman program is implemented directly by the Area Agency on Aging. Health Insurance Counseling and Advocacy Program (HICAP) is delivered through the multiple-PSA HICAP mechanism. Whether services are direct, or service provider implemented, the success of the service delivery relies on the vast network of partners such as senior and community centers, non-profits, vendors, and other county and cities’ departments. In addition to the aforementioned unique constraints and resources, a main challenge is insufficient funds to meet the needs of San Joaquin County older adult residents which, for example, results in waiting lists for case management and respite services.

Section 3: Description of the Area Agency on Aging	10	* The San Joaquin County Area Agency on Aging is an organization entity within Aging and Community Services of the San Joaquin County Human Services Agency. The Board of Supervisors and Department staff are assisted and guided by the Commission on Aging, which serves as an advisory board. The Commission on Aging is composed of twenty-two members, primarily older adult citizens. The Board of Supervisors and city councils appoint commissioners to three-year terms.	* The San Joaquin County Area Agency on Aging is an organization entity within Aging and Community Services of the San Joaquin County Human Services Agency. The Board of Supervisors and Department staff are assisted and guided by the Commission on Aging, which serves as an advisory board. The Commission on Aging is composed of twenty-three members, primarily older adult citizens. The Board of Supervisors and city councils appoint commissioners to three-year terms.
	11	* <i>El Concilio California</i> provides Legal Assistance to low-income older adults, under the supervision of an attorney and Telephone Reassurance. This agency also provides Caregiver Legal Resources. El Concilio California is located in Stockton; however, their legal services for older adults and caregivers' staff provide services at neighborhood centers throughout the county.	* <i>Senior Advocacy Network</i> provides Legal Assistance to low-income older adults which includes representation. Senior Advocacy Network, as it is located in Modesto, provides services at senior and community centers throughout the county.
	12	* <i>University of the Pacific</i> provides a Health Promotion evidence-based program. They offer a HomeMeds service where pharmacy students, under the supervision and guidance of licensed pharmacist instructors, assist in evaluating medications used by older adults and providing education on the use of the medication, side effects, and other pertinent information.	* <i>University of the Pacific</i> provides a Health Promotion evidence-based program. They offer a HomeMeds service where pharmacy students, under the supervision and guidance of licensed pharmacist instructors, assist in evaluating medications used by older adults and providing education on the use of the medication, side effects, and other pertinent information. They also offer two Health services: 1) evaluating the best Medicare Part D plan for each older adult's unique health circumstance in order to increase drug adherence by decreasing drug costs, and 2) fall prevention through Matter of Balance.
	13	* In addition, interaction with local health plans take place through referrals for home delivered meals when their clients need nutritious meals and their health plan does not include it as a benefit. When a client begins to receive services through PACE/WelBe Health, the Area Agency on Aging ensures no duplication of service is provided, such as home delivered meals, homemaker services, and case management. Similarly, when assistive devices are requested by older adults or their caregivers, the Area Agency on Aging works with clients and, if needed, their local health plans to ensure there is no duplication of service, with the local health plan benefits being prioritized.	* In addition, interaction with local health plans takes place through referrals for home delivered meals when their patients need nutritious meals and their health plan includes it as a benefit, through CalAIM. When a client begins to receive services through PACE/WelBe Health, the Area Agency on Aging ensures no duplication of service is provided, such as home delivered meals, homemaker services, and case management. Similarly, when assistive devices are requested by older adults or their caregivers, the Area Agency on Aging works with clients and, if needed, their local health plans to ensure there is no duplication of service, with the local health plan benefits being prioritized.
Section 5: Needs Assessment & Targeting	18	Once the needs of older adults and their caregivers were determined, planning to establish services that increase independence and well-being began. As a result of the Needs Assessment, the department has determined the services in San	* Once the needs of older adults and their caregivers were determined, planning to establish services that increase independence and well-being began. As a result of the Needs Assessment, the department has determined the services in San Joaquin County most

		Joaquin County most in need continues to be in home services, such as Homemaker, Personal Care, and Respite. In addition, the new service of Assisted Transportation will be added as a new need, as it was identified as a barrier for the targeted groups when attempting to access existing services. Barriers include limited assisted transportation between cities, non-existent assisted transportation in certain communities, extended travel time for individuals with health conditions who are physically unable to manage, or the assisted transportation is ADA accessible, yet individuals must have a companion to assist with the wheelchair locking. Also, through this needs assessment and registered services data analysis, it was determined that targeted outreach in the rural community of Holtville is needed and will be conducted. AAA will continue to provide Homemaker, Personal Care, and Respite services to meet the area of need. Furthermore, to assist older adults with managing money and having enough to live on, PSA 11 will continue to provide services, such as Congregate Meals and Cash/Material Aid, to help older adults stretch their monthly budgets.	in need continues to be in home services, such as Homemaker, Personal Care, and Respite. In addition, the new service of Assisted Transportation will be added as a new need, as it was identified as a barrier for the targeted groups when attempting to access existing services. Barriers include limited assisted transportation between cities, non-existent assisted transportation in certain communities, extended travel time for individuals with health conditions who are physically unable to manage, or the assisted transportation is ADA accessible, yet individuals must have a companion to assist with the wheelchair locking. AAA will continue to provide Homemaker, Personal Care, and Respite services to meet the area of need. Furthermore, to assist older adults with managing money and having enough to live on, PSA 11 will continue to provide services, such as Congregate Meals and Cash/Material Aid, to help older adults stretch their monthly budgets.
	18	* AAA analyzed the provision of each aforementioned service based on AAA's: 1) funding, 2) human resources, 3) internal subject matter expertise, and 4) subrecipient capacity. After careful consideration of the four factors to successfully implement those services, the analysis resulted in providing all the services except III B Assisted Transportation, Housing, Personal/Home Devices and Senior Center Activities, and III E: Caregiver Counseling, Caregiver Training, and Caregiver Support Groups. III B: Chore, and III E Respite Out-of-Home Day Care have been identified for the next RFP vendor and subrecipient cycle.	* AAA analyzed the provision of each aforementioned service based on AAA's: 1) funding, 2) human resources, 3) internal subject matter expertise, and 4) subrecipient capacity. After careful consideration of the four factors to successfully implement those services, the analysis resulted in providing all the services except III B Assisted Transportation, Housing, and Senior Center Activities, and III E: Caregiver Counseling, Caregiver Training, and Caregiver Support Groups.
Section 6: Section Priority Services & Public Hearings	20	* 1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals. Outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals included CASOA, caregiver interviews, and key informant questionnaire, as well as home delivered meals clients through assessments.	*1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals. Outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals included CASOA, caregiver interviews, key informant questionnaire, home delivered meals clients assessments, and information and assistance phone calls.
	21	* 6. List any other issues discussed or raised at the public hearing. Can the AAA assist to provide benches at public transportation stops and pedestrian paths? Response: provide input to the Council of Governments and work with Public	* 6. List any other issues discussed or raised at the public hearing. Waste Management expects older adults to be able to carry waste to the curb and separate trash, recycling and compost into the correct trash containers. Very difficult for frail older adults, especially

	Works - Public transportation within the cities is great. Public transportation between cities is terrible. - Memory care facilities are needed in the county. Response: yes, challenge is the cost of care. - Activities to assist with memory are needed. Response from participant: Brain builder activities are taking place in Lodi. Can assist to start in Tracy. - Insurance restricts ability to access long term care and MediCal Assisted Living Waiver Program has 2-year waitlist. - Is there an organization that provides assistance to people in assisted living regarding health insurance? Response: yes, HICAP - Can older adults who are living with mental health issues receive services provided by the AAA? Response: yes - Does AAA assist with housing? Response: not at this time, please contact 211 which is the coordinated entry system. - Can people living in assisted living receive AAA services. Response: depends on which services are needed (legal services yes) as assisted living locations are paid to provide services. - Does the AAA know what type of services the Veterans provide and vice versa. Response: yes - Stribley Community Center would like a presentation of the services provided and the exercise class to continue. Response: AAA will coordinate with the Center Director and AAA Outreach staff for the presentation. The exercise class was provided through Stribley, please talk with the center staff. - Would like to know how a neighbor can obtain assistive devices. Response: call Information and Assistance at 209-468-1104 and they will provide resources. - Suggestion made for senior/community centers to visit one another to learn from each other. - Ripon Senior Center is offering tablet training. Response: people who do not have tablets may call I&A as AAA has some remaining tablets with training referral information. - Would like assistance with incontinence supplies for older adults in facilities. Response: MediCal will pay when prescribed by their doctor. Call Ombudsman program: 209-468-3785. - Older adults need assistance with ramps, stairs and railing repairs, and yard work especially. The city is sending drones to assess people's homes and issuing fines. Response: call Information and Assistance/209-468-1104, we have a fall	if there is a long driveway to carry the containers to the curb. Waste management stated that assistance is available; however, assistance was not provided. Also, lack of clear instructions for separating waste leads to confusion for older adults. Response: Advocacy with waste management. There is an older adult in an assisted living which is not providing medically tailored meals. How can the AAA assist? Response: Ombudsman will look at the admissions agreement. - As it relates to Minimum Percentages, there is a growing waitlist for Caregiver respite; there is a lot of need. An example is a husband in late 80s taking care of his wife 24/7 as she had a stroke. The provider can only provide limited service due to lack of funding. Response: Minimum percentage was in relation to III B services. Noted, caregivers need more respite services. - Doctors are providing a cheat sheet printout for low sodium diets that could be improved. Response: Advocacy on improved special diets resources by medical providers. - Would like to know if someone who receives SSI can earn money and not affect their benefits. Response: Referred to Social Security Office in Manteca - Wife died and spouse is having difficulty making ends meet. Request for information about a program that levels income. Response: A guaranteed income pilot for San Joaquin County older adults will take place for 2 years. Applications are to open in July/August. - Would like to see more adult day care programming and transportation. Response: There is a need for more adult day care centers. Lodi Memorial provides a great memory care program, call I&A for bus tickets, and Dial-a-Ride provides great service. - How do people obtain assistance for assisted living? Response: There are nonprofits that guide people, such as: A Place for Mom. CalAIM Health Plans, and Master Care also assists people with SSI/SSP. - What does one do if you have a loved one in a facility who is not getting the right care? Response: Contact the Long-Term Care Ombudsman program that will assist with advocacy by speaking with the resident and the facility. If there is abuse, the State will be involved. - Older adults have a fixed income and rent is increasing every two years. People are being forced to move out and unable to pay rent at another location. Response: It is tough, some cities control rent but places like mobile home parks do not. There is not enough senior affordable housing. C4A, California Senior Legislatures, and various organizations are advocating for aging in place. Home Safe is a
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		prevention program. For yard work, homeowners need to pay for ongoing yard maintenance.	program through Adult Protective Services offering services to prevent homelessness. Older adults can also seek legal assistance depending on the situation. Central Valley Low Income Housing supports people seeking low-income housing. • Seniors are having access problems as many services are accessed online. There is a need for technology training. For those that know how to use a computer, accessing services at the public library computers is not safe as they need to scan and upload documents. Are there more devices? Response: El Concilio gave classes, but the funding ended. Legal Services can assist older adults to access services available online. • Transportation between cities is not good. A person got stranded for a very long time. Also, people with medical conditions need assistance. Response: We have staff advocating at the SJCOG Social Services Transportation Advisory Council. Catholic Charities and El Concilio provide assisted transportation but are underfunded. • People need case management but there is no provider in Escalon. There are many people who are low income with great need. How do we get the county to help here? Response: Working on having an eligibility worker have office hours in Escalon.
Section 7: Area Plan Narrative Goals & Objectives	25	* Objective 2.1 AAA staff will provide outreach and community education by attending various community events, fairs, and facilities for older adults/adults with disabilities that are hosted by cities, non-profits, and businesses. Outreach and community education will be accomplished by reaching out to organizations as well as accepting their invitations to attend their event/fairs/staff meetings. In addition, to ensure that people remember who to contact for information, assistance, and referrals, AAA staff will produce and distribute Information and Assistance pamphlets with the statewide toll-free telephone number and local numbers of services to older adults and their caregivers and/or Ombudsman flyers about the LTC Ombudsman program or long-term care issues. The anticipated outcome is the targeted population will obtain knowledge of services provided to assist with their unmet needs. The measurement for this outcome will be the number of participants reached and number of engagements attended. This objective will remain ongoing to ensure older adults and caregivers are informed about social services and other information and constantly reach the greatest number of people as possible.	* Objective 2.1 AAA staff will provide outreach by attending various community events, fairs, and facilities for older adults/adults with disabilities that are hosted by cities, non-profits, and businesses. Outreach will be accomplished by reaching out to organizations as well as accepting their invitations to attend their event/fairs/staff meetings. In addition, to ensure that people remember who to contact for information, assistance, and referrals, AAA staff will produce and distribute Information and Assistance pamphlets with the statewide toll-free telephone number and local numbers of services to older adults and their caregivers, and/or Ombudsman flyers about the LTC Ombudsman program or long-term care issues. The anticipated outcome is the targeted population will obtain knowledge of services provided to assist with their unmet needs. The measurement for this outcome will be the number of participants reached and number of engagements attended. This objective will remain ongoing to ensure older adults and caregivers are informed about social services and other information and constantly reach the greatest number of people as possible.
	25	* Objective 2.3 AAA staff will provide outreach, public information, and community education materials that are inclusive of all populations and target populations such as people	* Objective 2.3 AAA staff will provide outreach and public information that are inclusive of all populations and target populations such as people with greatest economic and social needs, LGBTQI+,

