

Contra Costa County

Area Plan

July 1, 2025 to June 30, 2026



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/>



CDA APPROVED

Table of Contents

2024-2028 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST	3
AREA PLAN UPDATE (APU) CHECKLIST	4
TRANSMITTAL LETTER	5
SECTION 1. MISSION STATEMENT	6
SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA)	6
SECTION 3. DESCRIPTION OF THE AREA AGENCY ON AGING (AAA)	14
SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES	16
SECTION 5. NEEDS ASSESSMENT & TARGETING	19
SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS	22
SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES	25
SECTION 8. SERVICE UNIT PLAN (SUP)	30
SECTION 9. SENIOR CENTERS & FOCAL POINTS	58
SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM	60
SECTION 11. LEGAL ASSISTANCE	63
SECTION 12. DISASTER PREPAREDNESS	67
SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES	70
SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES	71
SECTION 15. GOVERNING BOARD	72
SECTION 16. ADVISORY COUNCIL	73
SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW	76
SECTION 18. ORGANIZATION CHART (SAMPLE)	77
SECTION 19. ASSURANCES	78
ATTACHMENT A. CONTRA COSTA MPA LOCAL PLAYBOOK STRATEGIES	85
ATTACHMENT B. FOCUS GROUP FEEDBACK SUMMARIES	88

2024-2028 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

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

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

AREA PLAN UPDATE (APU) CHECKLIST**Check one:** **FY25-26** **FY 26-27** **FY 27-28****Use for APUs only**

AP Guidance Section	APU Components (Update/Submit A through G) ANNUALLY:	Check if Included
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 Budget, should match Org. Chart	<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	APU Components (To be attached to the APU) ➤ <i>Update/Submit the following only if there has been a CHANGE to the section that was not included in the 2024-2028 Area Plan:</i>	Mark C for Changed	Mark N/C for Not Changed
1	Mission Statement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Needs Assessment/Targeting	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	AP Narrative Objectives:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	• System-Building and Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	• Title IIIB-Funded Programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	• Title IIIB-Program Development/Coordination (PD or C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	• Title IIIC-1 or Title IIIC-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	• Title IID-Evidence Based	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	• HICAP Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Senior Centers and Focal Points	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Title IIIE-Family Caregiver Support Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Disaster Preparedness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Request for Approval to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Governing Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Multipurpose Senior Center Acquisition or Construction	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	Organizational Chart(s) (Must match Budget)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	Assurances	<input type="checkbox"/>	<input checked="" 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. _____ Date
Candace Andersen
Chair, Board of Supervisors

2. _____ Date
Jim Donnelly
President, Advisory Council on Aging

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

SECTION 1. MISSION STATEMENT

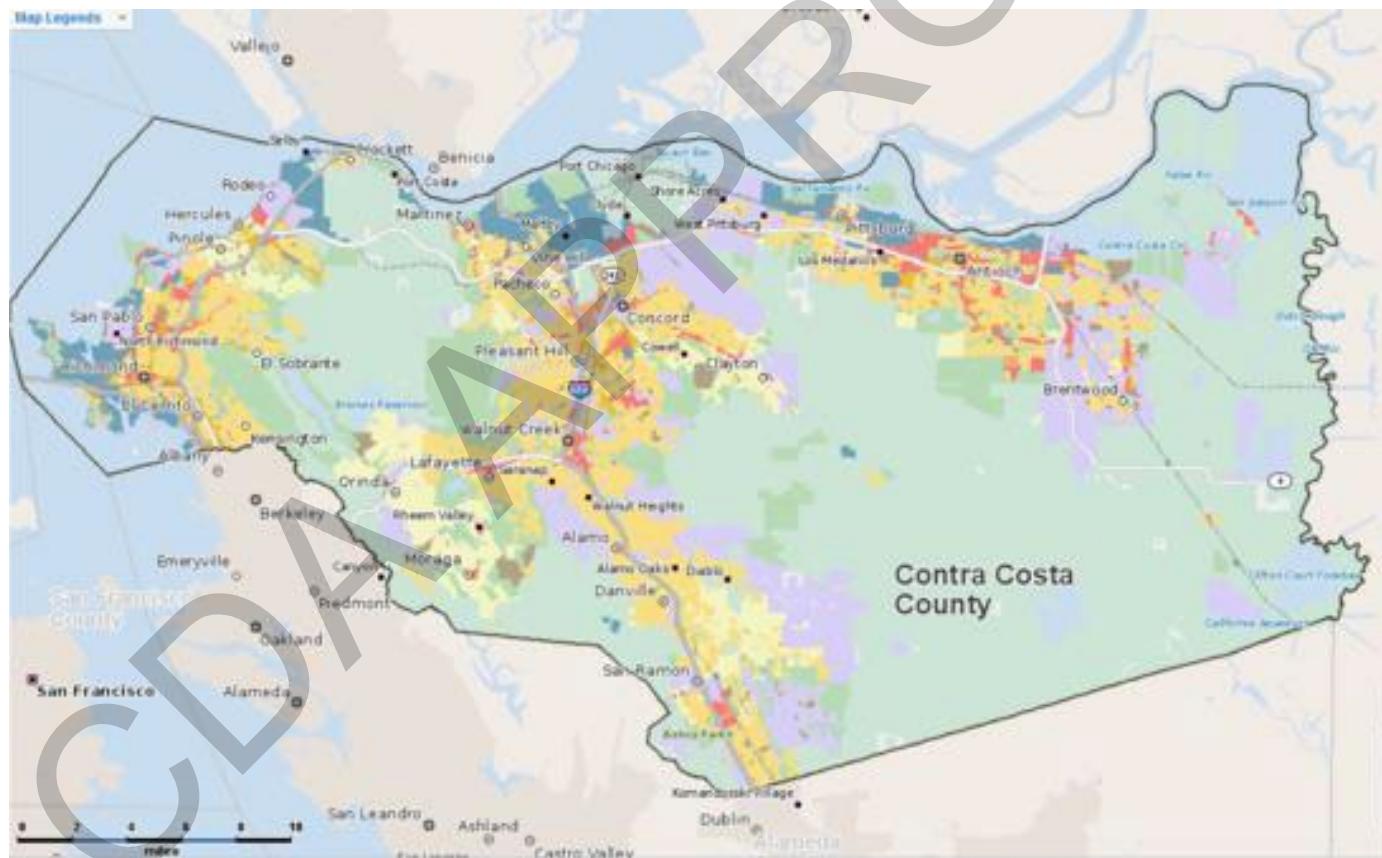
The mission of the Contra Costa County Area Agency on Aging (AAA) is to provide leadership in addressing issues that relate to older and disabled Californians; to develop community-based systems of care that provide services that support independence within California's interdependent society and protect 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)

