

Contra Costa County

Area Plan

July 1, 2026 - June 30, 2027



Employment & Human Services Department

Area Agency on Aging

400 Ellinwood Way, Pleasant Hill, CA 94523

925-229-8434

<https://ehsd.org/elderly-disabled/area-agency-on-aging/>

CONTRA COSTA COUNTY

EMPLOYMENT & HUMAN SERVICES

Building Brighter Futures Together

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

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

TRANSMITTAL LETTER

2024-2028 Four Year Area Plan/ Annual Update

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

AAA Name: Contra Costa County

PSA 7

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

1. _____
Diane Burgis
Chair, Board of Supervisors
Date _____

2. _____
Jill Kleiner
President, Advisory Council on Aging
Date _____

3. _____
Tracy Murray
Director, Area Agency on Aging
Date _____

SECTION 1. MISSION STATEMENT

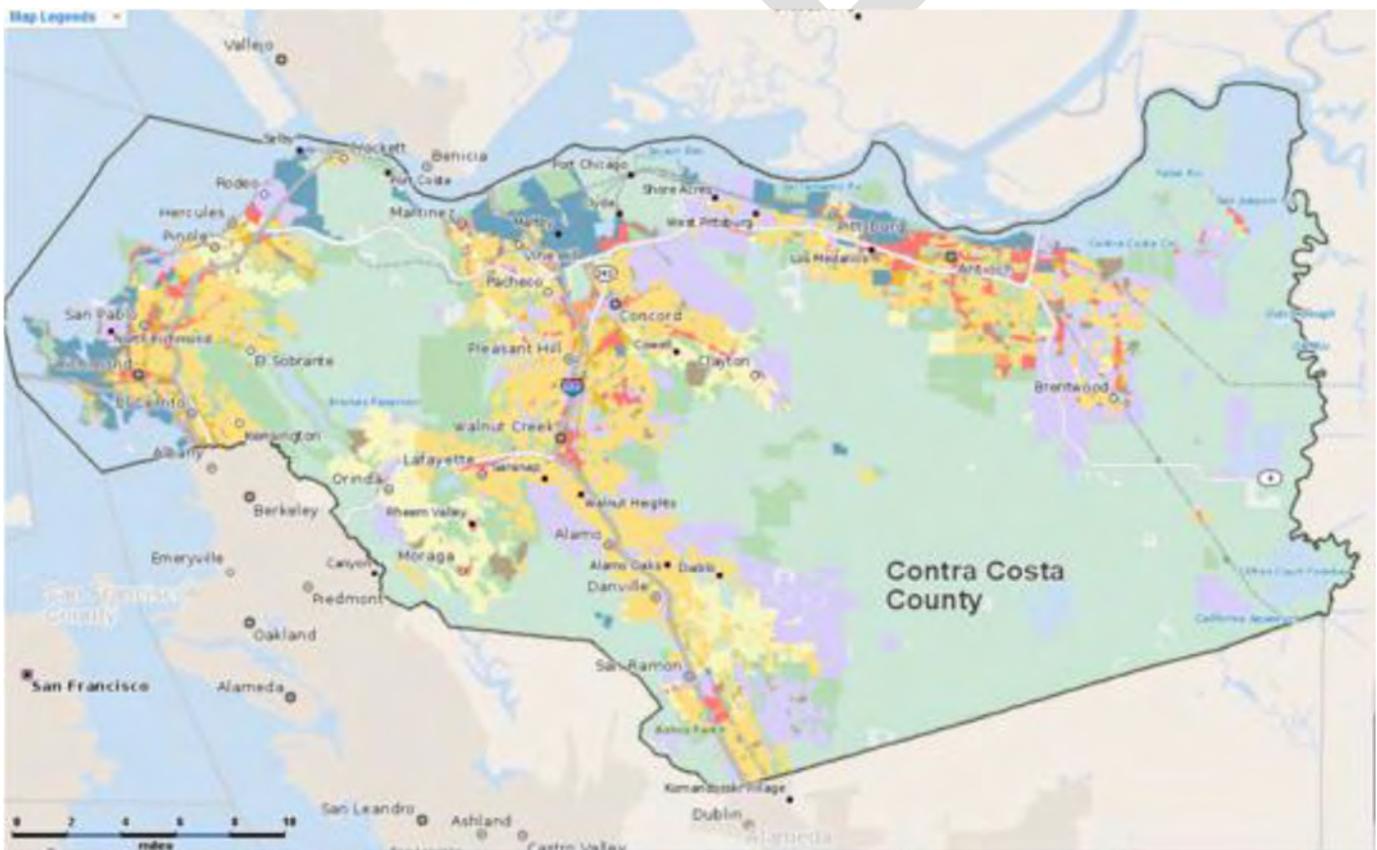
The mission of the Contra Costa County Area Agency on Aging (AAA) is to provide leadership in addressing issues that relate to older and disabled Californians; to develop community-based systems of care that provide services that support independence within California's interdependent society and protect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

The AAA accomplishes its mission by:

- Building coalitions and working collaboratively with partners to develop a comprehensive system of services and support for older persons, adults with disabilities, and family and informal caregivers.
- Developing, funding, and implementing programs and services in coordination with community-based providers.
- Assessing the needs of the client population and ensuring services are accessible, available, affordable, equitable, and reliable.
- Responding to the unique and changing needs of a diverse client population by planning and developing new programs, educating the public about resources, and delivering services that are equitable and inclusive.
- Advocating for policy changes to create meaningful improvements in the lives of individuals as they age and facilitating their ability to live independently and thrive in later life.
- Providing direct services that include the involvement of older adult volunteers.
- Facilitating an "Age Friendly" partnership, policy development, and community and capacity building efforts to strengthen the service system that supports older adults, persons with disabilities, and family caregivers.

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

The State of California designated Contra Costa County, in its entirety, as Planning and Service Area #7 (PSA 7). It has a land area of 716.9 square miles, ranking it the 51st largest out of 58 counties in California by total area, according to the United States Census Bureau.¹ Contra Costa is one of the nine Bay Area counties, which include Alameda, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma. It is the third most populous and third largest county among these Bay Area counties. Contra Costa has 19 incorporated cities and is bordered by the San Francisco Bay to the West, San Pablo Bay and the Sacramento River Delta to the North, San Joaquin County to the East, and Alameda County to the South. Areas of the county that border water are where the heaviest industries are located, including several oil refineries and chemical plants along the Bay and Delta areas. The most inland areas are the remaining rural portions of the county, which have been greatly reduced to make way for suburban development.



¹ U.S. Census Bureau. https://data.census.gov/profile/Contra_Costa_County_California?q=050XX00US06013

Contra Costa is the 9th most populous county in the state with an estimated population of 1,165,927 as of the 2020 Census.² This represents an 11% increase from the 2010 decennial count of 1,049,025 residents. As of July 1, 2022, the county's estimated population shows a slight decline of -0.8% from its 2020 base year.³ Residents of the county are diverse and has become more so in the last decade, registering a diversity index of 73% in 2020, which measures the probability that two people chosen at random will be from different racial and ethnic groups. Contra Costa's diversity ranking moved up from eighth place out of 58 counties in California in 2010 to fourth place in 2020. From a five-year average (2018-2022), there are 408,537 estimated households in the county, of which 36.3% have residents aged 5 years and older who speak a language other than English at home.⁴ During this period, more than one out of every four (27.0%) residents identify as Hispanic/Latinx and 31.4% are Black, American Indian and Alaskan Native, Asian, or Native Hawaiian and other Pacific Islander.⁵

Hills delineate Contra Costa into three distinct regions that span urban, suburban, and rural geography: East, West, and Central County. Variability in socioeconomic, infrastructure, and demographic characteristics define each region, as shown in Table 1.



CONTRA COSTA COUNTY REGIONS:
EAST COUNTY: Cities of Antioch, Bay Point, Brentwood, Oakley, Pittsburg, and unincorporated areas of Bethel Island, Byron, Discovery Bay, and Knightsen
CENTRAL COUNTY: Cities of Concord, Danville, Lafayette, Martinez, Moraga, Orinda, Pleasant Hill, San Ramon, Walnut Creek, and unincorporated areas of Alamo, Clayton, Clyde and Rheem
WEST COUNTY: Cities of El Cerrito, Hercules Pinole, Richmond, San Pablo, and the unincorporated areas of Crockett, El Sobrante, Kensington, Port Costa, and Rodeo

West County is the most urbanized section of the county with Richmond as its largest city. The region has an estimated population of 270,382 residents, approximately 22% of which are persons aged 60 years and older. The median age of 39.2 years is younger than that of the county's 40.5 years.⁶ West County is the most diverse region in Contra Costa. Almost 38% of its population is

² U.S. Census Bureau. Population 60 Years and Over in the United States. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102, 2022, [https://data.census.gov/table/ACSST5Y2022.S0102?q=California Populations and People&t=Older Population&g=040XX00US06,06\\$0500000](https://data.census.gov/table/ACSST5Y2022.S0102?q=California Populations and People&t=Older Population&g=040XX00US06,06$0500000)

³ U.S. Census Bureau. Quick Facts, Contra Costa County, CA. <https://www.census.gov/quickfacts/fact/table/contracostacentredpcalifornia,contracostacountycalifornia/PST045223>

⁴ Ibid.

⁵ Ibid

⁶ U.S. Census Bureau. Profile West Contra Costa CCD, Contra Costa County, California. https://data.census.gov/profile/West_Contra_Costa_CCD,_Contra_Costa_County,_California?q=060XX00US0601393620

of Hispanic/ Latinx descent, compared to 27% countywide.⁷ West region’s median household income of \$95,970 is the lowest in Contra Costa, compared to the county’s median household income of \$120,061.⁸

Table 1. Population by Age and Sex by Region (2020), Contra Costa County, CA⁹

Age in Years	WEST			CENTRAL			EAST			CONTRA COSTA COUNTY		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
85 and Over	1,485	3,270	4,755	5,223	8,044	13,267	1,018	986	2,004	8,804	14,454	23,258
80 to 84	2,007	2,363	4,370	4,705	6,980	11,685	824	1,168	1,992	9,281	12,720	22,001
75 to 79	3,176	4,011	7,187	7,772	9,874	17,646	1,816	2,455	4,271	14,551	19,076	33,627
70 to 74	4,855	6,068	10,923	11,473	12,978	24,451	2,880	3,437	6,317	23,603	27,106	50,709
65 to 69	7,050	8,544	15,594	13,010	15,077	28,087	2,773	3,039	5,812	28,064	32,648	60,712
60 to 64	7,779	8,698	16,477	15,730	16,494	32,224	4,439	4,706	9,145	35,266	37,402	72,668
55 to 59	8,025	8,602	16,627	19,175	18,245	37,420	4,996	5,046	10,042	40,071	40,357	80,428
50 to 54	8,486	8,872	17,358	17,799	17,578	35,377	5,395	5,477	10,872	40,361	40,385	80,746
45 to 49	8,752	9,033	17,785	17,130	17,759	34,889	4,886	4,843	9,729	39,336	39,931	79,267
40 to 44	9,845	10,071	19,916	16,588	16,560	33,148	4,588	5,065	9,653	39,157	40,659	79,816
35 to 39	9,675	9,953	19,628	18,463	16,803	35,266	4,970	4,434	9,404	40,944	40,226	81,170
30 to 34	10,388	10,556	20,944	15,112	14,794	29,906	3,685	4,520	8,205	37,315	37,182	74,497
25 to 29	8,991	8,718	17,709	14,312	12,960	27,272	4,007	4,402	8,409	35,439	34,147	69,586
20 to 24	8,478	7,806	16,284	12,530	13,270	25,800	4,717	4,345	9,062	34,647	33,337	67,984
15 to 19	8,799	7,523	16,322	15,664	14,769	30,433	6,008	5,979	11,987	39,108	36,891	75,999
10 to 14	8,621	8,252	16,873	16,590	14,140	30,730	5,454	6,139	11,593	39,544	37,941	77,485
5 to 9	8,195	8,184	16,379	15,010	13,731	28,741	4,908	4,619	9,527	35,579	34,287	69,866
Under 5	6,783	6,745	13,528	14,124	13,130	27,254	4,137	3,414	7,551	32,004	30,825	62,829
Total	131,390	137,269	268,659	250,410	253,186	503,596	71,501	74,074	145,575	573,074	589,574	1,162,648
Total Population*	270,382			507,758			144,793			1,165,927		
Median Age	39.2			42.5			38.5			40.5		
Median Household Income	\$95,970			\$141,560			\$128,843			\$120,061		
Bachelor's Degree or Higher	36.4%			57.9%			32.3%			45.1%		
Employment Rate	62.0%			61.5%			60.4%			61.2%		
Total Housing Units	95,813			201,852			48,184			423,342		
No Health Care Coverage	6.7%			3.2%			3.3%			4.4%		
Hispanic/Latino Pop Any Race	102,038			84,268			42,477			314,900		
Hispanic/Latino % of Pop	37.7%			16.6%			29.3%			27.0%		

*Discrepancies due to margin of error

Central County is considered the most affluent region of Contra Costa and is sometimes further delineated by “South County” to cover the communities of Danville, San Ramon and Alamo and Lamorinda (Lafayette, Moraga, Orinda) to the west. Central County is the frontrunner in almost all indicators (Table 1), including median age (42.5 years vs 40.5 years for the county), median income (\$141,560 vs \$120,061 for the county), and residents with a bachelor’s degree or higher (58% vs 45% for the county). The area, however, is not as diverse as the other regions, with only 17% of its residents identifying as Hispanic/Latinx, compared to 27% for the county.¹⁰ One out of every four residents (25%) in the Central region are persons aged 60 years and older, the highest in the county.¹¹ Areas along major freeways are hubs for business parks and commercial centers.

