

STANISLAUS COUNTY
Aging and Veterans Services
Area Agency on Aging

Area Plan Update-July 1, 2025-June 30, 2026

Margie Palomino, Director



The Area Plan for the Stanislaus County Area Agency on Aging outlines the way that the funds from the Older Americans Act will be used to provide services for older adults, adults with disabilities, and their caregivers.

Table of Contents

| | |
|---|----|
| <u>AREA PLAN UPDATE (APU) CHECKLIST</u> | 3 |
| <u>TRANSMITTAL LETTER</u> | 5 |
| <u>SECTION 6: PUBLIC HEARINGS & PRIORITY SERVICES</u> | 6 |
| <u>SECTION 8: SERVICE UNIT PLAN (SUP)</u> | 19 |
| <u>SECTION 15: GOVERNING BOARD</u> | 41 |
| <u>SECTION 16: ADVISORY COUNCIL</u> | 42 |
| <u>SECTION 19: ASSURANCES</u> | 45 |
| <u>Attachment A: PSA 30 SUMMARY OF CHANGES</u> | 56 |
| <u>Attachment B: OCA MODERNIZATION SUPPLEMENTAL SUMMARY</u> | 57 |
| <u>Attachment C: LOCAL MASTER PLAN FOR AGING SUPPLEMENTAL SUMMARY</u> | 58 |

AREA PLAN UPDATE (APU) CHECKLIST

Check one: ☒ FY 25-26 ☐ FY 26-27 ☐ FY 27-28
 Use for APUs only due May 1, 2025, 2026, and 2027

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

Section 2: Description of the Planning and Service Area (PSA)

Stanislaus County Population Data Update

The estimated population (551,634) for Stanislaus County has not changed since the 2024-2028 Area Plan submission. Based on the 2024 California Department of Aging Population Demographics from the Administration for Community Living, Aging Integrated Database, the Stanislaus County older adult population is approximately **111,336, and remains approximately 20% of the total citizens**, all of whom qualify for Older Americans Act services and programs.

- The total number of MediCal eligible older adults in 2024 is **31,363 or 28%** of the older adult population in Stanislaus County.
- The current estimated number of lower income *minority* older adults is **13,790 or 12%** of the older adult population in Stanislaus County.

*Anecdotal evidence indicates that there are more older adults whose income is below the standard set by the Elder Index, including many who are not considered to be part of a minority group.

TRANSMITTAL LETTER

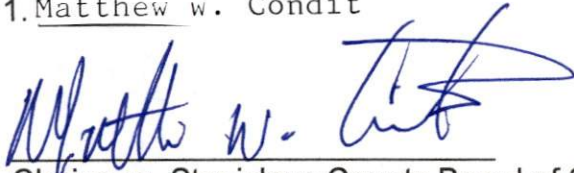
2024-2028 Four Year Area Plan/ Annual Update

Check one: ☐ FY 24-25 ☒ FY 25-26 ☐ FY 26-27 ☐ FY 27-28

Stanislaus County Aging & Veterans Services

This Area Plan Update 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 and to review and comment on the Area Plan Update. 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 the 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.

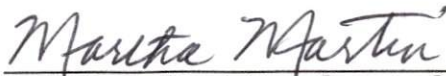
1. Matthew w. Condit



Chairman, Stanislaus County Board of Supervisors

3/15/25
Date

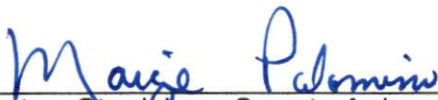
2. Martha Martin



President, Stanislaus County Commission on Aging

3/10/25
Date

3. Margie Palomino



Director, Stanislaus County Aging & Veterans Services

3/10/25
Date

Section 6: Public Hearings & Priority Services

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 2025-26:

Access:

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

2024-25 41.7 % 25-26 41.7 % 26-27 _____ % 27-28 _____ %

In-Home Services:

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

2024-25 21.9 % 25-26 21.9 % 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 23.8 % 25-26 23.8 % 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:

Responses from the Community Assessment Survey for Older Adults showed a significant need to inform older adults about the varied services available through the AAA and other agencies. In addition to the issue of getting information. Though the Information and Assistance (I&A) brochure is distributed widely at various events and through multiple agencies, many older adults

are unaware of the details about the services listed in it. It is believed that the services are not sought until a need is identified. The AAA staff will work on finding other ways to convey to the public about available services. The Information office at the AAA has received inquiries from older adults who did not qualify for MSSP or other case management programs. Referrals to the Case Management Program have illustrated the need for this service to continue in the coming years.