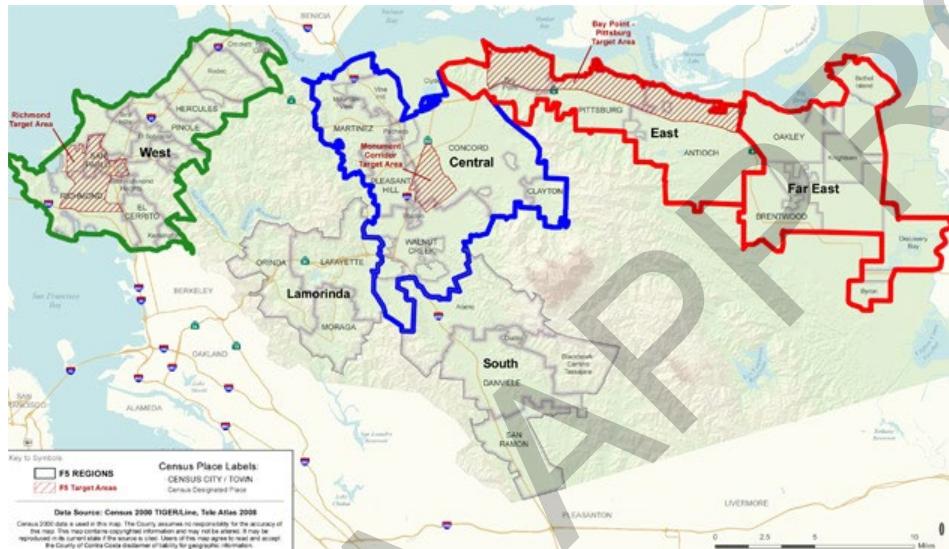
The State of California designated Contra Costa County, in its entirety, as Planning and Service Area #7 (PSA 7). It has a land area of 716.9 square miles, ranking it the 51st largest out of 58 counties in California by total area, according to the United States Census Bureau.¹ Contra Costa is one of 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?g=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>

³ U.S. Census Bureau. Quick Facts, Contra Costa County, CA.

<https://www.census.gov/quickfacts/fact/table/contracostacentrcdpcalifornia,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?g=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.

⁷ Ibid.

⁸ Ibid.

⁹ U.S. Census Bureau. Census Bureau Profiles. https://data.census.gov/profile/Contra_Costa_County,_California?g=050XX00US06013

¹⁰ Ibid.

¹¹ Ibid.

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 (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

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?g=060XX00US0601390780

¹⁴ Ibid.

¹⁵ CalSAWS PERS and PERS_RACE tables. Data pulled 2.21.2024.

(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 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.