		with greatest economic and social needs, LGBTQI+, people living with HIV, and caregivers coping with the impact of Alzheimer's Disease or Dementia. The anticipated outcome for this objective is that access to services will be user-friendly for all resulting in referrals through Information and Assistance. The outcome will be measured by the type of outreach events/fairs attended and content of the materials. This objective continues from year to year to maintain consistency in the provision of services.	people living with HIV, and caregivers coping with the impact of Alzheimer's Disease or Dementia. The anticipated outcome for this objective is that access to services will be user-friendly for all resulting in referrals through Information and Assistance. The outcome will be measured by the type of outreach events/fairs attended and content of the materials. This objective continues from year to year to maintain consistency in the provision of services.
	29	* Objective 5.4 Admin, III B Disaster Preparedness Materials	* Objective 5.4 Admin, III B Disaster Preparedness Materials, Personal/Home Devices
	29	* Objective 5.6 Admin, III B Legal Assistance	* Objective 5.6 Admin, III B Legal Assistance, III E Legal Consultation
Section 8: Service Unit Plan	30-53	FY 2025-2026 has no target information	FY 2026-2027 has target information and explanation provided if $\pm 10\%$ change from FY 2025-2026.
Section 9: Senior Centers & Focal Points	54	* Designated Community Focal Point did not include Ursula Meyer Community Center nor its address.	* Designated Community Focal Point includes Ursula Meyer Community Center and address: 1461 E Morada Lane, Stockton
Section 10: Family Caregiver Support Program	55 58	FY 2025-2026 has no target information * Justification: Child Abuse Prevention Council 540 N. California Street, Stockton, CA 95202 This agency offers Information Services, Access – Information and Assistance, Support – Support Groups, Respite – Out of Home Day Care, and Supplemental – Legal Consultation. We can refer older relatives of children in need of current information on opportunities and services available within their community; caregiver support resources and services; monthly support groups led by a trained individual; respite through their early childhood center-based childcare; and support to obtain guardianship of the children.	FY 2026-2027 has target information * Justification: Child Abuse Prevention Council 540 N. California Street, Stockton, CA 95202 This agency offers Information Services, Access – Information and Assistance, Support – Support Groups, and Respite – Out of Home Day Care. We can refer older relatives of children in need of current information on opportunities and services available within their community; caregiver support resources and services; monthly support groups led by a trained individual; respite through their early childhood center-based childcare; and support to obtain guardianship of the children.
Section 11: Legal Assistance	59-61	2. How have your local needs changed in the past year(s)? Please identify any changes (include whether the change affected the level of funding and the difference in funding levels in the past four years). Discuss: During the pandemic, the demand for legal assistance for seniors increased and has remained steady during this planning cycle. This is evident in the preparation of essential documents that ensure security and peace of mind, such as powers of attorney, advance healthcare directives, and wills; as well as in addressing issues related to Social Security Administration Office and assistance with applying for low-income housing, which helps prevent many seniors from facing	2. Does the LSP(s) in your area solicit voluntary contributions or donations from recipients? If yes, considering 42 U.S.C. § 3030c-2(b), please describe the manner in which the funds are solicited, and describe how the funds support the expansion of legal services in your PSA. Response: The LSP provides an opportunity for recipients of this program to give a voluntary contribution. This opportunity is indicated on site and through the case closing letter process. The LSP has an internal policy to review all donations and voluntary contributions to ensure that they are appropriately allocated to programs. For voluntary contributions received from Title IIIB clients, the funds are noted as income to the program and used within that

	homelessness. Additionally, in response to the need for assistance for seniors who are unable to travel, in-person services have been expanded to include home, hospitals, and nursing homes visits, and telephone consultations. The increased demand for legal assistance that necessitated additional personnel was met by an increase of in-kind hours, which has remained steady during this planning cycle. The funding level is sufficient based on the current provider. . 3. How does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify and ensure that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? Discuss: The agreement specifies the expectation that California Statewide Guidelines will be used in the provision of legal services. The AAA monitors the LSP usage by reviewing the target population, ensuring services provided correspond to the priority legal issues, and that the LSP is adhering to their roles and responsibilities by having a licensed attorney supervise the paralegal and paralegal interns. The monitoring takes place both formally and informally. Formally, through the required onsite monitoring conducted every two years. Informally, through continuous conversations and site visits. 4. How does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priority issues for legal services? What are the top four (4) priority legal issues in your PSA? Discuss: During the Area Plan development process, the AAA contacts its legal service provider to converse about priority issues. Given that the service provider serves each person that asks for service, no one is denied regardless of if the issue was not determined a priority. The top four priority legal issues in PSA 11 are Protection Services, Income, Housing, and Health Care. 5. How does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? What is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discuss: PSA 11 and the LSP communicate with each other throughout the year regarding the identification of the target population – those in greatest economic need, as well as greatest social need – targeting the most vulnerable older adults who are 60 years and older. In addition, the LSP provides quarterly data to PSA 11 to quantify the identification of the	fiscal year to expand legal services by covering the costs of the program. However, the total amount of voluntary contributions for legal services remains minimal. 3. Please indicate whether the AAA provides the LSP(s) a copy or link to the California Statewide Guidelines for Legal Assistance. How does the AAA monitor and/or support the LSP's implementation of the statewide guidelines? Response: The AAA provided the LSP with a copy of the California Statewide Guidelines for Legal Assistance. The AAA formally monitors the LSP's implementation of the statewide guidelines once every two years per CDA's MOU with the AAA, and informally on a monthly basis upon receipt of the units of service and conversations/emails as needed. If the LSP has a question regarding the implementation of the statewide guidelines, the LSP knows to reach out to AAA who will contact CDA for guidance if needed. 4. Please describe the partnership work between the AAA and the LSP(s) (e.g., quarterly meetings, coordinated outreach efforts, etc.)? Please identify any topics, priorities, and/or trainings addressed in your discussions. Response: FY 26 represents the first year of partnership with the current LSP. As such, the discussions have been related to start up operations, discussion of services that are highly utilized in PSA 11, and site outreach and engagement. Discussions occurred through phone call conversations, virtual meetings, and emails, and continue as the need arises. As part of the start-up, the AAA collaborated with the LSP by providing introductions and warm handoffs with the community sites where the services would be provided. The LSP also provided flyers outlining their services and ways to contact them which were then shared with the network of older adult service providers in the PSA. Routinely, the LSP's flyers are distributed at outreach events attended by the PSA's Information and Assistance staff. 5. What are the top four (4) legal areas the LSP(s) prioritizes in your PSA? Do the AAA and LSP(s) jointly work to identify the priority areas? Response: The top four priority legal issues in PSA 11 are Abuse/Neglect, Housing, Protective Services, and Other (Consumer issues). During the Area Plan development process, the AAA collaborates with the legal service provider to review and establish priority issues. Given that the service provider serves each person that asks for service, no one is denied regardless of falling outside the priority areas. 6. Please describe any trends or changes in your local needs
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	target population in terms of vulnerability, such as below federal poverty level and minorities. During the request for proposal, the aforementioned targeted population information is described and also included in the contract. The targeted older adult population is low income and people who are socially disadvantaged. The mechanism for reaching targeted groups in the PSA include, but are not limited to, word of mouth, presentations, community and health fair events, brochures, and presence at senior and community centers. 6. How many legal assistance service providers are in your PSA? Complete table below. <table> <tr> <th>Fiscal Year</th><th colspan="2"># of Legal Assistance Services Providers</th></tr> <tr> <td></td><td colspan="2">Did the number of service providers change? If so please explain</td></tr> <tr> <td>2024-2025</td><td>One</td><td>No change</td></tr> <tr> <td>2025-2026</td><td>One</td><td>No change</td></tr> <tr> <td>2026-2027</td><td></td><td></td></tr> <tr> <td>2027-2028</td><td></td><td></td></tr> </table> 7. What methods of outreach are Legal Services Providers using? Discuss: Outreach methods used by the provider include attending older adults/health fairs, brochures, flyers, special events, word of mouth, and presence at older adult centers. Also, referrals are provided through PSA 11 Information and Assistance, Home Delivered Meals, and Adult Protective services. 8. What geographic regions are covered by each provider? Complete table below: <table> <tr> <th>Fiscal Year</th><th>Name of Provider</th><th>Geographic Region covered</th></tr> <tr> <td>2024-2025</td><td>El Concilio California</td><td>San Joaquin County</td></tr> <tr> <td>2025-2026</td><td>El Concilio California</td><td>San Joaquin County</td></tr> <tr> <td>2026-2027</td><td></td><td></td></tr> <tr> <td>2027-2028</td><td></td><td></td></tr> </table> 9. Discuss how older adults access Legal Services in your PSA and whether they can receive assistance remotely (e.g., virtual legal clinics, phone, U.S. Mail, etc.). Discuss: Older adults access legal services by contacting the provider agency either by phone or as a walk-in to the central location or satellite locations, such as in Lodi. For those who are homebound, the	Fiscal Year	# of Legal Assistance Services Providers			Did the number of service providers change? If so please explain		2024-2025	One	No change	2025-2026	One	No change	2026-2027			2027-2028			Fiscal Year	Name of Provider	Geographic Region covered	2024-2025	El Concilio California	San Joaquin County	2025-2026	El Concilio California	San Joaquin County	2026-2027			2027-2028			over the past year(s). What resources (e.g., funding, education, training, etc.) have been allocated to accommodate any changes in the local needs or trends? Response: With the increase of Local, State and Federal government offices' transitioning from an in-person service delivery model to an online services model, legal assistance is sought out to address and mitigate online access issues experienced by the older adult population. Assistance with protection services, housing, and income issues continue, along with the preparation of essential documents that ensure security and peace of mind, such as powers of attorney, advance healthcare directives, and wills. The need to provide services to older adults who are unable to travel for in-person services at the community sites continues. Resources are allocated to meet older adults where they are which includes conducting visits to homes, hospitals, and nursing homes, along with telephone consultations. Additional resources have been allocated to the LSP in order to directly provide free legal representation in FY 26; Whereas in the past, free legal representation was referred to an external agency. 7. What are the target groups in your PSA? Do the AAA and LSP(s) jointly work to identify the target groups? Response: The target groups are the most vulnerable, those older adults with greatest economic need and greatest social need. The AAA and LSP jointly worked to identify locations to provide service where the target groups visit and where outreach would be most effective. 8. What methods of outreach is the LSP(s) using to reach the target groups? Response: The LSP reaches out to the AAA subrecipients and congregate meal sites as well as maintains a presence by providing direct services at senior and community centers. Information has been provided to the Commission on Aging. In addition, the LSP connects with the aging provider networks such as Veteran Services, HICAP, CalAIM community supports providers, Hospice of San Joaquin, Community Center for the Blind and Visually Impaired, Salvation Army, and HousingWORKS. Also, referrals are provided through the AAA Information and Assistance, Ombudsman, and Adult Protective Services. 9. Discuss how older adults access legal services in your PSA and whether they can receive assistance remotely (e.g., virtual legal clinics, phone, U.S. Mail, etc.). Response: Older adults access legal services in-person, remotely and by phone. The LSP provides services throughout the county at senior and community centers, as well as in homes, hospitals and long term care facilities.
Fiscal Year	# of Legal Assistance Services Providers																																		
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	service provider visits the clients at their homes as well as skilled nursing facilities and hospitals. Also, the provider conducts sessions over the phone eliminating the transportation issue; however, some people prefer in-person to telephone sessions due to face-to-face interaction. 10. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA (please include new legal problem trends in your area). Discuss: The major types of legal issues that are handled by the Title IIIB legal provider are: Will, Durable Power of Attorney, Advance Health Care Directives, Social Security Administration Office and EDD related issues, applying for low-income housing, dealing with Housing Authority, and obtaining benefits through Medical. 11. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss: Barriers include transportation, especially in the case of older adults in residential facilities, homebound, or in hospitals. In an effort to overcome this barrier, our provider travels to the older adults in need of assistance who are unable to conduct business virtually or at an in-person location. 12. What other organizations or groups does your legal service provider coordinate services with? Discuss: Our legal services provider coordinates services with California Rural Legal Assistance which is the Legal Services Provider(s) (LSPs) in the area, as well as other local agencies which serve older adults. As a result of this effort, the legal service provider is able to staff satellite offices throughout the county, such as in Lodi to better reach older adults in rural areas. Locations for services include the Lolly Hansen Senior Center in Tracy, the Manteca Senior Center in Manteca, LOEL Senior Center in Lodi, and the Lathrop Senior Center in Lathrop. Older adult and community centers schedule appointments for the service provider at their location according to public health safety protocols and/or the centers provide their older adults the service provider's phone number to schedule a telephone appointment. In addition, Long-term Care Ombudsman, APS, IHSS, the court, St Joseph's Hospital, Catholic Charities, other legal services providers and non-profit organizations make mutual referrals. Furthermore, the legal services provider coordinates directly with the HICAP San Joaquin County Regional Coordinator and receives and provides referrals, as needed.	10. What are the barriers to accessing legal services in your PSA? Include proposed strategies for overcoming such barriers. Response: Barriers include lack of knowledge that free legal assistance is available and transportation for homebound individuals and those without reliable means of transportation to seek in-person services. To overcome the barrier of not knowing there is free legal assistance, the LSP conducts continuous outreach and the AAA provides referrals. Regarding transportation, the LSP provides direct service at senior and community centers throughout the county. For those who are unable to conduct business at community sites, the LSP travels to older adults in need of assistance wherever they may be and also offers services by phone. 11. How many LSPs are in your PSA? Complete table below. <table><tr><th>Fiscal Year</th><th># of Legal Assistance Services Providers</th></tr><tr><td>2024-2025</td><td>One No change</td></tr><tr><td>2025-2026</td><td>One No change</td></tr><tr><td>2026-2027</td><td>RFP has been launched</td></tr><tr><td>2027-2028</td><td>RFP has been launched</td></tr></table> 12. What geographic regions are covered by each provider? Complete table below: <table><tr><th>Fiscal Year</th><th>Name of Provider</th><th>Geographic Region covered</th></tr><tr><td>2024-2025</td><td>El Concilio California</td><td>San Joaquin County</td></tr><tr><td>2025-2026</td><td>El Concilio California, Senior Advocacy Network</td><td>San Joaquin County</td></tr><tr><td>2026-2027</td><td>RFP has been launched</td><td>San Joaquin County</td></tr><tr><td>2027-2028</td><td></td><td></td></tr></table> 13. What other organizations or groups does your LSP(s) coordinate services with? Please also address the AAA's coordination efforts with the Ombudsman program, the local Legal Services Corporation program, and the local Health Insurance Counseling and Advocacy program (HICAP). Response: The LSP coordinates services with Kennedy Community Center in Stockton, Lolly Hansen Senior Center in Tracy, the Manteca Senior Center in Manteca, LOEL Senior Center in Lodi, and Lathrop Senior Center in Lathrop. The LSP and these centers have an agreement for the LSP to provide direct services on site. The LSP is in communication with California Rural Legal Assistance which is the local Legal Services Corporation program. In addition, the LSP works with both Ombudsman and HICAP either with mutual clients or through referrals. The Ombudsman has initiated	Fiscal Year	# of Legal Assistance Services Providers	2024-2025	One No change	2025-2026	One No change	2026-2027	RFP has been launched	2027-2028	RFP has been launched	Fiscal Year	Name of Provider	Geographic Region covered	2024-2025	El Concilio California	San Joaquin County	2025-2026	El Concilio California, Senior Advocacy Network	San Joaquin County	2026-2027	RFP has been launched	San Joaquin County	2027-2028		
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2027-2028																											