East County has the lowest population in Contra Costa, yet it is home to some of the fastest growing jurisdictions in the county and the Bay Area. The Association of Bay Area Governments

⁷ Ibid.

⁸ Ibid.

⁹ U.S. Census Bureau. Census Bureau Profiles. https://data.census.gov/profile/Contra_Costa_County_California?q=050XX00US06013

¹⁰ Ibid.

¹¹ Ibid.

(ABAG) ranked Brentwood, Oakley, and Pittsburg as the 4th, 5th, and 10th fastest growing municipalities in the Bay Area, respectively, and the only cities in Contra Costa County on ABAG's top 10 list.¹² Its population is estimated at 144,793 with a median age of 38.5 years old (40.5 years in the county), the youngest in Contra Costa.¹³ Twenty-two percent of East County residents are 60 years and older, slightly lower than the county's 23%, while 29.3% of the region's population are Hispanic/Latinx of any age (27% in the county).¹⁴ The median household income in East County is \$128,843, compared to Contra Costa's median income of \$120,061. The relative affordability of housing in East County has contributed to the region's rapid growth, yet the region's infrastructure has not kept pace with this development, including transit services, resulting in some of the county's working-age adults driving long distances to get to their jobs.

Persons Aged 60 Years and Older in Contra Costa County

Community-based services for older adults throughout the United States are primarily funded through the Older Americans Act (OAA). The OAA is a federal law passed by Congress in 1965 to respond to the lack of community social services for older individuals and to improve the status of older Americans nationwide. State Units on Aging administer and oversee the implementation of the OAA. In California, the California Department of Aging (CDA) fulfills this role and works with the AAAs to implement OAA programs and services at the local level. CDA passes down OAA funding to the AAAs using an Intrastate Funding Formula (IFF), which factors population size, low-income status, racial minority background, geographically isolated (rural residence), etc. of residents aged 60 and older in the PSA. Based on CDA's 2023 release of the Population Demographic Projections by County and by PSA for the Intrastate Funding Formula report, persons aged 60 years and older in Contra Costa County have the following attributes:

- Projected population aged 60 and older: 297,574
- Minority population aged 60 and older: 131,550 (44%)
- Low-Income aged 60 and older: 25,305 (7%)
- Medi-Cal Eligible aged 60 and older: 51,135 (17%)
- Geographically Isolated aged 60 and older: 3,015 (1%)
- Lives alone aged 60 and older: 52,990 (17%)
- Non-English speaking aged 60 and older: 6,795 (2%)

An exploration of CalSAWS data¹⁵ provides further understanding of the geographic and demographic spread of lower-income Contra Costa residents. CalSAWS is a state online platform that supports the administration of welfare programs in California, including Medi-Cal, CalFresh, CalWorks, General Assistance/General Relief, Foster Care, and Case Management. CalSAWS data shows 51,502 individuals aged 60 and over who are currently active in Medi-Cal or CalFresh (or both programs) in Contra Costa County. Medi-Cal and CalFresh recipient data was used as a proxy to determine low-income individuals in the county because crosstabs are not available in the U.S. Census data for the age 60+ population in poverty by race and ethnicity. It is important to note

¹² Association of Bay Area Governments. (June 5, 2018). The Bay Area's Fastest Growing Cities and Towns. <https://abag.ca.gov/news/bay-areas-fastest-growing-cities-and-towns>

¹³ U.S. Census Bureau. Profile East Contra Costa CCD, Contra Costa County, California. https://data.census.gov/profile/East_Contra_Costa_CCD_Contra_Costa_County_California?q=060XX00US0601390780

¹⁴ Ibid.

¹⁵ CalSAWS PERS and PERS_RACE tables. Data pulled 2.21.2024.

that both Medi-Cal and CalFresh eligibility rules may allow specific individuals age 60+ to qualify for these programs even if their income exceeds 100% of the Federal Poverty Level. The table below shows the number of unduplicated Medi-Cal and CalFresh recipients aged 60+ in Contra Costa County broken down by primary race and ethnicity categories.

**Race and Ethnicity of Age 60 and Over
Medi-Cal and CalFresh Recipients in
Contra Costa County**

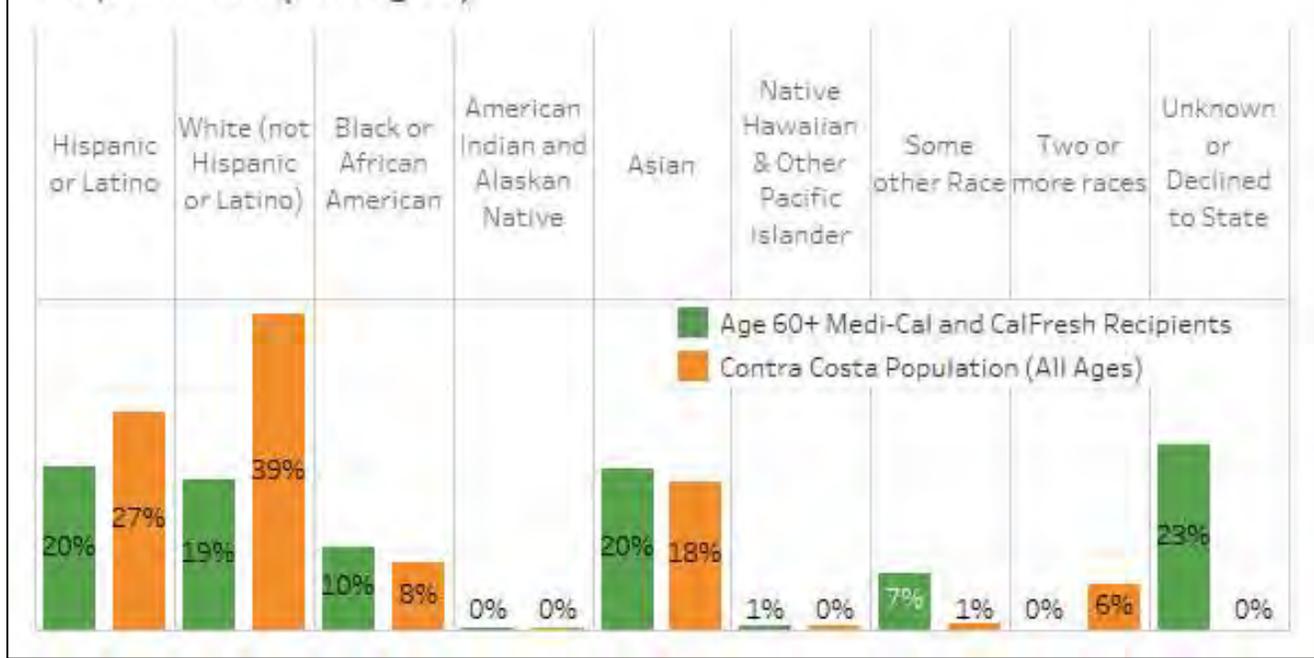
	Count	% of Total
Hispanic or Latino	10,435	20%
White (not Hispanic or Latino)	9,622	19%
Black or African American	5,299	10%
American Indian and Alaskan Native	107	0%
Asian	10,224	20%
Native Hawaiian & Other Pacific Islander	333	1%
Some other Race	3,672	7%
Two or more races	0	0%
Unknown or Declined to State	11,810	23%
Grand Total	51,502	100%

Source: CalSAWS

The following chart compares the race/ethnicity percentage breakdown for the 60+ Medi-Cal and CalFresh recipients with the rest of the County population¹⁶. The chart shows that Asian and Black/African American adults aged 60+ receive CalFresh and Medi-Cal at rates higher than the proportion of their population for all ages in the county. While 18% of the county's population are Asian of all ages, 20% of CalFresh and/or Medi-Cal recipients are Asian aged 60 years and above. Black/African Americans of all ages make up 8% of the population in Contra Costa, while 10% of of this racial group aged 60+ receive CalFresh and Medi-Cal.

¹⁶ Census 2020 Redistricting Data, Table PL 94-171: [Census - Table Results](#)

Race and Ethnicity Breakdown of Age 60 and Over Medi-Cal and CalFresh Recipients Compared to Contra Costa County Population (All Ages)

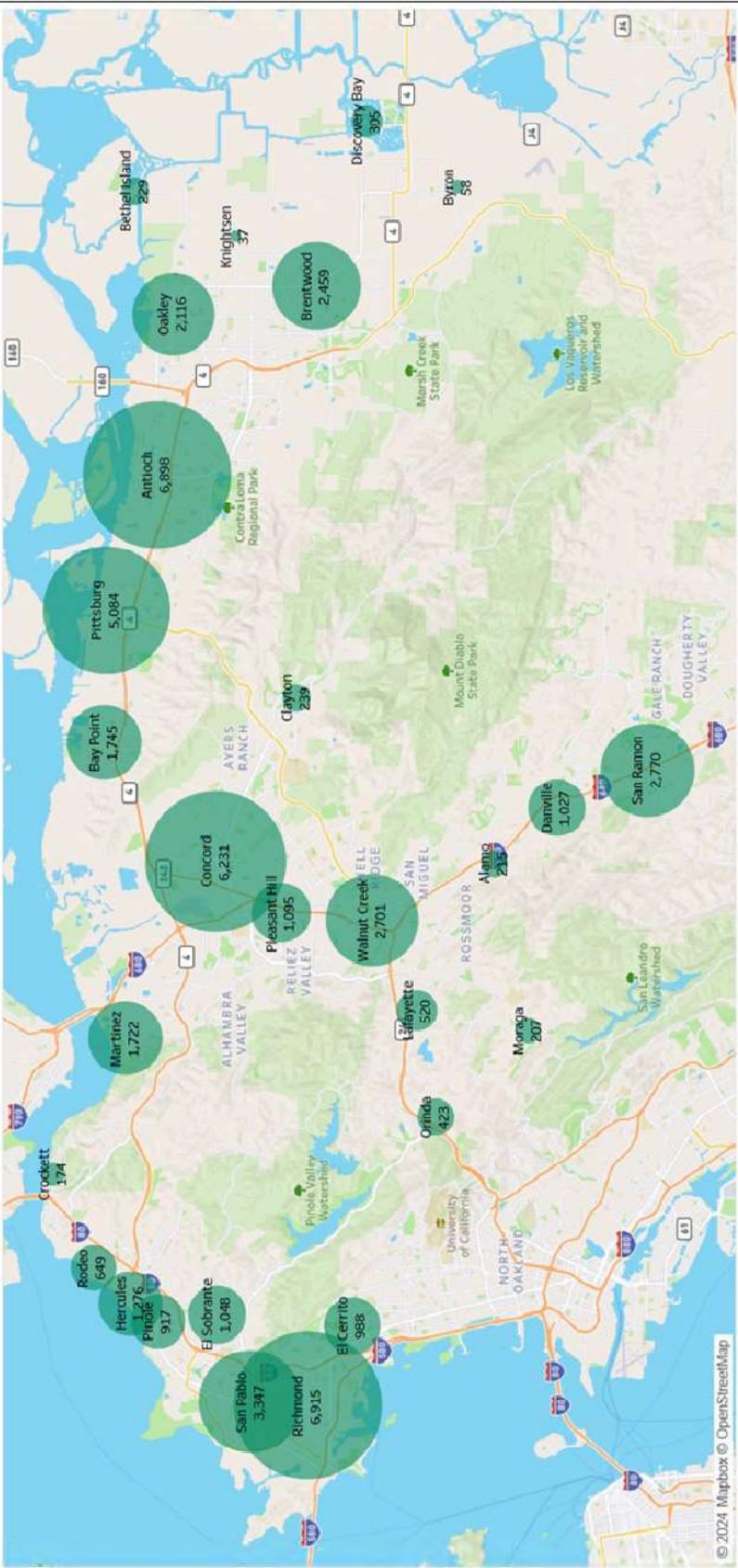


According to the U.S. Census¹⁷, there are approximately 19,362 individuals in Contra Costa age 60 and over (+/- 1,236 margin of error) who are “below the poverty level.” There are currently 51,502 individuals age 60+ presently enrolled in Medi-Cal and CalFresh in Contra Costa, compared to the estimated 19,362 individuals age 60+ “below the poverty level” based on Census estimates. The map below plots the location of the age 60+ Medi-Cal and CalFresh individuals across the county based on CalSAWS data.¹⁸ This map view suggests that Richmond, Antioch, Concord, and Pittsburg have the highest counts of individuals in this category.

¹⁷ U.S. Census Bureau. 2022 American Community Survey 5-Year Estimates, Poverty Status in the Past 12 Months, Table S1701: [Census - Table Results](#)

¹⁸ CalSAWS PERS and PERS_RACE tables. Data pulled 2.21.2024.