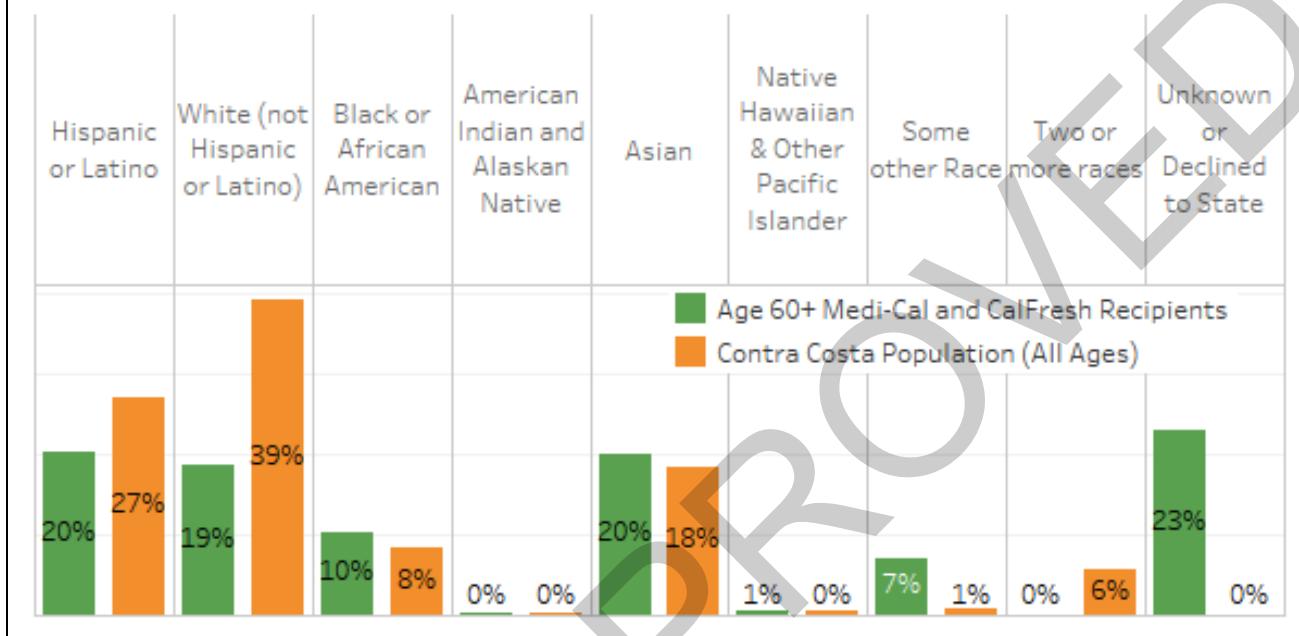
Race and Ethnicity of Age 60 and Over Medi-Cal and CalFresh Recipients in Contra Costa County		
	Count	% of Total
Hispanic or Latino	10,435	20%
White (not Hispanic or Latino)	9,622	19%
Black or African American	5,299	10%
American Indian and Alaskan Native	107	0%
Asian	10,224	20%
Native Hawaiian & Other 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 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)