			steps to execute a MOU with the LSP in FY 26.
Section 13: Notice of Intent to Provide Direct Services	65	FY 2026-2027 has no target information	FY 2026-2027 has target information
Section 14: Request for Approval to Provide Direct Services	66-76	FY 2026-2027 has no target information	FY 2026-2027 has target information Per the Area Plan Guidance, Section 14 is for services that are not specified in Section 13: Notice of Intent to Provide Direct Services. The services III E: Support Groups, Training, and Assistive Technology were removed as they are included in Section 13: Title IIIIE Support Services and Supplemental Services.
Section 15: Governing Board	77	Officer: Paul Canepa, District 2, Chair, January 2027 Officer: Sonny Dhaliwal, District 3, Vice Chair, January 2029 Explain any expiring terms – have they been replaced, renewed, or other? San Joaquin County Board of Supervisors who are members of the AAA’s Governing Board, with a January 2025 term date, will either be renewed or replaced with the 2024 elections.	Officer: Sukminder S. Dhaliwal, District 3, Chair, January 2029 Officer: Steven Ding, District 4, Vice-Chair, January 2027 Member: Paul Canepa, District 2, Chair, January 2027 Explain any expiring terms – have they been replaced, renewed, or other? San Joaquin County Board of Supervisors who are members of the AAA’s Governing Board, with a January 2027 term date, will either be renewed or replaced with the 2026 elections.
Section 16: Advisory Council	78	Total Council Membership (include vacancies) 22 Number and Percent of Council Members over age 60: 9 60% Council 60+ Race/Ethnic Composition: 60% White 33% / 54%, Hispanic 7% / 10%, Black 20% / 0% Asian Pacific Islander 3%, 0% Native Americans/Alaskan Native Membership: Dwight Williams, San Joaquin County Board of Supervisors At Large Gina Castellano, San Joaquin County Board of Supervisors District 1 – 6/2025 Ann Shaddix Gloria Murphy, San Joaquin County Board of Supervisors At large – 6/2028 Karol Ford – 3/2026 Kathryn Thomas Ogiram Chukwuka – 2/2026 Roxanne Jewell Richardson	Total Council Membership (include vacancies) 23 Number and Percent of Council Members over age 60: 11 85% Council 60+ Race/Ethnic Composition: 50% White 46% / 25%, Hispanic 12% / 8%, Black 38% / 16% Asian Pacific Islander 4%, 1% Native Americans/Alaskan Native 0% Membership Dwight Williams – At large representative with leadership in private and voluntary sectors Gina Castellano, San Joaquin County Board of Supervisors At large representative family caregivers of older adults – 6/2027 Ann Shaddix - removed Gloria Murphy, San Joaquin County Board of Supervisors District 3 – 6/2028 Karol Ford – 3/2027 Kathryn Thomas – removed Ogiram Chukwuka – 6/2026 Roxanne Jewell Richardson – removed

	79 Indicate which member(s) represent each of the “Other Representation” categories listed below. Persons with Leadership Experience in Private and Voluntary Sectors – marked No Family Caregiver, including older relative caregiver – marked No Explain any “No” answer(s): Representation of the “other representation” are not included in the current bylaws. However, one or more members of the Advisory Council: - o carryout professional work with low income older adults - o has a disability - o is a supportive service provider, as works for a subrecipient agency - o is a family caregiver - o is a veteran - o are appointed by elected officials from their respective county districts or cities - o individuals with leadership experience in private and voluntary sectors through their professional work and continuous volunteer hours Explain what happens when term expires, for example, are the members permitted to remain in their positions until reappointments are secured? Have they been replaced, renewed or other? Members whose term expires during FY2025 – 2026 have the ability to renew their position. Positions that are not renewed, new members are sought. Briefly describe the local governing board’s process to appoint Advisory Council members: In accordance with the By-Laws of the Commission on Aging, Article 2: The Commission shall consist of those members designated by the Board of Supervisors with appointees reflecting the economic, social, geographic, ethnic, and racial diversity within the county. The appointments are as follows: • One (1) member appointed by each of the City Councils of each incorporated municipal entity within San Joaquin County. • One (1) member appointed by each of the members of the Board of Supervisors from their respective supervisorial	Indicate which member(s) represent each of the “Other Representation” categories listed below. Persons with Leadership Experience in Private and Voluntary Sectors – marked Yes Family Caregiver, including older relative caregiver – marked Yes Explain any “No” answer(s): Although the bylaws includes a position for a representative with low income, there is a vacancy. Nevertheless, representation of the “other representation” are not included in the current bylaws. However, one or more members of the Advisory Council: - o carryout professional work with low income older adults - o has a disability - o is a supportive service provider, as works for a subrecipient agency - o is a veteran - o are appointed by elected officials from their respective county districts or cities Explain what happens when term expires, for example, are the members permitted to remain in their positions until reappointments are secured? Have they been replaced, renewed or other? Members whose term expires during FY 2026 – 2027 have the ability to renew their position. Positions that are not renewed, recruitment is initiated for new members. Briefly describe the local governing board’s process to appoint Advisory Council members: In accordance with the By-Laws of the Commission on Aging, Article 2: The Commission shall consist of those members designated by the Board of Supervisors with appointees reflecting the economic, social, geographic, ethnic, and racial diversity within the county. The appointments are as follows: • One (1) member appointed by each of the City Councils of each incorporated municipal entity within San Joaquin County. • One (1) member appointed by each of the members of the Board of Supervisors from their respective supervisorial districts. • Seven (7) at large members appointed by the Board of
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		districts. • Five (5) members appointed by the Board of Supervisors from the County of San Joaquin at large, one of whom shall represent the disabled. • Five (5) members representing agencies serving older adults including the San Joaquin County Department of Aging, San Joaquin County Department of Health Care Services, San Joaquin Housing Authority, the Social Security Administration, and Department of Aging Long-Term Care Systems.	Supervisors from the County of San Joaquin. These members shall represent the following categories: family caregiver of older adults; person with leadership experience in the private and voluntary sectors; older adult (60+ years) or informal caregiver of older adults identified as in greatest social need; older adult (60+ years) or informal caregiver of older adults identified as in greatest economic need; general public; older relative caregivers (55+ years), including kin and grandparent caregivers of children or adults age 18 to 59 with a disability; and representative of people with disabilities; • Three (3) members representing agencies, one of whom shall be: a representative of health care provider organizations, including providers of veterans health care (if appropriate); a representative of Area Agency on Aging service providers, which may include legal assistance, nutrition, evidence-based disease prevention and health promotion, caregiver, and other service providers; and a representative of the long-term care ombudsman program.
Section 18: Organization Chart	82-85	Organizational chart	Organizational chart structure remains the same, staff and budget percentages updated

Attachment B	110	Description of program(s) being funded: AAA is using the modernizing funding to expand the scope of the existing OCA programs through both Supportive Services and Nutrition Support. Services provided: The services being or to be provided are as follows: Supportive Services * Aging in Place program will be utilized to authorize and provide the authorized coordinated services, case management, cash material aid, transportation, personal/home devices, homemaker and personal care. Fall prevention services will be provided through DME, handrails, reconfiguration, education, referral services, assessment and injury prevention. *Title III C-1 and C-2 Meals will be provided to older adults at congregate sites, through to go meals, and home delivered meals.	Description of program(s) being funded: AAA is using the modernizing funding to expand the scope of the existing OCA programs through Nutrition Support. Services provided: The services being or to be provided are as follows: *Title III C-1, and C-2 Meals will be provided to older adults at congregate sites, through to go meals and home delivered meals. Intergenerational activities will be provided at the University of the Pacific campus and various locations throughout the county to engage older adults throughout the PSA region.
Attachment C	112	Stage 1: Raising Awareness & Community Education PSA 11 has provided information about the state Master Plan on Aging to the Commission on Aging which is the AAA's advisory council representing the County and Cities throughout San Joaquin County. While there has not been a session formally held at the cities or county dedicated to the State's Master Plan on Aging, the Commission on Aging has engaged with new potential stakeholders by building relationships with organization leaders and gaining more knowledge about greater landscape of services available to older adults. PSA 11 has also increased participation in local committees to provide representation, education, and advocacy at the City of Stockton ADA Roundtable Committee and San Joaquin County Council of Governments, Social Services Transportation Advisory Council. Stage 2: Planning Initial planning began with the analysis of the San Joaquin County Aging and Community Services Community Assessment Survey for Older Adults (CASOA) November 2023 Report. The results were analyzed through the Master Plan on Aging framework. As CASOA did not address all the Goals/Strategies of MPA, another needs assessment will need to take place. In addition, through this year's Area Plan Update three (3) Public Hearings, the Commission on Aging and PSA 11 have been gathering additional feedback and insight of the current unmet needs of older and disabled adults. This information may be utilized to build a list of stakeholders that could improve the effectiveness and impact of a Local MPA stakeholder committee.	Stage 1: Raising Awareness & Community Education PSA 11 has provided information about the state Master Plan on Aging to the Commission on Aging which is the AAA's advisory council representing the County and Cities throughout San Joaquin County. While there has not been a session formally held at the cities or county dedicated to the State's Master Plan on Aging, the Commission on Aging has engaged with new potential stakeholders by building relationships with organization leaders and gaining more knowledge about greater landscape of services available to older adults. PSA 11 has also increased participation in local committees to provide representation, education, and advocacy at the City of Stockton ADA Roundtable Committee and San Joaquin County Council of Governments, Social Services Transportation Advisory Council. Stage 2: Planning Initial planning began with the analysis of the San Joaquin County Aging and Community Services Community Assessment Survey for Older Adults (CASOA) November 2023 Report. The results were analyzed through the Master Plan on Aging framework. As CASOA did not address all the Goals/Strategies of MPA, another needs assessment will need to take place. In addition, through this year's Area Plan Update three (3) Public Hearings, the Commission on Aging and PSA 11 have been gathering additional feedback and insight of the current unmet needs of older and disabled adults. This information may be utilized to build a list of stakeholders that could improve the effectiveness and impact of a Local MPA stakeholder committee.

