



Planning and Service Area 2 Area Agency on Aging



Area Plan
2024-2028



Serving
Seniors
In
Lassen,
Modoc,
Shasta,
Siskiyou,
&
Trinity
Counties

Jill Cox
Chairman,
PSA 2 Executive Board

Nancy Quirus
Chairman,
PSA 2 Advisory Council

Teri Gabriel
Executive Director,
PSA 2 AAA

PSA 2 Area Agency on Aging

June 20, 2024

Dear Reader:

It is with great pleasure that we present the Planning and Service Area 2 Area Agency on Aging's (PSA 2 AAA) Area Plan for Fiscal Years 2024-2028 for services offered in Lassen, Modoc, Shasta, Siskiyou and Trinity Counties.

Funded through the Older American's Act (OAA) established in 1965, and the Older California's Act established in 1980, PSA 2 AAA's primary goal is to plan, and advocate for services to the older adult population and disabled adults in the 5-county region. These services help to keep this population in their homes with the utmost dignity, respect, & independence. Further, PSA 2 AAA focuses on serving those targeted populations least likely to receive services in other arenas - 75 years of age and older; frail; low-income; minority; isolated; and the senior LGBT+ community.

PSA 2 AAA's Area Plan throughout the Fiscal Years 2024 – 2028 addresses the following categories:

- Goals and Objectives which drive the on-going efforts of the Area Agency of Aging
- Projected units of service by program in Fiscal Year 2024-2025 and
- Fiscal summary of funding provided through the California Department of Aging

Within Lassen, Modoc, Shasta, Siskiyou and Trinity counties, the older adult population will continue to grow rapidly over the next several years. Through the continued development of community partnerships in the aging network, and in alignment with California's Master Plan for Aging, PSA 2 AAA strives to work toward the common goal of enhancing the quality of life that older and disabled adults deserve.

We thank you for your interest in the FY 2024/2028 PSA 2 AAA Area Plan. Should you have any questions regarding PSA 2 AAA or its services in your community, please feel free to contact us.

Sincerely,

Teri Gabriel

Teri Gabriel
Executive Director

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2024-2028 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

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

Enclose a copy of the checklist with your Area Plan; *submit this form with the Area Plan due 5-1-24 only*

Section	Four-Year Area Plan Components	4- Year
TL	Transmittal Letter – <i>Can be electronically signed and verified, email signed letter or pdf copy of original signed letter can be sent to</i>	<input checked="" type="checkbox"/>
1	Mission Statement	<input checked="" type="checkbox"/>
2	Description of the Planning and Service Area (PSA)	<input checked="" type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)	<input checked="" type="checkbox"/>
4	Planning Process & Establishing Priorities & Identification of	<input checked="" type="checkbox"/>
5	Needs Assessment & Targeting	<input checked="" type="checkbox"/>
6	Priority Services & Public Hearings	<input checked="" type="checkbox"/>
7	Area Plan Narrative Goals and Objectives:	<input checked="" type="checkbox"/>
7	Title IIIB Funded Program Development (PD) Objectives	<input checked="" type="checkbox"/>
7	Title IIIB Funded Coordination (C) Objectives	<input checked="" type="checkbox"/>
7	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
8	Service Unit Plan (SUP) and Long-Term Care Ombudsman	<input checked="" type="checkbox"/>
9	Senior Centers and Focal Points	<input checked="" type="checkbox"/>
10	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
11	Legal Assistance	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
14	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
15	Governing Board	<input checked="" type="checkbox"/>
16	Advisory Council	<input checked="" type="checkbox"/>
17	Multipurpose Senior Center Acquisition or Construction	<input type="checkbox"/>
18	Organization Chart	<input checked="" type="checkbox"/>
19	Assurances	<input checked="" type="checkbox"/>

SECTION 1

MISSION STATEMENT

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Planning and Service Area 2 Area Agency on Aging

MISSION STATEMENT

To provide effective community leadership that assures the provision of services for the benefit of older adults and adults with functional impairments which promote the ability to remain at home with maximum dignity, choice, and independence.

(As required by the California Department of Aging)

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.



California Department of Aging

MISSION STATEMENT

Lead California's aging network through future-focused planning, equitable programs, and collaborative partnerships that support older adults, people with disabilities, and caregivers.

SECTION 2

DESCRIPTION OF THE PLANNING AND SERVICE AREA

DRAFT



Planning and Service Area 2
Area Agency on Aging

SERVICE REGION



Planning and Service Area 2 Area Agency on Aging

Description

Established in 1980, Planning and Service Area 2 Area Agency on Aging (PSA 2 AAA) is a Joint Powers agency providing aging and adult services in Lassen, Modoc, Shasta, Siskiyou, and Trinity Counties. As one of thirty-three (33) planning and service areas in the California Senior Network, each Area Agency is charged with creating a unique system of service delivery which will best meet the specific needs of the older adults and adults with functional impairments within their communities. All Area Agencies share a common mission of preserving independence, dignity, and choice to enable our populations to “age-at-home” and prevent premature institutionalization.

The Older Americans Act (OAA) and the Older Californians Act (OCA) states that the Area Agency shall be the leader relative to all aging issues. This involves a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation - all of which are designed to lead to the development or enhancement of comprehensive and coordinated community-based systems of care for older and disabled adults.

PSA 2 AAA Profile



Geography

PSA 2 AAA is the third largest Planning and Service Area in the state of California, covering 22,774 square miles. Not only is PSA 2 AAA larger than nine (9) separate states in the US, it is larger than the states of Connecticut, Massachusetts, Delaware and New Jersey combined! Each of the five counties in PSA 2 AAA has high mountain ranges, winding valleys, numerous lakes, national forests and wilderness areas. Two active volcanoes dominate the surrounding forests. A large majority of land is controlled by the Federal Government as National Forest. All counties, with the exception of Shasta, are considered to be either rural or frontier.

Travel, when weather permits, requires patience and is always a challenge. To travel the PSA 2 AAA by car from the eastern border to the western border requires seven hours under ideal conditions. Travel from north to south takes more than three hours. Residents in many areas must travel 2-3 hours, one way, to reach medical help and other needed services. The large expanse, mountainous terrain, and inclement weather challenge all service providers to meet the needs of the older adults and adults with functional impairments.

Weather

Weather conditions in the PSA 2 AAA are reflective of all four seasons and are as widely varied as the terrain. Summer temperatures reach upward to 110 degrees; winters are characterized by snow, ice, fog, and high winds with temperatures occasionally below 0 degrees. Entire towns may be isolated for days at a time during a heavy winter; it is not uncommon for folks to find themselves “snowed-in” while they wait out storms.

Electricity is not available in several areas of PSA 2 AAA and, if available, is known to fail during the winter stormy season. Great travel distances, geographic location, and inclement weather are all key elements in every

decision affecting services for the older adults and adults with functional impairments.

Demographics

While those aged 60 and older qualify for services, the Older Americans Act (OAA) & the Older California's Act (OCA) mandates that specific populations be “targeted” for services. These populations include the aged 75 and older, frail, minority, low income, minority & low-income, most vulnerable, home-bound, senior LGBT community and institutionalized persons. To identify those individuals which are “targeted” for services, demographics play a very important role.

Each of the five counties is characterized by the lack of a centralized population. Small cities and townships are sprinkled throughout the mountains, valleys and limited flat land. With the exception of Redding in Shasta County, most residents dwell in unincorporated areas. The words “geographic isolation” and “rural” are common phrases which describe the average of 3.1 seniors per square mile within the PSA.

The following offers a more in depth review of the PSA 2 AAA demographics:

POPULATION - 2019*

- 100.% total population count is 278,786
- 22.2% of the total population is aged 60 and older (60+)
- 8.37% of the total population, or 38.21% of the aged 60+ population is aged 75+

BELOW POVERTY LEVEL *

- 12.9% of the 60+ population are below poverty level
- 20.45% of the 60+ population below poverty level are 75+

ETHNICITY OF POPULATION **

- 76% Non-Minority
- 2% African American
- 3% American Indian/Alaskan Native
- 3% Asian
- 2% Native Hawaiian/Pacific Islander
- 2% Multi-Race
- 12% Hispanic

LOW INCOME MINORITY (WITH INCOME BELOW 125% OF POVERTY LEVEL) ***

- 89.9% Non-Minority
- .7% African American
- 2.3% American Indian/Alaskan Native
- 1.6% Asian
- .2% Native Hawaiian/Pacific Islander
- .6% Other
- 1.8% Multi-Race
- 3.0% Hispanic

* Source: U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates

** * Source California Department of Finance, Population Projections 2010-2060

Resources in the region are scarce within most counties. The timber-based industry is dwindling which has had a devastating effect on the local economy. With no other primary industry to offer employment, counties have had to watch helplessly as families leave the area to seek a more stable employment environment.

Additionally, reduced funding has required that many federal, state and local government agencies downsize, freeze wages, and suffer a huge employee turnover rate. Counties in the region are beginning to develop and encourage new industry to adjust to this downward spiral. The economic pressure to develop “soft” industries, such as tourism, offers hope that the communities may be able to regenerate the dwindling population and economic base.

Services for the older adults and adults with functional impairment face severe economic challenges ahead, given the major shifts in the economic base, the ever-looming threat of OAA & OCA funding reductions, and the expected growth in the senior population due to the retiring “Baby Boomers” generation.

Human Resources

Although the north state faces severe economic challenges, its human resource potential may be the most valuable asset in the fight to persevere. People living in this rugged far northern area of California have a deep sense of pride in their beautiful high country. Many have paid a high price to leave their urban life to settle into our serene and majestic setting. While enjoying their quality of life, these rural communities share a sense of commitment and friendliness to those around them. The overall philosophy is that they’ve “never met a stranger”. It is this spirit of community and the self-sufficient nature of the individuals which will nurture ongoing services to seniors and their communities within this five-county region.

Service Delivery

California has separate state and county departments for aging, health, mental health, welfare and developmental and rehabilitative services. In each state planning and service area, the Area Agency on Aging must develop links to coordinate the aging and adult services.

The systems of service in the PSA2AAA range from elaborate to nearly non-existent. All counties have the basic Medicaid reimbursed health, mental health and in-home services, in addition to the OAA and OCA programs such as Information and Assistance, Congregate Meals and Home Delivered Meals Programs, Legal Services, Health Insurance Counseling and Advocacy Programs, and Long-Term Care Ombudsman Program. In-Home and transportation services for seniors and other groups are varied and limited. There is an increasing need for Adult Day Care, In-Home and Respite programs. There is also a need for technology to provide outreach services to the smaller communities within each county. Home and community-based services to seniors are continuing to develop based on the resource and the sophistication of services available. Most counties are facing limited funding and must therefore re-examine the development of a new system of service.



Lassen County

Lassen County, with a population of 29,904 in 2022 (RCRC) (not including incarcerated members listed below), Lassen County, located 280 miles northeast of San Francisco, is said to be one of the undiscovered jewels in Northern California. Extending from Lassen Volcanic National Park east to the Nevada border and north to Modoc County, Lassen County, incorporated in 1864, is primarily a mountainous region. Comprised of 4,720 square miles, approximately the size of Connecticut, Lassen County is an outdoor recreation paradise with 91,700 acres of land covered by inland water. Though distinctively rural, Lassen County's terrain encompasses forested plateaus, green mountains, snow-capped peaks and open agricultural valleys.

Much of Lassen County is encompassed by a large volcanic plateau. A portion of Lassen Volcanic National Park lies in the southwest region of the county. This volcanic plateau provides a variety of activities for the outdoor enthusiast. Cool mountain streams, wandering brooks, including the clear blue Eagle Lake, are sprinkled throughout the county offering exceptional fishing opportunities with rainbow and German brown trout, bass and catfish. An abundance of hunting opportunities is also available for the avid hunter.

Home to approximately 16,537 people as of the year 2014, the city of Susanville has been established as the county seat. The city is located at the north end of the Honey Lake Valley, beautifully set amidst some of the most spectacular volcanic surroundings found in California. Susanville is the commercial center for this region which offers a wide variety of businesses, health facilities, restaurants and more.

Approximately eight miles outside the city of Susanville are the California Center of Corrections and the High Desert State Prison. These facilities provide high to medium high security for approximately 7,500 inmates.

Westwood is located just west of Susanville in what is known as timber country. In the 1800's this town was one of the largest company lumber towns in the west. Eagle Lake, the second largest natural lake in California, offers a variety of outdoor activities including fishing and camping. Big Valley, located in the northern region of Lassen County is one of the regions richest game and waterfowl areas.

With its abundance of natural resources, Lassen County is supported by the resource based lumber production activities and recreational tourism. Government is the largest employer (approximately 60 percent of the total non-agricultural employment), while agriculturally, alfalfa hay is the most valuable crop in the area (approximately 25 percent of the total crop value for the county).

DEMOGRAPHICS

- As of 2022, total population was 29,904 (RCRC), of which 17.5% (census.gov) were aged 60+ and 6.18% (census.gov) were aged 75+ (RCRC)
- The population density is roughly 6.8 (RCRC) people per square mile

TARGETED POPULATIONS

- Seniors Aged 75+ 6.18% (census.gov)
- Poverty 15.8% (census.gov)

AGRICULTURE - Top Crops

- Hay - Alfalfa, Grain, Other
- Cattle - Steers, Heifers, Cows
- Nursery Plants, Strawberries

LABOR FORCE

- Total population unemployment rate in 2022 was 6.2% (RCRC), compared to 4.1% statewide (RCRC)
- The labor force in 2016 was 10,520 (RCRC).

INCOME

- In 2022, the county median household income was \$59,515 (census.gov)
- The per capita income was \$23,646(census.gov)
- Poverty rate in 2022 was 18.8% (census.gov)

HOUSING

- With total housing units in the year 2022 at 12,239 (census.gov), there was an average of 2.23 (census.gov) individuals per housing unit.