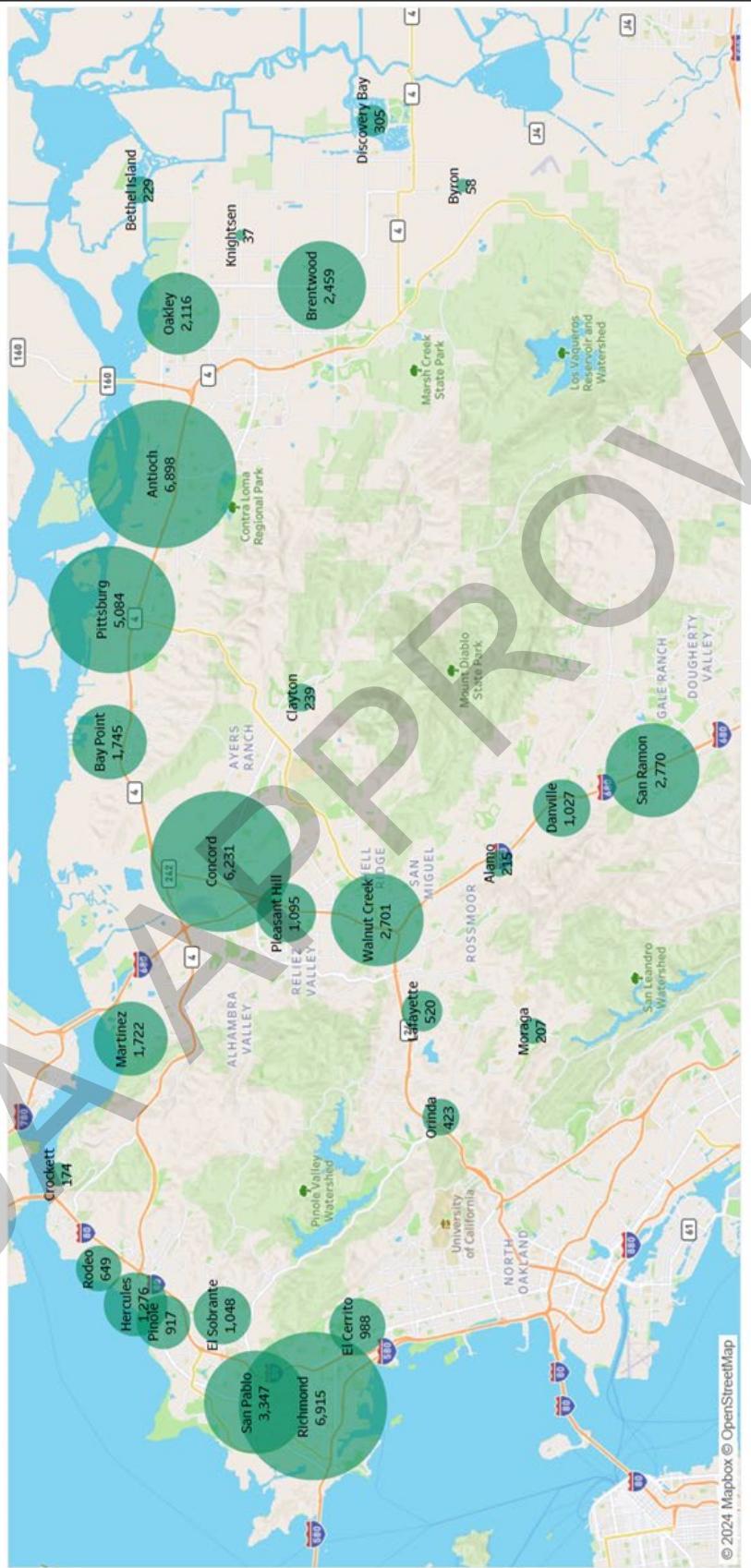


According to the U.S. Census¹⁷, there are approximately 19,362 individuals in Contra Costa age 60 and over (+/- 1,236 margin of error) who are “below the poverty level.” There are currently 51,502 individuals age 60+ presently enrolled in Medi-Cal and CalFresh in Contra Costa, compared to the estimated 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.

© 2024 Mapbox © OpenStreetMap

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 Medi-Cal 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.

CDA APPROVED

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:

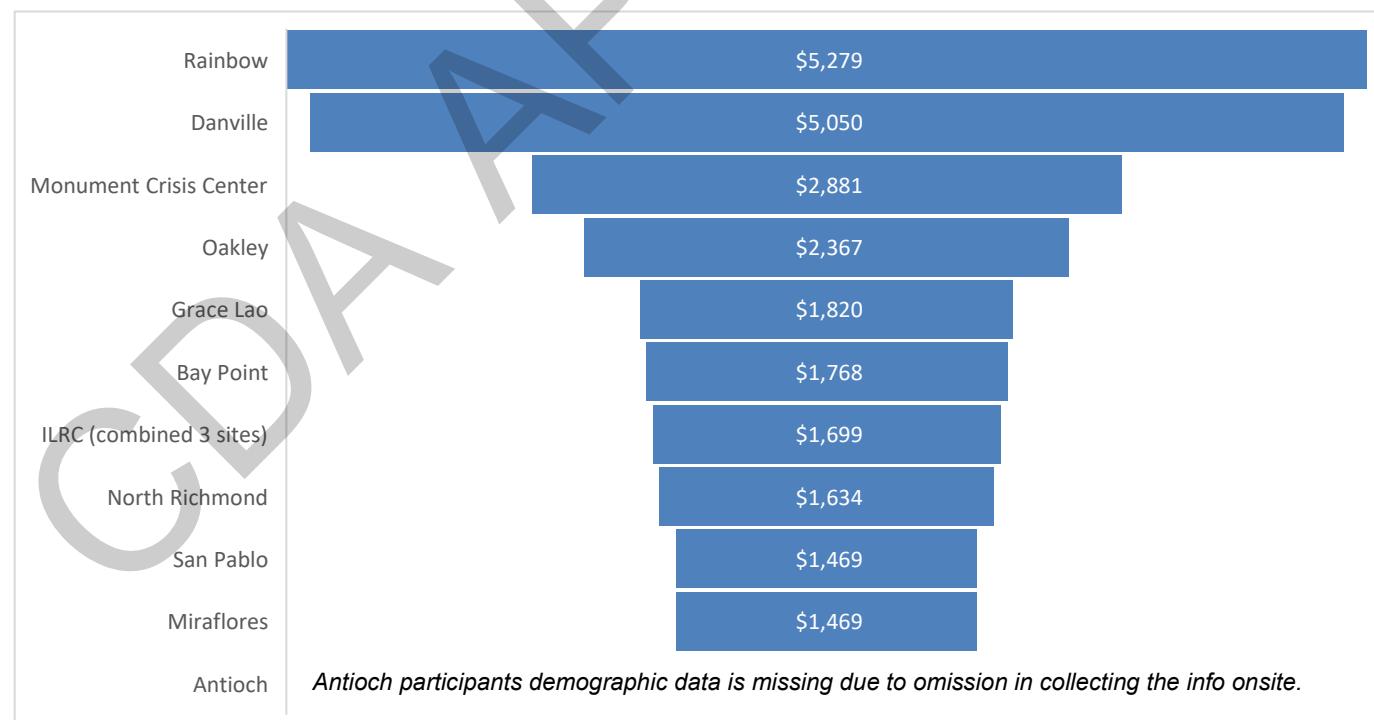
- Antioch Senior Center
- Ambrose/Bay Point Community Center
- Corrine Sain Community Center (North Richmond)
- Danville Senior Center

- 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



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.

PSA 7

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.

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS

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

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

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

Access:

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

2024-25 20 % 25-26 20 % 26-27 % 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 % 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 % 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 Yes or No
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					
2027-2028					

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

1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals. Information regarding the Public Hearing was widely shared to our mailing lists, which includes CBO's, advocates, elected officials and Advisory Council Members.
2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?