ATTACHMENT B.

Older Californians Act (OCA) Modernization Supplemental Summary

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

Description of program(s) being funded:

AAA is using the modernizing funding to expand the scope of the existing OCA programs through Nutrition Support.

Services provided:

The services being or to be provided are as follows:

*Title III C-1, and C-2 Meals will be provided to older adults at congregate sites, through to go meals and home delivered meals.

Intergenerational activities will be provided at the University of the Pacific campus and various locations throughout the county to engage older adults throughout the PSA region.

ATTACHMENT C.

Local Master Plan for Aging Supplemental Summary

[California's Master Plan for Aging](#) (MPA) is a multi-sector “blueprint” providing a comprehensive framework to address and plan for the current, emerging, and future needs of California’s aging population. California’s MPA is a national model that has inspired communities across California to engage in similar efforts at the local level (e.g., county, city, town). California communities report actively engaging in the planning, development, or implementation of a multi-sector aging and disability action plan. To support these efforts, the state created a [Local Playbook](#) to inform the development of a Local MPA at the community level.

An Area Plan is complementary to a Local MPA. Some communities have leveraged the identified priorities, objectives, and activities in their Area Plans to include in their community’s Local MPA.

This optional supplemental summary is available for the AAA to describe how their organization is involved in any Local MPA efforts. The narrative summary should include the role(s)/responsibilities, partnerships, and actions being undertaken by the AAA to support the planning, development, or implementation of a Local MPA in their planning and service area – a sample of activities are below and listed in stages. Note that the narrative response should focus on the AAA’s involvement and work related to their Local MPA activities, *not* the state-level MPA.

- **Stage 1: Raising Awareness & Community Education on Aging and Disability** (i.e., how the AAA is involved in developing educational materials; hosting educational webinars and events; or meeting with local aging and disability leaders, multi-sector partners, and/or elected officials)
- **Stage 2: Planning** (i.e., how the AAA is involved in forming or participating in a local Advisory Committee; conducting a community needs assessment; reviewing local data; or participating in planning and priority-setting sessions)
- **Stage 3: Development** (i.e., how the AAA is involved in identifying community-level goals, objectives, and activities toward the development of a Local MPA; sharing the draft Local MPA with stakeholders and the public for feedback; or finalizing the Local MPA)
- **Stage 4: Implementation** (i.e., how the AAA is involved in publicly releasing the Local MPA; raising public awareness to promote the Local MPA; working in a lead capacity on identified goals, objectives, and activities; or working with cross-sector partners to implement identified goals, objectives, and strategies of the Local MPA)
- **Stage 5: Evaluation** (i.e., how the AAA is involved in tracking the progress of the Local MPA’s goals, objectives, and activities to measure the community impact of the Local MPA; publishing and promoting findings or outcomes of the Local MPA; or updating/revising the Local MPA for continuous improvement)

Using Stages 1-5 listed above, in your narrative response:

- **Identify the geographic location that the Local MPA is serving (e.g., county, city, town). As needed, you may submit multiple responses for each Local MPA that the AAA is supporting within your planning and service area.**
- **Describe the AAA's role(s)/responsibilities, partnerships, and actions in a Local MPA for the planning and service area.**
- **Summarize any of the AAA's prior year's work and accomplishments.**
- **Outline any of the AAA's planned future work.**

PSA 11 is in the beginning stages of developing a Local MPA.

Stage 1: Raising Awareness & Community Education

PSA 11 has provided information about the state Master Plan on Aging to the Commission on Aging which is the AAA's advisory council representing the County and Cities throughout San Joaquin County. While there has not been a session formally held at the cities or county dedicated to the State's Master Plan on Aging, the Commission on Aging has engaged with new potential stakeholders by building relationships with organization leaders and gaining more knowledge about greater landscape of services available to older adults. PSA 11 has also increased participation in local committees to provide representation, education, and advocacy at the City of Stockton ADA Roundtable Committee and San Joaquin County Council of Governments, Social Services Transportation Advisory Council.

Stage 2: Planning

Initial planning began with the analysis of the San Joaquin County Aging and Community Services Community Assessment Survey for Older Adults (CASOA) November 2023 Report. The results were analyzed through the Master Plan on Aging framework. As CASOA did not address all the Goals/Strategies of MPA, another needs assessment will need to take place. In addition, through this year's Area Plan Update three (3) Public Hearings, the Commission on Aging and PSA 11 have been gathering additional feedback and insight of the current unmet needs of older and disabled adults. This information may be utilized to build a list of stakeholders that could improve the effectiveness and impact of a Local MPA stakeholder committee.

Stage 3: Development

The Development of identifying community-level goals and priority initiatives to develop the Local MPA will take place once Stage 1 and Stage 2 are completed.

Stage 4: Implementation

Once the first three stages are completed, the public release of the Local MPA will take place to raise awareness and promote the Local MPA. In addition, PSA 11 will work with partners across sectors to implement the priority initiatives identified in the Local MPA.

Stage 5: Evaluation

PSA 11 will utilize an iterative process to evaluate the implementation of the priority initiatives.

APPENDIX: NEEDS ASSESSMENT

Appendix: Needs Assessment

Appendix: Needs Assessment			Overall	CASOA		Characteristic	Excellent	Good	Fair	Poor	Don't know				
			Overall	CASOA		How would you rate the overall services provided to older adults in your community?	3% (7)	22% (56)	37% (97)	14% (36)	25% (65)				
			Overall	CASOA		Characteristic	Excellent	Good	Fair	Poor	Don't know				
			Overall	CASOA		Your overall quality of life	22% (57)	52% (138)	20% (53)	5% (14)	1% (3)				
			Overall	CASOA		Characteristic	Never	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 to 19 hours	20 or more hours	Don't know		
			Overall	CASOA		Assisting friends, relatives, or neighbors	20% (52)	51% (131)	7% (18)	9% (24)	4% (9)	7% (19)	1% (4)		
Title	Title Name	Master Plan on Aging	Service Category	Source	Identified Need	Information									
III-B	Supportive Services		Case Management	ACS Data	greater than 50%	As of December 2023, 128 people are on the waitlist for III B Case Management									
III-B	Supportive Services		Cash/Material Aid	CASOA		Characteristic	Excellent	Good	Fair	Poor	Don't know				
III-B	Supportive Services		Cash/Material Aid	CASOA	greater than 50%	Cost of living in your community	2% (4)	12% (30)	43% (111)	37% (96)	7% (18)				
III-B	Supportive Services		Cash/Material Aid	CASOA		Characteristic	Not a problem	Minor problem	Moderate problem	Major problem	Don't know				
III-B	Supportive Services		Cash/Material Aid	CASOA	between 25% and 50%	Having enough money to meet daily expenses	42% (111)	17% (46)	22% (58)	17% (44)	1% (2)				
III-B	Supportive Services		Cash/Material Aid	CASOA		Having enough money to pay your property taxes	51% (132)	12% (30)	16% (40)	11% (28)	10% (26)				
III-B	Supportive Services		Cash/Material Aid	CASOA	less than 25%	Affording the medications you need	57% (148)	26% (68)	6% (15)	10% (25)	1% (4)				
III-B	Supportive Services		Cash/Material Aid	CASOA		Question	Very Positive	Somewhat positive	Neutral	Somewhat negative	Very negative				
III-B	Supportive Services		Cash/Material Aid	CASOA	between 25% and 50%	What impact, if any, do you think the economy will have on your family income in the next 6 months? Do you think the impact will be:	5% (12)	7% (18)	48% (125)	28% (72)	12% (32)				
III-B	Supportive Services		Cash/Material Aid	ACS Data	greater than 50%	I&A stated people call for assistance with moving.									
III-B	Supportive Services		Cash/Material Aid	Lolly Hansen Senior Center Forum	greater than 50%	Assistance with electricity and water bills									
III-B	Supportive Services		Chore	CASOA		Characteristic	Not a problem	Minor problem	Moderate problem	Major problem	Don't know				
III-B	Supportive Services		Chore	CASOA	between 25% and 50%	Maintaining your yard	41% (107)	23% (59)	20% (52)	12% (32)	4% (10)				
III-B	Supportive Services		Chore	CASOA	between 25% and 50%	Doing heavy or intense housework	32% (83)	29% (74)	23% (60)	14% (36)	3% (7)				
III-B	Supportive Services		Chore	ACS Data	greater than 50%	I&A stated people call for referrals for lawn work as physically unable to do it.									
III-B	Supportive Services		Community Education												
III-B	Supportive Services		Comprehensive Assessment												
III-B	Supportive Services		Coordination												
III-B	Supportive Services	Goal 1: Housing for all stages & ages /Strategy D: Emergency Preparedness & Response	Disaster Preparedness Materials	ACS Data	greater than 50%	File of Life is included in the Commission on Aging discussions									
III-B	Supportive Services	Goal 1: Housing for all stages & ages /Strategy D: Emergency Preparedness & Response	Disaster Preparedness Materials	ACS Data	greater than 50%	Although older adults do not ask for emergency preparedness, older adults are grateful for the emergency preparednes materials (infomration and kits) provided as they acknowledge they are not prepared in case of an emergency.									
III-B	Supportive Services		Emergency Preparedness												
III-B	Supportive Services	Goal 3: Inclusion & Equity, Not Isolation / Strategy C: Opportunities to Work	Employment	CASOA		Characteristic	Excellent	Good	Fair	Poor	Don't know				
III-B	Supportive Services	Goal 3: Inclusion & Equity, Not Isolation / Strategy C: Opportunities to Work	Employment	CASOA	between 25% and 50%	Opportunities to build work skills	2% (6)	12% (30)	22% (56)	16% (41)	48% (123)				
III-B	Supportive Services	Goal 3: Inclusion & Equity, Not Isolation / Strategy C: Opportunities to Work	Employment	CASOA	between 25% and 50%	Quality of employment opportunities for older adults	4% (9)	7% (18)	12% (31)	25% (64)	53% (139)				
III-B	Supportive Services	Goal 3: Inclusion & Equity, Not Isolation / Strategy C: Opportunities to Work	Employment	CASOA	between 25% and 50%	Variety of employment opportunities for older adults	2% (4)	9% (23)	14% (37)	24% (63)	51% (134)				
III-B	Supportive Services	Goal 3: Inclusion & Equity, Not Isolation / Strategy C: Opportunities to Work	Employment	CASOA		Characteristic	Not a problem	Minor problem	Moderate problem	Major problem	Don't know				
III-B	Supportive Services	Goal 3: Inclusion & Equity, Not Isolation / Strategy C: Opportunities to Work	Employment	CASOA	less than 25%	Finding work in retirement	32% (83)	5% (14)	3% (9)	9% (24)	50% (128)				
III-B	Supportive Services	Goal 3: Inclusion & Equity, Not Isolation / Strategy C: Opportunities to Work	Employment	CASOA	less than 25%	Building skills for paid or unpaid work	28% (70)	8% (21)	6% (16)	8% (21)	48% (119)				