CLIMATE

- Average Maximum Temperature – 90 degrees
- Average Low Temperature – 40 degrees
- Average annual precipitation – ranges from 10” to 15”

- Average annual snowfall – ranges from 22” to 50”

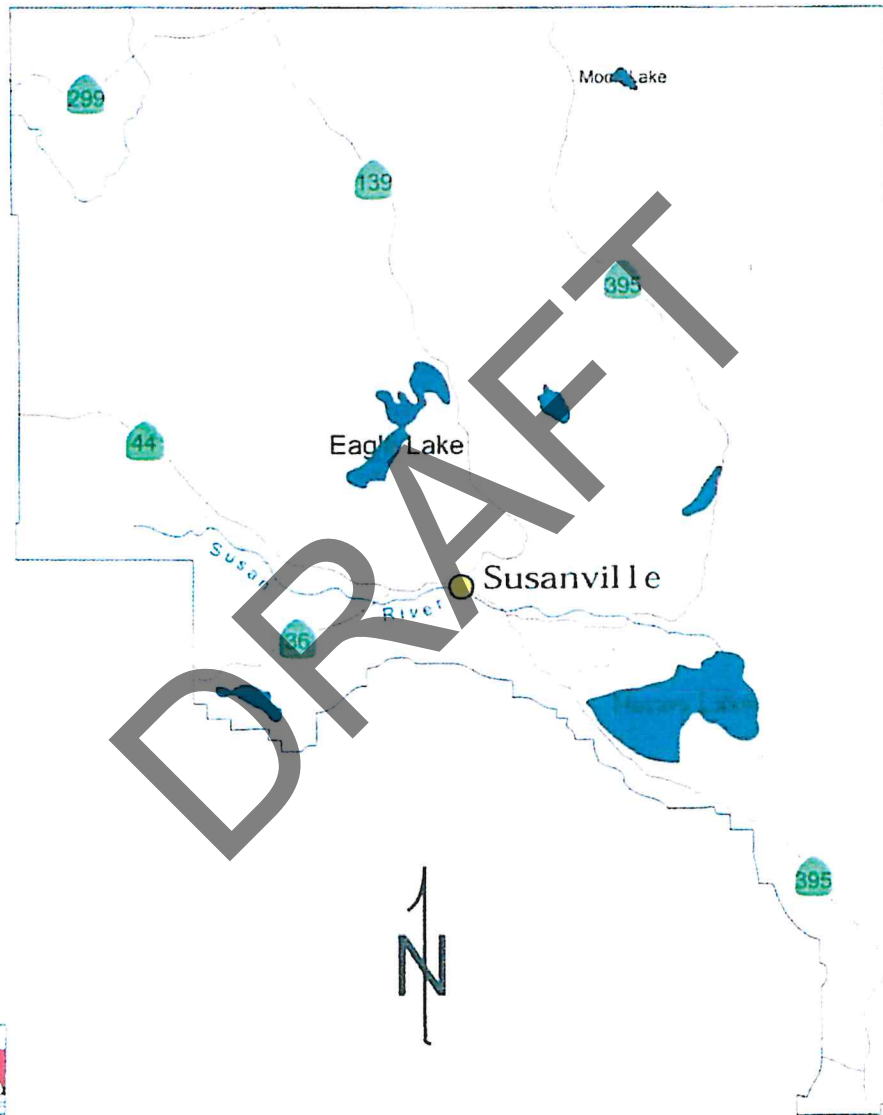
References:

<https://www.census.gov/quickfacts/fact/table/lassencountycalifornia/PST045222>

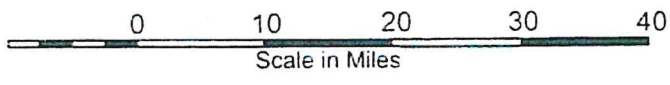
https://www.rcrcnet.org/sites/default/files/useruploads/Documents/Advocacy/Economic_Development/County_Profiles/2018%20Lassen%20Economic%20&%20Demographic%20Profile.pdf

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Lassen County



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Modoc County

Modoc County, with a population of 8,511 as of 2022 (RCRC), encompasses the extreme northeast between Shasta Cascade Range and the Great Basin region of California. The county is comprised of 4,203 square miles of unspoiled, unpolluted, and un-crowded high desert splendor. With elevations ranging from 4,000 to 10,000 feet, 90 percent of the county is comprised of national forests, refuges and wilderness areas. Modoc County is bordered on the north by the state of Oregon, on the east by the state of Nevada, on the south by Lassen and Shasta Counties and on the west by Siskiyou County. Originally a part of Siskiyou County, Modoc County, with its rich Indian lore, scenic beauty and abundant resources, became its own entity in 1874.

Modoc County was named by the Modoc Indians meaning “The Smiles of God” because of their intense love for the land which is comprised of rugged lava plateaus, fertile valleys and majestic mountains. Comprised of 70 percent public owned forest and wilderness, Modoc County’s high desert climate provides warm dry summers, perfect for the outdoor enthusiast to enjoy camping, fishing, cross-country skiing and other outdoor activities. With more than 250 miles of trout streams and over 4,000 acres of lakes and reservoirs, Modoc County is a dream come true for hunters and fishermen.

Alturas, with a population of 2,692 in 2022, is the largest city in Modoc County. At an elevation of 4,446 ft., this city serves as the seat of Modoc County. Alturas (Spanish for “Valley on Top of a Mountain”) is located in the broad valley of the Pit River in the center of the county at the junction of Highways 395 and 299. Formed by the erosion and rebuilding of the volcanic flows of the Modoc Plateau, the valley is set on a prehistoric lakebed. The city is bordered on the south by the Modoc National Wildlife Refuge, the location of the natural preservation of wetlands. Marshes, forests, plains and lakes found in this area provide habitat for many types of wildlife.

East of Alturas, one the most beautiful mountain ranges, the Warner Mountains, can be found. The Warner Mountains, often referred to as “Where the West Still Lives,” encompasses a major portion of Modoc National Forest. At over 70,000 acres, this area offers an abundance of wildlife and excellent recreational opportunities. Other areas of the county includes Surprise Valley, Jess Valley and Fandango Pass, all of which are considered to be the best ranching valleys in Northern California.

Picturesque and unspoiled Big Valley, tucked between high mountain peaks, consists of the towns of Adin, Lookout, Bieber, and Nubieber. All of these towns border the 14,100 acres of the Ash Creek Wildlife area. It is said that, during the winter months, nearly one-half of the world's population of Cackling Geese migrate here.

Settlers arriving in this area in the early 1800's began logging and farming in this region. Until recently, agriculture and logging had been the main source of employment for residents of Modoc County. However, due to the restrictions on logging and water rights, numerous town businesses, including several mills, were forced to close their doors.

Currently, the major employers in the area are government, agriculture, services, wholesale/retail and manufacturing. In Surprise Valley, cattle ranching and alfalfa hay production are still the leading enterprises in the area.

DEMOGRAPHICS

- As of the year 2022, total population was 8,511 (RCRC), of which 30.4% (census.gov) were aged 60+ and 13% were aged 75+ (RCRC)
- Roughly 2.4 people per square mile (RCRC).

TAREGETED POPULATIONS

- 75+ 13% (RCRC)
- Poverty 19.9% (Census)

AGRICULTURE – Top Crops

- Hay, Alfalfa
- Cattle and Calves
- Potatoes, Irish

LABOR FORCE

- Total population unemployment rate in 2022 was 8.5% (RCRC), compared to 5.4% statewide (RCRC)
- The labor force in 2022 was 4,093 members (RCRC).

INCOME

- In 2022, the county's median household income was \$54,962 (census.gov)
- The per capita income in 2022 was \$28,860 (census.gov)
- Poverty rate in 2022 was 19.9% in the county (census.gov).

HOUSING

- Total housing units in 2022 were 4,767 (census.gov). This is an average of 2.31 (census.gov) individuals per housing unit.

CLIMATE

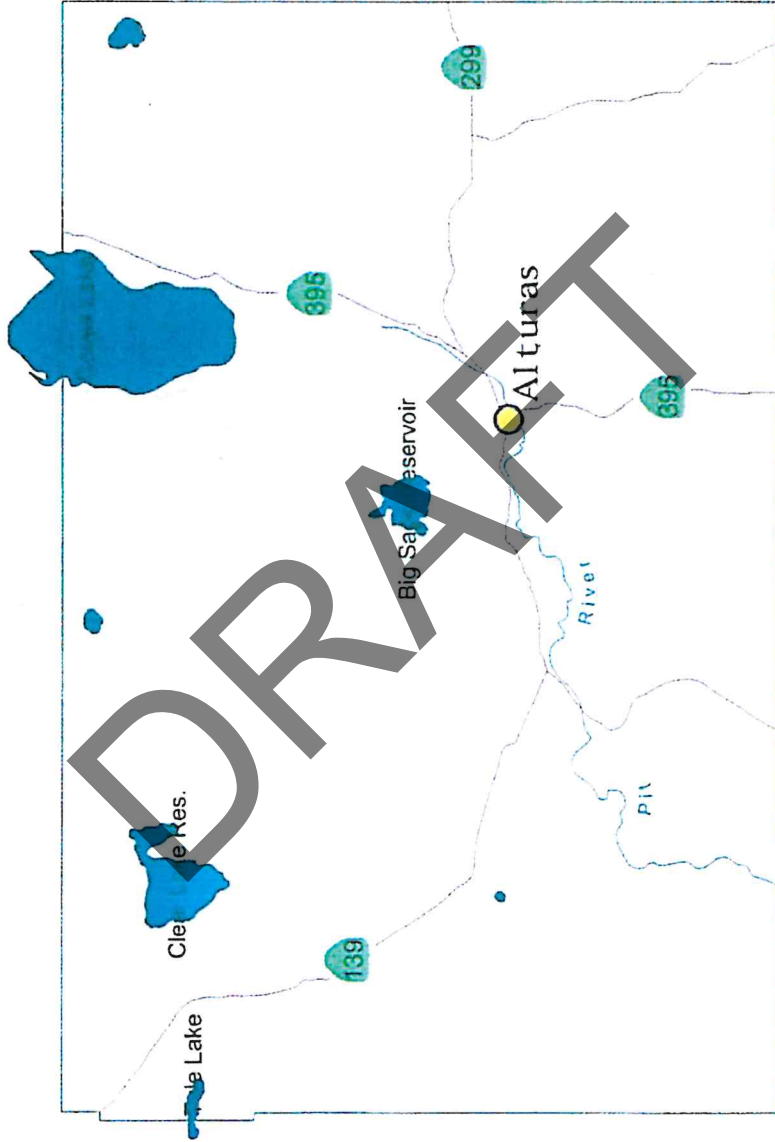
- Average Maximum Temperature – mid-80's
- Average Low Temperature – low 40's
- Average annual precipitation– ranges from 12" to 18"
- Average annual snowfall – ranges from 20" to 55"

References

<https://www.census.gov/quickfacts/fact/table/modoccountycalifornia/PST045222>

https://www.rcrcnet.org/sites/default/files/useruploads/Documents/Advocacy/Economic_Development/County_Profiles/2018%20Modoc%20Economic%20&%20Demographic%20Profile.pdf

Modoc County





Shasta County

Shasta County, with a population of 180,930 in 2022 (RCRC), and located at the northern end of the Sacramento Valley, is 160 miles north of Sacramento and 230 miles north of San Francisco. Comprised of 3,847 square miles and incorporated in February 1850, Shasta County was named after Mt. Shasta.

Pristine snow-capped mountain views, numerous streams and rivers, and colorful wildflowers enhance the beauty of this region. In addition, the county is home to Shasta Lake (California's largest lake which holds the nickname "Houseboat Capital of the West"), Whiskeytown Lake (considered the jewel of the Whiskeytown Shasta-Trinity National Recreation Area), Castle Crags State Park (known for ancient granite formations), The Pacific Crest Trail, and Mc-Arthur-Burney Falls Memorial State Park (containing 129-foot and underground falls). Nearby Shasta Dam, which is the second largest and highest concrete structure in the United States, and Shasta Lake, with 30,000 surface acres and a shoreline of 370 miles, provide the area's abundant water supply as well as low cost electrical power. There are three incorporated cities within Shasta County: Redding, Anderson and the City of Shasta Lake.

The historic mining town of Old Shasta was the original county seat for Shasta County. At one time, this town was a thriving mining town during Northern California's Gold Rush period. Destroyed by fire in 1853, Old Shasta is now a state park which offers a renovated court house museum, an authentic general store and the remains of several businesses.

Following the destruction of Old Shasta, Redding became the hub of the North state due to its location near the new railroad system and the Sacramento River. Redding, bisected by the Sacramento River, is the seat for Shasta County and is the center for government, retail trade, wholesale trade, commerce and recreation, as well as health and legal services and employment for much of Northern California. Located at the intersection of Interstate 5 and the 299 and 44 highways, Redding is the largest city north of Sacramento covering 70 square miles with a population of 90,725 people the year 2014.

Between 2008 and 2017, the population growth rate of Shasta County was consistently slower than that of California as a whole (RCRC). As of 2017, over half of Shasta County's population lived in its largest city, Redding (RCRC). The city of Redding funds the Turtle Bay Exploration Park, a 300-acre cultural and scientific center with interactive exhibits and special exhibition galleries. This

park, located in the heart of the city, focuses on the Sacramento River's ecosystem and its surrounding forests.

Currently featured at the park are three museums, a summer butterfly house, the Arboretum on the River, Paul Bunyan's Forest Camp and a visitor's center. Also open to the public are a wildlife exhibit, an aviary, 10 different gardens and five fine art exhibits. Crossing the Sacramento River is The Sundial Bridge of Turtle Bay, which is a harp-shaped pedestrian bridge with a clear glass bottom, completed in July 2004 to link the Turtle Bay Exploration Park's north and south campuses.

Located south of Redding are the cities of Anderson and Cottonwood, both located on the Sacramento River. The Anderson River Park and the region's only Outlet Shopping Center are located in Anderson. Located in the eastern region of Shasta County is the rich agricultural area of Fall River Valley which provides 25 percent of the world's wild rice. The town of Burney is also located in the eastern region of Shasta County. The intermountain area offers tranquil lakes, rivers, and the nearby beauty of the McArthur-Burney Falls Memorial State Park.

DEMOGRAPHICS

- As of 2022, total population was 180,930 (RCRC), of which 21.6% (census.gov) were aged 60+ and 6.7% were aged 75+ (RCRC)
- The population density is roughly 47.2 (RCRC) people per square mile.

TARGETED POPULATIONS

- Seniors aged 75+ 6.7% (RCRC)
- Poverty 14% (census.gov)

AGRICULTURE – Top Crops

- Cattle – Stockers and Feeders
- Nursery Plants – Strawberries
- Hay, Other
- Rice, Wild

LABOR FORCE

- Total population unemployment rate in 2022 was 4.9% (RCRC) compared to 5.4% statewide (RCRC)
- Total labor force in 2016 was 1000,597 (RCRC) members.

INCOME

- In 2022, the county's median household income was \$68,347 (census.gov)
- The per capita income in 2022 was \$36,458 (census.gov)
- The poverty rate in 2022 was 14% in the county (census.gov).

HOUSING

- With total housing units in the year 2022 at 80,095 (census.gov), there was an average of 2.49 (census.gov) individuals per housing unit.