Yes. Go to question #3

Not applicable, PD and/or C funds are not used. Go to question #4
3. Summarize the comments received concerning proposed expenditures for PD and/or C: There were no comments received related to PD & A Expenditures.
4. Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services

Yes. Go to question #5

No, Explain:
5. Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services: No comments received regarding Title IIIB funds.
6. List any other issues discussed or raised at the public hearing: A question regarding how funding is spent by community-based organizations in terms of rates per service was raised. It was explained that rates for specified service units are

established in cyclically released RFPs. Another question regarding the slight decline in congregate meals versus the increase in home-delivered meals was raised. It was explained that congregate meals and home-delivered meal projections are based on actual service this year.

7. Note any changes to the Area Plan that were a result of input by attendees:
Based on feedback from Advisory Council Members, minor formatting changes were made.
No substantive issues were raised and the plan was adopted as presented.

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.

CDAA APPROVED

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 Source ⁶	Update Status ⁷
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.	7/1/2024-6/30/2026	Admin	Continued
1.2 The ACOA Housing Workgroup will support the MPA Local Playbook strategy of promoting awareness of issues facing affordable housing by developing and updating, at least annually, the infographic "No Place to Call Home," which highlights the county's senior housing issues.	7/1/2024-6/30/2026	Admin	Continued
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.	7/1/2024-6/30/2026	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.	7/1/2024-6/30/2026	Admin	Continued

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.	7/1/2024-6/30/2026	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.	7/1/2024-6/30/2026	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.	7/1/2024-6/30/2026	Admin	Continued

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 Source ⁶	Update Status ⁷
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	Continued
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.	7/1/2024-6/30/2026	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.	7/1/2024-6/30/2026	Admin	Continued
3.6 The ACOA Housing Workgroup will develop outreach materials, including a Power Point presentation, to inform the community about current housing challenges older adults face in Contra Costa County and resources available to help address their needs. The workgroup will conduct at least two educational presentations a year to seniors, service providers, and/or policy makers.	7/1/2024-6/30/2026	Admin	Continued
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 infographic 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.	7/1/2024-6/30/2026	Admin	Continued

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.	7/1/2024-6/30/2028	Admin	Continued
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 program policies and procedures are reflective of the changes and implemented by contractors.	7/1/2024-6/30/2028	Admin	Continued

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

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, IID, 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			
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			
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			
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			
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			
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			
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			
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			
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			
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			
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	
2026-2027			
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	
2026-2027			
2027-2028			

Nutrition Counseling

Unit of Service = 1 hour

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

Nutrition Education

Unit of Service = 1 session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	12	2	2.1
2025-2026	12	2	2.1
2026-2027			
2027-2028			

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

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

Title IIIB, Other Priority and Non-Priority Supportive Services

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

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

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

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			
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			
2027-2028			

3. Title IID/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			
2027-2028			

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

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

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

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

Complete all Measures and Targets for Outcomes 1-3.

Outcome 1.

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

Measures and Targets:

A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition). The average California complaint resolution rate for FY 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 _____ % 2026-2027
2024-2025				
2026-2027				<u>_____ %</u> 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: _____
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: _____

Program Goals and Objective Numbers: 3

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: _____
4. FY 2025-2026 Baseline: Number of Family Council meetings attended _____ FY 2027-2028 Target: _____

Program Goals and Objective Numbers: 3

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: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____

Program Goals and Objective Numbers: 3

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

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.

Outcome 2.

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

Measures and Targets:

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

1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to the complaint 27 divided by the total number of Nursing Facilities 29 = Baseline 93%
FY 2024-2025 Target: 93%

2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 27 divided by the total number of Nursing Facilities 30 = Baseline 90 %
FY 2025-2026 Target: 94

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

<p>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 _____ %</p> <p>FY 2027-2028 Target: _____</p>

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.

<p>1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>46</u> divided by the total number of RCFEs <u>409</u> = Baseline <u>11%</u></p>

FY 2024-2025 Target: 25%

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

FY 2025-2026 Target: 35%

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

FY 2026-2027 Target: _____

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

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>5.0</u> FTEs FY 2026-2027 Target: <u> </u> FTEs
4. FY 2025-2026 Baseline: <u> </u> FTEs FY 2027-2028 Target: <u> </u> 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 <u> </u> FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers <u> </u>
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers <u> </u> FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers <u> </u>
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

Fiscal Year 2027-28

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 IIIIE 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 IIIIE** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title IIIIE 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.