Map of Age 60 and Over Medi-Cal Recipients in Contra Costa County

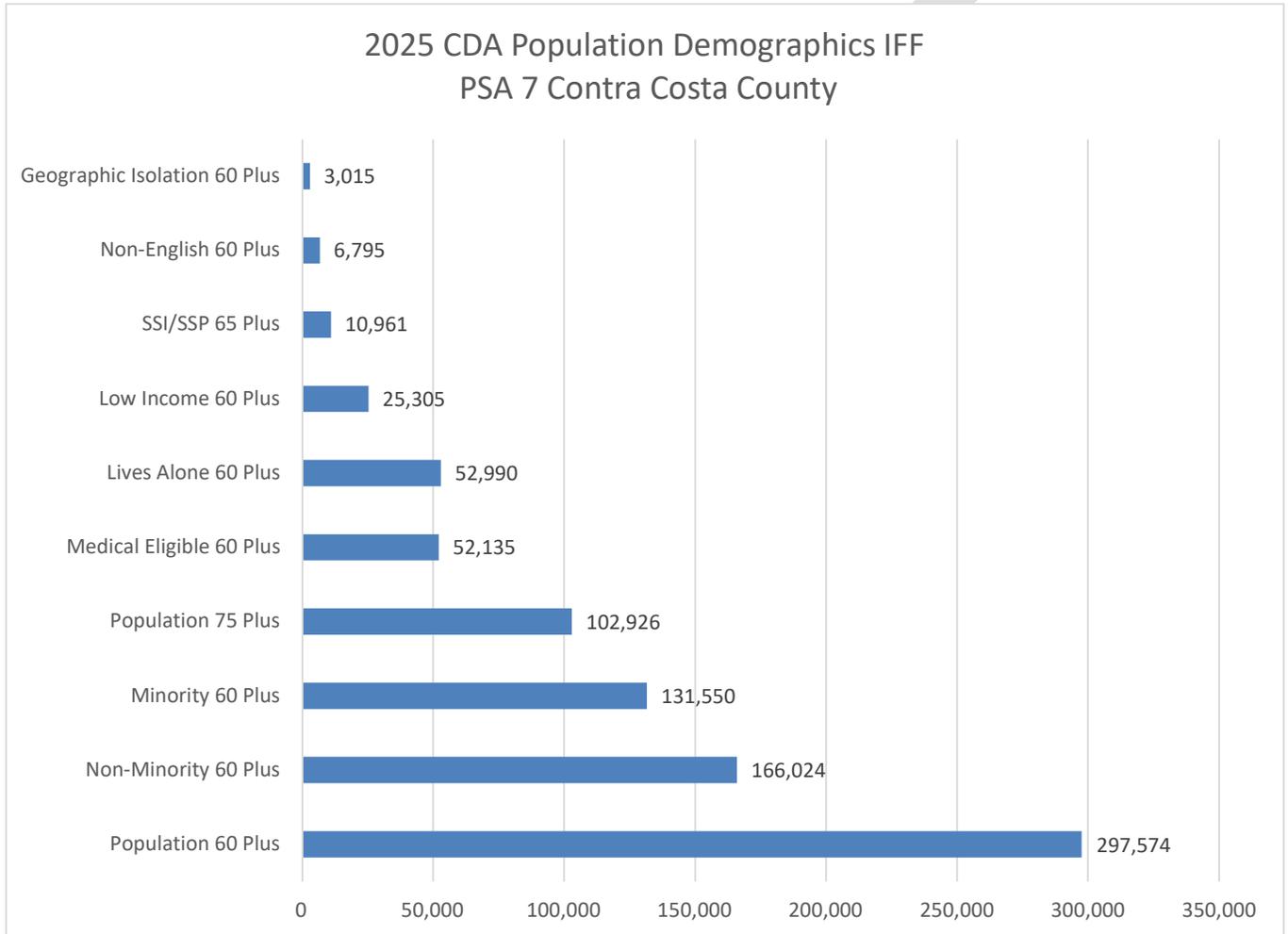


Note: Excluded from this view are: 1) Individuals who listed home addresses in cities and unincorporated areas NOT within Contra Costa County and 2) cities and unincorporated areas where there are 20 or less individuals.



Estimate of the Number of Lower Income Minority Older Individuals in the PSA for the Coming Year FY 26-27

According to the 2025 California Department of Aging Population Demographics by County and PSA for Intrastate Funding Formula, the number of those ages 60 and over is 297,574. The figure below shows the total number of older adults in the following areas: non-English speakers, live alone, non-minority, geographically isolated, Medi-Cal eligible, low-income, minority, non-minority, and the total population over 60.



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

On May 20, 1975, the Board of Supervisors was designated as the governing body for the Area Agency on Aging (AAA) for Contra Costa County. By September of that year, the California Department of Aging (CDA) granted the County its first contract to deliver Older Americans Act (OAA) programs for Planning and Service Area 7 (PSA 7). During this first agreement with CDA, the Board of Supervisors established the Advisory Council on Aging (ACOA) and appointed the County's Employment and Human Services Department (EHSD) to institute and administer the AAA within its department.

Contra Costa County Advisory Council on Aging

The ACOA's membership is composed of 40 seats: 19 seats represented by City jurisdictions, 20 seats reserved for members at large, and one seat assigned to the Nutrition Council. All seats are approved and appointed by the County Board of Supervisors. The ACOA is the advisory body to the Board of Supervisors representing older adults, persons with disabilities, and family caregivers in Contra Costa. The ACOA supports the AAA in ensuring that Contra Costa has a well-coordinated and robust service system to enable its residents to age successfully in the community. The ACOA provides leadership and advocacy on behalf of older persons and serves as a channel of communication and information on aging issues. Three ACOA members currently serve on the California Senior Legislature to help author and advocate for bills affecting older adults and the disabled across the State. The ACOA follows the guidelines set forth in the Brown Act.

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

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

- Health
- Housing
- Legislative
- Technology
- Transportation

Contra Costa County Area Agency on Aging

The AAA is one of the divisions within EHSD's Aging and Adult Services (AAS) Bureau. AAS is a major branch within EHSD, which also oversees Adult Protective Services, General Assistance, In-Home Support Services, Public Administrator Office, Public Authority, and a division supporting the Enhanced Care Management program with Contra Costa County Health Services Agency. The AAA Director actively works with the Contra Costa County Health Plan (CCHP), the County's Medical provider. Collaborations include ongoing negotiations and program development related to the CalAIM Memorandum of Understanding with CCHP. In addition, CCHP leadership is also a

member of the committee that the AAA established to develop a ten-year Master Plan for Aging for Contra Costa County. CCHP leadership is the lead for health-related strategies and has committed to working with the AAA for implementation of the plan.

The AAA serves as the county's hub for coordinating and funding programs and services that enhance the lives of older adults, persons with disabilities, and unpaid family caregivers in Contra Costa by supporting their ability to age in the community with dignity and purpose for as long as possible. As the administrator of Older Americans Act, Older Californians Act, and other state and federal programs, the AAA supports these populations through direct service delivery and contracts with community-based agencies. Working together with the ACOA, the AAA has the overall responsibility of developing and implementing a comprehensive and integrated community-based service system in the county. It is in this capacity that the Board of Supervisors entrusted EHSD, via the AAA, to lead the planning and development of Contra Costa's Master Plan for Aging (MPA) Local Playbook and coordinate the implementation of its goals and strategies.

DRAFT

SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES

Master Plan for Aging Local Playbook

PSA 7's Area Plan for 2024-2028 priorities were informed by the development of Contra Costa's Master Plan for Aging (MPA) Local Playbook. The MPA is an unprecedented undertaking initiated by Governor Gavin Newsom to prioritize older individuals and persons with disabilities in California. The Governor's passage of Executive Order N-14-19 in June 2019 prompted a statewide planning process that brought together subject-matter experts, government agencies, policymakers, service providers, and persons with lived experience. The result is California's MPA, a 10-year blueprint to prepare the state for its rapidly aging population and to maintain its leadership in aging, disability, and equity through five bold goals:

- Housing for all ages and stages
- Health reimagined
- Equity and inclusion, not isolation
- Caregiving that works
- Affording aging

On June 24, 2021, the MPA was introduced in Contra Costa at a forum that drew more than 150 stakeholders representing public, private, nonprofit, and elected office. Fifteen local priorities in support of the MPA's five bold goals were identified by stakeholders. Key themes that emerged from the identified priorities are as follows:

- **Address affordability, availability, and accessibility** of housing, supportive services, food and nutrition, transportation, and other resources for older adults, persons with disabilities, and family caregivers.
- **Develop the workforce** by providing equitable living wages for paid caregivers, developing geriatric training, and creating certificate programs for professionals.
- **Expand choices and options** for various housing types, alternative living arrangements, in-home/out-of-home homecare, end-of-life care, and community development/city planning, permitting and building.
- **Reframe attitudes, beliefs, and behaviors** through anti-ageism, anti-ableism, and caregiver awareness campaigns that also examine intersecting issues.
- **Prioritize at-risk and hidden populations** including low to very- low-income seniors, persons with disabilities, and middle-income individuals who do not qualify for public programs yet cannot afford to pay out-of-pocket for services.
- **Develop data infrastructure and systems** to cross-share information among providers working with clients and consumers.

The following year, Contra Costa held its second countywide summit on the MPA, with 150 people in attendance onsite and 255 livestream viewers. Participants developed vision statements and actionable recommendations on 20+ topic areas that include the Aging and Disability Resource Connection, Age-Friendly Contra Costa, geriatric care expansion, healthcare and homecare services, housing, nursing home innovation, protection from poverty and hunger, workforce, and

volunteer engagement.

Contra Costa is in a unique position to successfully implement the MPA locally. On November 16, 2022, the Board of Supervisors adopted the Measure X policy and funding allocation expenditure plan, which includes \$1.25 million in the first year for services and a one-time planning grant to develop an MPA Local Playbook. Starting in year two, \$2 million in Measure X funding was allocated annually for services and program priorities for older adults. Measure X is a half-cent sales tax approved by Contra Costa County voters in November 2020 to generate a revenue stream for essential services and to support vulnerable populations in the county for the next 20 years.

The County retained the services of Collaborative Consulting to help develop the Contra Costa MPA Local Playbook, a collective impact, actionable plan with short (1-3 years), medium (4-5 years), and long-term (6+ years) strategies to promote healthy and equitable aging for residents of all stages and abilities in Contra Costa County. Collaborative Consulting worked closely with the Implementing the MPA in Contra Costa Together (IMPACCT) Steering Committee, comprised of leaders and decision makers from various County departments, community-based agencies, elected offices, and advocacy groups. The AAA Director and Aging and Adult Services Director helped set the IMPACCT Steering Committee meeting agendas, provided subject matter expertise, tracked the project's progress, and guided the project's direction, priorities, and strategic focus. Contra Costa's Local Playbook is planned to be presented at the Board of Supervisors' Family and Human Services Committee in May 2024, followed by a presentation to the full Board for adoption with a tentative timeframe of June 2024.

A variety of methods were applied to develop Contra Costa's Local Playbook priorities. The process was data driven, equity focused, and collaborative. The following secondary data sources were reviewed and analyzed: Statewide Community Assessment Survey for Older Adults (CASOA), AAA focus groups, Health System Community Health Needs Assessments, and Contra Costa County Consortium Needs Assessment. The perspectives of 37 stakeholders living in and/or serving Contra Costa County that represent community-based organizations, County departments, coalitions, and consumers were also captured. Major insights from the data review and stakeholder engagements were synthesized into themes that formed the basis for the Local Playbook's strategies (Attachment A). The list of strategies was presented to the IMPACCT Steering Committee for review, deliberation, and prioritization.