CLIMATE

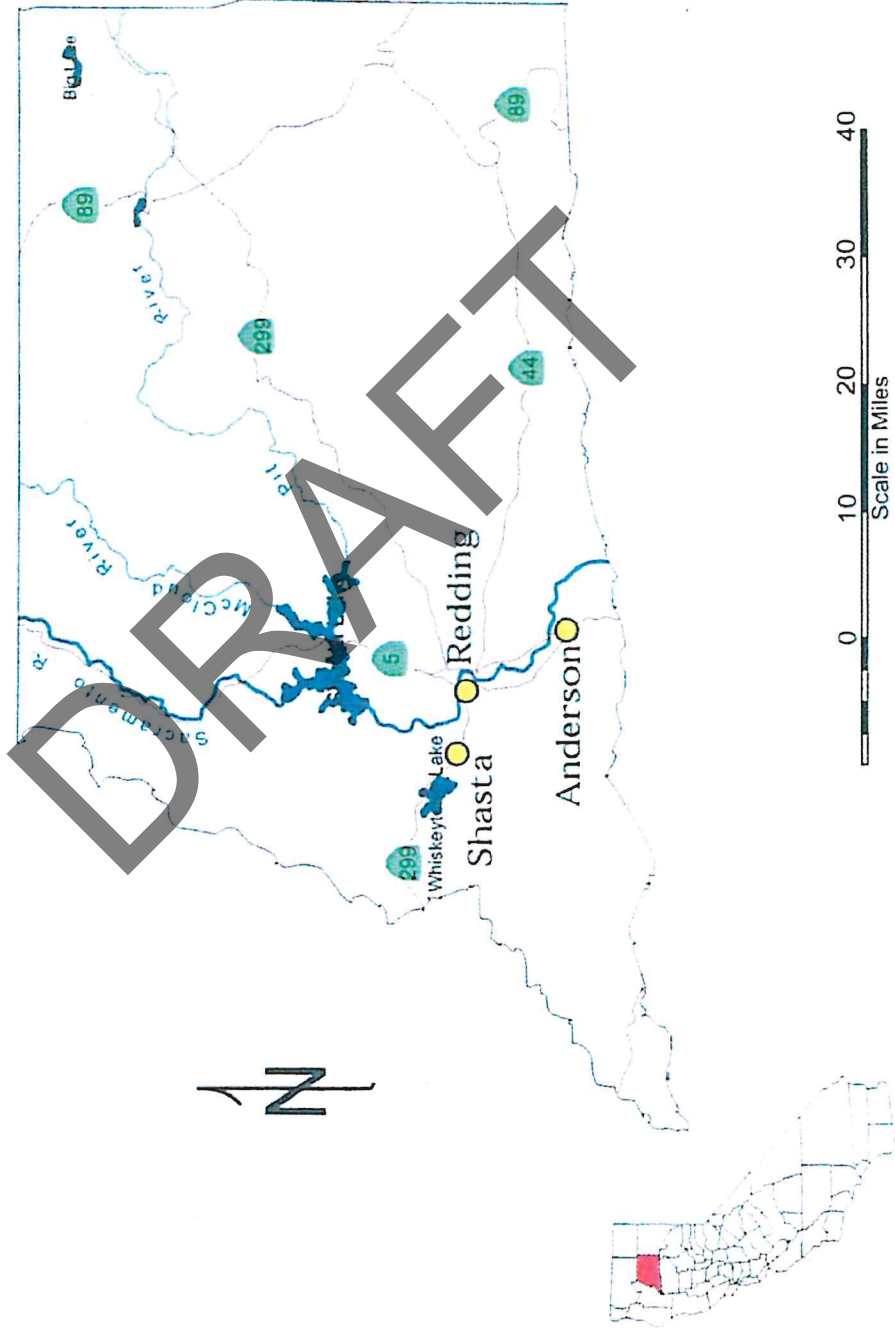
- Average Maximum Temperature – 100 degrees
- Average Low Temperature – 40 degrees
- Average annual precipitation – ranges from 25” to 60”
- Average annual snowfall – up to 10”

References:

<https://www.census.gov/quickfacts/shastacountycalifornia>

https://www.rcrcnet.org/sites/default/files/useruploads/Documents/Advocacy/Economic_Development/County_Profiles/2018%20Shasta%20Economic%20&%20Demographic%20Profile.pdf

Shasta County





Siskiyou County

Siskiyou County, with a population of 43,660 as of 2022 (RCRC), located at the inner region of Northern California just south of the Oregon border, features spectacular natural beauty and scenic cities and towns. Such towns and cities include Yreka, Mt. Shasta, Weed, Dunsmuir, McCloud and Tulelake, as well as Butte Valley, Scott Valley, Shasta Valley, the Klamath River Corridor, and the river communities of Saled Valley and Happy Camp. More than 60% of the land within this county is managed by agencies of Federal and State governments, the Bureau of Land Management, U.S. Department of Fish and Wildlife Services, and the California Department of Fish and Game. These areas are maintained in various National Forests, Parks, Wilderness Areas, National Grasslands, National Wildlife Refuges and State Wildlife Areas.

Siskiyou County, consisting of 6,347 square miles, is one of the most ecologically diverse regions in the world with the blending of several western mountain ranges providing numerous types of habitat along various elevation levels. Some portions of the county are heavily influenced by volcanic forces. From the volcanic landscape of the Lava Beds National Monument to the deep-forested gorges of the Salmon and Scott Rivers, Siskiyou County is a land uniquely comprised of mountains, forests, volcanic plateaus, valleys, and sparkling lakes and streams. Being the fifth largest county in the state by area, Siskiyou County is rich in Gold Rush history with a number of communities being founded during this time in California History.

The city of Yreka, with a population of 7,826 as of the year 2022, was established as the seat of Siskiyou County in March, 1852. Named after the local mountain range, the true origin of the word Siskiyou is unknown. Some say it is the Chinook Indian word for "bob-tailed horse", while others feel it is named after the French term "Six Cailloux", meaning "six-stones" which represent six large stones located in the river where early trappers crossed.

Six major rivers and several streams within Siskiyou County offer an abundance of outdoor activities including rafting, canoeing, kayaking, camping, and fishing. At the southern most region of Siskiyou County, stand the awe inspiring towers of Castle Crags State Park.

Just north of Castle Crags State Park is the majestic Mt. Shasta, California's highest volcano towering at over 14,000 feet. Mount Shasta hosts over 17 various hiking routes. An estimated 15,000 climbers attempt to reach Mt.

Shasta's majestic summit annually, while thousands flock to its local ski park every winter.

DEMOGRAPHICS

- As of the year 2022, total population was 43,660, of which 27.8% (census.gov) were aged 60+ and 8.64% were aged 75+ (RCRC)
- The population density is roughly 7 people per square mile.

TARGETED POPULATION (Indicated as a percentage of the total population)

- Seniors Aged 75+ 10% (RCRC)
- Poverty 16.8% (RCRC)

AGRICULTURE – Top Crops

- Hay, Alfalfa
- Nursery Plants, Strawberry
- Potatoes, Irish
- Cattle, Heifers, Steers, Calves, Cows
- Pasture, Irrigated
- Milk
- Onions
- Wheat

LABOR FORCE

- Total population unemployment rate in 2016 was 8.5% (RCRC), compared to 5.4% (RCRC) statewide
- Total labor force in the year 2016 was 17,920 (RCRC) members.

INCOME

- In 2022 the county's median household income was \$53,898 (census.gov)
- The per capita income in 2022 was \$33,650 (census.gov)
- Poverty rate in 2022 was 16.8% in the county (census.gov).

HOUSING

- With total housing units in the year 2022 at 23,008 (census.gov), there was an average of 2.23 individuals per housing unit (census.gov).

CLIMATE

- Average Maximum Temperature – upper 90's
- Average Low Temperature – low 40's
- Average annual precipitation – ranges from 10" to 60"
- Average annual snowfall – ranges from 18" to 100"

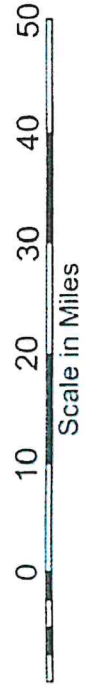
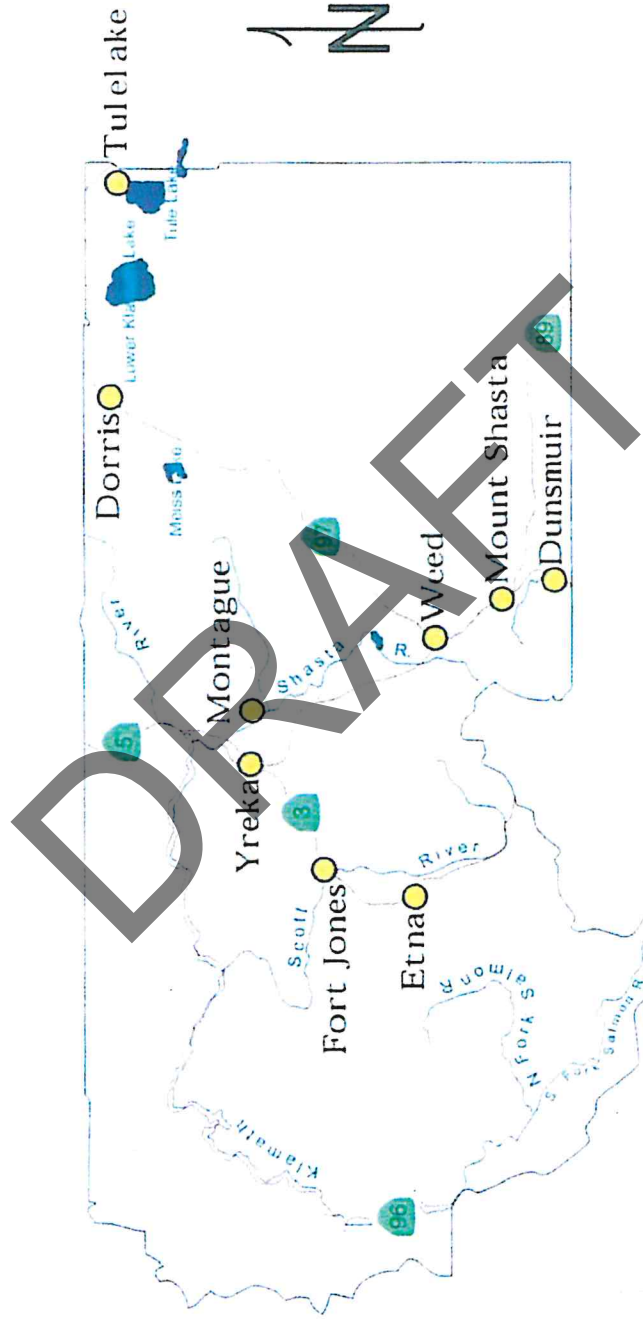
References:

<https://www.census.gov/quickfacts/fact/table/siskiyoucountycalifornia/PST045222>

https://www.rcrcnet.org/sites/default/files/useruploads/Documents/Advocacy/Economic_Development/County_Profiles/2018%20Siskiyou%20Economic%20&%20Demographic%20Profile.pdf

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Siskiyou County





Trinity County

Trinity County, with a population of 15,781 in 2022 (RCRC), is located in the lower regions of the Cascade Mountain Range, halfway between Redding in Shasta County and the Northern Redwood Coast. Trinity County consists of approximately 3208 square miles of alpine splendor. Roughly the size of the state of Vermont, Trinity County would cover an area the size of Texas if it were flattened!

Prior to the statehood of California, Trinity County was established in February 1850. Originally, the county encompassed an area which is now divided into Humboldt, Del Norte and Trinity Counties. The county is comprised of hundreds of miles of Forest Service roads, trails, and old logging tracts which would provide excellent outdoor opportunities for hiking, mountain bike and motor touring.

Predominant features of the county's region include the Trinity River, Trinity Lake and the Trinity Alps. Some of the most breathtaking scenery and natural lakes can be found in the Trinity Alps Wilderness (named for its resemblance of the Swiss Alps). This 500,000-acre wilderness area includes 9,000 foot peaks, saw-tooth ridges, alpine meadows, deep glacial canyons and more than 50 mountain lakes and streams making the Trinity Alps the second largest wilderness area in California and one of the largest in the United States.

In the northeastern region of the county is Trinity Lake, the third largest reservoir in California with 16,000 surface acres and 147 miles of shoreline which encircles the lake. Trinity Lake offers an abundance of still water enjoyment, including jet and water skiing, canoeing, kayaking, rafting, fishing and swimming.

Trinity County has been home to many different ethnic groups, including various Native American tribes. As evidence that the land coincided with their myths and beliefs, drawings on sides of rocks and caves can still be seen which were used for their worshiping rituals and sacred rites.

Long before the gold rush of 1849 and prior to its discovery at Sutter's Mill, it is said that gold was discovered in Trinity County. It was this gold rush which brought thousands of miners to the area thereby initiating the establishment of such towns as Weaverville and Lewiston. Located along Highway 299, Weaverville, serves as the seat for Trinity County. Offering a variety of services, Weaverville is the economic center of the county.

At one point in Weaverville's history, there were just as many Chinese in the region seeking the riches of gold as there were Euro-Americans. Thousands of Chinese settled in the area and quickly established their claims. With them they brought their lifestyles and soon started their own businesses.

In 1852, the Chinese established a Taoist temple of worship which burned down in 1873 and was rebuilt in 1875. To this day, the temple continues to be used as a place of worship. However, by 1865 with the attraction of gold fading, many Chinese either returned to China or moved on to work on the construction of the Central and Union Pacific Railways. By 1906, few Chinese descendants remained in Weaverville, however the signs of their presence still remain a part of this region.

Hayfork is the second largest town within the county which offers a variety of businesses, ranches and signs reminiscent of a frontier village.

DEMOGRAPHICS

- As of the year 2022, the total population was 15,781 (RCRC) with 30.6% (Census.gov) aged 60+ and 10.4% aged 75+ (RCRC)
- The population density is roughly 4.3 (RCRC) people per square mile.

TARGETED POPULATIONS

- 75+ 10.4% (RCRC)
- Poverty 19.1% (RCRC)

AGRICULTURE – Top Crops

- Cattle – Heifers, Steers, Milk Cows, Cull, Bulls, Calves
- Pasture – Range, Irrigated
- Grapes, White
- Fruit and Nut Crops
- Nursery Products
- Hay, Other

LABOR FORCE

- Total county unemployment rate in 2022 was 4.1% (RCRC).
- Total labor force in the year 2022 was 6,312 (RCRC) members.

INCOME

- In 2022, the county's median household income was \$47,317 (census.gov)
- The per capita income in 2022 was \$32,856(census.gov)
- Poverty rate in 2022 was 19.1% in the county (census.gov).

HOUSING

- Total housing units in the year 2022 was 8,186 (census.gov), with an average of 2.17 individuals per housing unit.

CLIMATE

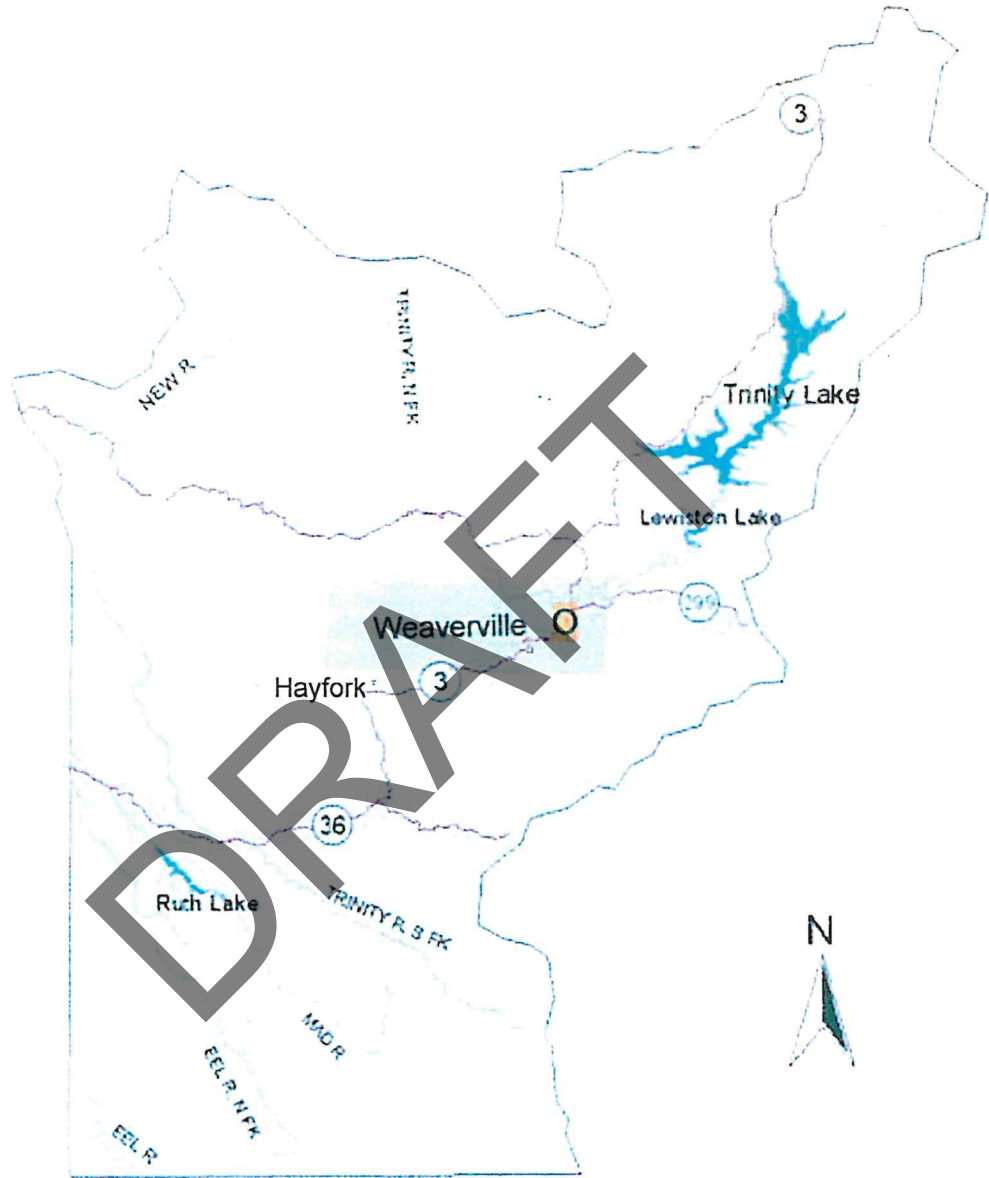
- Average Maximum Temperature – high 90's
- Average Low Temperature – low 40's
- Average annual precipitation – ranges from 38" to 62"
- Average annual snowfall – ranges from 8" to 22"