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		
Public Education Sessions	10	15		
Training Sessions for Professionals	5	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		
2027-2028		

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

The Title IIIE 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 IIIE 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		
2026-2027			
2027-2028			
COA Caregiver Access Information & Assistance	Total Contacts	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	1213	2, 3	
2025-2026	1233	2, 3	
2026-2027			
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: Total est. audience for above:		
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			
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			
2027-2028			
COA Caregiver Support Counseling	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	n/a		
2025-2026	324		
2026-2027			
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			
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			
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			
2027-2028			
COA Caregiver Respite Other	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	240	3	
2025-2026	240	3	
2026-2027			
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			
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			
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			
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			
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			
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			
2027-2028			

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

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

2024-2025	60	2, 3	
2025-2026	60	2, 3	
2026-2027			
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			
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			
2026-2027			
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			
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			
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			
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			
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			
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			
2027-2028			

CDA APPROVED

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/](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		
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		
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		
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		
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		
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					
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		
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		
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		
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		
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 IIIIE 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 type="checkbox"/> Yes Contract <input checked="" 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 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 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 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 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 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 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"/> 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	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Information Services <input checked="" type="checkbox"/> Information Services <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
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 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 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 type="checkbox"/> Other (Assessment) <input type="checkbox"/> Other (Registry)	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No

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

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

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

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, iPad 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 IIIE 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 three of the five categories of Older Relative Caregiver Services. For the categories of Caregiver Information and Caregiver Supplemental Services, the AAA subcontracts with the community-based providers listed below to ensure that services are available for older relative caregivers. Older relative caregivers will be referred to these agencies should need services.

Information Services: the following agencies will provide Community Education and will serve caregivers throughout the PSA.

1. Alzheimer's Association
2290 N. 1st Street, Suite 10
San Jose, CA 95131
2. Family Caregiver Alliance
101 Montgomery Street, Suite 2150
San Francisco, CA 94104

Caregiver Supplemental Services: the following agencies will provide services under this category. All providers listed below will serve caregivers throughout the PSA.

1. Home Modification and Assistive Technology
Meals on Wheels Diablo Region
1300 Civic Drive
Walnut Creek, CA 9596
2. Caregiver Assessment

Alzheimer's Association
2290 N. 1st Street, Suite 10
San Jose, CA 95131

Family Caregiver Alliance
101 Montgomery Street, Suite 2150
San Francisco, CA 94104

Jewish Family & Community Services
2484 Shattuck Avenue, Suite 210
Berkeley, CA 94704

SECTION 11. LEGAL ASSISTANCE

2024-2028 Four-Year Area Planning Cycle

CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at:

https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-qq

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

Sixteen percent of PSA 7's IIIB funding is allocated to Legal Services. This allocation is based on the proposal received from PSA 7's most recently issued RFP (2021) for Title IIIB.

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

Over the past year, County funding has increased notably, reaching its peak in 2024 at more than two and a half times the level provided in 2020. Despite this growth, service demand has expanded at an even faster pace, with inquiries—particularly through phone channels—rising by over 25% since late 2024. This surge in demand coincides with the exhaustion of COVID-era relief funds and the onset of federal funding reductions. As a result, the gap between community needs and the resources available to address them continues to widen.

Demand for services has remained high, concentrated most heavily on housing issues. Fifty-two percent of cases have been housing related, almost all related to eviction prevention. Rents continue to rise, and according to the Contra Costa County Point in Time report, 29% of people experiencing homelessness are 55 years or older and in 2023, 19,521 older adults are on waitlists for subsidized housing. The Legal Service Provider (LSP) is making every effort to bring services closer to the population it serves by coordinating clinics in the community.

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

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

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

The AAA collaborates closely with its Legal Services Provider, Contra Costa Senior Legal Services (CCSLS), 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:

- Housing Preservation – safeguarding stable housing and preventing unlawful evictions or foreclosures.
- Prevention of Elder Abuse – addressing financial exploitation, neglect, and abuse through legal intervention and education.
- Access to Benefits, particularly Health Care – ensuring older adults secure and maintain access to essential public benefits and health programs.
- Fraud and Scam Prevention – protecting older adults from consumer fraud, scams, and predatory practices through advocacy and education.

Together, these shared priorities embody a coordinated, data-informed, and equity-focused approach to delivering legal assistance that upholds the dignity and well-being of Contra Costa County's older residents.

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

The AAA collaborates with the LSP to identify the target population who are older adults with the greatest social and economic need. This is done via discussions happening at various levels including both internally with CCSLS staff and on a broader, more inclusive scale. The LSP is actively involved with our Advisory Council on Aging and is a frequent participant at AAA meetings, including monthly meetings sponsored by the AAA and attended by CBO's, advocates and Advisory Council members.

The mechanism for reaching the target population is through outreach and education 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. CCSLS distributes brochures about its services in English, Spanish, and several Asian languages. CCSLS employs Spanish-speaking staff and provides outreach to immigrants via trusted intermediaries. CCSLS's website can be accessed in many different languages (via Google translate) and their staff members have the use of a language line for other languages (recently Farsi and Hindi).

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

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		
2027-2028		

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

The LSP conducts outreach through an accessible website, which includes a video describing its services. The LSP also has a blog. The LSP relies on frequent in-person and virtual outreach (over 50 events in the last year), ongoing Google Ad campaigns, flyer distribution at senior centers, food bank pantry sites, and Home-Delivered Meals to clients. In addition, referrals are received from Adult Protective Services, Family Justice Centers, Empowered Aging (LTC ombudsman Services), Contra Costa Bar Association, senior centers, Information & Assistance, etc.

8. What geographic regions are covered by each provider?

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

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

Older adults in PSA 7 can access Legal Services at senior centers, the LSP's office (in person or by telephone). LSP also conducts virtual and in-person clinics at senior housing sites, assisted living facilities, and at client's home if they are homebound and in need of immediate help.