AAA Focus Group Meetings

To ensure the voices of consumers are centered in the planning process and priority setting in PSA 7's Area Plan 2024-2028, the AAA and ACOA worked closely together to organize and conduct focus group meetings in the community. Meetings were held in each region of the county with special attention to East County and West County where persons of color, low-income households, and geographically isolated populations are disproportionately represented. This needs assessment method through direct conversation with the client population was coordinated with the Local Playbook data mining work already underway to avoid duplication of efforts and maximize information gathering approach. The AAA and ACOA conducted focus groups at the following sites and with specific populations:

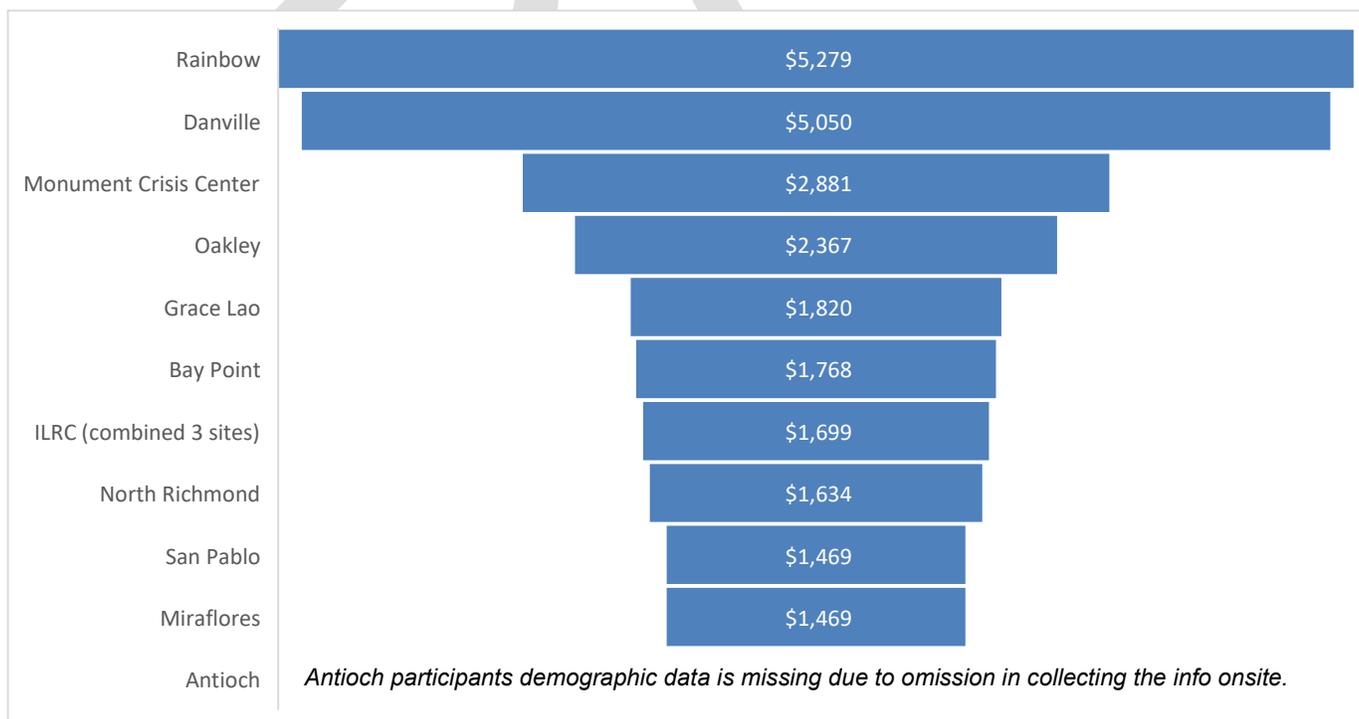
- Antioch Senior Center
- Ambrose/Bay Point Community Center
- Corrine Sain Community Center (North Richmond)

- Danville Senior Center
- Oakley Senior Center
- San Pablo Senior Center
- Hispanic/Latinx: Monument Crisis Center
- LGBTQ+: Rainbow Community Center
- Lower-income seniors: Miraflores Senior Apartments
- Persons with disabilities
 - Contra Costa County office – Pleasant Hill
 - Contra Costa County office – Richmond
 - Contra Costa County office – Antioch
- Southeast Asian/Laotian: Grace Lao Lutheran Church

While a set of semi-structured interview questions were prepared for the focus groups, facilitators were instructed to be reflexive to allow for an open discussion and build rapport and trust with participants. Training was provided to focus group facilitators to give them the tools and confidence to successfully lead group discussions. Focus groups were co-facilitated by the AAA director and an ACOA member or representative from the community where the meeting was held.

A total of 178 individuals participated in the focus group meetings. A majority of participants were from communities of color, broken down by race/ethnicity as follows: 37% White, 20% Black, 17% Hispanic/Latinx, 17% Asian, 1% Native American, and the rest is unknown. Participants' marital status was 40% married, 23% single, 19% widow/widower, and 9% divorced. The average monthly income of participants, by site, is shown in Table 2. Focus group participants' highest average income of \$5,279 per month or \$63,348 per year falls well below the county's median household income of \$120,061 annually.

Table 2. Focus Group Participants' Average Monthly Income by Site, Contra Costa, CA



Adequate Proportion

The AAA is also tasked to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance. This annual minimal allocation is determined by the AAA via the four-year planning process. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at Public Hearings on the Area Plan.

After consideration, the AAA proposed maintaining the adequate proportion percentages of the previous plan in order to ensure continuity of services.

Attendees were given the opportunity to testify regarding setting minimum percentages of the Title III B program funds to meet adequate proportion of funding for Priority Services but there were no comments received.

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SECTION 5. NEEDS ASSESSMENT & TARGETING

The AAA establishes priorities to serve older adults, persons with disabilities, and family caregivers in the PSA through data driven, equity focused, and participatory processes and strategies. Therefore, the AAA developed a comprehensive needs assessment to measure greatest social and economic needs, including LGBTQI+ persons, persons living with immunodeficiency illnesses, and other chronic conditions. This assessment was administered by the AAA in partnership with the ACOA and included the facilitation of 13 accessible focus groups spanning diverse communities across Contra Costa County.

Input from these groups who participated in the AAA's focus group meetings (Attachment B) provided insights into the need for services, the support systems that sustain individuals as they age, and the conditions necessary to enable Contra Costa residents to live independently and purposefully in later life. Feedback from focus group participants and results of the CALSOA survey co-administered with the state supported the following:

- Contra Costa has a wide array of services available through the AAA and its community-based partners to support residents to age in place, but there is a general lack of awareness about these programs. Prior to the COVID pandemic, service providers frequented senior centers and community groups to conduct outreach, present information about programs, provide mobile services (including libraries and health clinics), and promote wellness and other prevention activities. These efforts ceased during the pandemic and have not resumed to pre-COVID levels. Community members that have come to rely on these services and programs would like a return to normalcy and welcome providers to come back.
- Understanding eligibility requirements and navigating the enrollment process for safety net programs run by the County can be daunting. There is confusion about eligibility and share of cost for programs, such as In-Home Support Services, and beneficiaries of CalFresh expressed frustration over the dramatic reduction in benefits after the COVID emergency was lifted. Hands-on help to apply for subsidized housing, transportation, and health and social services are needed. People with limited English-speaking abilities are especially impacted by the complexity of navigating the service system in Contra Costa. Focus group participants who speak Spanish, Mandarin, and Lao dialects expressed language access as a barrier to getting services. In many cases, community resource materials and program information are not available in languages other than English, contributing to the lack of awareness about available services by consumers.
- Affordability is also an impediment to accessing and securing the means necessary to sustain independent living. There is a great need for free, low-cost, or subsidized support for programs and services, including food, housing, health and dental care, transportation, and utilities. The availability of emergency funds during COVID was a lifeline for persons with disabilities. Continuing this support is critical to prevent homelessness among persons with disabilities.
- Transportation is key to maintaining quality of life and independence for older and disabled Contra Costa residents. Even with the best resources available, they offer little help if

people cannot get to them. Transportation needs vary by community. Paratransit, subsidized Lyft/Uber, volunteer-run transportation, and City-run shuttle services are available in some communities but not in others. Centers frequented by seniors do not always have a bus stop nearby or transit services have discontinued the route. Aging Lao residents in West County/Richmond area, where there is a paucity of services, are feeling more isolated as they become more frail and increasingly reliant on their adult children and grandchildren for rides to doctor's appointments, grocery stores, churches, visit friends, etc. Lao focus group participants expressed mental health as an issue in this community. The need for culturally appropriate mental health services delivered by practitioners in the languages spoken by the patient, not by family members acting as interpreters, are critical for Lao older adults, as for other limited English-speaking individuals.

- Safety is a major concern for older Contra Costa residents. Falling at home and in the neighborhood as they age was a fear of several focus group participants and projected as an impetus for institutionalization and loss of independence. Uneven sidewalks, poorly lit streets, and neighborhood crimes were safety concerns that prevent older people from taking walks in their communities. Participants were aware of seniors' vulnerability to assaults, scams, and fraud, including cybercrime. Interventions and approaches to protect the health, safety, and welfare of seniors are sorely needed.
- The loss of partners and loved ones contributes to the experience of loneliness, isolation, and grief. Lesbian, gay, bisexual, and queer (LGBTQ) and HIV+ individuals found refuge at the Rainbow Center where they feel welcomed and connected. Activities and resources offered by Rainbow keep LGBTQ persons supported as they age.
- Likewise, senior centers and community centers provide plenty of opportunities for people to participate in classes, congregate dining, exercise programs, etc. to alleviate social isolation. During COVID, seniors learned how to use tablets and mobile devices to participate in programs and obtain care through telehealth. Seniors are willing and eager to learn how to use technology to find out about services, enroll in programs, set-up automatic shipment for medication subscription, and shop online.
- Places, spaces, and mediums familiar and frequented by seniors, persons with disabilities, and caregivers should be used as information hubs, including community centers, libraries, newspapers, places of worship, and pharmacies. Overall, for services and programs to reach consumers and effectively serve their needs, they should be accessible, affordable, available, equitable, reliable, seamless, and visible. They should also be in languages they understand. The need for the following services received the most mentions from focus group participants:
 - Caregiver support
 - Dental services
 - Exercise classes and senior center activities
 - Grief counseling
 - Handyman services
 - Health screenings
 - Health services
 - Healthy foods
 - Homecare

- Housing
- Mental health support
- Nutrition education
- Transportation, especially Accessible Transportation
- Tech literacy trainings
- Vetted contractors for solar installation

Apart from the 13 focus group meetings conducted by the AAA and ACOA, the ACOA's Planning Committee reviewed the CASOA survey report for Contra Costa, provided feedback, and considered the survey results in its prioritization and goal-setting deliberations. Report from Local Playbook development's data analysis, which included the results from the CASOA survey and stakeholder engagement interviews, were reviewed by AAA staff and the ACOA Planning Committee to develop the current Area Plan.

The Contra Costa MPA Local Playbook emerged from an extensive year-long planning process involving a cross-sectoral collaboration with key leaders representing County departments (Health Services, Employment and Human Services, Transportation Authority, Office of Equity), community-based service providers, and Advisory Council on Aging. In addition to the five bold goals of the California MPA, Contra Costa added a sixth bold goal – Transportation – to highlight the importance of this issue in addressing access to services and to demonstrate a real commitment to identify solutions to the problem. Themes that emerged from the Local Playbook effort include the following. Several of these findings are consistent with and are in agreement with the voices of the consumers in the AAA's focus groups:

1. Income insecurity is a concern, especially for older adults and people with disabilities on a fixed income, and those just above the cut-off for receiving public assistance.
2. Rising housing costs, limited affordable housing, and lack of access to supportive services are aggravating housing instability among older adults and people with disabilities.
3. Some older adults and people with disabilities, particularly those on Medi-Cal, are experiencing challenges accessing timely healthcare services that meet their needs.
4. Limited transportation options in Contra Costa County create a barrier to older adults and people with disabilities accessing other services.
5. Contra Costa County has a shortage of paid, unpaid, and informal caregivers.
6. A growing number of older adults and people with disabilities lack family ties, a support system, and a connection to their community; this isolation compounds challenges in areas such as housing, transportation, and health.
7. There is a growing unmet need for culturally responsive services.
8. Older adults and people with disabilities need more support to learn about available services, including (but not limited to) education and support to access online services safely.
9. Limited coordination and collaboration within and across the public, non-profit, and for-profit

sectors negatively impact the ability of older adults and people with disabilities to access and benefit from services.

Through a mixed methodology of quantitative and qualitative information gathering from the Local Playbook process and the AAA's focus groups meetings, PSA 7's Area Plan for 2024-2028 is well informed and represents the voices of older adults, persons with disabilities, and family caregivers in Contra Costa County. In conjunction, such informed data gathering and strategizing via the Local Playbook activities inform the AAA's policies to meet the needs of those individuals and communities in the greatest economic and social need. The strategies established in the Local Playbook were integrated in the prioritization process and goal setting for PSA 7's Area Plan for 2024-2028. Local Playbook strategies and direct input from focus group participants point to the need for specific services, but more importantly, having the ability to access these resources by addressing availability, affordability, equity, and visibility of these programs. Transportation is key to accessing services, as is having information available in multiple languages and providing hands-on help to navigate the service system. Building the capacity of organizations that serve the client population ensures that programs are stable and robust. These services, programs, and system capacity needs are reflected in PSA 7's Area Plan 2024-2028 goal areas and will be accomplished by setting measurable objectives in the next four years. The AAA's policies and procedures support the development of the plan and are consistent with the Employment & Human Services Department mission and practices.

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SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS

2024-2028 Four-Year Planning Cycle Funding for Access, In-Home Supportive 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 20 % 25-26 20 % 26-27 20 % 27-28 _____ %

In-Home Services:

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

2024-25 8 % 25-26 8 % 26-27 8 % 27-28 _____ %

Legal Assistance Required Activities:³

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

2024-25 11 % 25-26 11 % 26-27 11 % 27-28 _____ %

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

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

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

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ⁴ Yes or No	Was hearing held at a Long-Term Care Facility? ⁵
2024-2025	March 20, 2024	500 Ellinwood Way, Pleasant Hill, CA 94523	62	No	No
2025-2026	March 19, 2025	500 Ellinwood Way, Pleasant Hill, CA 94523	34	No	No
2026-2027	March 18, 2026	500 Ellinwood Way, Pleasant Hill, CA 94523			
2027-2028					

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

- Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals. Information regarding the Public Hearing was widely shared to our mailing lists, which includes CBO's, advocates, elected officials and Advisory Council Members. We also noticed via local publications and placed the draft Area Plan Update on our website.
- Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?
 - Yes. Go to question #3
 - Not applicable, PD and/or C funds are not used. Go to question #4
- Summarize the comments received concerning proposed expenditures for PD and/or C: There were no comments received related to PD & C Expenditures.
- Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services
 - Yes. Go to question #5
 - No, Explain:
- Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services:

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

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

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

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

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SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES

Goal # 1

Goal:

The AAA will support the implementation of the Master Plan for Aging for Contra Costa County by advocating for the availability of resources necessary to successfully and effectively execute the goals, priorities, and strategies established in the Local Playbook.