III-B	Supportive Services	Goal 3: Inclusion & Equity, Not Isolation / Strategy C: Opportunities to Work	Employment	CASOA						
						Question	Fully retired	Working full time for pay	Working part time for pay	Unemployed, looking for paid work
III-B	Supportive Services	Goal 3: Inclusion & Equity, Not Isolation / Strategy C: Opportunities to Work	Employment	CASOA	less than 25%	What is your employment status?	57% (144)	29% (74)	10% (24)	4% (11)
III-B	Supportive Services		Health Health Promotion Evidence- Based	CASOA		Characteristic	Excellent	Good	Fair	Poor
III-B	Supportive Services		Health Health Promotion Evidence- Based	CASOA	between 25% and 50%	Availability of affordable quality physical health care	5% (13)	15% (40)	27% (69)	20% (51)
III-B	Supportive Services		Health Health Promotion Evidence- Based	CASOA	between 25% and 50%	Availability of preventive health services (e.g., health screenings, flu shots, educational workshops)	8% (21)	29% (76)	27% (70)	13% (33)
III-B	Supportive Services		Health Health Promotion Evidence- Based Residential	CASOA		Characteristic	Not a problem	Minor problem	Moderate problem	Major problem
III-B	Supportive Services		Repairs/Modifications Health Health Promotion Evidence- Based	CASOA	between 25% and 50%	Your physical health	43% (112)	30% (78)	18% (45)	8% (21)
III-B	Supportive Services		Health Health Promotion Evidence- Based Residential	CASOA	less than 25%	Falling or injuring yourself in your home	63% (163)	24% (61)	7% (18)	4% (10)
III-B	Supportive Services		Repairs/Modifications Health Health Promotion Evidence- Based	CASOA	less than 25%	Getting the health care you need	62% (160)	19% (49)	12% (31)	6% (16)
III-B	Supportive Services		Health Health Promotion Evidence- Based	CASOA	between 25% and 50%	Getting the oral health care you need	58% (152)	10% (25)	13% (33)	15% (38)
III-B	Supportive Services		Health Health Promotion Evidence- Based	CASOA	less than 25%	Getting the vision care you need	65% (167)	14% (37)	9% (22)	9% (22)
III-B	Supportive Services		Health Health Promotion Evidence- Based	CASOA	between 25% and 50%	Staying physically fit	32% (84)	37% (97)	20% (51)	10% (26)
III-B	Supportive Services		Health Health Promotion Evidence- Based Residential	CASOA		Question	Never	1 to 2 times	3 to 5 times	More than 5 times
III-B III D	Supportive Services		Repairs/Modifications Health Health Promotion Evidence- Based Residential	CASOA	less than 25%	Thinking back over the past 12 months, how many times have you fallen and injured yourself?	62% (164)	32% (84)	4% (9)	2% (5)
III-B III D	Supportive Services		Repairs/Modifications Health Health Promotion Evidence- Based	CASOA		Characteristic	Excellent	Good	Fair	Poor
III-B III D	Supportive Services		Health Health Promotion Evidence- Based	CASOA	between 25% and 50%	Your overall physical health	18% (47)	46% (121)	30% (80)	7% (18)
III-B III D	Supportive Services		Health Health Promotion Evidence- Based	CASOA		Characteristic	0 days	1-2 days	3-5 days	6 or more days
III-B III D	Supportive Services		Health Health Promotion Evidence- Based	CASOA	less than 25%	As a patient in a hospital	82% (206)	9% (23)	6% (15)	3% (8)
III-B III D	Supportive Services		Health Health Promotion Evidence- Based	CASOA	less than 25%	In a long-term care facility (including nursing home or in-patient rehabilitation facility)	99% (246)	0% (0)	0% (0)	1% (3)
III-B III D	Supportive Services	Goal 2: Health reimagined / Strategy E: Dementia in Focus	Health Health Promotion Evidence- Based	CASOA		Characteristic	Not a problem	Minor problem	Moderate problem	Major problem
III-B III D	Supportive Services	Goal 2: Health reimagined / Strategy E: Dementia in Focus	Health Health Promotion Evidence- Based	CASOA	less than 25%	Experiencing confusion or forgetfulness	65% (161)	23% (56)	8% (19)	3% (8)
III-B III D	Supportive Services	Goal 2: Health reimagined / Strategy E: Dementia in Focus	Health Health Promotion Evidence- Based	ACS Data	greater than 50%	Easy access to health screenings regardless of health insurance for prevention purposes				
III-B III D	Supportive Services	Goal 2: Health reimagined / Strategy E: Dementia in Focus	Health Health Promotion Evidence- Based	Dementia Education Forum for Family Caregivers	greater than 50%	Accessing doctors locally with knowledge on geriatrics and dementia				
III-B	Supportive Services		Homemaker	CASOA		Characteristic	Not a problem	Minor problem	Moderate problem	Major problem
III-B	Supportive Services		Homemaker	CASOA	between 25% and 50%	Doing heavy or intense housework (not defined)	32% (83)	29% (74)	23% (60)	14% (36)
III-B	Supportive Services		Homemaker	CASOA	less than 25%	Performing regular activities, including walking, eating and preparing meals	66% (170)	16% (42)	13% (34)	3% (7)
III-B	Supportive Services		Homemaker	ACS Data	greater than 50%	In FY 23 Qt 1, 82% of case management clients used homemaker assistance, there are 455 people on the waitlist as of December				

III-B	Supportive Services		Homemaker	ACS Data	greater than 50%	I&A stated people call for homemaker services without needing case management and do not qualify for IHSS										
III-B	Supportive Services		Homemaker	Key Informant	greater than 50%	As of mid-January 2024, there are 171 people on waitlist for Respite.										
III-B	Supportive Services		Homemaker	Key Informant	less than 25%	We have 3 waiting, the problem is we are having difficulty finding service providers.										
III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy A: More Housing	Housing	CASOA												
						Characteristic	Excellent	Good	Fair	Poor	Don't know					
III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy A: More Housing	Housing	CASOA	between 25% and 50%	Availability of long-term care options					3% (7)	9% (24)	24% (62)	20% (53)	44% (116)	
III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy A: More Housing	Housing	CASOA	greater than 50%	Availability of affordable quality housing					1% (4)	9% (24)	28% (74)	51% (132)	11% (29)	
III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy A: More Housing	Housing	CASOA	greater than 50%	Variety of housing options					1% (3)	13% (32)	29% (74)	35% (90)	23% (60)	
III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy A: More Housing	Housing	CASOA							Characteristic	Not a problem	Minor problem	Moderate problem	Major problem	Don't know
III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy A: More Housing	Housing	CASOA	between 25% and 50%	Having housing to suit your needs					61% (157)	14% (36)	15% (38)	9% (24)	1% (4)	
III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy A: More Housing	Housing	ACS Data	greater than 50%	I&A stated people call for financial assistance to pay for long term housing for those who do not qualify for medical.										
III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy A: More Housing	Housing	Lolly Hansen Senior Center Forum	greater than 50%	Affordable housing										
III-B	Supportive Services		Housing	Key Informant	greater than 50%	Low-income housing is greatly needed but due to the number of people who require this type of help the waiting list is endless. Those who need urgent housing often have nowhere to go.										
III-B	Supportive Services		Housing	LGBTQI+	greater than 50%	Community resources lacking, searsched but do not qualify due to income: Housing and housing assistance - caregivers										
III-B	Supportive Services		Information and Assistance Public Information Outreach	CASOA							Characteristic	Excellent	Good	Fair	Poor	Don't know
III-B	Supportive Services		Information and Assistance Public Information Outreach	CASOA	greater than 50%	Availability of information about resources for older adults					4% (10)	11% (28)	25% (66)	39% (101)	21% (55)	
III-B	Supportive Services		Information and Assistance Public Information Outreach	CASOA							Question	Very informed	Somewhat informed	Somewhat uninformed	Very uninformed	
III-B	Supportive Services		Information and Assistance Public Information Outreach	CASOA	greater than 50%	In general, how informed or uninformed do you feel about services and activities available to older adults in your community?					9% (23)	37% (97)		24% (63)		
III-B	Supportive Services		Information and Assistance Public Information Outreach	CASOA							Characteristic	Not a problem	Minor problem	Moderate problem	Major problem	Don't know
III-B	Supportive Services		Information and Assistance Public Information Outreach	CASOA	between 25% and 50%	Having adequate information or dealing with public programs such as Social Security, Medicare, and Medicaid					29% (77)	26% (67)	18% (46)	12% (32)	15% (39)	
III-B	Supportive Services		Information and Assistance Public Information Outreach	CASOA	between 25% and 50%	Not knowing what services are available to older adults in your community					21% (54)	19% (50)	19% (50)	21% (54)	20% (52)	
III-B	Supportive Services		Information and Assistance Public Information Outreach	CASOA	less than 25%	Finding affordable health insurance (example added: HICAP)					60% (155)	14% (37)	11% (27)	12% (32)	3% (7)	
III-B	Supportive Services		Information and Assistance Public Information Outreach	CASOA							Characteristic	No	Yes			
III-B	Supportive Services		Information and Assistance Public Information Outreach	CASOA	FYI	Participated in religious or spiritual activities with others (note: this is placed here as it the activity with the 2nd highest percentage of participation out of 10 options, after voting that was 71%)					54% (137)	46% (117)				
III-B	Supportive Services		Information and Assistance Public Information Outreach	CASOA	FYI	Voted in your most recent local election					29% (75)	71% (183)				
III-B	Supportive Services		Information and Assistance Public Information Outreach	Caregiver Interview	greater than 50%	People interviewed did not know of the services provided by ACS and one caregiver is now referring people for our services based on the interview conversation resulting in referrals										
III-B	Supportive Services		Information and Assistance Public Information Outreach	LGBTQI+	greater than 50%	Person with limited visibility did not know about fall prevention assessment										