In-Home Services:

The Community Assessment Survey for Older Adults also indicated that many older adults had some degree of difficulty doing light and heavy housework. Homemaker services will continue to be the focus for services in this category. The I&A staff frequently receives requests for assistance with various kinds of housework from older adults, persons with disabilities and caregivers. The staff has been able to refer consumers to community services that assist them in finding help that goes beyond light housework. The AAA staff will continue to foster community involvement with the needs of older adults.

Legal Assistance:

Survey respondents also stated getting legal assistance could be a problem. The contractor for the Senior Law Project has maintained a Memorandum of Understanding with the contractor for the Ombudsman Program, as required. The contractor also has a contract with the Adult Protective Services Department, primarily executing restraining orders. The Senior Law Project staff will continue to do outreach to assist older adults.

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 11, 2024 | Stanislaus Veterans Center | 18 | No | No |
| 2025-2026 | April 14, 2025 | Stanislaus Veterans Center | 20 | 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:

Public Hearing notices were sent to our Ombudsman and EAP provider to share with their Ombudsman volunteers who work in long-term care facilities, as well as to the Homemaker program where caregivers serve homebound older adults.

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 questions or comments regarding PD or C funds since there were no changes.

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 were received.

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

None

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

There were no changes to the Area Plan because of input by attendees:

None

Section 7: Area Plan Narrative Goals and Objectives

Goal # 1

Goal: Provide ways to reduce the housing burden and provide financial resources for Older Adults, Caregivers, and Persons with Disabilities in Stanislaus County.

Rationale: Results of the Community Assessment Survey for Older Adults showed that housing access, cost, in addition to finances for older adults, is an increasing challenge.

| | Projected Start and End Dates | Title IIIB Funded PD or C | Update Status |
|---|-------------------------------------|---------------------------------|---|
| <p>Objective 1.1: The AAA will promote and market the Stanislaus Home Share project facilitated through the Senior Advocacy Network. Data will be collected regarding potential homeowners and renters and information distributed through local aging services networks and program participants. The Home Share program is not OAA funded.</p> <p><u>Outcome:</u> Older adult housing seekers and homeowners will have increased awareness and opportunity for affordable rent and supplemental income respectively, through home sharing.</p> <p><u>Measurement:</u> Number of home share enrollments and number of calls/contacts.</p> | 7/1/24-6/30/26 | C | <p>Year 1: Home Share made approx. 3 unduplicated matches & 66 contacts, with continued funding through MOCA for 2025-26. See attachment B.</p> |

| | | | |
|--|----------------|---|--|
| <p>Objective 1.2:</p> <p>The AAA will provide rent subsidy payments to rent-burdened older adults over age 60 who are on a fixed or limited income. This program facilitated through Senior Advocacy Network is not OAA funded.</p> <p><u>Outcome:</u> To assist older adults who are rent-burdened due to their fixed or limited income.</p> <p><u>Measurement:</u> Number of older adults awarded subsidies.</p> | 7/1/24-6/30/26 | C | <p>Year 1:</p> <p>Approx. 55 older adults received rent subsidies as of 3/31/25. This program continues to be funded through MOCA funding for 2025-26. See attachment B.</p> |
| <p>Objective 1.3:</p> <p>The AAA staff and Commission on Aging members will partner with the Stanislaus Senior Foundation, a non-OAA funded organization, to assist older adults whose needs cannot be met through other programs. The AAA staff will assess the needs and refer their recommendation to the Foundation members to provide the appropriate assistance.</p> <p><u>Outcome:</u> Low-income older adults will receive assistance and relief to remain independent and/or gain a better quality of life as long as possible.</p> <p><u>Measurement:</u> The number of older adults that are referred by AAA staff to the Stanislaus Senior Foundation and number who received assistance.</p> | 7/1/24-6/30/28 | C | <p>Year 1:</p> <p>The Senior Foundation served approximately 55 seniors 2024-25 and will continue in 2025-26.</p> |