Rationale:

The AAA has been designated to coordinate the implementation of Contra Costa's Master Plan for Aging Local Playbook. This requires the AAA to partner with the Advisory Council on Aging, the aging and disabilities provider network, and other community stakeholders to successfully and meaningfully implement the Local Playbook's strategies, initiatives, and activities.

List Objective Number(s) and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source⁶	Update Status⁷
1.1 The AAA and ACOA will support the MPA Local Playbook strategy of addressing social isolation and connection by identifying funding source(s) to implement this priority.	7/1/2024-6/30/2028	Admin	Continued
1.2 The ACOA Housing Workgroup will work collaboratively with AAA staff and the Master Plan of Aging (MPA) Local Playbook committee to support the Housing for All Ages & Stages goal, aiming to plan at least one joint meeting each year with the housing champions identified in the MPA.	7/1/2026-6/30/2027	Admin	Revised
1.3 The ACOA Health Workgroup will support the implementation of the MPA Local Playbook to educate seniors about healthcare resources available in the community through distribution of collateral materials.	7/1/2024-6/30/2027	Admin	Continued

1.4 The ACOA Transportation Workgroup will support the implementation of the MPA Local Playbook strategy for establishing a county wide approach to accessible transportation.	7/1/2024-6/30/2027	Admin	Continued
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Goal # 2

Goal:

The AAA will promote the development of age- and disability-friendly communities by advocating for an infrastructure that fully and meaningfully prioritizes the needs of older and disabled adults and those who care for them.

Rationale:

The continued growth of the older adult population, especially with the oldest of the baby boomers reaching an advanced age of 85 years starting in 2031, calls attention to the need to prioritize and promote age- and disability-friendly Contra Costa communities. A strong infrastructure that includes diverse and reliable funding sources for programs and services and the inclusion and prioritization of older adults, persons with disabilities, and family caregivers in planning, building, and delivering services promote the development of age- and disability-friendly communities. Promoting neighborhood safety, improving the walkability of streets, protecting seniors from falling victims to scams and crime, and keeping essential services, such as housing, transportation, food, medical/dental care, etc., were among the needs mentioned by focus group participants to make communities age- and disability-friendly. Furthermore, making communities as age and disability - friendly as possible while simultaneously leveraging the needs and accessibility of caregiver respite services speaks to servicing the needs at both ends of the spectrum; those of care receivers as they navigate communities that are adapted and those of caregivers as they seek respite.

List Objective Number(s) and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source⁶	Update Status⁷
2.1 The ACOA will participate in the Food Security Collaborative to develop strategies to address the nutritional health of older adults and persons with disabilities in Contra Costa County.	7/1/2024-6/30/2028	Admin	Revised
2.2 The ACOA Transportation Workgroup will advocate for older and disabled adults' transportation infrastructure needs by providing at least four informational presentations a year to the community and service providers.	7/1/2024-6/30/2027	Admin	Continued

2.3 The ACOA Health Workgroup will work with the AAA to produce and distribute a resource brochure for “Aging in Place” to be distributed to senior populations prioritized in the Older Americans Act.	7/1/2024-6/30/2027	Admin	Continued
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Goal # 3

Goal:

The AAA will improve access to information, assistance, and resources to promote equity and visibility of services among older adults, persons with disabilities, and family caregivers.

Rationale:

Knowledge, awareness, and ability to obtain the services and resources one needs are critical to supporting residents’ ability to safely age in place and thrive in Contra Costa. Focus group participants established that for services to be accessible and effective, they must be affordable, available, coordinated, equitable, reliable, seamless, and visible. Furthermore, elevating the visibility of Caregiver Respite services is specifically crucial as caregivers are often dependent on this resource as a sole source for relief from caregiving. Hands-on support is also needed to navigate the service system and enroll in programs.

List Objective Number(s)_____and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source⁶	Update Status⁷
3.1 The ACOA and Planning Committee will assist the AAA’s Information & Assistance Program in sponsoring and coordinating at least four events to reach populations prioritized in the Older Americans Act to inform older and disabled individuals and caregivers of available programs and services.	7/1/2024-6/30/2026	Admin	Completed
3.2 The ACOA Planning Committee will work with the AAA’s Information and Assistance Program in translating the County Senior Resource Directory into Simplified Chinese and helping in its distribution in the community.	7/1/2024-6/30/2025	Admin	Completed

3.3 The AAA and ACOA Planning Committee will increase access to information about services by creating QR codes for the Senior Resource Directory and the County Guides to expand promotion and reach of these resources in the community.	7/1/2024-6/30/2025	Admin	Completed
3.4 The ACOA Health Workgroup will schedule a minimum of four presentations at monthly meetings delivered by subject matter experts/professionals on topics specific to the MPA's "Health Reimagined" goal to increase awareness about community resources and supports for older adults.	7/1/2024-6/30/2027	Admin	Continued
3.5 The ACOA Housing Workgroup will schedule a minimum of eight presentations by non-profit, government, and private organizations to foster partnerships and learn about housing related programs and policies.	7/1/2024-6/30/2027	Admin	Continued
3.6 The ACOA Housing Workgroup will work with the AAA staff to develop and update outreach materials to help the Contra Costa County community better understand the housing challenges faced by older adults. These materials will be presented to government commissions, city councils, local service groups, and community organizations throughout the county, with the goal of at least six presentations being conducted annually.	7/1/2024-6/30/2027	Admin	Revised
3.7 The ACOA Technology Workgroup will schedule a minimum of four presentations at monthly meetings on topics specific to technology in order to increase awareness of community resources.	7/1/2024-6/30/2028	Admin	Continued

3.8 The ACOA Technology Workgroup will produce at least two collateral documents describing important technology subjects including “Protecting Against Online Scams” and “Artificial Intelligence and Older Adults” and will leverage scheduled AAA outreach events to distribute the information.	7/1/2024-6/30/2027	Admin	Revised
3.9 The ACOA Legislative Workgroup will track and report at least twice annually to the ACOA and advocate on relevant legislative proposals as they pertain to older adults.	7/1/2024-6/30/2028	Admin	Continued
3.10 The AAA and ACOA Health Workgroup will facilitate at least four health related informational presentations including mental health at Contra Costa Senior/Community Centers.	7/1/2024-6/30/2028	Admin	Continued

Goal # 4

Goal:

The AAA will review and update Programs and regulatory requirements to align with the changes in the Older Californians Act and the reauthorized Older Americans Act.

Rationale:

The AAA must prepare for and respond to changes resulting from the reauthorization of the Older Americans Act (OAA) and the modernization of the Older Californians Act (OCA). Program goals, objectives, and operational activities shall align and comply with the resultant changes in legislation and policy guidelines from the California Department of Aging.

List Objective Number(s) _____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
4.1 The ACOA and the Planning Committee will assist the AAA, as requested, in their monitoring process of service providers.	7/1/2024-6/30/2026	Admin	Completed
4.2 The ACOA Planning Committee will assist the AAA in reviewing amendments to the OAA, OCA, and other state requirements and support the AAA in ensuring that	7/1/2024-6/30/2028	Admin	Continued

<p>program policies and procedures are reflective of the changes and implemented by contractors.</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 Delete

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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, 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	N/A	N/A	
2025-2026	N/A	N/A	
2026-2027	N/A	N/A	
2027-2028			

Homemaker (In-Home)

Unit of Service = 1 hour

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

Chore (In-Home)

Unit of Service = 1 hour

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

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	2,669	3	
2025-2026	2,828	3	
2026-2027	3,713*	3	
2027-2028			

Case Management (Access)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	N/A	N/A	
2025-2026	N/A	N/A	
2026-2027	TBD*		
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	1,565	1, 2	1.4, 2.2
2025-2026	1,565	1, 2	1.4, 2.2
2026-2027	2,025*	1, 2	1.4, 2.2
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	N/A	N/A	
2025-2026	N/A	N/A	
2026-2027	N/A	N/A	
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	20,000	3	3.1, 3.2, 3.3
2025-2026	22,000	3	3.1, 3.2, 3.3
2026-2027	23,000*	3	3.1, 3.2, 3.3
2027-2028			

Outreach (Access)

Unit of Service = 1 contact

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

Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	3,053	3	
2025-2026	3,053	3	
2026-2027	3,952*	3	
2027-2028			

Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	148,890	2	2.1
2025-2026	135,000	2	2.1
2026-2027	132,000	2	2.1
2027-2028			

Home-Delivered Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	448,302	2	2.1
2025-2026	564,000	2	2.1
2026-2027	334,000	2	2.1
2027-2028			

Nutrition Counseling

Unit of Service = 1 hour

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

Nutrition Education

Unit of Service = 1 session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	12	2	2.1
2025-2026	12	2	2.1
2026-2027	20	2	2.1
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.

Telephone Reassurance

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	2,300	3	
2025-2026	2,300	3	
2026-2027	2,400*	3	
2027-2028			

Visiting

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	3,575	3	
2025-2026	3,575	3	
2026-2027	4,300*	3	
2027-2028			

3. Title IIID/Health Promotion—Evidence-Based

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

Evidence-Based Program Name(s): On the Move. Matter of Balance

Add additional lines if needed.

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	2,000	3	
2025-2026	1,792	3	
2026-2027	12	3	
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	1,527	1,573	97%	<u>73</u> % 2024-2025
2023-2024	1,084	1,129	96%	96 % 2025-2026
2024-2025	TBD	TBD	TBD	% 2026-2027
2026-2027				% 2027-2028

Program Goals and Objective Numbers: 3

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>11</u> FY 2024-2025 Target: <u>15</u>
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended <u>9</u> FY 2025-2026 Target: <u>15</u>
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended _____ FY 2026-2027 Target: <u>TBD</u>
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>3</u>

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

1. FY 2022-2023 Baseline: Number of Family Council meetings attended <u>5</u> FY 2024-2025 Target: <u>4</u>
2. FY 2023-2024 Baseline: Number of Family Council meetings attended <u>1</u> FY 2025-2026 Target: <u>5</u>
3. FY 2024-2025 Baseline: Number of Family Council meetings attended _____ FY 2026-2027 Target: <u>TBD</u>
4. FY 2025-2026 Baseline: Number of Family Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>3</u>

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

1. FY 2022-2023 Baseline: Number of Instances <u>1,734</u> FY 2024-2025 Target: <u>2,000</u>
2. FY 2023-2024 Baseline: Number of Instances <u>1,401</u> FY 2025-2026 Target: <u>2,000</u>
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: <u>TBD</u>
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>3</u>

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

1. FY 2022-2023 Baseline: Number of Instances <u>4,639</u> FY 2024-2025 Target: <u>4,639</u>
2. FY 2023-2024 Baseline: Number of Instances <u>4,696</u> FY 2025-2026 Target: <u>5,250</u>
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: <u>TBD</u>
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>3</u>

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

1. FY 2022-2023 Baseline: Number of Sessions <u>3</u> FY 2024-2025 Target: <u>5</u>
2. FY 2023-2024 Baseline: Number of Sessions 27 FY 2025-2026 Target: <u>15</u>
3. FY 2024-2025 Baseline: Number of Sessions _____ FY 2026-2027 Target: <u>TBD</u>
4. FY 2025-2026 Baseline: Number of Sessions _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>3</u>

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

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

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

FY 2024-2025

FY 2024-2025 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

1. During FY July 2024 – June 2025, the Contra Costa Ombudsman Program advanced systemic advocacy by focusing on education, collaboration, and accountability around mandated reporting of abuse. Ombudsman staff and volunteers conducted 16 community education events across the county, engaging long-term care staff, community partners, and mandated reporters. Presentations were provided at the Lion’s Club, John Muir Hospital, Kaiser Hospital, and multiple community resource fairs.

Through these efforts, the Ombudsman program strengthened partnerships with Adult Protective Services, the District Attorney’s Office, County Mental Health, and the Public Guardian’s Office, creating a more coordinated response to elder abuse. By proactively educating hospitals, long-term care facilities, and first responders on new AB 1417 mandated reporting requirements, the Ombudsman program reduced delays in abuse investigations and increased awareness of the Ombudsman’s role in protecting residents. These activities moved beyond individual cases to address systemic issues by:

- Increasing compliance and accountability among mandated reporters and facility staff, resulting in more timely and appropriate abuse reporting.
 - Strengthening cross-agency collaboration, which supports a more unified countywide approach to elder justice.
 - Raising public and professional awareness about elder abuse, which contributes to culture change in how abuse and neglect are recognized and addressed in Contra Costa County.
2. From July 2024 – June 2025, the Contra Costa Ombudsman Program prioritized systemic advocacy to prevent illegal evictions and “resident dumping” in long-term care facilities, particularly in skilled nursing facilities undergoing ownership changes. Ombudsman staff increased their presence in facilities, meeting directly with residents to educate them about their discharge rights and available protections.