References:

<https://www.census.gov/quickfacts/trinitycountycalifornia>

https://www.rcrcnet.org/sites/default/files/useruploads/Documents/Advocacy/Economic_Development/County_Profiles/2018%20Trinity%20Economic%20&%20Demographic%20Profile.pdf

Trinity County



SECTION 3

DESCRIPTION OF THE AREA AGENCY ON AGING

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ADMINISTRATION

The Administrative office for the PSA 2 AAA is located in Yreka, California. The relatively small number of staff (three full time positions and one part-time position) works extremely hard to administer approximately \$2,900,000 of funding and to uphold the following mandates directed by the OAA & OCA which are monitored through the California Department of Aging:

Section 1321.53 Mission of the area agency:

- a) The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation designed to lead to the development or enhancement of comprehensive and coordinated community-based systems serving each community in the planning and service area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.
- (b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall:
1. Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
 2. Provide a range of options;
 3. Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter their income;
 4. Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
 5. Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older adults in the community;
 6. Offer special help or targeted resources for the most vulnerable older persons and those in danger of losing their independence;
 7. Provide effective referral from agency to agency to assure that information and assistance is received no matter how or from where contact is made in the community;

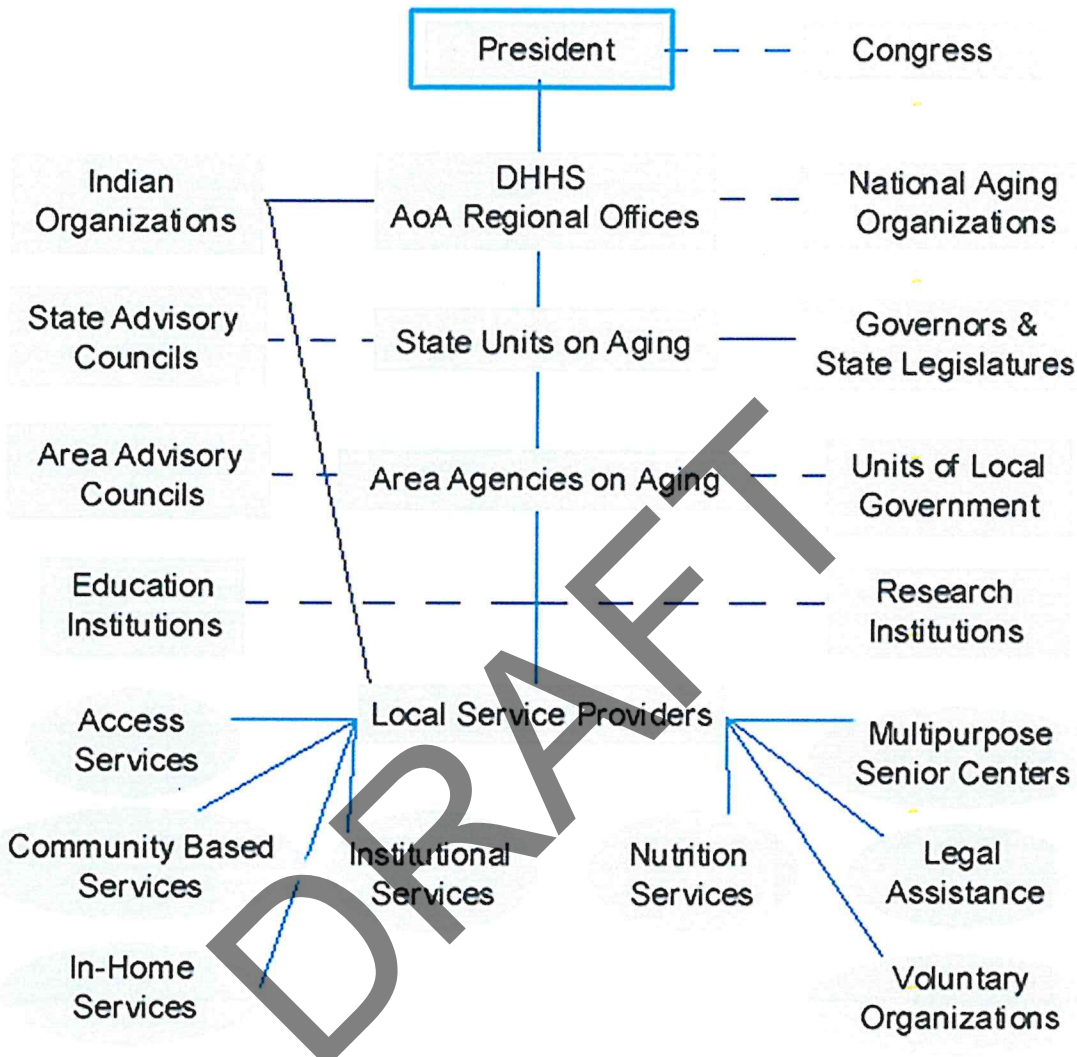
8. Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for vulnerable older persons;
 9. Present a unique character which is tailored to the specific nature of the community;
 10. Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested persons, assess the greatest needs in their community, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.
- c) The resources made available to the area agency on aging under the Older Americans Act are to be used to finance those activities necessary to achieve elements of a community-based systems set forth in paragraph (b) of this section. For the purpose of assuring access to information and services for older adults, the area agency shall work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate. The area agency shall list designated focal points in the Area Plan. It shall be the responsibility of the area agency, with the approval of the State agency, to define "community" for the purposes of this section. Since the Older Americans Act defines focal point as a "facility" established to encourage the maximum collaboration and coordination of services for the older individuals, special consideration shall be given to developing and/or designating multi-purpose senior centers as community focal points of aging. The area agency on aging shall assure that services financed under the Older Americans Act in, or on behalf of, the community will be based at, linked to or coordinated with the designated focal points. The area agency on aging shall assure access from the designated focal points to services financed under the Older Americans Act. The area agency on aging shall work with or work toward assuring that community leadership collaborates with other applicable agencies and institutions in the community to achieve maximum coordination of services and opportunities for the elderly from the designated community focal points. The area agency may not engage in any activity which is inconsistent with its statutory mission prescribed in the Act or policies prescribed by the State under **Section 1321.11**.

The Area Agency provides leadership in advocating for the older adult population within the communities through various platforms such as: the PSA 2 AAA Advisory Council; local hospitals and healthcare centers; county departments such as mental health, public health, adult protective services, and public guardian; county supervisors; contracted service providers; social services; community resource centers; local law enforcement; professional organizations; agencies serving adults with function impairments, Triple A Council of California (TACC), the California State Legislature (CSL), and the local Commissions on Aging. The AAA's Information & Assistance Program also works with advocates from personal Health Care Plans to refer their clients to appropriate resources.

The Area Agency receives funding from the OAA through the California Department of Aging (CDA), and local county match funds from each of the five counties serving our Joint Powers Agreement.

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The Aging Network



Advisory Council and other Relationships

The Area Agency plays a pivotal and fundamental role in the provision of services as the “link” between the older adults, and adults with functional impairments, and the funding streams. To accomplish the forging of this link, the voice of the people must be heard at the Area Agency level through the Advisory Council, as well as through contracted service providers. Concerns of the adult and aging population are then addressed through the direct provision of services or the collaboration with a network of social services and is translated to the California Department of Aging through the implementation of the mandates as set forth by the OAA & OCA.

The PSA 2 AAA Executive Director’s role with the Advisory Council is to serve as a leader and to offer direction in their mission to be the “grassroots voice” of our older adults and adults with functional impairment in the PSA 2 AAA. The Advisory Council is comprised of four representatives from each of the five counties served. The majority of Advisory Council members are aged 60+, have leadership experience, and represent the populations in which we serve. The members bring a voice, from their own experience and communities, as well as from our “targeted populations,” which include minorities, low-income individuals, caregivers, aged 75+, and functionally impaired. This relationship provides a grounding “link” which connects the needs of our populations to the Area Agency.

The PSA 2 AAA Executive Director sits on the Older Adult Policy Council (OAPC), which links the Shasta County department heads and community leaders to a team which is empowered to produce change on an as-needed basis. This provides yet another effort which can implement change based upon the needs of our populations.

The PSA 2 AAA Executive Director also coordinates the Siskiyou Alliance Against the Abuse of Aging and At-Risk Adults (SA6) meetings in Siskiyou County which was formed to take a multi-disciplinary approach to elder abuse. The organizations involved with SA6 are committed to establishing and maintaining an effective coalition which identifies goals and develops strategies to increase awareness of and effectiveness in battling elder abuse in Siskiyou County.

It should also be noted if other such organizations were to develop in the other four counties, it is the intent of PSA 2 AAA to become likewise involved.

SECTION 4

PLANNING PROCESS/ ESTABLISHING PRIORITIES

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SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES

PSA 2 AAA's process to plan for services and establish priorities involves various levels of community engagement including:

- The PSA 2 AAA Executive Board: Oversees the operations of the PSA 2 AAA by approving agency policy, and budgets, and by addressing matters within the PSA which impact the older and disabled adult population the area agency serves. Meetings are held up to eight (8) times per year and are conducted under the Ralph M. Brown Act for public noticing and open participation. The Executive Board is routinely apprised of the top three (3) most requested services as expressed by older and disabled adults and their caregivers who contact the AAA through its Information & Assistance (I & A) Program.
- The Advisory Council: This grassroots council is the voice of the older adult population in each of the five counties served by PSA 2 AAA. Advisory Council members are instrumental in the development of the Area Plan goals and objectives. With meetings taking place ten (10) times per year, the council discusses matters concerning older and disabled adults as well as priority services in their communities.
- Contracted service providers: Comments and concerns regarding older adult services are encouraged by contracted service providers throughout the year. Public concerns from program participants are first addressed by the contracted service providers then directed to the PSA 2 AAA Executive Director as appropriate. Communication between PSA 2 AAA and the contracted service providers is essential in the program planning process in consideration of current funding levels, community needs, and program strategies. Annual service provider meetings are scheduled to encourage communication between counties and to address updates to program regulations or new program funding opportunities available through the California Department of Aging. These meetings aid in ensuring quality service offered to the older and disabled adult population in the region.
- Community-based organizations: The Executive Director sits on the Older Adult Policy Council (OAPC) in Shasta County and the Siskiyou Alliance Against the Abuse of Aging and At-Risk Adults in Siskiyou County as well as participates in other community-based meetings. Current issues related to older adults are brought to the table which have often led to program development and enhanced service delivery due to the broad range of issues discussed.

- Program participant surveys: Conducted at least twice per fiscal year through PSA 2 funded programs, satisfaction surveys provide an opportunity for the AAA and the service provider to address program satisfaction, service enhancements and unmet needs as indicated by the program participant.
- Program staff and volunteer meetings: Routine meetings with I & A staff and volunteers keep the AAA informed of the greatest unmet needs of those older and disabled adults contacting the AAA through telephone communication, the AAA website or on-site communication. Suggestions for enhanced I & A program outreach are also addressed by the AAA to improve program services which ultimately benefit older and disabled adults and their caregivers.
- Program Manager Input: Suggestions to enhance PSA 2 AAA's direct Health Insurance Counseling and Advocacy Program (HICAP) and Long-Term Care Ombudsman Program services are routinely addressed with each Program Manager. Feedback from each direct service program is instrumental in improving program services and ensuring quality care to the program's clients/residents and their caregivers.
- Public comment: Encouraged and considered by PSA 2 AAA, the public is offered the opportunity for comment during each Executive Board and Advisory Council meeting hosted by the AAA as well as during annual Public Hearings. The public takes an avid interest in services provided to the older adult communities within the PSA 2 AAA region. Comments are accepted throughout all levels of PSA 2 AAA services.
- Community Assessment Survey for Older Adults (CASOA): Feedback from the California Department of Aging's CASOA Survey, which was conducted statewide in fall of 2023, provided additional information on service priorities for the region.
- Overall, the priorities derived from the AAA's resources aided in determining the greatest unmet needs in the service region: healthcare, housing, transportation, affording aging, caregiver support, dementia education, in-home care and fraud/scams education.

It is through bridging and encouraging various forms of communication that the PSA 2 AAA planning process remains successful in meeting the goals of the AAA and establishing priorities which are ultimately reflected in the services offered to the older and disabled adult population in the region.

SECTION 5

NEEDS ASSESSMENT & TARGETING

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Needs Assessment

In September of 2023, California Department of Aging (CDA) partnered with Polco, a nationwide survey company, to distribute a Community Assessment Survey for Older Adults (CASOA). The needs assessment surveys focused on the older adult population in California's 58-county service region. The survey was conducted over a one-month period. The services proposed in PSA 2 Area Agency on Aging 2024-2028 Area Plan best reflect the needs addressed during of the CASOA survey process.

Polco began the CASOA needs assessment survey process by reaching households of residents 55 years of age or older who were selected at random. Multiple mailed postcards provided selected households more than one opportunity to participate. A total of 7,400 older adult households were randomly selected throughout California to receive the survey. These households first received an invitation to complete the survey online, followed by a mailed hard copy survey packet which included a cover letter, a copy of the questionnaire and a postage-paid return envelope. A total of 833 completed hardcopy surveys was obtained from within the PSA 2 region, providing an overall response rate of 12.00% and a margin of error plus or minus 3% around any given percent and one point around any given average rating for the entire sample (e.g., average number of caregiving hours). Results were statistically weighted to reflect the proper demographic composition of older adults in the entire community. A total of 73 surveys were completed by open participant survey respondents (online). The open participant surveys were combined with responses from the probability sample survey for a total of 906 returned from PSA 2 Area Agency on Aging's 5-county territory, the equivalent of 1% of PSA 2 AAA's aging and adult population.

Polco compiled, reviewed, and analyzed all data collected from the 906 completed surveys. The summarized results were considered by PSA 2 AAA for Title III B Supportive Services program planning process. While this survey discovered unmet needs and most needed resources overall, it did not reveal the greatest needs of the various social communities such as the LGBTQI+ or communities with chronic conditions such as the HIV/AIDS.