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

The following are legal issues handled by the Title IIIB LSP in PSA 7:

- Eviction and other housing issues: assists seniors with problems relating to housing, including assistance with publicly subsidized housing, eviction defense, improving housing conditions, lockouts and utility shut offs.
- Elder abuse: assists victims of abuse to enforce their rights against their abusers. Services include advising seniors about financial elder abuse, fraud and senior scams, assistance with obtaining Elder Abuse Restraining Orders, and advising and assisting clients victimized by identity theft or fraud.
- Consumer and individual rights: advises debtors about their rights, assists with debt collector lawsuits, and finds resolution for some contract disputes.
- Public Benefits: assists with waivers and reconsiderations in SSI overpayment matters.
- Planning for incapacity: engages in planning for incapacity by drafting durable power of attorney and Advance Health Care Directives.

The following are upward legal trends reported by our Title IIIB LSP in PSA7:

- Housing-related cases for older adults are on the rise with an increase of 17% in the last year.
- An increase in housing related cases is coupled with an increase in call volume. In response, our LSP has increased its intake call capacity by 40%.

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

The LSP is small and has a limited ability to conduct outreach in languages other than Spanish and English. As a result of a survey about access to its services, the LSP has increased the accessibility of services remotely and also increased its presence in localities far removed from the physical office. Volunteers can help surmount both geographical and linguistic barriers and increased efforts are being made to recruit more volunteers. Seniors also have difficulty with transportation. While services are available by telephone, many legal issues require review of documents or in-person assessment of capacity. The LSP is collaborating with other agencies, such as the Family Justice Center, to provide services in the county's western and eastern regions.

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

The Legal Service Provider coordinates services with Adult Protective Services, Family Justice Centers, Ombudsman Services (Empowered Aging), Contra Costa Bar Association, senior centers, the AAA's Information & Assistance program, Meals on Wheels Diablo Region, etc.. In addition, it collaborates with partner agencies on many projects, including the Elder Abuse Prevention Project and the Abuse in Later Life Program, East County Senior Resource Initiative, and East Contra Costa County Alliance. Furthermore, our Legal Service Provider coordinates with the Legal Services Corporation funded program, Bay Area Legal Aid, via referring clients with law related inquires and potential cases that require other types of legal guidance. Bay Area Legal Aid also refers older adult related cases to our Legal Service Provider 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
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:	flat cham@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 Sheriff'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

Title IIIB

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

Check each applicable Fiscal Year

24-25	25-26	26-27	27-28
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title IID

- Health Promotion – Evidence-Based

24-25	25-26	26-27	27-28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title IIIE⁹

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

24-25	25-26	26-27	27-28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title VII

- Long Term Care Ombudsman

24-25	25-26	26-27	27-28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title VII

- Prevention of Elder Abuse, Neglect, and Exploitation.

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

- IIIB
- IIIC-1
- IIIC-2
- IIIE
- VII
- HICAP

Request for Approval Justification:

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

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

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

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

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:
Candace Anderson, District II – Chair	December 2029
Diane Burgis, District III	December 2029

Names and Titles of All Members:	Board Term Expires:
John Gioia, District I	December 2027
Ken Carlson, District IV	December 2027
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 20 80 % Council 60+

Race/Ethnic Composition	% Of PSA's	% on
	<u>60+Population</u>	<u>Advisory</u>
White	61%	80%
Hispanic	13%	0%
Black	8%	12%
Asian/Pacific Islander	0.5%	8%
Native American/Alaskan Native	0.2%	0%
Other	17.3%	4%

Name and Title of Officers:

Office Term Expires:

James Donnelly, Town of Danville Representative, President	September 30, 2025
Lorna Van Ackeren, City of Pleasant Hill Representative, Vice President	September 30, 2025
Michelle Hayes, Member-At-Large #3, Secretary/Treasurer	September 30, 2025

Name and Title of other members:

Office Term Expires:

Francisco Benavides, Town of Moraga Representative	September 30, 2025
Roger Boaz, Member-At-Large #13	September 30, 2026
Chalo Buckman, City of Oakley Representative	September 30, 2025
Deborah Card, Member-At-Large #5	September 30, 2026
Kevin Donovan, Member-At-Large #17	September 30, 2026
Candace Evans, City of Orinda Representative	September 30, 2025
Marilyn Fowler, City of Concord Representative	September 30, 2025
Alan Goldhammer, Member-At-Large #4	September 30, 2025
Sarah Green, City of Hercules Representative	September 30, 2026
Denise Kalm, City of Walnut Creek Representative	September 30, 2025
Carol Kehoe, City of El Cerrito Representative	September 30, 2026
Jill Kleiner, Member-At-Large #19	September 30, 2025

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
Nicola Lopez, Member-At-Large #7	September 30, 2025
Lori Magistrado, City of Pinole Representative	September 30, 2026
Kathryn Monroy-Dexter, City of Martinez Representative	September 30, 2025
Richard Morisky, City of Lafayette Representative	September 30, 2025
Julie Ortega, Member-At-Large #9	September 30, 2025
Brian O'Toole, Member-At-Large #16	September 30, 2025
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, 2025
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

PSA 7

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
- LQBTQ Identification
- Veteran Status
- Other _____

Explain any “No” answer(s):

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

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.