III-B	Supportive Services	Interpretation / Translation								
III-B	Supportive Services	Legal Assistance	CASOA		Characteristic	Excellent	Good	Fair	Poor	Don't know
III-B	Supportive Services	Legal Assistance	CASOA	greater than 50%	Availability of financial or legal planning services	3% (8)	12% (30)	25% (67)	27% (71)	33% (87)
III-B	Supportive Services	Legal Assistance	CASOA		Characteristic	Not a problem	Minor problem	Moderate problem	Major problem	Don't know
III-B	Supportive Services	Legal Assistance	CASOA	less than 25%	Being treated unfairly or discriminated against because of your age	70% (179)	13% (32)	5% (14)	4% (11)	8% (20)
III-B	Supportive Services	Mental Health	CASOA		Characteristic	Excellent	Good	Fair	Poor	Don't know
III-B	Supportive Services	Mental Health	CASOA	between 25% and 50%	Availability of affordable quality mental health care	2% (6)	9% (23)	20% (51)	25% (64)	44% (114)
III-B	Supportive Services	Mental Health	CASOA	between 25% and 50%	Your overall mental health/emotional wellbeing	30% (80)	42% (112)	23% (61)	5% (12)	0% (1)
III-B	Supportive Services	Mental Health	CASOA		Characteristic	Not a problem	Minor problem	Moderate problem	Major problem	Don't know
III-B	Supportive Services	Mental Health	CASOA	less than 25%	Feeling depressed	59% (151)	23% (59)	9% (23)	8% (20)	2% (5)
III-B	Supportive Services	Mental Health	CASOA	less than 25%	Dealing with the loss of a close family member or friend	53% (135)	21% (53)	12% (31)	8% (20)	7% (17)
III-B	Supportive Services	Peer Counseling								
III-B	Supportive Services	Personal Affairs Assistance								
III-B	Supportive Services	Personal Care	CASOA		Characteristic	Not a problem	Minor problem	Moderate problem	Major problem	Don't know
III-B	Supportive Services	Personal Care	CASOA	less than 25%	Performing regular activities, including walking, eating and preparing meals	66% (170)	16% (42)	13% (34)	3% (7)	2% (4)
III-B	Supportive Services	Personal Care	ACS Data	greater than 50%	In FY 23 Qt 1, 11% of case management clients used homemaker assistance, there are 455 people on the waitlist as of December					
III-B	Supportive Services	Personal Care	Key Informant	greater than 50%	As of mid-January 2024, there are 171 people on waitlist for Respite.					
III-B	Supportive Services	Personal Care	Key Informant	less than 25%	We have 3 waiting, the problem is we are having difficulty finding service providers.					
III-B	Supportive Services	Personal/Home Device	ACS Data	greater than 50%	From July to December 20 people received freedom alert and 29 referrals are on the waitlist as of Dec 2023					
III-B	Supportive Services	Personal/Home Device	Caregiver Interview	greater than 50%	Found care recipient in the floor and had no way to contact caregiver					
III-B	Supportive Services	Program Development								
III-B	Supportive Services	Registry								
III-B	Supportive Services	Residential Repairs/Modifications	CASOA		Characteristic	Excellent	Good	Fair	Poor	Don't know
III-B	Supportive Services	Residential Repairs/Modifications	CASOA	greater than 50%	Availability of accessible housing (e.g., homes with a no step entry, single-floor living, wide hallways and doorways)	3% (7)	16% (43)	26% (69)	27% (71)	28% (73)
III-B	Supportive Services	Residential Repairs/Modifications	CASOA		Characteristic	Not a problem	Minor problem	Moderate problem	Major problem	Don't know
III-B	Supportive Services	Residential Repairs/Modifications	CASOA	between 25% and 50%	Maintaining your home	41% (107)	26% (68)	19% (50)	12% (32)	2% (5)
III-B	Supportive Services	Residential Repairs/Modifications	ACS Data	greater than 50%	As of December 2023, 116 people are on the waitlist for Fall Prevention					
III-B	Supportive Services	Residential Repairs/Modifications	ACS Data	greater than 50%	I&A stated people call for assistance with the purchase/installation of broken windows. Need a handyman assistance but unable to pay.					
III-B	Supportive Services	Residential Repairs/Modifications	Caregiver Interview	greater than 50%	Carerecipient needs fall prevention as does not have strength in legs and has fallen several times.					
III-B	Supportive Services	Residential Repairs/Modifications	LGBTQI+	greater than 50%	Person with limited visibility did not know about fall prevention assessment					
III-B	Supportive Services	Respite Care	Key Informant	greater than 50%	As of mid-January 2024, there are 73 people on waitlist for Respite.					
III-B	Supportive Services	Senior Center Activities	Lolly Hansen Senior Center Forum	greater than 50%	Exercise in the afternoon for those who are not morning people. More pickleball court time.					
III-B	Supportive Services	Senior Center Activities	CASOA		Characteristic	Excellent	Good	Fair	Poor	Don't know
III-B	Supportive Services	Senior Center Activities	CASOA	greater than 50%	Recreation opportunities (including games, arts, library services, etc.)	5% (14)	19% (50)	27% (69)	23% (60)	26% (67)
III-B	Supportive Services	Senior Center Activities	CASOA	greater than 50%	Fitness opportunities (including exercise classes and paths or trails, etc.)	7% (19)	18% (45)	31% (78)	19% (49)	25% (64)
III-B	Supportive Services	Senior Center Activities	CASOA	greater than 50%	Opportunities to enroll in skill-building or personal enrichment classes	3% (7)	7% (18)	20% (52)	20% (52)	50% (131)
III-B	Supportive Services	Senior Center Activities	CASOA	greater than 50%	Opportunities to attend social events or activities	6% (15)	15% (38)	34% (88)	16% (42)	30% (78)
III-B	Supportive Services	Senior Center Activities	CASOA		Characteristic	No	Yes			
III-B	Supportive Services	Senior Center Activities	CASOA	FYI	Used a senior center in your community	85% (218)	15% (39)			
III-B	Supportive Services	Senior Center Activities	CASOA	FYI	Used a public library in your community	71% (176)	29% (73)			
III-B	Supportive Services	Senior Center Activities	CASOA	FYI	Used a recreation center in your community	83% (212)	17% (45)			
III-B	Supportive Services	Senior Center Activities	CASOA	FYI	Participated in a recreation program or group activity	76% (194)	24% (61)			
III-B	Supportive Services	Senior Center Activities	CASOA	FYI	Participated in a club (including book, dance, game, and other social)	74% (191)	26% (67)			
III-B	Supportive Services	Senior Center Activities	CASOA		Characteristic	Excellent	Good	Fair	Poor	Don't know
III-B	Supportive Services	Senior Center Activities	CASOA	greater than 50%	Overall quality of parks and recreation opportunities	8% (20)	31% (81)	45% (117)	12% (32)	4% (10)
III-B	Supportive Services	Senior Center Activities	CASOA	greater than 50%	Overall health and wellness opportunities in your community	4% (10)	39% (101)	36% (94)	13% (34)	9% (23)

III-B	Supportive Services		Senior Center Activities	CASOA	greater than 50%	Overall opportunities for education, culture, and the arts	3% (8)	26% (66)	44% (114)	20% (51)	7% (18)		
III-B	Supportive Services	Goal 3: Inclusion & Equity, Not Isolation / Strategy D: Opportunities to Volunteer and Engage Across Generations	Senior Center Activities	CASOA	greater than 50%								
						Opportunities to volunteer	6% (17)	19% (48)	31% (80)	8% (22)	36% (92)		
III-B	Supportive Services		Senior Center Activities	CASOA		Characteristic	Not a problem	Minor problem	Moderate problem	Major problem	Don't know		
III-B	Supportive Services		Senior Center Activities	CASOA	less than 25%	Feeling bored	49% (127)	31% (79)	13% (35)	6% (15)	1% (4)		
III-B	Supportive Services		Senior Center Activities	CASOA	less than 25%	Finding productive or meaningful activities to do	58% (149)	19% (50)	11% (27)	5% (14)	7% (19)		
III-B	Supportive Services		Senior Center Activities	CASOA	between 25% and 50%	Having interesting recreational or cultural activities to attend	41% (107)	22% (56)	16% (42)	7% (17)	14% (35)		
III-B	Supportive Services		Senior Center Activities	CASOA	between 25% and 50%	Having interesting social events or activities to attend	44% (111)	23% (58)	13% (34)	10% (25)	10% (26)		
III-B	Supportive Services		Senior Center Activities	CASOA		Characteristic	Never	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 to 19 hours	20 or more hours	Don't know
III-B	Supportive Services	Goal 3: Inclusion & Equity, Not Isolation / Strategy D: Opportunities to Volunteer and Engage Across Generations	Senior Center Activities	CASOA	FYI								
						Volunteering your time	54% (139)	24% (63)	7% (19)	5% (12)	2% (6)	5% (13)	2% (6)
III-B	Supportive Services		Senior Center Staffing										
III-B	Supportive Services		Telephone Reassurance Visiting	CASOA		Characteristic	Not a problem	Minor problem	Moderate problem	Major problem	Don't know		
III-B	Supportive Services		Telephone Reassurance Visiting	CASOA	less than 25%	Feeling lonely or isolated	61% (157)	21% (55)	11% (28)	6% (17)	1% (3)		
III-B	Supportive Services		Telephone Reassurance Visiting	CASOA	less than 25%	Having friends or family you can rely on	63% (165)	18% (46)	13% (34)	5% (12)	1% (3)		
III-B	Supportive Services		Telephone Reassurance Visiting	CASOA		Characteristic	Never	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 to 19 hours	20 or more hours	Don't know
III-B	Supportive Services		Telephone Reassurance Visiting	CASOA	FYI	Talking or visiting with friends/family	2% (5)	44% (111)	17% (44)	17% (43)	6% (16)	13% (32)	1% (2)
III-B	Supportive Services		Telephone Reassurance	Caregiver Interview	greater than 50%	Feel depressed as used to do things with her husband and difficult to attend social functions without him. Older adult homebound and appreciated the telephone reassurance during COVID-19 as does not have an active social life							
III-B	Supportive Services		Visiting										
III-B	Supportive Services		Telephone Reassurance	Key Informant	greater than 50%	In Telephone Assurance, we have 60 waiting lists.							
III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy B: Transportation Beyond Cars	Transportation Assisted Transportation	CASOA		Characteristic	Excellent	Good	Fair	Poor	Don't know		
III-B	Supportive Services		Transportation Assisted Transportation	CASOA	greater than 50%	Overall quality of the transportation system (auto, bicycle, foot, bus) in your community	6% (16)	32% (84)	35% (93)	17% (46)	10% (26)		
III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy B: Transportation Beyond Cars	Transportation Assisted Transportation	CASOA	greater than 50%	Ease of travel by public transportation in your community	4% (11)	13% (35)	27% (69)	26% (69)	29% (76)		
III-B	Supportive Services		Transportation Assisted Transportation	CASOA	between 25% and 50%	Ease of travel by car in your community	26% (68)	45% (117)	25% (65)	2% (5)	2% (6)		
III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy B: Transportation Beyond Cars	Transportation Assisted Transportation	CASOA	neutral	Ease of walking in your community	18% (48)	32% (85)	30% (78)	16% (42)	3% (9)		
III-B	Supportive Services		Transportation Assisted Transportation	CASOA	greater than 50%	Ease of bicycling in your community	14% (38)	22% (58)	28% (74)	15% (39)	20% (52)		
III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy B: Transportation Beyond Cars	Transportation Assisted Transportation	CASOA	between 25% and 50%	Ease of getting to the places you usually have to visit	17% (45)	51% (134)	27% (72)	2% (5)	3% (8)		
III-B	Supportive Services		Transportation Assisted Transportation	CASOA		Characteristic	Not a problem	Minor problem	Moderate problem	Major problem	Don't know		

III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy B: Transportation Beyond Cars	Transportation Assisted Transportation	CASOA	less than 25%	Having safe and affordable transportation available	51% (132)	15% (39)	9% (22)	13% (34)	11% (29)
III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy B: Transportation Beyond Cars	Transportation Assisted Transportation	CASOA	less than 25%	No longer being able to drive	68% (175)	8% (22)	3% (7)	6% (14)	15% (38)
III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy B: Transportation Beyond Cars	Transportation Assisted Transportation	CASOA	greater than 50%	I&A stated people living in rural areas are unable to find transportation.					
III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy B: Transportation Beyond Cars	Transportation Assisted Transportation	Key Informant	greater than 50%	Some caregivers do not have access to transportation, special for wheelchair or other special needs.					
III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy B: Transportation Beyond Cars	Transportation Assisted Transportation	Lolly Hansen Senior Center Forum	greater than 50%	Better public transportation in general and more handicap parking spots					
III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy B: Transportation Beyond Cars	Transportation Assisted Transportation	Caregiver Interview	greater than 50%	Transportation for when RTD access does not work. Transportation of people who are wheelchair bound that can cognitively ride RTD by herself but unable to lock the wheelchair by herself-truly ADA accessible					
III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy B: Transportation Beyond Cars	Transportation Assisted Transportation	Public Hearing	greater than 50%	There is a lack of reliable ADA compliant and accessible transportation between cities. The current public transportation is ADA compliant but not accessible as clients who are unable to lock their wheelchairs are unable to use public transportation.					
III-B	Supportive Services	Goal 1: Housing for all stages & ages / Strategy B: Transportation Beyond Cars	Transportation Assisted Transportation	Public Hearing	greater than 50%	Transportation between cities take several hours one way due to the transfers, which is difficult for older adults.					
III-B	Supportive Services		Mobility Management Activities								
III-C	Nutrition Services		Congregate Home Delivered Meals	CASOA		Characteristic	Excellent	Good	Fair	Poor	Don't know
III-C	Nutrition Services		Congregate Home Delivered Meals	CASOA	greater than 50%	Availability of affordable quality food	6% (14)	30% (76)	35% (88)	25% (63)	5% (12)
III-C	Nutrition Services		Congregate Home Delivered Meals	CASOA		Characteristic	Not a problem	Minor problem	Moderate problem	Major problem	Don't know
III-C	Nutrition Services		Congregate Home Delivered Meals	CASOA	less than 25%	Having enough food to eat	71% (185)	13% (35)	9% (23)	5% (14)	1% (3)
III-C	Nutrition Services		Congregate Home Delivered Meals	CASOA	between 25% and 50%	Maintaining a healthy diet	45% (118)	24% (63)	24% (64)	5% (13)	1% (3)
III-C	Nutrition Services		Congregate Home Delivered Meals	CASOA		Characteristic	Not a problem	Minor problem	Moderate problem	Major problem	Don't know
III-C	Nutrition Services		Congregate Home Delivered Meals	CASOA	less than 25%	Performing regular activities, including walking, eating and preparing meals	66% (170)	16% (42)	13% (34)	3% (7)	2% (4)
III-C	Nutrition Services		Congregate Home Delivered Meals	ACS Data	greater than 50%	As of December 2023, 318 people are on the waitlist for Home Delivered Meals					
III-C	Nutrition Services		Congregate Home Delivered Meals	Key Informant	greater than 50%	As of mid-Jan, fewer clients in the congregated meals program since stop delivering, planning on applying for MOW for those who can't come out.					
III-C	Nutrition Services		Nutrition Counseling (C-1/C-2)								
III-C	Nutrition Services		Nutrition Education (C-1/C-2)	ACS Data	FYI	FY 23 Participate in congregated meals because they find the quarterly nutrition education useful - 55%					
III-C	Nutrition Services		Nutrition Education (C-1/C-2)	ACS Data	FYI	FY 24 satisfaction survey, 55% found it very informative/45% Non-informative 23% like their home delivered meals because they found the nutrition education useful.					
III-E	Family Caregiver		Caregiving Assessment								
III-E	Family Caregiver		Caregiving Case Management	ACS Data	greater than 50%	As of December 2023, 455 people are on the waitlist for III E Case Management					
III-E	Family Caregiver		Caregiving Counseling	Key Informant	greater than 50%	In the support category, this service was identified as most needed.					
III-E	Family Caregiver		Caregiving Counseling	LGBTQI+	greater than 50%	*Identified as top 5 of caregiver services *Too busy overwhelmed to look for assistance - mental health					
III-E	Family Caregiver		Caregiving Legal Resources	Caregiver Interview	greater than 50%	Backlogged paperwork-need assistance with completing various paperwork for people in rehab, reports to the state for complaints of rehab center, etc					