The areas in which the region ratings were **lower** than average statewide survey comparisons included:

- Your community as a whole within the aspects of livability
- The overall quality of life in your community
- Overall economic health of your community
- Overall quality of the transportation system (auto, bicycle, foot, bus) in your community
- Overall feeling of safety in your community

- Overall health and wellness opportunities in your community
- Overall opportunities for education, culture, and the arts
- How would you rate the overall services provided to older adults in your community?
- Quality of employment opportunities for older adults
- Availability of affordable quality food
- Variety of housing options
- Public places where people want to spend time
- Availability of affordable quality physical health care
- Availability of affordable quality mental health care
- Availability of preventive health services (e.g., health screenings, flu shots, educational workshops)
- Recreation opportunities (including games, arts, library services, etc.)
- Making all residents feel welcome

The unmet needs for which a **greater** proportion of residents reported a problem relative to average statewide survey comparisons included:

- Having enough money to meet daily expenses
- Finding affordable health insurance
- Getting the health care you need
- Getting the oral health care you need
- Getting the vision care you need
- Being a victim of fraud or a scam

Using a convergent approach to determine unmet needs of its older adult population, PSA 2 AAA also considered Information & Assistance service referrals that reached the AAA via telephone, in-person, email and website contacts. This data supports similar needs outcomes obtained through various local survey processes.

One local needs assessment survey included the Shasta, Butte, & Glenn County Local Master Plan for Aging (LMPA) funded by the SCAN Foundation. Over a span of 18 months, the LMPA guided by the LMPA Advisory Committee, conducted listening sessions in Shasta County comprised of geographically and demographically diverse older and disabled adults with lived experience with housing, healthcare, and transportation challenges. Results of the listening sessions were analyzed, and a list of findings and comprehensive recommendations was made available to the LMPA Advisory Committee. Subcommittees were formed to determine priority recommendations based on the findings and work continues to plan for and support efforts of agencies with missions dedicated to addressing challenges in the areas of housing, healthcare, and transportation.

Additionally, both Shasta and Siskiyou County Public Health Divisions were awarded Healthy Brain Initiative grants by the California Department of Aging. Community Needs Assessments were conducted by each county. The primary objective of the assessments was to identify and prioritize the needs of the individuals' seeking treatment and provide support for those diagnosed with or caring for those with Alzheimer's Disease or some form of Dementia. Aware of the need for strengthened Title III E Family Caregiver Support Program (FCSP) services, PSA 2 AAA plans to expand III E FCSP services beyond those conducted by contracted service providers by offering direct III E FCSP services in the 2024-2028 Area Plan to help meet the needs of caregivers for loved ones with Dementia/Alzheimer's Disease.

Based on previous PSA 2 AAA needs assessment surveys and recent community surveys, transportation continues to be a very real and high priority need. The vast, sometimes geographically challenging, and largely unpopulated areas of the PSA create an "invisible" barrier for many seniors who may drive with limitations or not at all. Fuel costs are also inhibitive when travelling great distances. Seniors who lack a local support system, such as friends or family, are often "cut off" from services altogether when faced with either or both challenges. Transportation receives the highest allocation of Supportive Services dollars in the PSA 2 region in response to these concerns. This service is essential in maintaining a quality of life which supports the good health and well-being of the older and disabled adults in the PSA.

The next highest need as identified by PSA 2 AAA's Information and Assistance Program data tracking are Legal Services and services to provide help in the home. The top 5 Legal Services requested pertain to Income Maintenance, Health Care, Nutrition, Housing, and Utilities. As the contracted service provider in the PSA region, Legal Services of Northern California addresses the greatest community needs and offers educational workshops for the public on topics such as Estate Planning education.

PSA 2 AAA continues to offer Title III B Homemaker and Chore B Supportive Services funding in the Request for Proposal (RFP) process to meet the communities' needs; however, applications to provide these services were not submitted by community-based organizations in the PSA 2 region in the 2024-2028 RFP process.

Although PSA 2 AAA continuously strives to enhance services on all levels and increase the number of seniors accessing those services through outreach, there remain seemingly insurmountable barriers in reaching the most isolated seniors in its service area due to the lack of existing resources. Despite these challenges, PSA 2 AAA continues to work in concert with local community partners to seek solutions to these barriers and create a more accessible system of services in the PSA 2 region. PSA 2 AAA also plans to continue leveraging existing local survey research findings in an effort to limit survey fatigue for older and disabled adults.

SECTION 6

PRIORITY SERVICES & PUBLIC HEARINGS

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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 64% 25-26 64% 26-27 64% 27-28 64%

In-Home Services:

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

2024-25 1% 25-26 1% 26-27 1% 27-28 1%

Legal Assistance Required Activities:³

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

2024-25 17% 25-26 17% 26-27 17% 27-28 17%

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

- Based on needs assessment findings and in reflection of services requested from the community.

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? Yes or No	Was hearing held at a Long-Term Care Facility? Yes or No
2024-2025	6/12/2024	Dignity Health Connected Living, Redding, CA	3	No	No
2025-2026					
2026-2027					
2027-2028					

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

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

Public Hearing Notice was published in 5-county newspapers, via Facebook, and via community partner email distribution lists including independent living centers, long – term care facilities, and Ombudsman program staff.

2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?

Yes. Go to question #3

Not applicable, PD and/or C funds are not used. Go to question #4

3. Summarize the comments received concerning proposed expenditures for PD and/or C

No comments

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

Yes. Go to question #5

No, Explain:

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

No comments

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

- Family Caregiver Support Program Services and related workshops
- Additional Advocacy for Older and Disabled Adults.
- Interest in learning of community resources available
- Discussion on funding process and Request for Proposal

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

None

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SECTION 7

AREA PLAN NARRATIVE GOALS & OBJECTIVES

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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 # 1

Goal: SERVICE: PSA 2 AAA shall provide services for the benefit of older adults and adults with functional impairments as directed by the Older Americans Act and Older Californians Act which promote the ability to remain at home with maximum dignity, choice, and independence.

Rationale: Services provided under the Older Americans Act and Older Californians Act is essential to enable older adults and adults with functional impairments to remain independent and to prevent premature institutionalization.

List Objective Number(s) <u>A</u> 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
<p>A. The PSA 2 AAA and Service Providers shall provide optimal services consistently throughout the year as directed under the Older Americans Act. These services include:</p> <ul style="list-style-type: none"> ○ Transportation (Access) ○ Legal Assistance ○ Information & Assistance (Access) ○ Program Development ○ Long Term Care Ombudsman ○ Congregate Meals ○ Home Delivered Meals ○ Nutrition Education ○ Family Caregivers Support Programs 	<p>Throughout FY 2024/2028</p>	<p>Title III B Title III B Title III B Title III B Title III C Title III C Title III C Title III E</p>	<p>Ongoing</p>

<ul style="list-style-type: none"> ○ Community Education ○ Disaster Preparedness Materials ○ Elder Abuse Prevention Education Materials and Training ○ Health Promotion – Evidence Based ○ Coordination <p>B. The PSA 2 AAA shall provide optimal services consistently throughout the year as directed under the Older California's Act. These services include:</p> <ul style="list-style-type: none"> ○ Health Insurance Counseling and Advocacy Program (HICAP) 		<p>Title III B Title III B Title VII EAP</p> <p>Title III D</p> <p>Title III B</p> <p>HICAP</p>	
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⁶ 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 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.

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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 # 2

Goal: EDUCATE AND ADVOCATE: To promote the ability to remain at home with maximum dignity, choice, and independence, PSA 2 AAA will provide multi-level education and advocacy on behalf of older adults and adults with functional impairments.

Rationale: As charged by the Older Americans Act and Older Californians Act, the PSA 2 AAA shall serve as the public advocate for the development or enhancement of comprehensive and coordinated community-based systems of services in each community throughout the planning and service area. It is imperative that education and advocacy saturate all levels of community to enable seniors to remain independent and to prevent premature institutionalization.

List Objective Number(s) <u> A </u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title III B Funded PD or C	Update Status
The California Senior Legislature (CSL) representatives shall continue to advocate on behalf of senior services/programs and keep the Advisory Council informed of activity in the CSL.	Throughout FY 2024/28		Ongoing
List Objective Number(s) <u> B </u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title III B Funded PD or C	Update Status
The Advisory Council shall present senior issues to City Councils, County Boards of Supervisors and State Government representatives, and the population at large in their respective regions, to raise awareness, extend outreach and assist in advocating for funding of existing programs as well as new programs.	Throughout FY 2024/28		Ongoing

<p>List Objective Number(s) <u>C</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]</p> <p>With support of the PSA 2 staff, the Advisory Council shall assist with the circulation of Elder Abuse Prevention Awareness Materials and Brochures in each county to enhance efforts to educate the community on the risks and dangers of Elder Abuse and how to report it. Efforts will include partnerships with local organizations to promote Elder Abuse Awareness Month in June each year.</p>	<p>Projected Start and End Dates</p> <p>Throughout FY 2024/28</p>	<p>Title III B Funded PD or C</p> <p>Title III B Elder Abuse</p>	<p>Update Status</p> <p>Ongoing</p>
<p>List Objective Number(s) <u>D</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]</p> <p>The Advisory Council shall assist in the development and the distribution of the PSA 2 AAA Advisory Council News Brief. The PSA 2 AAA Advisory Council News Brief shall address the California Aging & Adult Information Line #1-800-510-2020, senior wellness tips, the benefits of exercise, healthy diet suggestions, new laws affecting seniors, local resources and fall prevention safeguards. This news brief will continue efforts to educate the general public and increase awareness by more visibly promoting access to PSA 2 AAA services.</p>	<p>Projected Start and End Dates</p> <p>Throughout FY 2024/28</p>	<p>Title III B Funded PD or C</p> <p>Title IIIB Information & Assistance</p>	<p>Update Status</p> <p>Ongoing</p>
<p>List Objective Number(s) <u>E</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]</p> <p>The PSA 2 AAA Executive Director and staff shall continue to collaborate with community agencies, such as the county Behavioral Health Services Act Programs, the Institute on Aging, the Shasta Suicide Prevention Collaborative, Shasta Co. Stand Against the STIGMA, and other organizations to address all resources available for mental and physical health promotion for older adults.</p> <p>Select Advisory Council members shall also participate in programs and activities related to mental health wellness to advance outreach and educational efforts for older adults.</p>	<p>Projected Start and End Dates</p> <p>Throughout FY 2024/28</p>	<p>Title III B Funded PD or C</p> <p>Title III B Coordination</p>	<p>Update Status</p> <p>Ongoing</p>

<p>List Objective Number(s) <u>F</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]</p> <p>The PSA 2 staff and Advisory Council members shall promote public education and increase awareness about family caregivers serving our senior population, especially those caring for loved ones with Alzheimer’s disease and Dementia. Guided by the desperate need to support family caregivers, our objectives are to 1. Increase awareness of caregiver’s issues and challenges, 2. Promote education to help family caregivers identify themselves as caregivers, 3. Engage with family caregivers to connect them to support groups available and 4. Promote the connection to training available for family caregivers through various sources. These objectives shall emphasize preventive self-care; promote effective approaches to caring for those with all forms of dementia; and prevent the exploitation and abuse of older adults with dementia.</p> <p>Further, PSA 2 AAA shall work with local professionals to host caregiver support events, classes, and training for family caregivers in the PSA 2 region. The purpose of the events will be to help reduce the rate of caregiver stress and burnout.</p>	<p>Projected Start and End Dates</p> <p>Throughout FY 2024/28</p>	<p>Title III B Funded PD or C</p> <p>Title IIIB Community Education</p>	<p>Update Status</p> <p>Ongoing</p>
<p>List Objective Number(s) <u>G</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]</p> <p>As advocates for the development and enhancement of a community-based systems of service, the PSA 2 AAA Executive Director, staff, and Advisory Council members shall attend meetings of the Older Adult Policy Council (OAPC), Partnership in Action for Trinity Health (PATH), Local Master Plan for Aging Advisory committee (LMPA) and Nutrition Action Partnership (NAP). In coordination with these and other organizations, PSA 2 AAA assists in identifying community strengths & resources to enhance the quality of life for our older adult population. Efforts include increasing public knowledge on resources available and evaluating the effectiveness of services offered to older adults. Data is collected and monitored to measure improved wellbeing of the older adults in PSA 2 AAA region. Members of these organizations collaborate to bring events and education to the older</p>	<p>Projected Start and End Dates</p> <p>Throughout FY 2024/28</p>	<p>Title III B Funded PD or C</p> <p>Title III B Coordination</p>	<p>Update Status</p> <p>Ongoing</p>

adult population in our region.			
<p>List Objective Number(s) <u>H</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]</p> <p>The PSA 2 AAA staff shall continue to participate in bi-monthly Siskiyou County Community Nutrition Advisory Council (CNAC) meetings to address and plan for community nutritional needs of older adults and community access to healthy food options through CA4Health and CalFresh Healthy Living activities. Through PSA 2 AAA's participation, an alliance with CNAC nutrition providers aids the community in addressing issues related to food insecurity, promoting healthy eating and physically active lifestyles for older adults. PSA 2 AAA efforts also promote policies, education and organizational changes in the manner in which food insecurity is addressed with the older adult population.</p> <p>In addition, select PSA 2 Advisory Council members shall participate in Community Nutrition Advisory Council meetings in Shasta and Trinity Counties to represent older adults in CalFresh Healthy Living activities within their communities.</p>	<p>Projected Start and End Dates</p> <p>Throughout FY 2024/28</p>	<p>Title III B Funded PD or C</p> <p>Title III B Coordination</p>	<p>Update Status</p> <p>Ongoing</p>
<p>List Objective Number(s) <u>I</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]</p> <p>The PSA 2 AAA Executive Director shall continue to host meetings and collaborate with the Siskiyou Alliance Against the Abuse of Aging and At-risk Adults (SA6) and other community partners to promote the KNOW ABUSE, REPORT ABUSE campaign to bring an end elder abuse. PSA 2 AAA shall share resources and information which will enable community partners to effectively educate the public and advocate on behalf of older and dependent adults.</p>	<p>Projected Start and End Dates</p> <p>Throughout FY 2024/28</p>	<p>Title III B Funded PD or C</p> <p>Title III B Coordination</p>	<p>Update Status</p> <p>Ongoing</p>
<p>List Objective Number(s) <u>J</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]</p> <p>With the intention of expanding coordination and collaborative endeavors, the PSA 2 AAA Executive Director shall form "new" community partnerships / relationships in an effort to enhance and improve the quality of life for the older adults in the PSA 2 AAA region. Efforts may involve coordinating with local law enforcement agencies, community service groups and non-profit organizations, among other agencies, which</p>	<p>Projected Start and End Dates</p> <p>Throughout FY 2024/28</p>	<p>Title III B Funded PD or C</p> <p>Title III B Coordination</p>	<p>Update Status</p> <p>Ongoing</p>

<p>are not currently supported by Older Americans Act funding. Efforts may lead to specific measurable outcomes and shall have a direct impact on the lives of older adults as partnerships are developed.</p>			
<p>List Objective Number(s) _K_ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]</p> <p>With the support of the PSA 2 AAA Staff, the PSA 2 Advisory Council shall promote and distribute fall prevention education materials, in addition to participating in the YMCA Fall Prevention Coalition Presentations to provide community awareness. These objective compliments the Aging in Place Fall Prevention Program services to provide assistive devices to the older and disabled adult population who may be at risk for falls in their homes. Advisory Council members shall assist with identification of interested community partners in the PSA 2 area, then coordinate with the PSA 2 executive office and assist with fall prevention material distribution to our older adult population. Fall prevention outreach shall be promoted annually during Fall Prevention Awareness Week in September to support on-going mobility of older adults and their maintenance of independence.</p>	<p>Projected Start and End Dates</p> <p>Throughout FY 2024/28</p>	<p>Title III B Funded PD or C</p> <p>Title III B Information & Assistance</p>	<p>Update Status</p> <p>Ongoing</p>
<p>List Objective Number(s) _L_ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]</p> <p>With support of the PSA 2 staff, the Advisory Council shall assist with the circulation of Estate Planning and Advanced Healthcare Directive materials in each county to educate the community on the importance of end-of-life planning for older adults. Efforts shall include communication with local organizations to promote estate and end of life planning to avoid potential elder financial abuse.</p>	<p>Projected Start and End Dates</p> <p>Throughout FY 2024/28</p>	<p>Title III B Funded PD or C</p> <p>Title III B Information & Assistance</p>	<p>Update Status</p> <p>Ongoing</p>