Through this work, Ombudsman staff:

- Empowered residents by providing one-on-one education about their rights related to discharge and transfer, which enabled residents to better advocate for themselves when threatened with eviction.
- Facilitated safe transitions of care by helping residents access the Assisted Living Waiver Program (when appropriate)
- Elevated systemic issues by partnering with the California Advocates for Nursing Home Reform (CANHR) to bring awareness and support around “hospital dumping” and illegal discharge practices.
- Promoted accountability by submitting reports of violations to Community Care Licensing Division (CCLD) and the California Department of Public Health (CDPH), ensuring regulatory agencies were informed of facilities that placed

<ul style="list-style-type: none"> residents at risk. Educated facility administrators and staff who were open to improving their practices, thereby reducing the likelihood of future violations and promoting a more resident-centered approach to care.
FY 2026-2027
FY 2027-2028
Outcome of 2026-2027 Effort(s)
FY 2027-2028 Systems Advocacy Effort(s)

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.

<p>1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to the complaint <u>27</u> divided by the total number of Nursing Facilities <u>29</u> = Baseline <u>93%</u> FY 2024-2025 Target: <u>93%</u></p>
<p>2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>27</u> divided by the total number of Nursing Facilities <u>30</u> = Baseline <u>90</u> % FY 2025-2026 Target: <u>94</u></p>
<p>3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2026-2027 Target: <u>TBD</u></p>

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

Program Goals and Objective Numbers: 3

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 46 divided by the total number of RCFEs 409 = Baseline 11%

FY 2024-2025 Target: 25%

2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 44 divided by the total number of RCFEs 417 = Baseline 11%

FY 2025-2026 Target: 35%

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: TBD__

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: 3

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: <u>5.5</u> FTEs FY 2024-2025 Target: <u>5.0</u> FTEs
2. FY 2023-2024 Baseline: <u>3</u> FTEs FY 2025-2026 Target: <u>7</u> FTEs
3. FY 2024-2025 Baseline: <u>.0</u> FTEs FY 2026-2027 Target: TBD__FTEs
4. FY 2025-2026 Baseline: _____FTEs FY 2027-2028 Target: _____FTEs
Program Goals and Objective Numbers: <u>3</u>

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>1</u> FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <u>3</u>
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers <u>3</u> FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers <u>10</u>
3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers <u>TBD</u>
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: <u>3</u>

Outcome 3.

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

Measures and Targets:

In 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

- Onboard additional volunteers and MSW interns to assist with visiting RCFEs once per quarter. Work with resident council presidents and family councils to establish regular presence during council meetings.
- Continue to provide community education on elder abuse and mandated reporting to community partners, such as but not limited to law enforcement and first responders, facility operators, hospital staff, etc.
- Include more educational materials for Spanish-speaking residents in long-term care facilities on their rights and elder abuse
- Provide more mandated reporting training to staff members in long-term care facilities on new 2024 mandated reporting requirements
- Hiring non-certified Ombudsman to assist with data entry, documenting complaints, and screening discharge/transfer notices

Fiscal Year 2025-26

- The Contra Costa Ombudsman program has expanded its leadership structure, adding a new Support Specialist role and Regional Supervisor. The Program now has a Program Manager, three Regional Supervisor and one Ombudsman Program Manager. This restructuring allows for greater regional coverage, improved case resolution, and more frequent facility visits, ensuring that complex issues are addressed efficiently.
- The team is committed to increasing routine visits across all four quarters to ensure residents are aware of their rights and that facilities are adhering to mandated reporting requirements.
- The Ombudsman team will expand education efforts for residents, families, community partners, and facility staff to enhance awareness of Ombudsman services, residents' rights, and mandated reporting obligations.
- With improved regional coverage and a more structured approach to data collection, the program will ensure that reporting is both accurate and reflective of systemic concerns, particularly around evictions and financial exploitation.

Fiscal Year 2026-27

- In order to facilitate efficient training for onboarding new staff, volunteers, and interns, LTCOP will invest in purchasing new computers. This will enable quicker processing of case data, routine visit entries, and allow for faster training.

Fiscal Year 2027-28

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TITLE VII ELDER ABUSE PREVENTION
SERVICE UNIT PLAN

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

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

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

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

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

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2020, Section 302(3) ‘Family caregiver’ means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with

neurological and organic brain dysfunction.

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

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TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

The agency receiving Title VII Elder Abuse Prevention funding is:

Contra Costa Senior Legal Services

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	950	975	TBD	
Public Education Sessions	10	15	15	
Training Sessions for Professionals	5	10	10	
Training Sessions for Caregivers served by Title III E	N/A	N/A		
Hours Spent Developing a Coordinated System	N/A	N/A		

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	600	Elder abuse, consumer fraud, eviction issues, housing rights, advance care planning
2025-2026	600	Elder abuse, consumer fraud, eviction issues, housing rights, advance care planning
2026-2027	TBD	Elder abuse, consumer fraud, eviction issues, housing rights, advance care planning
2027-2028		

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

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

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

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

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

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

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

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

SUB-CATEGORIES (16 total)	1	2	3
Caregivers of Older Adults (COA)	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
COA Caregiver Access Case Management	Total Hours	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	160	2, 3	
2025-2026	160	2, 3	
2026-2027	407	2, 3	
2027-2028			
COA Caregiver Access Information & Assistance	Total Contacts	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	1,213	2, 3	
2025-2026	1,233	2, 3	
2026-2027	1,208	2, 3	
2027-2028			

COA Caregiver Information Services	# Of activities: Total est. audience for above:	Required Goal #(s)	Required Objective #(s)
2024-2025	# Of activities:74 Total est. audience for above: 600	2, 3	
2025-2026	# Of activities:74 Total est. audience for above: 600	2, 3	
2026-2027	# Of activities: 76 Total est. audience for above: 600	2, 3	
2027-2028	# Of activities: Total est. audience for above:		
COA Caregiver Support Training	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	n/a		
2025-2026	934		
2026-2027	934		
2027-2028			
COA Caregiver Support Groups	Total Sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	60	2, 3	
2025-2026	60	2, 3	
2026-2027	117	2, 3	
2027-2028			
COA Caregiver Support Counseling	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026	324		
2026-2027	399		
2027-2028			
COA Caregiver Respite In-Home	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	854	3	
2025-2026	854	3	
2026-2027	854	3	
2027-2028			

COA Caregiver Respite Out-of-Home Day Care	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
COA Caregiver Respite Out-of-Home Overnight Care	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
COA Caregiver Respite Other	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	240	3	
2025-2026	240	3	
2026-2027	316	3	
2027-2028			
COA Caregiver Supplemental Services Legal Consultation	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
COA Caregiver Supplemental Services Consumable Supplies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
COA Caregiver Supplemental Services Home Modifications	Total Occurrences	Required Goal #(s)	Required Objective #(s)

2024-2025	135	2, 3	
2025-2026	135	2, 3	
2026-2027	135	2, 3	
2027-2028			
COA Caregiver Supplemental Services Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	91	2, 3	
2025-2026	91	2, 3	
2026-2027	91	2, 3	
2027-2028			
COA Caregiver Supplemental Services Caregiver Assessment	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	796	2, 3	
2025-2026	796	2, 3	
2026-2027	568	2, 3	
2027-2028			
COA Caregiver Supplemental Services Caregiver Registry	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			

Direct and/or Contracted IIIE Services- Older Relative Caregivers (ORC)

SUB-CATEGORIES (16 total)	1	2	3
Older Relative Caregivers (ORC)	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
ORC Caregiver Access Case Management	Total Hours	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	371	2, 3	
2025-2026	371	2, 3	
2026-2027	331	2, 3	
2027-2028			
ORC Caregiver Access Information & Assistance	Total Hours	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	600	2, 3	
2025-2026	600	2, 3	
2026-2027	449	2, 3	
2027-2028			
ORC Caregiver Information Services	# Of activities: Total est. audience for above:	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	# Of activities: N/A Total est. audience for above:		
2025-2026	# Of activities: N/A Total est. audience for above:		
2026-2027	# Of activities: N/A Total est. audience for above:		
2027-2028	# Of activities: Total est. audience for above:		
ORC Caregiver Support Training	Total Hours	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Support Groups	Total Sessions	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>

2024-2025	60	2, 3	
2025-2026	60	2, 3	
2026-2027	45		
2027-2028			
ORC Caregiver Support Counseling	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026	N/A		
2026-2027			
2027-2028			
ORC Caregiver Respite In-Home	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026	N/A		
2026-2027			
2027-2028			
ORC Caregiver Respite Out-of-Home Day Care	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	400	2, 3	
2025-2026	431	2, 3	
2026-2027	365		
2027-2028			
ORC Caregiver Respite Out-of-Home Overnight Care	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026	N/A		
2026-2027			
2027-2028			

ORC Caregiver Respite Other	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Supplemental Services Legal Consultation	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Supplemental Services Consumable Supplies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Supplemental Services Home Modifications	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Supplemental Services Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			

ORC Caregiver Supplemental Services Caregiver Assessment	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Supplemental Services Caregiver Registry	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
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	4,000	3
2025-2026	4,200	3
2026-2027	TBD	3
2027-2028		
HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	100	3
2025-2026	100	3
2026-2027	TBD	3
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	6,000	3
2025-2026	6,500	3
2026-2027	TBD	3
2027-2028		
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	4,000	3
2025-2026	4,000	3
2026-2027	TBD	3
2027-2028		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	800	3
2025-2026	1,000	3
2026-2027	TBD	3
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	2,703	2,145	0	558	5,406
2025-2026	2,400	2,000	0	600	5,000
2026-2027	TBD	TBD	TBD	TBD	TBD
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	7,964	3
2025-2026	8,650	3
2026-2027	TBD	3
2027-2028		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)²⁶

HICAP Fiscal Year (FY)	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2024-2025	10	3
2025-2026	10	3
2026-2027	TBD	3
2027-2028		
HICAP Fiscal Year (FY)	PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	35	3
2025-2026	35	3
2026-2027	TBD	3
2027-2028		
HICAP Fiscal Year (FY)	PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	9	3
2025-2026	9	3
2026-2027	TBD	3
2027-2028		

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

SECTION 9. SENIOR CENTERS AND FOCAL POINTS

COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST

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

In the form below, provide the current list of designated community senior centers and focal points with addresses. This information must match the total number of senior centers and focal points 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
Alcosta Senior Center	9300 Alcosta Boulevard, San Ramon 94582
Antioch Senior Center	415 W 2nd Street, Antioch, CA 94509
Brentwood Senior Center	193 Griffith Lane, Brentwood 94513
Concord Senior Center	2727 Parkside Circle, Concord 94518
Danville Senior Center	115 E. Prospect Avenue, Danville 94526
Hercules Senior Center	111 Civic Drive, Hercules, CA 94547
Lafayette Senior Services	500 St. Mary's Road, Lafayette 94549
Martinez Senior Center	818 Green Street, Martinez, CA 94553
Oakley Senior Center	215 Second Street, Oakley 94561
Open House Senior Center	6500 Stockton Avenue, El Cerrito 94530
Pinole Senior Center	2500 Charles Street, Pinole 94564
Pittsburg Senior Center	300 Presidio Lane, Pittsburg, CA 94565
Pleasant Hill Senior Center	233 Gregory Lane, Pleasant Hill, CA 94523
Richmond Annex Senior Center	5801 Huntington Avenue, Richmond
Richmond Senior Citizens Center	2525 Macdonald Avenue, Richmond, CA 94804
San Pablo Senior Center	1943 Church Lane, San Pablo, CA 94806
Walnut Creek Senior Center	1375 Civic Drive, Walnut Creek

Senior Center	Address
Alcosta Senior Center	9300 Alcosta Boulevard, San Ramon 94582
Antioch Senior Center	415 W 2nd Street, Antioch, CA 94509
Bay Point/Ambrose Center	3105 Willow Pass Road, Bay Point 94565
Brentwood Senior Center	193 Griffith Lane, Brentwood 94513
Concord Senior Center	2727 Parkside Circle, Concord 94518

Danville Senior Center	115 E. Prospect Avenue, Danville 94526
El Cerrito Senior Center	7007 Moeser Lane, El Cerrito 94530
Hercules Senior Center	111 Civic Drive, Hercules, CA 94547
Lafayette Senior Services	500 St. Mary's Road, Lafayette 94549
Martinez Senior Center	818 Green Street, Martinez, CA 94553
North Richmond Senior Center	515 Silver Avenue, Richmond 94801
Oakley Senior Center	215 Second Street, Oakley 94561
Open House Senior Center	6500 Stockton Avenue, El Cerrito 94530
Pinole Senior Center	2500 Charles Street, Pinole 94564
Pittsburg Senior Center	300 Presidio Lane, Pittsburg, CA 94565
Pleasant Hill Senior Center	233 Gregory Lane, Pleasant Hill, CA 94523
Richmond Annex Senior Center	5801 Huntington Avenue, Richmond
Richmond Senior Citizens Center	2525 Macdonald Avenue, Richmond, CA 94804
Rodeo Senior Center	189 Parker Avenue, Rodeo 94547
San Pablo Senior Center	1943 Church Lane, San Pablo, CA 94806
Walnut Creek Senior Center	1375 Civic Drive, Walnut Creek

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"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Information Services <input checked="" type="checkbox"/> Information Services	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Support <input checked="" type="checkbox"/> Training <input checked="" type="checkbox"/> Support Groups <input checked="" type="checkbox"/> Counseling	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Respite <input checked="" type="checkbox"/> In Home <input type="checkbox"/> Out of Home (Day) <input type="checkbox"/> Out of Home (Overnight) <input checked="" type="checkbox"/> Other: Personal Care, Homemaker	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Supplemental <input type="checkbox"/> Legal Consultation <input 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 checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No

Older Relative 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"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Information Services <input checked="" type="checkbox"/> Information Services	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Support <input type="checkbox"/> Training <input checked="" type="checkbox"/> Support Groups <input type="checkbox"/> Counseling	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Respite <input type="checkbox"/> In Home <input checked="" type="checkbox"/> Out of Home (Day) <input type="checkbox"/> Out of Home (Overnight) <input type="checkbox"/> Other:	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Supplemental <input type="checkbox"/> Legal Consultation <input type="checkbox"/> Consumable Supplies <input type="checkbox"/> Home Modifications <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other (Assessment) <input type="checkbox"/> Other (Registry)	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input 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.