III-E	Family Caregiver	Caregiving Legal Resources	LGBTQI+	greater than 50%	*Identied as top five of caregiver services *Legal services aimed to prevent/deter discrimination of LGBTQ+ older adults *Legal and financial planning assistance *Inability to tap into community resources because of immigration *Being unaware of legal protections or rights and either not knowing or being confused with how to seek protections (ex: How to request a reasonable accommodation from your landlord or property management company).															
III-E	Family Caregiver	Caregiving Legal Resources	Key Informant	greater than 50%	*Caregivers sometimes do not have a legal status in the United State which would allow then to qualify for better benefits, services and jobs that could help them help the senior. *Identified as most needed in supplemental services and top five of caregiver services															
III-E	Family Caregiver	Caregiver of Older Adults - CASOA General			<table><tr><th>Characteristic</th><th>Never</th><th>1 to 3 hours</th><th>4 to 5 hours</th><th>6 to 10 hours</th><th>11 to 19 hours</th><th>20 or more hours</th><th>Don't know</th></tr></table>								Characteristic	Never	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 to 19 hours	20 or more hours	Don't know
Characteristic	Never	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 to 19 hours	20 or more hours	Don't know													
III-E	Family Caregiver	Caregiver of Older Adults - CASOA General		between 25% and 50%	Providing care to someone age 55+	65% (163)	16% (40)	4% (10)	6% (15)	1% (3)	8% (19)	1% (2)								
III-E	Family Caregiver	Caregiver of Older Adults - CASOA General		less than 25%	Receiving assistance, paid or unpaid (e.g., with shopping, cooking, etc.) (do not know if IHSS and for self/caregivering of older adult or caregiving of child	84% (213)	8% (19)	4% (11)	1% (4)	0% (1)	2% (4)	1% (2)								
III-E	Family Caregiver	Caregiving of Older Adults - General	CASOA		<table><tr><th>Characteristic</th><th>Not a problem</th><th>Minor problem</th><th>Moderate problem</th><th>Major problem</th><th>Don't know</th></tr></table>								Characteristic	Not a problem	Minor problem	Moderate problem	Major problem	Don't know		
Characteristic	Not a problem	Minor problem	Moderate problem	Major problem	Don't know															
III-E	Family Caregiver	Caregiving of Older Adults - General	CASOA	less than 25%	Feeling PHYSICALLY burdened by providing care for another person (age group not specified)	66% (172)	15% (38)	5% (13)	4% (11)	10% (27)										
III-E	Family Caregiver	Caregiving of Older Adults - General	CASOA	less than 25%	Feeling EMOTIONALLY burdened by providing care for another person (age group not specified)	64% (166)	17% (43)	5% (14)	4% (10)	10% (27)										
III-E	Family Caregiver	Caregiving of Older Adults - General	CASOA	less than 25%	Feeling FINANCIALLY burdened by providing care for another person (age group not specified)	70% (182)	11% (28)	5% (14)	3% (8)	10% (27)										
III-E	Family Caregiver	Caregiving Counseling																		
III-E	Family Caregiver	Caregiving Respite Other- Homemaker	ACS Data																	
III-E	Family Caregiver	Caregiving Respite Other- Homemaker	Dementia Education Forum for Family Caregivers	greater than 50%	Affordability of caregiver respite services in general, interviewing people for the right fit															
III-E	Family Caregiver	Caregiving Respite Other- Homemaker	Caregiver Interview	greater than 50%	Currently pay out of pocket for in home care to watch her during my work. (Dementia severe that would not be able to be accommodated in an adult day care.) Would like relief to be able to grocery shop. Currently go to the store near by and rush in and out as she cannot be left by herself for too long. Have to high proof cabinets, unplug the kitchen. Being able to do things that I would like to do. Cannot take my mom places as she spits which I heard is not uncommon.															
III-E	Family Caregiver	Caregiving Respite in General	Caregiver Interview	greater than 50%	Would like quality time to be with care recipient instead of doing caregiving. Cannot afford help. Interviewing people to find the right fit is difficult.															
III-E	Family Caregiver	Caregiving Respite in General	Key Informant	greater than 50%	Some older adults that are caregivers have less mobility or they may have health problems that do not allow them to focus on the older adult that they are trying to care.															
III-E	Family Caregiver	Caregiving Respite In Home-Supervision	ACS Data	greater than 50%	In FY 23, 50% of case management clients used in home supervision, there are 455 people on the waitlist as of December															
III-E	Family Caregiver	Caregiving Support Groups	Key Informant	greater than 50%	Identified as the second most needed caregiver service															
III-E	Family Caregiver	Caregiving Support Groups	LGBTQI+	greater than 50%	Community resources lacking: Community/peer support															
III-E	Family Caregiver	Caregiving Training	ACS Data	greater than 50%	No waitlist as it is provided to people on III E Case Management; I&A stated people call asking for assistance on how to take care of their parents with dementia and looking for services as they do not know how to caregiver															
III-E	Family Caregiver	Caregiving Training	Key Informant	greater than 50%	Identified as the most needed (first) caregiver service															
III-E	Family Caregiver	Caregiving Training	LGBTQI+	greater than 50%	*Identified as top 5 of caregiver services *Identified as the most needed in th support category *Information about how to work and care for LGBTQ+ older adults															
III-E	Family Caregiver	Caregiving Training	Key Informant	greater than 50%	*Identified as top 5 caregiver services and most needed in support services *Affordable institutions or agencies where the caregiver is taught how to provide better assistance and care to the people they are in charge of caring for. Regardless of their immigration status and low income.															
III-E	Family Caregiver	Caregiving Assistive Technology	Key Informant	greater than 50%	Identied as third needed caregiver services															
III-E	Family Caregiver	Caregiving Consumable Supplies	Caregiver Interview	greater than 50%	Removal of belongings from house as moving to assisted living															
III-E	Family Caregiver	Caregiving Consumable Supplies	Key Informant	greater than 50%	For Supplemental category, identified as most needed and third most needed of caregiver services.															
III-E	Family Caregiver	Caregiving Information Services	Key Informant	greater than 50%	Identified as top five of caregiver services															
III-E	Family Caregiver	Caregiving Services Registry	LGBTQI+	greater than 50%	*Identied as top five of caregiver services *Identified as most needed in the supplemental category															
III-E	Family Caregiver	Caregiving Home Modifications	Key Informant	greater than 50%	Caregivers searched for this service: Home-modifications are available with the county but they have a large waiting list. Identied as fourth needed caregiver services															
III-E	Family Caregiver	Caregiving Information and Assistance	Key Informant	greater than 50%	In the access category, this service was identified as most needed.															
III-E	Family Caregiver	Caregiving Information and Assistance	Key Informant	greater than 50%	Never hear of any resource for caregivers from the county. In the access category, this service was identified as most needed; and fifth of all caregiver services.															

III-E	Family Caregiver	Caregiving Information and Assistance	Key Informant	greater than 50%	*A percentage of caregivers who works in the field, who do not know how to read or write, do not access help because they do not know where they can receive assistance and do not have the time to look for it. On some occasions, there are locations that take advantage of the caregiver due to this situation and their lack of knowledge. *Identified as top five of caregiver services and most needed in access category
III-E	Family Caregiver	Caregiving Information and Assistance	LGBTQI+	greater than 50%	*Identified as most needed in the access category. *Lack of access to culturally competent and sensitive resources that help understand the unique needs of older adults with marginalized identities (i.e., HIV+, LGBTQ+, non-English speakers) *Difficulty being accepted and having an LGBTQ+ caregivers identity affirmed by those they are giving care to. This can lead to caregivers experiencing microaggressions and verbal harassment in addition to hiding their true identity for fear of how it will be received.
III-E	Family Caregiver	Caregiving Information and Assistance- Interpretation/Translation	Key Informant	greater than 50%	The main challenge we notice is the language barrier since in many locations there are no translators. In addition, some caregivers do not read and write in any language.
III-E	Family Caregiver	Caregiving Information and Assistance- Interpretation/Translation	LGBTQI+	greater than 50%	Difficulties surrounding language access where there is either a barrier between the caregiver and the adult or between the caregiver and community resources. With language barriers needs have gotten lost in translation.
III-E	Family Caregiver	Caregiving Respite Other- Homemaker	ACS Data	greater than 50%	In FY 23, 62% of casemanagement clients used homemaker assistance, there are 455 people on the waitlist as of December
III-E	Family Caregiver	Caregiving Respite Other- Homemaker	Key Informant	greater than 50%	As of mid-January 2024, there are 26 people on waitlist for Caregiver Homemaker
III-E	Family Caregiver	Caregiving Respite Other- Homemaker	Caregiver Interview	greater than 50%	Exhausting to maintain two households and do all the errands for the care recipient, need help
III-E	Family Caregiver	Caregiving Respite Other- Homemaker	Dementia Education Forum for Family Caregivers	greater than 50%	Affordability of caregiver respite services in general, interviewing people for the right fit
III-E	Family Caregiver	Caregiving Respite In-Home	LGBTQI+	greater than 50%	*Identified as top 5 of caregiver services
III-E	Family Caregiver	Caregiving Respite In-Home	Key Informant	greater than 50%	*Identified as most needed in the Respite category *Identified as most needed of respite services and top 5 of caregiver services
III-E	Family Caregiver	Caregiving Respite In-Home Personal Care	ACS Data	greater than 50%	In FY 23, 47% of casemanagement clients used homemaker assistance, there are 455 people on the waitlist as of December
III-E	Family Caregiver	Caregiving Respite In-Home Personal Care	Key Informant	greater than 50%	As of mid-January 2024, there are 21 people on waitlist for Caregiver Personal Care.
III-E	Family Caregiver	Caregiving Respite In-Home Personal Care	Dementia Education Forum for Family Caregivers	greater than 50%	Affordability of caregiver respite services in general, interviewing people for the right fit, family member too big/heavy to assist with personal care, especially the shower
III-E	Family Caregiver	Caregiving Respite In-Home Supervision Respite Out-of-Home Day Care Adult Day Care/Adult Day Health/ Alzheimer's Day Care Services	CASOA		
III-E	Family Caregiver	Caregiving Respite In-Home Supervision Respite Out-of-Home Day Care Adult Day Care/Adult Day Health/ Alzheimer's Day Care Services	CASOA	greater than 50%	
III-E	Family Caregiver	Caregiving Respite In-Home Supervision Respite Out-of-Home Day Care Adult Day Care/Adult Day Health/ Alzheimer's Day Care Services	Key Informant	greater than 50%	*Barrier encountered by caregivers: Primary caregivers could benefit from this when they need relief and are able to have a facility to drop off the care-receiver and handle their own affairs. *Not being able to leave the house due to no supervision for the care receiver. *Little to no time to handle their own affairs because they are busy doing everything for care receiver when they have any extra time. *Older adult caregivers have more time on their hands but are not physically able to step in and help the care receiver. *Adult caregivers usually have full time jobs and do not have enough time to handle the care receiver's day to day needs as well as their own. Both are in need of much relief. *Identified as top (Respite Other), second (respite-in home), and fifth (Out of home Day Care) needdd caregiver services.
III-E	Family Caregiver	Caregiver Respite Out-of-Home Day Care	Key Informant	greater than 50%	Identified as fourth most needed caregiver service.
III-E	Family Caregiver	Caregiver Respite Out-of-Home Overnight			
III-E-G	Family Caregiver – Older Relative	Older Relative-Caregiving Assistive Technology			
III-E-G	Family Caregiver – Older Relative	Older Relative-Caregiver Assessment			
III-E-G	Family Caregiver – Older Relative	Older Relative-Caregiver Case Management			

Characteristic	Excellent	Good	Fair	Poor	Don't know
Availability of daytime care options for older adults	2% (6)	4% (11)	17% (44)	23% (61)	53% (139)