<p>List Objective Number(s) <u>M</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]</p> <p>In response to challenges posed to the older adult community with little to no access to electronic computing devices, technology education and internet services as a means to receive up-to-date information on services, PSA 2 AAA staff shall share information on accessing low-cost internet services, technology education opportunities, and computing devices with the older and disabled adults in the PSA 2 region. These efforts shall help to address this gap in information, technology and innovation commonly known as the Digital Divide.</p>	<p>Projected Start and End Dates</p>	<p>Title III B Funded PD or C</p>	<p>Update Status</p>
<p>List Objective Number(s) <u>N</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]</p> <p>PSA 2 AAA Executive Director and Administrative staff shall continue to support the LTC Ombudsman Program by conducting community outreach to promote the mission of the program and the role of the Ombudsman Program which advocates for the rights of LTC residents and to avoid occurrences of Elder Abuse. PSA 2 AAA and the LTC-Ombudsman partner with community-based organization to promote Elder Abuse Awareness month in June annually.</p>	<p>Projected Start and End Dates</p>	<p>Title III B Funded PD or C</p>	<p>Update Status</p>
<p>List Objective Number(s) <u>O</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]</p> <p>Select Advisory Council members shall assist PSA 2 AAA with the distribution of disaster preparedness materials and related activities to enhance outreach and educational efforts within the PSA 2 region to help prepare older and disabled adults for a disaster or unforeseen emergency due to acts of nature such as, fires, floods, etc. In addition, select Advisory Council members shall participate in local disaster preparedness/planning meetings within their own communities (with partners such as the Office of Emergency Services) to represent the older and disabled adult populations in the disaster preparedness/planning process.</p>	<p>Projected Start and End Dates</p>	<p>Title III B Funded PD or C</p>	<p>Update Status</p>
	<p>Throughout FY 2024/28</p>	<p>Title III B Information & Assistance</p>	<p>Ongoing</p>
	<p>Throughout FY 2024/28</p>	<p>III B Community Education III B Elder Abuse</p>	<p>Ongoing</p>
	<p>Throughout FY 2024/28</p>	<p>III B Disaster Preparedness</p>	<p>Ongoing</p>

Instructions:

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

⁶ 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 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.

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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 # 3

Goal: TRANSPORTATION: Transportation continues to be both a primary service provided by PSA 2 AAA and an ongoing unmet need of great proportion (primarily due to limited funding and the remote geographical area which promotes isolation).

Rationale: PSA 2 AAA will continue to focus in the attempt to meet the need of transportation throughout the major populated areas of the 5-county region through new and creative energies as indicated below.

List Objective Number(s) <u>A</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
Advisory Council representatives shall encourage California Senior Legislature (CSL) members to lobby on transportation issues for the benefit of the PSA 2 region and the older and disabled adults it serves. CSL members are also encouraged to conduct other legislative efforts to advocate on transportation issues.	Throughout FY 2024/28		Ongoing
List Objective Number(s) <u>B</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Advisory Council members shall advocate and educate local legislators and stakeholders on the	Throughout FY 2024/28		Ongoing

need to increase transportation resources and promote mobility management.			
<p>List Objective Number(s) <u>C</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]</p> <p>In an effort to enhance collaborative coordination, the Advisory Council shall identify resources in the community in support of educating older adults and people with disabilities on available transportation services.</p>	<p>Projected Start and End Dates</p> <p>Throughout FY 2024/28</p>	<p>Type of Activity and Funding Source</p>	<p>Update Status</p> <p>Ongoing</p>
<p>List Objective Number(s) <u>D</u> and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]</p> <p>To advance mobility management, a representative of the Advisory Council shall report to the council on issues and needs presented in the Social Services Transportation Advisory Committee (SSTAC). Matters related to Transportation services will be shared with Advisory Council, PSA 2 Service Providers and the community.</p> <p>This representative shall also inform the council on progress toward emerging transportation services which would benefit older and disabled adults (inter-county transport, Sunday bus service, etc.).</p>	<p>Projected Start and End Dates</p> <p>Throughout FY 2024/28</p>	<p>Type of Activity and Funding Source</p>	<p>Update Status</p> <p>Ongoing</p>

Instructions:

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

⁶ 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 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.

SECTION 8

SERVICE UNIT PLAN (SUP)

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SECTION 8. SERVICE UNIT PLAN (SUP)

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

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

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

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

Personal Care (In-Home)

Unit of Service = 1 hour

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

Homemaker (In-Home)

Unit of Service = 1 hour

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

Chore (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	0		
2025-2026			
2026-2027			

2027-2028			
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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	0		
2025-2026			
2026-2027			
2027-2028			

Case Management (Access)

Unit of Service = 1 hour

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

Assisted Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	0		
2025-2026			
2026-2027			
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	9,513	1	A
2025-2026			
2026-2027			
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	4,418	1	A
2025-2026			
2026-2027			
2027-2028			

Outreach (Access)

Unit of Service = 1 contact

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

Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	422	1	A
2025-2026			
2026-2027			
2027-2028			

Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	73,926	1	A
2025-2026			
2026-2027			

Home-Delivered Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	165,085	1	A

2025-2026			
2026-2027			
2027-2028			

Nutrition Counseling

Unit of Service = 1 hour

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

Nutrition Education

Unit of Service = 1 session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	665	1	A
2025-2026			
2026-2027			
2027-2028			

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

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

Other Supportive Service Category: Community Education Unit of Service: 1

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	1,973	1	A
2025-2026			
2026-2027			
2027-2028			

Other Supportive Service Category: Disaster Preparedness Materials Unit of Service: 1

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	1,000	1	A
2025-2026			
2026-2027			
2027-2028			

3. Title IIID/Health Promotion—Evidence-Based

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

Evidence-Based Program Name(s): Care Transitions Intervention (CTI)

Add additional lines if needed.

Unit of Service = 1 contact

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

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**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 2021-2022 was 57%.

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	240	285	84%	<u> 90 </u> % 2024-2025
2023-2024				<u> </u> % 2025-2026
2024-2025				<u> </u> % 2026-2027
2026-2027				<u> </u> %

				2027-2028
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Program Goals and Objective Numbers:

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>2</u> FY 2024-2025 Target: <u>6</u>
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

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

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

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>86</u> FY 2024-2025 Target: <u>100</u>
2. FY 2023-2024 Baseline: Number of Instances _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

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>1237</u> FY 2024-2025 Target: <u>175</u>
2. FY 2023-2024 Baseline: Number of Instances _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

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>19</u> FY 2024-2025 Target: <u>21</u>
2. FY 2023-2024 Baseline: Number of Sessions _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Sessions _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Sessions _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

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

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

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

Enter information in the relevant box below.

<p>FY 2024-2025</p>
<p>FY 2024-2025 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) In the upcoming fiscal year, the local LTC Ombudsman Program is placing a renewed emphasis on preserving and promoting dignity within long-term care facilities. Recognizing that dignity is fundamental to residents' quality of life, our advocacy effort will prioritize several key initiatives. Firstly, we will collaborate closely with facility staff to develop comprehensive training programs focused on dignified care practices. These sessions will emphasize the importance of respectful communication, privacy protection, and individualized care approaches tailored to preserve residents' autonomy and sense of self-worth. Additionally, we will work with facility administrators to review and revise existing policies, ensuring they align with principles of dignity and respect. Through these concerted efforts, we aim to cultivate a culture within LTC facilities where every resident is treated with the utmost dignity and compassion. Simultaneously, our program will actively engage residents and their families in advocacy efforts to amplify their voices and preferences in matters pertaining to dignity. We will establish regular forums, such as resident councils, where residents can express their concerns, provide feedback, and actively participate in decision-making processes affecting their daily lives. By empowering residents to assert their rights and preferences, we seek to create an environment where their dignity is not only respected but celebrated. Through these multifaceted advocacy endeavors, we are committed to fostering a culture of dignity and respect within LTC facilities, ensuring that every individual receives the dignified care they deserve.</p>
<p>FY 2025-2026</p>
<p>Outcome of FY 2024-2025 Efforts:</p> <p>FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>
<p>FY 2026-2027</p>

Outcome of FY 2025-2026 Efforts:

FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

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 9 divided by the total number of Nursing Facilities 16 = Baseline 60%
FY 2024-2025 Target: 16

2. FY 2023-2024 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 2025-2026 Target: _____

3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ %
FY 2026-2027 Target: _____

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: _____

Program Goals and Objective Numbers: _____

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

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

1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 21 divided by the total number of RCFEs 46 = Baseline 46%
 FY 2024-2025 Target: 100 %

2. FY 2023-2024 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 2025-2026 Target: _____

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

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: _____

Program Goals and Objective Numbers: _____

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

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

1. FY 2022-2023 Baseline: 3 ____ FTEs FY 2024-2025 Target: 3.7 ____ FTEs
2. FY 2023-2024 Baseline: ____ FTEs FY 2025-2026 Target: ____ FTEs
3. FY 2024-2025 Baseline: ____ FTEs FY 2026-2027 Target: ____ FTEs
4. FY 2025-2026 Baseline: ____ FTEs FY 2027-2028 Target: ____ FTEs
Program Goals and Objective Numbers: _____

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>2</u> 2. FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <u>3</u>
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: _____

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

One specific initiative we will undertake involves implementing a comprehensive training program for our ombudsman staff. This training will focus on ensuring a thorough understanding of NORS reporting requirements, including the specific data elements to be collected and reported, as well as the importance of maintaining consistency and accuracy in data entry. Through hands-on workshops and ongoing support from experienced trainers, our staff will gain the necessary knowledge and skills to confidently navigate the NORS reporting system and submit accurate data in a timely manner.

In addition to staff training, we will also prioritize streamlining our internal data collection and reporting procedures to minimize errors and maximize efficiency. This will involve conducting regular audits of our data collection processes to identify areas for improvement, implementing standardized data entry protocols, and leveraging technology to automate data collection wherever possible. By establishing clear protocols and harnessing the power of technology, we aim to ensure that our NORS data reporting is not only accurate and consistent but also completed in a timely fashion, enabling us to provide timely insights into trends and issues affecting LTC residents and advocate effectively for their rights and well-being.

Fiscal Year 2025-2026

Fiscal Year 2026-2027

Fiscal Year 2027-2028

**TITLE VII ELDER ABUSE
PREVENTION SERVICE UNIT
PLAN**

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

<input checked="" type="checkbox"/>	Ombudsman Program
<input type="checkbox"/>	Legal Services Provider
<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Other (explain/list) PSA 2 AAA

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.

o 1 Session

- **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.

o 1 Session

- **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.

o 1 Session

- **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.

o 65 hours

- **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.

o 1794 Education materials

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

o 897 individuals

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

The agency receiving Title VII Elder Abuse Prevention funding is:

PSA 2 AAA

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	897			
Public Education Sessions	1			
Training Sessions for Professionals	1			
Training Sessions for Caregivers served by Title III E	1			
Hours Spent Developing a Coordinated System	65			

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	1794	PSA 2 AAA will collaborate with the LTCOP to disseminate materials on Elder Abuse Prevention and awareness. Materials will include the definitions of Elder Abuse and reporting contact for the Ombudsman Program and Adult Protective Services for each county.
2025-2026		
2026-2027		
2027-2028		

TITLE III E SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)

2024-2028 Four-Year Planning Period

This Service Unit Plan (SUP) uses the federally mandated service categories. Refer to the [CDA Service Categories and Data Dictionary](#) for eligible activities and service unit measures. Specify proposed audience size or units of **service for ALL** budgeted funds.

Providing a goal with associated objectives is mandatory. The goal states the big picture and the objectives are the road map (specific and measurable activities) for achieving the big picture goal.

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

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

Direct and/or Contracted III E Services

CATEGORIES (16 total)	1	2	3
Family Caregivers- Caregivers of Older Adults and Adults who are caring for an individual of any age with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.	Proposed Units of Service	Required Goal #(s)	Required Objective #(s)
Caregiver Case Management	Total hours	Required Goal #(s)	Required Objective #(s)

2024-2025	125	1	A
2025-2026			
2026-2027			
2027-2028			

Caregiver Counseling	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	550	1	A
2025-2026			
2026-2027			
2027-2028			
Caregiver Information and Assistance	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	500	1	A
2025-2026			
2026-2027			
2027-2028			
Caregiver Information Services	# Of activities and Total est. audience (contacts) for above	Required Goal #(s)	Required Objective #(s)
2024-2025	# Of activities: 65 Total est. audience for above:	1	A
2025-2026	# Of activities: Total est. audience for above:		
2026-2027	# Of activities: Total est. audience for above:		
2027-2028	# Of activities: Total est. audience for above:		
Caregiver Respite In-Home	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	750	1	A

2025-2026			
2026-2027			
2027-2028			

Caregiver Respite Other	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	400	1	A
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Day Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Overnight Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	1000	1	A
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	8	1	A
2025-2026			
2026-2027			
2027-2028			

Caregiver Supplemental Services Caregiver Assessment	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	125	1	A
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Caregiver Registry	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Consumable Supplies	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	10	1	A
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Home Modifications	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	4	1	A
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Legal Consultation	Total contacts	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			

2026-2027			
2027-2028			

Caregiver Support Groups	Total sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	180	1	A
2025-2026			
2026-2027			
2027-2028			
Caregiver Training	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	50	1	A
2025-2026			
2026-2027			
2027-2028			

Direct and/or Contracted IIIIE Services- Older Relative Caregivers

CATEGORIES (16 total)	1	2	3
Older Relative Caregivers	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
Caregiver Case Management	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
Caregiver Counseling	Total hours	Required Goal #(s)	Required Objective #(s)

2024-2025			
2025-2026			
2026-2027			
2027-2028			

Caregiver Information and Assistance	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
Caregiver Information Services	# Of activities and Total est. audience (contacts) for above	Required Goal #(s)	Required Objective #(s)
2024-2025	# Of activities: Total est. audience for above:		
2025-2026	# Of activities: Total est. audience for above:		
2026-2027	# Of activities: Total est. audience for above:		
2027-2028	# Of activities: Total est. audience for above:		
Caregiver Respite In-Home	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			

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

2026-2027			
2027-2028			
Caregiver Supplemental Services Caregiver Registry	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Consumable Supplies	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Home Modifications	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Legal Consultation	Total contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	10	1	A
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Groups	Total sessions	Required Goal #(s)	Required Objective #(s)

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

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

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

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

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

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

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

HICAP PMs are calculated from county-level data for 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	1649	
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	30	
2025-2026		
2026-2027		
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	1589	
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	582	
2025-2026		
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	253	
2025-2026		
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	948	359	461	128	
2025-2026					
2026-2027					
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	1979	
2025-2026		
2026-2027		
2027-2028		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)¹

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		

⁸ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

SECTION 9

SENIOR CENTERS & FOCAL POINTS

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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. This information must match the total number of senior centers and focal points reported in the Older Americans Act Performance System (OAAPS) State Performance Report (SPR) module of the California Aging Reporting System.