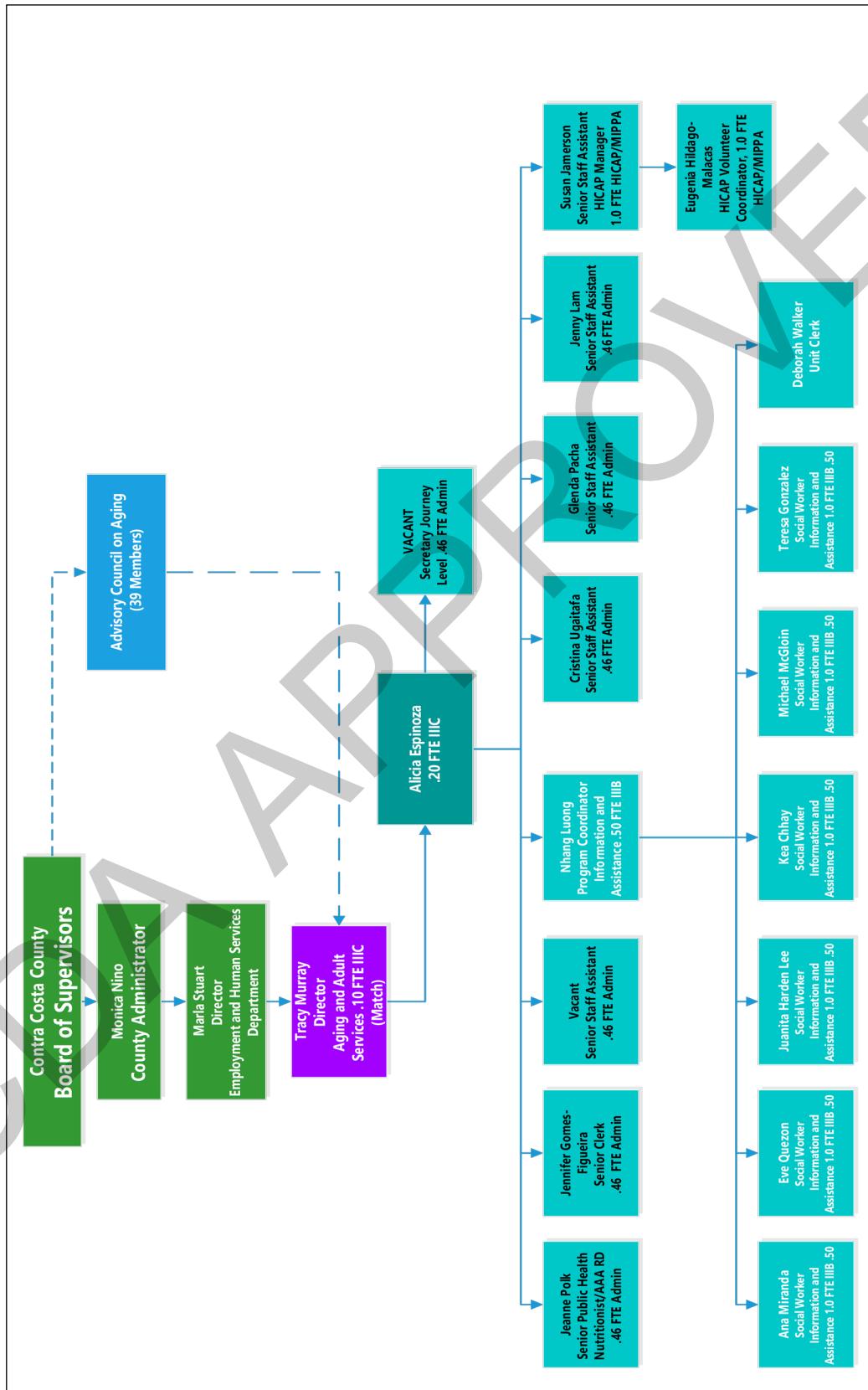
Yes. Title IIIB funds used for Acquisition or Construction.

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



SECTION 19. ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

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

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

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

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

- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
- (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and;

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

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

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

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

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

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

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

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

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

Use outreach efforts that —

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

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

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

7. OAA 306(a)(5)

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

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

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

technology options for serving older individuals.

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

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

10. OAA 306(a)(11)

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

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

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

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

12.306(a)(14)

Provide assurances that preference in receiving services under this Title will not be given by the Area Agency on Aging to particular older individuals as a result of a contract or

commercial relationship that is not carried out to implement this title;

13.306(a)(15)

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

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

14. OAA 305(c)(5)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21. OAA 307(a)(15)

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

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

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

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

22. OAA 307(a)(18)

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

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

homes if community-based services are provided to them.

23. OAA 307(a)(26)

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

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

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

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

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

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

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27.CFR [1321.53(c)]

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

28.CFR [1321.53(c)]

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

29.CFR [1321.53(c)]

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

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

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

31.CFR [1321.61(d)]

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

32.CFR [1321.69(a)]

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