III-E-G	Family Caregiver – Older Relative		Older Relative-Caregiver Legal Consultation			
III-E-G	Family Caregiver – Older Relative		Caregiver of Children - General	CASOA		
III-E-G	Family Caregiver – Older Relative		Caregiver of Children - General	CASOA	less than 25%	
III-E-G	Family Caregiver – Older Relative		Caregiver of Children - General	CASOA	FYI	
III-E-G	Family Caregiver – Older Relative		Caregiver of Children - General	CASOA		
III-E-G	Family Caregiver – Older Relative		Caregiver of Children - General	CASOA	less than 25%	
III-E-G	Family Caregiver – Older Relative		Caregiver of Children - General	CASOA	less than 25%	
III-E-G	Family Caregiver – Older Relative		Caregiver of Children - General	CASOA	less than 25%	
III-E-G	Family Caregiver – Older Relative		Older Relative-Caregiver Counseling			
III-E-G	Family Caregiver – Older Relative		Older Relative-Caregiver Support Groups			
III-E-G	Family Caregiver – Older Relative		Older Relative-Caregiver Training			
III-E-G	Family Caregiver – Older Relative		Older Relative-Caregiving Consumable Supplies			
III-E-G	Family Caregiver – Older Relative		Older Relative-Caregiving Services Registry			
III-E-G	Family Caregiver – Older Relative		Older Relative-Caregiving Home Modifications			
III-E-G	Family Caregiver – Older Relative		Older Relative-Information and Assistance			
III-E-G	Family Caregiver – Older Relative		Older Relative-Caregiver Information Services			
III-E-G	Family Caregiver – Older Relative		Older Relative-Caregiver Other Respite			
III-E-G	Family Caregiver – Older Relative		Older Relative-Respite In-Home			
III-E-G	Family Caregiver – Older Relative		Older Relative-Respite Out-of-Home Day			
III-E-G	Family Caregiver – Older Relative		Older Relative-Respite Out-of-Home Overnight			
VII	Elder Abuse Prevention		APS-Education and Training			
VII	Elder Abuse Prevention		APS-Educational Materials			
VII	Elder Abuse Prevention	Goal 3: Inclusion & Equity, Not Isolation / Strategy E: Protection from Abuse, Neglect & Exploitation	Adult Protective Services	CASOA		
VII	Elder Abuse Prevention	Goal 3: Inclusion & Equity, Not Isolation / Strategy E: Protection from Abuse, Neglect & Exploitation	Adult Protective Services	CASOA	Less than 25%	
		Goal 3: Inclusion & Equity, Not Isolation / Strategy B: Bridging the Digital Divide	Digital Divide	CASOA		
		Goal 3: Inclusion & Equity, Not Isolation / Strategy B: Bridging the Digital Divide	Digital Divide	CASOA	Less than 25%	
		Goal 3: Inclusion & Equity, Not Isolation / Strategy B: Bridging the Digital Divide	Digital Divide	CASOA	Less than 25%	
		Goal 3: Inclusion & Equity, Not Isolation / Strategy B: Bridging the Digital Divide	Digital Divide	CASOA	Less than 25%	
		Goal 3: Inclusion & Equity, Not Isolation / Strategy B: Bridging the Digital Divide	Digital Divide	CASOA	Less than 25%	

Characteristic	Never	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 to 19 hours	20 or more hours	Don't know
Providing care to someone under age 18	74% (190)	10% (26)	3% (8)	4% (11)	2% (5)	5% (14)	0% (1)
Receiving assistance, paid or unpaid (e.g., with shopping, cooking, etc.) (do not know if IHSS and for self/caregiving of older adult or caregiving of child	84% (213)	8% (19)	4% (11)	1% (4)	0% (1)	2% (4)	1% (2)

Characteristic	Not a problem	Minor problem	Moderate problem	Major problem	Don't know
Feeling PHYSICALLY burdened by providing care for another person (age group not specified)	66% (172)	15% (38)	5% (13)	4% (11)	10% (27)
Feeling EMOTIONALLY burdened by providing care for another person (age group not specified)	64% (166)	17% (43)	5% (14)	4% (10)	10% (27)
Feeling FINANCIALLY burdened by providing care for another person (age group not specified)	70% (182)	11% (28)	5% (14)	3% (8)	10% (27)

Characteristic	Not a problem	Minor problem	Moderate problem	Major problem	Don't know
Being physically or emotionally abused	83% (216)	5% (14)	1% (3)	3% (7)	8% (20)

Characteristic	No	Yes
I have high-speed internet/broadband at home	15% (38)	85% (214)
High speed internet is not available	85% (175)	15% (31)
I can't afford high speed internet	83% (180)	17% (36)
I'm not interested in high speed internet	81% (178)	19% (41)

Goal 3: Inclusion & Equity, Not Isolation / Strategy B: Bridging the Digital Divide	Digital Divide	CASOA	Less than 25%	High speed internet is available, but is not reliable	77% (165)	23% (49)					
Goal 3: Inclusion & Equity, Not Isolation / Strategy B: Bridging the Digital Divide	Digital Divide	CASOA		Characteristic	Several times a day	Once a day	A few times a week	Every few weeks	Less often or never	Don't know	
Goal 3: Inclusion & Equity, Not Isolation / Strategy B: Bridging the Digital Divide	Digital Divide	CASOA	FYI	Access the internet from your home using a computer, laptop, or tablet computer	58% (151)	8% (20)	8% (21)	5% (12)	18% (46)	3% (8)	
Goal 3: Inclusion & Equity, Not Isolation / Strategy B: Bridging the Digital Divide	Digital Divide	CASOA	FYI	Access the internet from your cell phone	61% (156)	10% (24)	9% (22)	1% (1)	18% (45)	3% (7)	
Goal 3: Inclusion & Equity, Not Isolation / Strategy B: Bridging the Digital Divide	Digital Divide	CASOA	FYI	Visit social media sites such as Facebook, Twitter, Nextdoor, etc.	43% (110)	12% (31)	6% (17)	5% (13)	32% (82)	1% (4)	
Goal 3: Inclusion & Equity, Not Isolation / Strategy B: Bridging the Digital Divide	Digital Divide	CASOA	FYI	Use or check email	54% (138)	17% (42)	12% (30)	2% (6)	14% (35)	1% (3)	
Goal 3: Inclusion & Equity, Not Isolation / Strategy B: Bridging the Digital Divide	Digital Divide	CASOA	FYI	Share your opinions online	12% (31)	3% (9)	9% (22)	7% (18)	64% (162)	5% (13)	
Goal 3: Inclusion & Equity, Not Isolation / Strategy B: Bridging the Digital Divide	Digital Divide	CASOA	FYI	Shop online	9% (23)	4% (10)	19% (48)	33% (85)	34% (86)	2% (4)	
	HICAP	Caregiver Information greater than 50%		Need health plan for medicine to be delivered at home as live in rural area and older adult cannot drive							
Goal 1: Housing for all stages & ages / Strategy C: Outdoor & Community Spaces for All Ages		CASOA		Characteristic	Excellent	Good	Fair	Poor	Don't know		
Goal 1: Housing for all stages & ages / Strategy C: Outdoor & Community Spaces for All Ages		CASOA	greater than 50%	Public places where people want to spend time	3% (8)	12% (32)	40% (105)	34% (90)	10% (26)		
Goal 1: Housing for all stages & ages / Strategy E: Climate-Friendly Aging		CASOA		Characteristic	Excellent	Good	Fair	Poor	Don't know		
Goal 1: Housing for all stages & ages / Strategy E: Climate-Friendly Aging		CASOA	between 25% and 50%	Availability of mixed-use neighborhoods where people live close to places where they can eat, shop, work, and receive services	3% (7)	26% (67)	32% (83)	31% (80)	9% (24)		
Goal 3: Inclusion & Equity, Not Isolation / Strategy A: Inclusion and Equity in Aging		CASOA		Characteristic	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely	Don't know		
Goal 3: Inclusion & Equity, Not Isolation / Strategy A: Inclusion and Equity in Aging		CASOA	between 25% and 50%	Recommend living in your community to older adults	13% (34)	41% (105)	24% (61)	16% (42)	6% (16)		
Goal 3: Inclusion & Equity, Not Isolation / Strategy A: Inclusion and Equity in Aging		CASOA	between 25% and 50%	Remain in your community throughout your retirement	35% (92)	28% (75)	13% (34)	13% (35)	10% (28)		
Goal 3: Inclusion & Equity, Not Isolation / Strategy A: Inclusion and Equity in Aging		CASOA		Characteristic	Excellent	Good	Fair	Poor	Don't know		
Goal 3: Inclusion & Equity, Not Isolation / Strategy A: Inclusion and Equity in Aging		CASOA	greater than 50%	Openness and acceptance of the community towards older residents of diverse backgrounds	4% (12)	30% (80)	26% (69)	10% (27)	29% (75)		
Goal 3: Inclusion & Equity, Not Isolation / Strategy A: Inclusion and Equity in Aging		CASOA	greater than 50%	Opportunities to participate in community matters	4% (11)	15% (39)	34% (89)	13% (33)	34% (87)		
Goal 3: Inclusion & Equity, Not Isolation / Strategy A: Inclusion and Equity in Aging		CASOA	between 25% and 50%	Opportunities to attend religious or spiritual activities	13% (34)	34% (89)	22% (56)	6% (15)	25% (66)		

Goal 3: Inclusion & Equity, Not Isolation / Strategy A: Inclusion and Equity in Aging	CASOA	greater than 50%	Making all residents feel welcome	3% (8)	33% (87)	32% (83)	14% (37)	18% (47)
Goal 3: Inclusion & Equity, Not Isolation / Strategy A: Inclusion and Equity in Aging	CASOA	greater than 50%	Valuing older residents in your community	7% (17)	26% (67)	27% (71)	18% (48)	22% (58)
Goal 3: Inclusion & Equity, Not Isolation / Strategy A: Inclusion and Equity in Aging	CASOA	greater than 50%	Neighborhoodness of your community	8% (22)	31% (82)	34% (90)	13% (35)	13% (35)
Goal 3: Inclusion & Equity, Not Isolation / Strategy A: Inclusion and Equity in Aging	CASOA		Characteristic	Not a problem	Minor problem	Moderate problem	Major problem	Don't know
Goal 3: Inclusion & Equity, Not Isolation / Strategy A: Inclusion and Equity in Aging	CASOA	Less than 25%	Feeling like you don't fit in or belong	70% (180)	15% (40)	7% (19)	4% (10)	4% (9)
Goal 3: Inclusion & Equity, Not Isolation / Strategy A: Inclusion and Equity in Aging	CASOA	between 25% and 50%	Feeling like your voice is heard in the community	41% (108)	14% (36)	9% (23)	12% (30)	24% (63)
Goal 3: Inclusion & Equity, Not Isolation / Strategy A: Inclusion and Equity in Aging	CASOA		Characteristic (last 12 months)	No	Yes			
Goal 3: Inclusion & Equity, Not Isolation / Strategy A: Inclusion and Equity in Aging	CASOA	FYI	Attended a local public meeting (of local elected officials like City Council or County Commissioners, advisory boards, town halls, HOA, neighborhood watch, etc.)	82% (211)	18% (45)			
Goal 3: Inclusion & Equity, Not Isolation / Strategy A: Inclusion and Equity in Aging	CASOA	FYI	Watched (online or on television) a local public meeting	77% (198)	23% (58)			
Goal 3: Inclusion & Equity, Not Isolation / Strategy A: Inclusion and Equity in Aging	CASOA	FYI	Participated in a civic group (including Elks, Kiwanis, Masons, etc.)	87% (222)	13% (33)			
Law Enforcement	CASOA		Characteristic	Minor problem	Moderate problem	Major problem	Don't know	
Law Enforcement	CASOA	Less than 25%	Being a victim of crime	7% (17)	3% (8)	5% (13)	10% (25)	
Law Enforcement	CASOA	Less than 25%	Being a victim of fraud or a scam	17% (45)	7% (19)	6% (14)	10% (25)	

Caregivers and Key Informants	Percent
<u>Age</u>	
Under age 60	60%
Above age 60	40%
<u>Income Level</u>	
Below Poverty Level	0%
Above Poverty Level	100%
<u>Race</u>	
American Indian or Alaska Native	0%
Asian	10%
Black or African American	40%
Native Hawaiian/Other Pacific Islander	0%
White	50%
<u>Ethnicity</u>	
Not Hispanic	80%
Hispanic	20%
<u>Educational Level</u>	
High School	0%
Technical, Associate, Bachelors or above	100%