Designated Community Focal Point	Address
Anderson Center (Satellite)	2081 Frontier Trail, Anderson, CA 96007
Lumberjacks Restaurant	2795 Main St, Susanville, CA 96130
Burney Nutrition Site (Satellite)	37477 Main St., Burney, CA 96013
Karuk Tribe Happy Camp Senior Nutrition	6423 2nd Ave., Happy Camp, CA 96039
Dunsmuir Senior Club	4835 Dunsmuir Ave., Dunsmuir, CA 96025
Legal Services of Northern California	1370 West St., Redding, CA 96001
PSA 2 Area Agency on Aging	208 W. Center St., Yreka, CA 96097
Passages Caregiver Resource Center (Chico State Enterprises)	169 Hartnell Ave #115, Redding, CA 96002
PSA 2 HICAP Services	1647 Hartnell Ave., Ste., 8, Redding, CA 96002
PSA 2 Ombudsman Services	1647 Hartnell Ave., Ste., 6, Redding, CA 96002

Senior Center	Address
Big Valley 50 Plus	657-555 Bridge St., Bieber, CA 96009
Training, Employment, & Community Help, Inc (T.E.A.C.H.)	906 West 4th St., Alturas, CA 96101
Dignity Health Connected Living (DHCL)	200 Mercy Oaks Dr., Redding, CA 96003
Anderson Center (Satellite)	2081 Frontier Trail, Anderson, CA 96007
Golden Age Center	201 Browns Ranch Rd, Weaverville, CA 96093
Madrone Senior Services	810 N. Oregon St., Yreka, CA 96097
Siskiyou Senior Nutrition Program	1315 Nixon Rd., Mt. Shasta, CA 96067
Roderick / Hayfork Senior Nutrition Center	90 A Coral Ave., Hayfork, CA 96041

SECTION 10

FAMILY CAREGIVER SUPPORT
PROGRAM

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SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services

**Older Americans Act Reauthorization Act of 2020, Section 373(a) and (b)
2024-2028 Four-Year Planning Cycle**

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

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

Family Caregiver Services

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

Older Relative Caregiver Services

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

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

Grandparent Information Services:

Siskiyou County:

-Madrone Hospice:

810 N Oregon St,
Yreka, CA 96097 (Yreka)

Produces a public newsletter for caregivers with helpful information and inspirational material that pertains to caregiving.

Grandparent Support Services:

Lassen County:

-Lassen College:

478-200 CA-139,
Susanville, CA 96130 (Susanville)

Caregiver training through the Foster and Kinship Care Education Program. The mission of the program is to provide quality education and support opportunities to caregivers of children and youth in out-of-home care so that these providers may meet the educational, emotional, behavioral and developmental needs of children and youth in the foster care system.

Shasta County:

-Lilliput Families:

2580 Victor Ave C,
Redding, CA 96002 (Redding)

Offers Kinship Services which include In-Home Support, Caregiver Counseling, Support Groups, Respite Resources, Advocacy, Information & Referrals, Legal Referrals, Guardianship Workshops & Adoption Assistance, Assistance with Basic Emergency Needs, etc.

-Shasta College:

11555 Old Oregon Trail,
Redding, CA 96003 (Redding)

Caregiver training through the Foster and Kinship Care Education Program. The mission of the program is to provide quality education and support opportunities to caregivers of children and youth in out-of-home care so that these providers may meet the educational, emotional, behavioral, and developmental needs of children and youth in the foster care system.

Siskiyou County:

-College of the Siskiyou's:

800 College Ave,
Weed, CA 96094 (Weed)

Caregiver training through the Foster and Kinship Care Education Program. The mission of the program is to provide quality education and support opportunities to caregivers of children and youth in out-of-home care so that these providers may meet the educational, emotional, behavioral and developmental needs of children and youth in the foster care system

Trinity County:

-Shasta College:

11555 Old Oregon Trail,
Redding, CA 96003 (Redding)

Caregiver training through the Foster and Kinship Care Education Program. The mission of the program is to provide quality education and support opportunities to caregivers of children and youth in out-of-home care so that these providers may meet the educational, emotional, behavioral, and developmental needs of children and youth in the foster care system.

-Human Response Network:

111 Mountain View St,
Weaverville, CA 96093 (Weaverville)

Offers childcare referrals and resources, family childcare homes, subsidized care, respite care, state preschools. Also provides in-home support to educate families (including grandparent caregivers) on parenting, child development, discipline, time management, budgeting, cooking, and other family issues. Services are offered free.

Grandparent Respite Care:

Modoc County:

- Modoc Office of Education Child and Family Resources:

139 Henderson St.
Alturas Ca, 96101 (Alturas)

Offers subsidized preschool and after-school programs for income-eligible families.

Shasta County:

- Lilliput Families:

2580 Victor Ave C,
Redding, CA 96002 (Redding)

Offers Kinship Services which include In-Home Support, Caregiver Counseling, Support Groups, Respite Resources, Advocacy, Information & Referrals, Legal Referrals, Guardianship Workshops & Adoption Assistance, Assistance with Basic Emergency Needs, etc.

Siskiyou County:

- Siskiyou Child Care Council:

170 Boles St,
Weed, CA 96094 (All of Siskiyou)

Offers the childcare Payment Assistance Program for income-eligible families. Guardians are free to choose the childcare provider and a Registry of licensed providers is offered. There is also a childcare center for Out-of-Home Daycare. The daycare center offers subsidized care for income-eligible families and 2 full meals per day.

Trinity County:

- Human Response Network:

111 Mountain View St,
Weaverville, CA 96093 (Weaverville)

Offers childcare referrals and resources, family childcare homes, subsidized care, respite care, state preschools. Also provides in-home support to educate families (including grandparent caregivers) on parenting, child development, discipline, time management, budgeting, cooking, and other family issues. Services are offered free.

Trinity County Office of Education School Readiness Playgroups:

201 Memorial Dr.

Weaverville, CA 96093(All of Trinity)

Offers Out-of-Home Daycare at no cost, three days per week for three hours in very rural out-lying areas of Trinity County

Grandparent Supplemental Services:

Lassen County:

-Lassen/Modoc Food Bank:

1306 Riverside Dr,

Susanville, CA 96130 (All of Lassen and some of Modoc)

Serving both counties' residents with commodities

- Lassen Works and Community Social Services:

1616 Chestnut St,

Susanville, CA 96130 (Susanville)

Serves low-income Lassen County residents, including Grandparent Caregivers, with Cash Aid, CalFresh benefits, MediCal for children and Kin-GAP, the Kinship Guardianship Assistance Payment Program for children in foster care who have lived with relatives for at least 12 months.

- Lassen Child and Family Resources:

472-013 Johnstonville Rd,

Susanville, CA 96130 (All of Lassen)

Financial assistance in the form of full or partial payment for childcare services for income-eligible guardians who are working. Also provided is a Caregiving Services Registry of licensed childcare providers.

Modoc County:

- Lassen/Modoc Food Bank: :

1306 Riverside Dr,

Susanville, CA 96130 (All of Lassen and some of Modoc)

Serving both counties' residents with commodities

- Modoc County Social Services Agency:

120 N Main St,

Alturas, CA 96101 (All of Modoc)

Serves low-income Modoc County residents, including Grandparent Caregivers, with Cash Aid, CalFresh benefits, MediCal for children and Kin-GAP, the Kinship

Guardianship Assistance Payment Program for children in foster care who have lived with relatives for at least 12 months

TEACH, Inc.:

112 E 2nd St,
Alturas, CA 96101 (All of Modoc and some of Siskiyou)
Serves Modoc County residents with childcare resource and referral, commodities and parenting classes, which are open to grandparents raising grandchildren.

Shasta County:

- Shasta County Health & Human Services Agency:

2615 Breslauer Way,
Redding, CA 96001 (All Shasta county)
Serves low-income Shasta County residents, including Grandparent Caregivers, with Cash Aid, CalFresh benefits, MediCal for children and Kin-GAP, the Kinship Guardianship Assistance Payment Program for children in foster care who have lived with relatives for at least 12 months

- Shasta County Office of Education, Resource and Referral:

1855 Placer St,
Redding, CA 96001 (All of Shasta)
Caregiving Services Registry of licensed care providers

- Dignity Health Connected Living:

100 Mercy Oaks Dr Building 1,
Redding, CA 96003 (All of Shasta)
The Brown Bag Program serves low-income seniors aged 60 and over with commodities.

Siskiyou County:

- Siskiyou Child Care Council:

170 Boles St,
Weed, CA 96094 (All of Siskiyou)
Offers the childcare Payment Assistance Program for income-eligible families. Guardians are free to choose the childcare provider and a Registry of licensed providers is offered. There is also a childcare center for Out-of-Home Daycare. The daycare center offers subsidized care for income-eligible families and 2 full meals per day.

- Great Northern Services:

310 Boles St,
Weed, CA 96094 (All of Siskiyou County)
Prepares and distributes food commodities boxes for income-eligible individuals through local food pantries every other month.

Trinity County:

- Trinity County Health & Human Services Agency:

51 Industrial Pkwy,

Weaverville, CA 96093 (All of Trinity county)

Serves low-income Trinity County residents, including Grandparent Caregivers, with Cash Aid, CalFresh benefits, MediCal for children and Kin-GAP, the Kinship Guardianship Assistance Payment Program for children in foster care who have lived with relatives for at least 12 months

- Human Response Network:

111 Mountain View St,

Weaverville, CA 96093 (Weaverville)

Offers childcare referrals and resources, family childcare homes, subsidized care, respite care, state preschools. Also provides in-home support to educate families (including grandparent caregivers) on parenting, child development, discipline, time management, budgeting, cooking, other family issues. Services are offered for free.

- USDA Food Commodities Trinity County Food Bank:

51B Memorial Drive

Weaverville, CA 96093 (All of Trinity county)

Distributes USDA Food Commodities to low-income families.

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SECTION II

LEGAL ASSISTANCE

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SECTION 11. LEGAL ASSISTANCE

2024-2028 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]¹². CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg

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

Sixteen percent of III B funding is allocated to Legal Services based on need and maximum funding historically determined by PSA 2 governing board. III B Transportation services are a higher priority for the region.

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:**

Local needs have shifted and evolved over the past 4 years, especially in light of the pandemic and new and exacerbated issues that arose from that period. In the past 4 years, there also continues to be an increase in the number of requests received for Wills, Advanced Healthcare Directives, Financial Power of Attorney's and Trusts. There is also an increase in the requests for Expungements for criminal records. We also continue to see a very high volume of housing issues. The level of funding allocated to the legal services provider has remained the same for III-B services. Legal Services of Northern California (LSNC) has used other sources of funding and program wide support to help meet the needs of older adults in our region. However, during this period, LSNC also received and fully spent the significant Older Americans Recovery and Resilience Act (OARR) allotment which was helpful in being able to reach a larger number of individuals in various ways and expanding the staff's training and capacity to serve clients.

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

The AAA ensures LSNC follows the California Statewide Guidelines in the provision of OAA legal services.

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:**

LSNC priorities are discussed during the program monitoring process conducted by PSA 2 AAA. The top four priorities include housing, public benefits, elder abuse and estate planning. These are the most common issues that are requested by the population we serve. PSA 2 AAA informs LSNC when they see a need that LSNC is not aware of and LSNC makes every effort to meet that need.

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:

The targeted populations within the PSA service area are discussed during the program monitoring process with LSNC. Those populations include low-income, minorities, rural, aged 75+ and the older adult LGBTQ+ community. LSNC and the PSA 2 AAA collaborate on various issues. PSA 2 AAA keeps LSNC informed of legal issues or areas of concern heard within the senior network. PSA 2 AAA helps to promote LSNC through outreach at community events, refers potential clients to the program and informs the legal program of upcoming outreach events. LSNC regularly conducts outreach and collaborates with other community organizations and providers in order to reach the target population.

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

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

¹² For Information related to Legal Services, contact Jeremy A. Avila at 916 419-7500 or Jeremy.Avila@aging.ca.gov

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

LSNC trains and collaborates with community partners who serve low-income individuals and seniors to educate them on the services offered and on how to best refer to our services, including utilizing the Legal Risk Detector. For example, LSNC has previously presented to Trinity County Adult Protective Services and Shasta County CFS. This past year, LSNC presented a workshop Keeping Older Adults Housed: Tools for Challenging Situations which covered hoarding and other issues

that older adults face with their housing. This workshop was attended by 120 service providers.

The Legal Risk Detector, a tool that LSNC created, allows local providers to screen and refer high needs clients directly to the office. So far, the project has been highly successful in connecting clients with a wide array of legal issues to our services and the number of providers that are using this tool continues to grow.

LSNC conducts presentations to senior center participants and does direct outreach at community health/resource fairs, conferences, etc. LSNC has presented programs to fire victims, attended Project Homeless Connect, Shasta Point-in-Time Count, Redding Pride, Shasta Senior Fraud Prevention Fair and Yreka Senior Fraud Prevention Fair and will continue to attend other opportunities as they arise.

LSNC provides community legal education to seniors including Estate Planning clinics to continue providing education on end-of-life planning and the preparation of related documents. LSNC has also provided Expungement clinics and will present other issues as the need arises.

LSNC utilizes GIS mapping using census information to identify areas of need and conducts targeted outreach as a result.

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

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	a. Legal Services of Northern California b. c.	a. Modoc, Lassen, Shasta, Siskiyou and Trinity Counties b. c.
2025-2026	a. Legal Services of Northern California b. c.	a. Modoc, Lassen, Shasta, Siskiyou and Trinity Counties b. c.
2026-2027	a. Legal Services of Northern California b. c.	a. Modoc, Lassen, Shasta, Siskiyou and Trinity Counties b. c.
2027-2028	a. Legal Services of Northern California b. c.	a. Modoc, Lassen, Shasta, Siskiyou and Trinity Counties b. c.

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

Access to legal services offered by LSNC is acquired by phone, fax, email, word-of-mouth, and through outreach activities. Intakes are normally completed by phone and then arrangements are made if in-person meetings are necessary. COVID-19 altered LSNC's service delivery to phone only, and they have diligently worked with their clients and community partners to facilitate the transition to all services by telephone. LSNC has resumed in person services but continue to have options where in person meetings are not necessary. Safety procedures continues to stay in place to ensure the health and safety of their in-person clients and staff.

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:

Housing issues, public benefits, health issues, elder abuse restraining orders, and guardianships are major types of legal issues addressed by LSNC. LSNC also provides assistance with estate planning, which includes wills, financial power of attorney documents, advanced healthcare directives, and general estate planning advice.

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

LSNC regularly works to improve its service delivery model, including outreach and collaboration with community-based organizations who serve underserved populations throughout our service area. LSNC is currently building relationships with community leaders in these populations to assist with any potential barriers to our services. Additionally, many of the older adult population live in very rural/isolated areas which creates challenges in LSNC's outreach efforts and prohibits in-person services during the strong winter months. LSNC continually engages in re-imagining existing service delivery models. During the pandemic LSNC created informational videos, Know Your Rights flyers and presentations and Estate Planning presentations to assist in the delivery of these services. This supports LSNC's previous efforts of serving seniors with mobility challenges by phone and e-mail. LSNC has also provided presentations over video conferencing for our rural communities.

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

LSNC coordinates services with Northern Valley Catholic Social Services, Redding/Shasta Continuum of Care, Hill Country Community Care Clinic, Shasta Community Health Center, Older Adult Policy Council, Shasta County Community Action Agency, Community Action Agency Board, all 5 county's

Health and Human Services Agencies, People of Progress, PSA 2 Ombudsman Program and PSA 2 HICAP program, City of Redding Housing Authority, Beacon of Hope, Senior Centers, Northern Hispanic Latino Coalition, Shasta County Housing Authority, Adult Protective Services, Children Family Services, One Safe Place, Siskiyou Domestic Violence and Crisis Center, Family Resource Centers, County Family Law Facilitators, Cal-Hope Shasta, and Nor Cal Community Recovery Team, and Shasta Multidisciplinary Team.