Example of Justification:

1. Provider name and address:
*ABC Aging Services
 1234 Helping Hand Drive
 City, CA Zip*
2. Description of the service(s) they provide (services should match those in the CDA Service Category and Data Dictionary):
This agency offers Supplemental Services/Home Modifications and Supplemental Services/Assistive Technologies. We can refer family caregivers in need of things such as shower grab bars, shower entry ramp, medication organizer/dispenser, iPads for virtual medical visits, etc.

3. Where are the service is provided (entire PSA, certain counties, etc.)? *Entire PSA*
4. How does the AAA ensures that the service continues to be provided in the PSA without the use of Title III E funds?

This agency is listed in our Information and Assistance Resource File as a non OAA community-based organization. The AAA updates the I&A resource file annually. During this process, the AAA calls the agency to confirm information is still accurate & up-to-date.

JUSTIFICATION

PSA 7 offers services in all five categories of Family Caregiver Services and provides services in four of the five categories of Older Relative Caregiver Services. Unfortunately, the AAA has not received responses to the Request for Proposals published to provide Supplemental services. The Older Caregiver provider does offer assessments for older caregivers but is not under contract to do so.

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SECTION 11. LEGAL ASSISTANCE

Purpose

The Older Americans Act designates legal assistance as a priority service under Title IIIB. In this section, the AAA must provide information about how the AAA provides legal services within the PSA. This section must be completed and submitted annually by completing the required form. CDA developed California Statewide Guidelines for Legal Assistance (Guidelines), which are to be used as best practices by CDA, Areas Agency on Aging (AAAs), and Legal Services Providers (LSPs) in the contracting and monitoring processes for legal services.

Instructions

Use the form titled **Section 11. Legal Assistance Template** on the following page to:

- Describe the purpose of legal services.
- Identify Title IIIB funding allocated to legal services.
- Identify if any voluntary contributions are solicited to support legal services.
- Describe changes in legal services needs throughout the PSA.
- Describe the targeted population(s) for legal services and methods for reaching targeted population(s).
- Identify the number of legal service providers in the PSA.
- Specify how the CDA-developed [California Statewide Guidelines for Legal Assistance](#), meant for use as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal, are implemented in your PSA.

References

- 42 U.S.C. §§ 3025(a)(2)(E), 3026(a)(2)(c) and (a)(11)
- 42 U.S.C. § 3030c-2(b)
- 45 CFR § 1321.71
- WIC §§ 9015 and 9103.1
- 22 CCR §§ 7575, 7577 and 7579

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

The current minimum percentage is 11%. The amount of allocation for FY 26-27 will be based in part on the results of the competitive bidding process that will be completed in the spring of 2026.

2. Does the LSP(s) in your area solicit voluntary contributions or donations from recipients? If yes, considering 42 U.S.C. § 3030c-2(b), please describe the manner in which the funds are solicited, and describe how the funds support the expansion of legal services in your PSA.

The LSP invites clients to make a voluntary contribution after completing their legal engagement with via a closing letter. They also seek contributions from the general public through newsletters, social media, their website, presentations to cultural and philanthropic groups and

by word of mouth.

3. Please indicate whether the AAA provides the LSP(s) a copy or link to the California Statewide Guidelines for Legal Assistance. How does the AAA monitor and/or support the LSP's implementation of the statewide guidelines?

The agreement with the LSP includes expectations to use the California Statewide Guidelines in the provision of OAA legal services. More specifically, the AAA embeds the California Statewide Guidelines for Legal Assistance within its contractual framework to ensure compliance and quality in the delivery of OAA legal services. The AAA's standard agreement with LSP includes explicit language requiring adherence to these Guidelines as a condition of funding and service delivery. Specifically, the contract:

- References the Guidelines by name and authority, stipulating that all legal assistance must be provided in accordance with the California Statewide Guidelines for Legal Assistance, as issued by CDA.
 - Integrates the Guidelines into the Scope of Work and Program Requirements, outlining service expectations such as case prioritization, targeting of individuals with the greatest social and economic need, and coordination with other advocacy systems.
 - Requires compliance monitoring and reporting, through which the AAA reviews provider policies, case records, and performance data to verify that services align with the Guidelines' standards of practice and ethical obligations.
 - Includes a corrective action clause, allowing the AAA to require program adjustments or impose sanctions if monitoring reveals noncompliance with the Guidelines or OAA mandates.
- Through these provisions, the AAA ensures that all contracted LSPs deliver legal services consistent with statewide policy, program integrity, and the objectives of the Older Americans Act.

4. Please describe the partnership work between the AAA and the LSP(s) (e.g., quarterly meetings, coordinated outreach efforts, etc.)? Please identify any topics, priorities, and/or trainings addressed in your discussions.

The AAA's LSP, Contra Costa Senior Legal Services (CCSLs), is an active partner to the AAA. CCSLS regularly evaluates the issues sought out by prospective clients who call (more than 14000 calls last year) to evaluate whether additional services should be offered. The LSP also targets cities and zip codes that have the greatest economic and social needs for greater service concentration (more outreach, presentations and clinics). The AAA and LSP consult regularly about the content of the Area Plan on Aging and meeting the goals therein. The LSP prioritizes those with limited English capacity and works with the AAA's Information and Assistance team to ensure seniors find the services they need.

5. What are the top four (4) legal areas the LSP(s) prioritizes in your PSA? Do the AAA and LSP(s) jointly work to identify the priority areas?

The top four legal areas the LSP prioritizes in PSA 7 are:

- Housing preservation- safeguarding stable housing and preventing unlawful evictions or foreclosures.
- Elder abuse prevention- addressing financial exploitation, neglect, and abuse through legal intervention and education
- Fraud and scams prevention- protecting older adults from consumer fraud, scams, and predatory practices through advocacy and education.
- Incapacity planning- planning for making important decisions ahead of time, including who would make decisions on the clients' behalf if they should lose the ability to make the decisions for themselves

The AAA collaborates closely with CCSL to jointly establish priority legal issues that reflect both community need and the objectives of the Older Americans Act. This collaboration is ongoing and includes structured discussions during contract development, quarterly coordination meetings, and participation in planning and evaluation sessions. Through these channels, the AAA and CCSLS assess demographic data, service trends, and feedback from older adults and community partners to ensure priorities remain responsive to emerging issues. CCSLS recently conducted a geographic analysis identifying zip codes with the highest concentration of low-income and underserved older adults. The findings guide both organizations in targeting outreach and service delivery to communities with the greatest economic and social need. The AAA fully supports and endorses the four priority issue areas, jointly identified with CCSLS as critical to preserving independence and protecting the rights of older adults. Together these shared priorities embody a coordinated, data-informed, and equity focused approach to delivering legal assistance that upholds the dignity and wellbeing of Contra Costa County's older residents.

6. Please describe any trends or changes in your local needs over the past year(s). What resources (e.g., funding, education, training, etc.) have been allocated to accommodate any changes in the local needs or trends?

Demand for legal services is growing. The LSP's daily call volume increased 25% since last year. Housing needs are still the biggest driver of legal cases, and senior homelessness continues to rise. Fifty-one percent of cases last year were for housing issues. Scams and fraud are rampant, and the demand for scam and elder abuse presentations is at an all-time high.

The need to deliver services in languages other than English has increased. Recruiting bilingual staff, especially bilingual attorneys--has been a challenge. The LSP is exploring using volunteers to address this language gap.

7. What are the target groups in your PSA? Do the AAA and LSP(s) jointly work to identify the target groups?

The AAA collaborates with the LSP to identify the target population who are older adults with the greatest social and economic need. At regular meetings of the Advisory Council on Aging and its committees, and through monthly meetings sponsored by the AAA and attended by CBO's, public servants, advocates and Advisory Council members, the LSP,

AAA and others consider carefully the population(s) with greatest need.

8. What methods of outreach is the LSP(s) using to reach the target groups?

The LSP is actively engaged in outreach and education and reaches people at at senior centers, nutrition sites, senior housing complexes, community events, and gathering places with diverse racial/ethnic populations, such as San Pablo and Bay Point. The LSP distributes brochures in English, Spanish, Chinese and Tagalog, and utilizes Spanish-speaking staff and trusted intermediaries to reach populations where English is not the primary language. The AAA encourages collaboration between many entities throughout the county, and so every agency is able to function as a referral partner for each other, allowing the LSP to reach through trusted partners many parts of the county and many sub-populations that would otherwise be difficult to serve.

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).

The LSP maintains a website that is accessible in many languages, purchases online advertising in Spanish and English, and has a presence on several social media platforms. Last year the LSP attended 143 in-person outreach events at a variety of locations. Referrals from partners such as Adult Protective Services, Family Justice Centers, Empowered Aging (LTC Ombudsman Services), Contra Costa Bar Association, senior center, and Information & Assistance are invaluable for helping the LSP extend its reach within the community. Older adults in the PSA can access Legal Services in person at senior centers, Libraries, senior housing facilities, and the LSP’s office. LSP also conducts virtual and in-person clinics at senior housing sites, assisted living facilities, and at client’s homes if they are homebound and in need of immediate help. The pandemic taught the LSP that much can be done remotely, and attorneys regularly meet with individuals via phone, Teams, or Zoom, and provide educational presentations using the same tools.

10. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers.

The single biggest barrier to accessing services continues to be awareness on the part of the community that help is available. As this is the 50th anniversary of the LSA, the AAA is working with the provider to raise awareness with a focused marketing plan. Staff turnover is also an issue. The high cost of living in the Bay Area coupled with wages that are well below what is offered in the private sector presents a challenge in retaining staff attorneys.

11. How many LSPs are in your PSA? Complete the 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		

12. What geographic regions are covered by each LSP? Complete the table below.

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	a. Contra Costa Senior Legal Services b. c.	a. Contra Costa County b. c.
2025-2026	a. Contra Costa Senior Legal Services b. c.	a. Contra Costa County b. c.
2026-2027	a. Contra Costa Senior Legal Services b. c.	a. Contra Costa County b. c.
2027-2028	a. b. c.	a. b. c.

13. What other organizations or groups does your LSP(s) coordinate services with? Please also address the AAA's coordination efforts with the Ombudsman program, the local Legal Services Corporation program, and the local Health Insurance Counseling and Advocacy program (HICAP)

The LSP coordinates services with Adult Protective Services, Family Justice Centers, Ombudsman Services (Empowered Aging), Contra Costa Bar Association, senior centers, the AAA's Information & Assistance programs, Meals on Wheels Diablo Region. In addition, the LSP collaborates with partner agencies on many projects, including the Elder Abuse Prevention Project and the Abuse in Later Live Program, East County Senior Coalition, West County Senior Coalition, and East Contra Costa Community Alliance. Furthermore, the LSP coordinates with two Legal Services Corporation funded programs, Bay Area Legal Aid and Centro Legal de la Raza, via referring clients with law-related inquiries and potential cases that require other types of legal guidance. Bay Area Legal Aid also refers older adult related cases to the LSP who is amenable to strengthening that collaboration, Currently, Legal Representation for HICAP services is provided by another provider, Legal Assistance for Seniors.

SECTION 12. DISASTER PREPAREDNESS

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

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

The AAA is a division within the Aging & Adult Services Bureau of Contra Costa County. All county employees are disaster workers and can be deployed as necessary in the event of a disaster. The AAA Director, who is also the Director of Aging & Adult Services, oversees services for older adults and has developed a mechanism for reaching out to the most vulnerable older adults served by the AAA, APS and IHSS. As part of a system of disaster response, all county departments will work under the direction of the local Office of Emergency Services, which is responsible for disaster response. The AAA's Information & Assistance Center, which includes 6 Social Workers, is fully mobile and can deploy from any location.

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

Name	Title	Telephone	E-Mail
Rick Kovar	OES Manager	Office: 925-655-0123 Cell:	rkovar@so.cccounty.us
Julie Cavallero	Senior Emergency Planning Coordinator	Office: 925-655-0116 Cell:	Jcava001@so.cccounty.us

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	E-Mail
Frank Latcham	Senior Staff Assistant	Office: 925-655-4384 Cell:	flatcham@ehsd.cccounty.us

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 Home-Delivered Meal Program	A AAA staff will help deliver meals.
B Ombudsman Services	B AAA to ensure that contractor continues to provide services to facility residents during a disaster. AAA to provide support to contractor.
C Congregate Meal Program (if safe to open)	C AAA staff will help serve meals.
D Information & Assistance	D Services will continue after a disaster. The program's platform is online and can be accessed remotely by Social Workers (call center staff). Clients can continue to call the central intake phone number, and staff can pick-up the call from any location.