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SECTION 12

DISASTER PREPAREDNESS

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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:

The main responsibility of the AAA is to support the emergency management community to ensure that the disaster-related needs of seniors and persons with disabilities receive access to overall community disaster planning services and preparation materials.

Communications have been made with the Office of Emergency Services in each of the 5 counties to ensure that:

- Older adults, persons with disabilities, and tribal communities are included in all aspects of their plan.
- Collaborative efforts, including partnerships with county departments, community groups, tribal communities and Voluntary Organizations Active in Disaster (V.O.A.D.), have been established with community service agencies representing all populations and social groups, in each of our counties to protect the older adults populations and persons with disabilities.
- Information & Assistance services participate in community disaster planning.

All PSA 2 service providers have completed:

- Emergency Plan
- Community Services Form (a condensed review of emergency services' contacts/phone numbers)
- Contingency Plan (applicable following a disaster which would enable emergency services to continue)
- Emergency Shelters list (a condensed review of emergency shelters available, with contacts/phone numbers)

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

Name	Title	Telephone	Email
Silas Rojas	Lassen Co Emergency Services Chief	(530) 257-8504	Lassen.OES@fire.ca.gov
Tex Dowdy	Director of Modoc Emergency Agency	(530) 233-4416	tdowdy@modocsheriff.us
Sheriff Michael Johnson	Shasta Co. Sheriff	(530) 225-5591	sheriff@co.shasta.ca.us
Owen Cabo Dal Molin	Disaster Srvs Coord	(530)841-2166	ocabodalmolin@co.siskiyou.ca.us
Liz Hamilton	Director of Trinity of Emergency Agency	(530)623-1116	oes@trinitycounty.org

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Teri Gabriel	Executive Director	Office:(530)842-1687 Cell:(530)598-7005	teri@psa2.org

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

Critical Services	How Delivered?
A. Information and Assistance	A. The AAA will act as a point of coordination among contracted service providers (e.g. to facilitate distribution of resources); to support the emergency management community to aid in meeting the disaster-related needs of older and disabled adults; and to report accurate information to CDA concerning the impact of the disaster on services for older and disabled adults.
B	B
C	C
D	D

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)
- Should an emergency or disaster require the AAA office to be vacated or become non-operational for a period of time, remote AAA operations would be initiated to avoid an interruption in services. Each AAA staff member is equipped with a laptop to gain access to files and email accounts remotely. Voicemail messages are forwarded to email accounts for ease of access.
 - Contracted services shall continue without interruption and the AAA staff shall monitor contracted services remotely should the service also be impacted by the emergency or disaster. If necessary, the service provider would arrange for public announcements via local radio stations should the service be interrupted due to a disaster or emergency.
 - Information & Assistance services shall be provided remotely with the resources available to the AAA staff such as an assigned agency cell phone to return calls.

Critical Services	How Delivered?
A	A
B	B
C	C
D	D

6. List critical resources the AAA need to continue operations.
- Identify vulnerable populations.
 - The AAA Executive Director will be in communications with the Red Cross and the Office of Emergency Services in each county to assess the disaster impact on older persons within the service area. Access to a secure computer data base of client vital records shall be utilized to identify the most vulnerable populations in the disaster area.
 - Follow-up with these vulnerable populations after a disaster event.
1. Each service provider and the AAA shall respond to the needs of program participants in PSA 2 region, as identified in each individual Plan (All service providers have emergency supplies on site which would be utilized in the event of an emergency, as per each individual Plan)
 2. The Executive Director shall maintain CDA, service provider, and Office of Emergency Services contact information to provide ongoing communications concerning the impact of the disaster on seniors and persons with disabilities
 3. To aid with the safe recovery of the older and disabled persons it

- serves, the AAA shall act as coordinator between the service providers and both the Office of Emergency Services and the Red Cross, to assist in the recovery phase following a disaster and coordinate services in accordance to each service provider's Emergency Operations Plan
4. An emergency response organization chart which identifies the name of agency staff person responsible for each "Standardized Emergency Management System" has been developed
 5. If regular communication systems are interrupted, cell phone numbers have been obtained from service providers, staff, and key community service organizations
7. List any agencies or private/non-government organizations with which the AAA has formal or informal emergency preparation or response agreements. (contractual or MOU)
- Siskiyou/Modoc VOAD
 - Disability Action Center
8. Describe how the AAA will:
- Identify vulnerable populations:
 - Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, ETC)
 - Through work with community partners aiding in disaster response
 - Follow up with vulnerable populations after a disaster event.
 - Remain in communication with county disaster response teams and local services providers to gain knowledge on the needs of the vulnerable populations after the disaster.
9. How is disaster preparedness training provided?
- AAA to participants and caregivers
 - Share materials, and preparedness backpack kits for to best prepare for a disaster.
 - To staff and subcontractors
 - Online training resources offered by CAL OES and other emergency agencies.

SECTION 13

NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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

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

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

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

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

Title IIIE: PSA 2 will disseminate Family Caregiver Support Resource information to Target populations in 5-counties by way of mail out, drive through events, and responses to Information and Assistance inquires.

Title VII B: PSA 2 will target reducing occurrences of elder abuse, discrimination, and service disparities for LGBTQ older adults by collaborating with the LTC Ombudsman program, NorCal OUTreach Project, Legal Services of Northern California and Passages Caregiver Resource Center. Partnerships with organizations in Shasta and Siskiyou County will help raise awareness of elder abuse prevention.

PSA 2 will continue efforts to reach isolated seniors with services available through the AAA via newspaper ads, radio ads and social media outreach efforts.

SECTION 14

REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

DRAFT

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: IIIE Caregiver Information Services

Check applicable funding source:⁹

- IIIIB
- IIIC-1
- IIIC-2
- IIIE
- VII
- HICAP

Request for Approval Justification:

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

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

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰:

Direct Services shall be provided by the AAA in all 5 counties should contracted service providers be unable to fully expend Title III E funding.

⁶ Section 15 does not apply to Title V (SCSEP).

⁷ 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: IIIE Caregiver Access

Check applicable funding source:⁹

- IIIIB
- IIIC-1
- IIIC-2
- IIIE
- VII
- HICAP

Request for Approval Justification:

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

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

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰: Direct Services shall be provided by the AAA in all 5 counties should contracted service providers be unable to fully expend Title III E funding

⁶ Section 15 does not apply to Title V (SCSEP).

⁷ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 15

GOVERNING BOARD

DRAFT

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: 14

Name and Title of Officers: Expires:	Office Term
Supervisor Jill Cox, Chairman (Trinity County)	3/2025
Supervisor Nancy Ogren, Vice-Chairman (Siskiyou County)	3/2025

Names and Titles of All Members: Expires:	Board Term
Kay White, Member (Lassen County)	*
Supervisor Gary Bridges, Member (Lassen County)	*
Supervisor Tom Neely, Alternate (Lassen County)	*
Supervisor Shane Starr, Member (Modoc County)	*
Roberta Hohman, Member (Modoc County)	*
Pending Appointment, Alternate (Modoc County)	*
Pending Appointment, Member (Shasta County)	*
Pending Appointment, Member (Shasta County)	*
Pending Appointment, Alternate (Shasta County)	*
Supervisor Ed Valenzuela, Member (Siskiyou County)	*
Marie Ingram, Member (Siskiyou County)	*
Supervisor Ric Leutwyler, Member (Trinity County)	*
Vacant (Trinity County)	*

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

*Executive Board Member appointments are approved by Board action and member terms do not expire. Vacancies and subsequent appointments occur when a Board member leaves the county Board of Supervisors or resigns from the Executive Board.

SECTION 16

ADVISORY COUNCIL

DRAFT

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) 20

Number and Percent of Council Members over age 60: 6 Seniors or 30% are Council 60+

Race/Ethnic Composition	% Of PSA's 60+Population	% on Advisory
White	76	67.5%
Hispanic	12	0
Black	2	0
Asian/Pacific Islander	2	0
Native American/Alaskan Native	3	7.5%
Other	5	0

Name and Title of Officers:	Office Term Expires:
Mike Cottone, Chairman (Trinity County)	3/25
Staci Wadley, Vice-Chairman (Shasta County)	3/27
Michelle Harris, Secretary (Siskiyou County)	11/27

Name and Title of other members:	Office Term Expires:
Tina Kennemore (Lassen County)	4/25
Vacant (Lassen County)	
Vacant (Lassen County)	
Angela Reed (Lassen County)	2/28
Tiffany Gwinn (Modoc County)	9/26
Debbie Mason (Modoc County)	12/25
Clinton Davis (Modoc County)	7/25
Laurie Wayne (Modoc County)	08/28
Nancy Quirus, (Shasta County)	7/25
Marianne Seifert (Shasta County)	3/28

Lydia Gil (Siskiyou County)	12/28
Joan Smith Freeman (Siskiyou County)	08/28
Vacant (Siskiyou County)	
Benjamin Sarkisian (Trinity County)	9/26
Elaine Brown (Trinity County)	8/28
Vacant (Trinity County)	
Maggie McNamara (Shasta County)	12/24

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):

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?

Approximately 3 months prior to term expirations, PSA 2 AAA contacts Advisory Council members to inform them of their term expiration and to inquire if there is interest in reapplying for the seat. If there is interest, the Advisory Council member is instructed to contact the Clerk of the Board for their county to reapply for the Advisory Council. The County Clerk of Board is also informed that the member’s term is expiring, and public announcement of the vacancy is requested.

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

The Advisory Council application and appointment process is followed when vacancies occur.

The Area Agency on Aging is responsible for notifying the respective Clerk of the Board's Office when vacancies occur, upon which time a legal notice posted for the vacancy. Advisory Council members shall be recruited for each of the five counties via Newspapers display ads when funding is available, flyers, word of mouth and the PSA 2 Facebook page. Candidates return their applications to their respective County's Clerk of the Board via PSA 2 AAA for consideration and appointment by their local Board of Supervisors.

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SECTION 17

MULTIPURPOSE
SENIOR CENTER ACQUISITION
OR
CONSTRUCTION COMPLIANCE
REVIEW

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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):

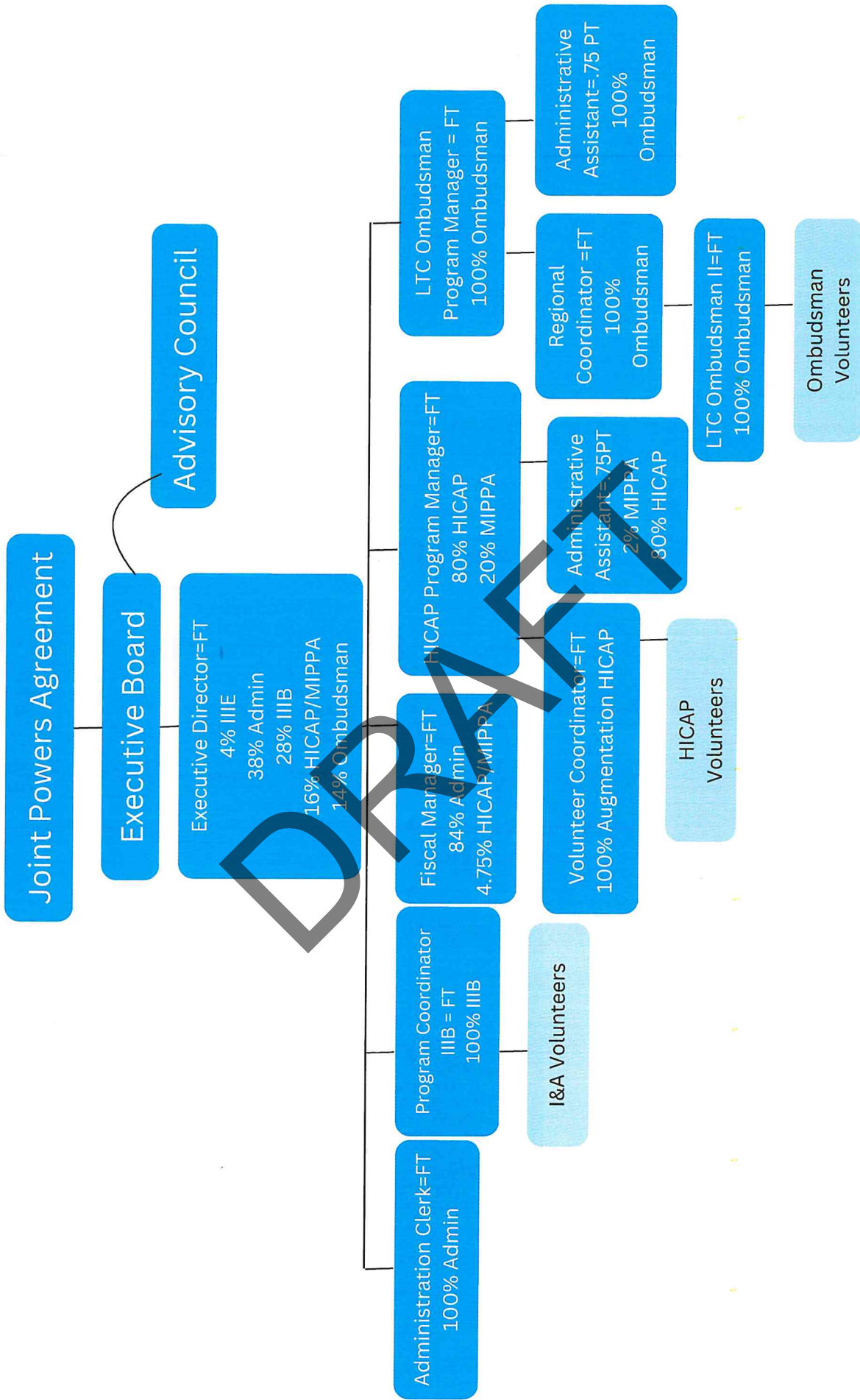
Title III Grantee and/or Senior Center	Type Acq/Const	IIIB Funds Awarded	% Total Cost	Recapture Period	Recapture Period	Compliance Verification State Use Only
				Begin	End	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

SECTION 18

ORGANIZATION CHART

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PSA 2 AREA AGENCY ON AGING



SECTION 19

ASSURANCES

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SECTION 19. ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

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

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

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

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

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

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

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

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

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

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

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

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

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

(III) meet specific objectives established by the area agency on aging, for providing

services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area.

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

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

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

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

Use outreach efforts that —

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

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

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

7. OAA 306(a)(5)

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

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

Describe the mechanism(s) for assuring that each Area Plan will include information detailing

how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

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

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

10. OAA 306(a)(11)

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

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

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

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

12. 306(a)(14)

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

13. 306(a)(15)

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

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

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

14. OAA 305(c)(5)

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

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

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

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

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

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

That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on

individuals with the greatest such need; and the Area Agency on Aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

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

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

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

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

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

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

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

21. OAA 307(a)(15)

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

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

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

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

22. OAA 307(a)(18)

Conduct efforts to facilitate the coordination of community-based, long-term care services,

pursuant to Section 306(a)(7), for older individuals who -

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

23. OAA 307(a)(26)

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

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

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

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

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

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

25. CFR [1321.53(c)]

The resources made available to the Area Agency on Aging under the Older Americans Act are to be used to finance those activities necessary to achieve elements of a community-based

system set forth in paragraph (b) of this section.

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)]

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

28. CFR [1321.53(c)]

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

29. CFR [1321.53(c)]

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

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

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

31. CFR [1321.61(d)]

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

32. CFR [1321.69(a)]

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