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

Critical Services	How Delivered?
A Emergency shelters	A County employees will staff shelters.
B Information & Assistance	B Services will continue after a disaster. The program's platform is online and can be accessed remotely by Social Workers (call center staff). Clients can continue to call the central intake phone number, and staff can pick-up the call from any location.
C Home-Delivered Meal Program	C Service is subcontracted to community-based agencies. AAA monitors providers' disaster/continuity of operations plan, retains a copy of agency plans, and ensures the plan is followed during and after a disaster. AAA will remain accessible through its I&A line.
D Ombudsman Services	D Service is subcontracted to a community-based agency. AAA monitors provider's disaster/continuity of operations plan, retains a copy of agency plan, and ensures the plan is followed during and after a disaster. AAA will remain accessible through its I&A line.

6. List critical resources the AAA needs to continue operations.
- Communication – telephone, e-mail, cell
 - Funding – access to emergency funds as needed to continue operations and to ensure subcontractors/providers have funds needed to continue operations.
 - Alternative site – if location is not accessible or safe to occupy, alternative site should be available to continue operations.
7. List any agencies or private/non-government organizations with which the AAA has formal or nonformal emergency preparation or response agreements. (contractual or MOU)

The AAA is part of the Contra Costa County Employment and Human Services Department (EHSD), which is responsible for care and shelter in the event of a major disaster. EHSD has formal agreements with the American Red Cross, Contra Costa County Office of Emergency Services, Contra Costa County Health Department, and Contra Costa Sherriff's Department.

8. Describe how the AAA will:

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

Identify vulnerable populations - The AAA utilizes information obtained from the In-Home Support Services program, GetCare home-delivered meal client data, and the aging network in Contra Costa County to identify vulnerable at-risk individuals. The aging network consists of a collaboration of Ombudsman Services, AAA contractors, and non-profit organizations whose purposes is to serve and advocate for older adults.

Identify Possible needs of participants – The AAA is county based, and therefore is able to coordinate with IHSS and APS to identify possible needs. As an example, the IHSS program is able to identify participants with durable medical equipment that may fail, or participants that have opted into communication in the event of disaster. The APS Social Workers have first hand knowledge of the circumstances of individuals.

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

9. How is disaster preparedness training provided?

- AAA to participants and caregivers
- To staff and subcontractors

The AAA ensures the preparedness of its organization and staff to meet the challenges of a disaster. The main responsibility of the AAA is to support the emergency management community to ensure that the disaster-related needs of older adults and persons with disabilities receive access to overall community disaster planning services. The AAA is part of the Contra Costa County structure and therefore conforms to the County's overall plan for disaster response and preparedness. One element of the County's plan enforces the requirement of County staff, including AAA staff, to serve as official disaster preparedness workers in accordance with Section 3100 of the California Government Code.

While the AAA does not currently have a formal training program for participants and providers, it will distribute informational materials regarding preparedness. The AAA is not currently coordinating efforts with local Tribal organizations but welcomes technical assistance from CDA in terms of best practices for reaching out to this population.

SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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

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

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

Check applicable direct services

Check each applicable Fiscal Year

Title IIIB

24-25

25-26

26-27

27-28

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

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Title IIID

24-25

25-26

26-27

27-28

- Health Promotion – Evidence-Based

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

Title IIIE⁹

24-25

25-26

26-27

27-28

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

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Title VII

24-25

25-26

26-27

27-28

- Long Term Care Ombudsman

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

Title VII

24-25

25-26

26-27

27-28

- Prevention of Elder Abuse, Neglect, and Exploitation.

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

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

The AAA will ensure that subcontractors have an outreach plan that includes activities that focus on reaching target populations. During the monitoring of subcontractors, AAA staff will review services provided to target populations via records of the demographic profile of clients served. Additionally, in setting contract agreements with providers, the AAA requires that service plans include a measurable objective specific to reaching the target populations.

⁸ Refer to CDA Service Categories and Data Dictionary.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: Title IIIC-1 Congregate Meal Program and HICAP

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.

Historically, the AAA subcontracted management of its nutrition program to the Contra Costa County Public Health Department. Public Health provided direct administration of several C1 nutrition programs as Senior Centers. Management of the nutrition program has reverted back to the AAA. Although the AAA/Public Health has issued multiple RFP's over decades, we have not received responses by vendors to contract out for all of the C1 sites. The AAA is therefore providing the service. The transition has gone well this year, with increased participation at some sites.

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

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

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

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

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

Diane Burgis, Chair	December 2029
Ken Carlson	December 2027

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

John Gioia	December 2027
Candance Andersen	December 2029
Shanelle Scales-Preston	December 2029

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

Governing Board Members of elected officials, Board of Supervisors of Contra Costa County.

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) 39

Number and Percent of Council Members over age 60 34% 66 % Council 60+

Race/Ethnic Composition	% Of PSA's	% on
	60+Population	Advisory
White	61%	63%
Hispanic	13%	03%
Black	8%	13%
Asian/Pacific Islander	0.5%	17%
Native American/Alaskan Native	0.2%	0%
Other	17.3%	3%

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

Jill Kleiner, Member-At-Large #19	September 30, 2027
Kevin Donovan, Member-At-Large #17	September 30, 2026
Michelle Hayes, Member-At-Large #3, Secretary/Treasurer	September 30, 2027

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

Roger Boaz, Member-At-Large #13	September 30, 2026
Chalo Buckman, City of Oakley Representative	September 30, 2027
Deborah Card, Member-At-Large #5	September 30, 2026
Candace Evans, City of Orinda Representative	September 30, 2027
Marilyn Fowler, City of Concord Representative	September 30, 2027
Alan Goldhammer, Member-At-Large #4	September 30, 2026
Sarah Green, City of Hercules Representative	September 30, 2026
Carol Kehoe, City of El Cerrito Representative	September 30, 2026
Shirley Krohn, Member-At-Large #2	September 30, 2026
Thomas Lang, Member-At-Large #1	September 30, 2026
Steve Lipson, Member-At-Large #6	September 30, 2026
Nikki Lopez, Member-At-Large #7	September 30, 2026

Shari Maxwell, Member-At-Large #8	September 30, 2026
Kathryn Monroy-Dexter, City of Martinez Representative	September 30, 2027
Richard Morisky, City of Lafayette Representative	September 30, 2027
Brian O'Toole, Member-At-Large #16	September 30, 2027
Logan Robertson, Member-At-Large #15	September 30, 2026
Sam Sakai-Miller, Member-At-Large #20	September 30, 2026
Carol Schaefer, Member-At-Large #11	September 30, 2027
Terri Tobey, Member-At-Large #10	September 30, 2026
Michael Wener, Member-At-Large #18	September 30, 2026
Dennis Yee, Member-At-Large #14	September 30, 2025

DRAFT

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

Yes No

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

Yes No Additional Other (Optional)

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

Explain any “No” answer(s): The AAA is part of a large county that includes 19 cities. Although we do not have elected officials on the Council, our governance organization is the elected Board of Supervisors. We do not currently have any Tribal Representatives.

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?

Membership on the Advisory Council on Aging is not term limited. When a member’s term expires, they have an opportunity to reapply for reappointment. When a member’s seat becomes vacant, it remains unoccupied until an appointment is secured.

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

The Advisory Council on Aging includes 39 members, 19 of whom are representatives of local municipalities and twenty are Members-at-Large. Local Municipalities select a member as a representative; Members at large are interviewed by the Membership committee of the Council. All prospective Members are advanced to the Board of Supervisors, who make the appointments to the Council.

SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW¹¹

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):

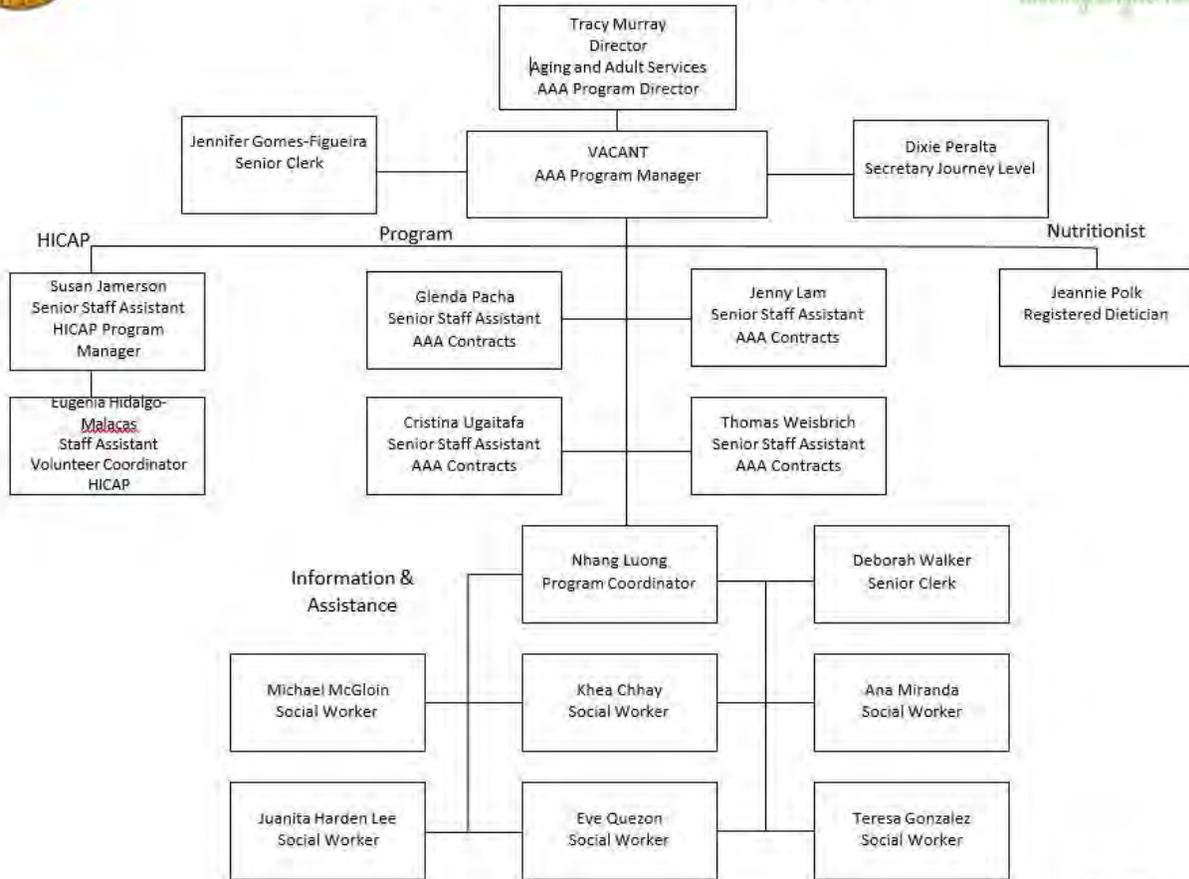
Title III Grantee and/or Senior Center	Type Acq/Const	IIIB Funds Awarded	% Total Cost	Recapture Period	Recapture Period	Compliance Verification State Use Only
				Begin	End	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

¹¹ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

SECTION 18. ORGANIZATIONAL CHART



**AREA AGENCY ON AGING
Aging & Adult Services Bureau**



As of 2/9/2025



SECTION 19. ASSURANCES

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

Sec. 306, AREA PLANS

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

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

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

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

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

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

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

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

(4)(A)(i) (I) provide assurances that the area agency on aging will—

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

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

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

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

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

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

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

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

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

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

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

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

in the delivery of such services to children, adults, and families;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(15) provide assurances that funds received under this title will be used—

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

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

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

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

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

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

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

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

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

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

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

(L) assistive technology devices and services; and

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

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

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

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

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

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

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

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

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

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

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

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

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

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

(1) contracts with health care payers;

(2) consumer private pay programs; or

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

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Attachment A. Summary of Changes

Section	Page(s)	Excerpt Prior Year Content in Area Plan	Excerpt Current Year Content in Area Plan
Section 10: Title III E FCSP	Pages 65	FY 25-26 services	Updated for FY 26-27 Services
Section 15: Governing Board	Page 78	FY 25-26 Governing Board	Updated for FY 26-27 Governing Board
Section 16: Advisory Council	Page 79	FY 25-26 Advisory Council	Updated for FY 26-27 Advisory Council
Section 18: Org Chart	Page 83	FY 25-26 Staffing	Updated for FY 26-27 Staffing

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ATTACHMENT B.

Older Californians Act (OCA) Modernization Supplemental Summary

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

Description of program(s) being funded:

The AAA uses MOCA funds for the following programs: Title IIIB Supportive Services, Title IIIC2 Home Delivered Meals, Title IIIE Family Caregiver Support Program.

Services Provided: The AAA uses MOCA funds to provide the following services: Adult Day Care, Visiting, Telephone Reassurance, Assisted Transportation, Legal Services, and Family Caregiver Support Services.