| | | | |
|--|----------------|---|--|
| <p>Objective 1.4: The AAA staff will participate as a member with the Senior Coalition of Stanislaus County to work on the Master Plan for Aging to develop a local Playbook, addressing the five bold goals with an emphasis on housing and caregiving. Coordination will involve providing data, participation in special events, and coordinating services with organizations that do not receive OAA funds.</p> <p><u>Outcome:</u> Members of the Coalition will coordinate to act in our community to develop housing access strategies for older adults and caregivers in Stanislaus County.</p> <p><u>Measurement:</u> The variety of service providers in the Coalition and the number of events/services</p> | 7/1/24-6/30/25 | C | The local MPA Playbook is complete. See Attachment C for 2024-25. |
| <p>Objective 1.5: The AAA staff will coordinate with the Commission on Aging (COA) Housing Subcommittee to help promote increased affordable housing and new innovative housing options for older adults as a homelessness prevention intervention. Coordination will involve investigating potential options and assessing the needs of older adults. The Commission on Aging does not receive OAA funds.</p> <p><u>Outcome:</u> Older adults will have access to affordable housing information.</p> <p><u>Measurement:</u> Number of events that committee members attended to speak to public officials or advocate for older adult housing.</p> | 7/1/24-6/30/26 | C | Year 1: AAA Staff reestablished the COA Housing Subcommittee and setting up strategies for 2025-26. The number of events they spoke to public officials is approx. 5. |

| | | | |
|---|----------------|---|---|
| <p>Objective 1:6: The AAA staff or COA members will participate in the Stanislaus Community System of Care (StanCSOC), a 25-member council representing all major sectors of our community, which was established to lead efforts to prevent homelessness. The AAA staff will help to manage services with CSOC organizations including County departments, housing providers and community organizers. None of the other partners receive OAA funds.</p> <p><u>Outcome:</u> Older adults will move from homelessness to transitional housing to permanent housing, aided by AAA staff.</p> <p><u>Measurement:</u> The number of older adults aided by the partners.</p> | 7/1/24-6/30/26 | C | <p>Year 1:</p> <p>AAA Staff will continue to participate in the SCSOC and partner with the community to prevent homelessness.</p> |
| <p>Objective 1:7: The AAA staff will participate in the Community Services Agency Enhanced Care Management (ECM) work groups, part of CalAIM. The model of care includes several county and health care agencies with a “no wrong door” approach to accessing services.</p> <p><u>Outcome:</u> Enhanced coordination of care and service navigation.</p> <p><u>Measurement:</u> The number of older adults referred to ECM.</p> | 7/1/25-6/30/26 | C | <p>Year 1:</p> <p>AAA Staff will continue to participate in the local ECM work group and was active approximately 5 case reviews.</p> |

Goal # 2

Goal: Promote Health & Well-Being for Older Adults, Caregivers, and Persons with Disabilities in Stanislaus County.

Rationale: The responses on the Community Assessment Survey for Older Adults included concerns about basic physical aspects of daily living, in addition to mental health challenges. Addressing these concerns and seeking ways that can help people be healthier can help older adults stay as independent as possible.

| | Projected Start and End Dates | Title IIIB Funded PD or C | Update Status |
|---|-------------------------------------|------------------------------------|--|
| <p>Objective 2.1: The AAA staff will develop the Program to Encourage Active, Rewarding Lives, (PEARLS) program, which is non-OAA funded, to support, coach, & empower older adults suffering loss and depression, by teaching them skills necessary to act and make lasting changes so they can lead more active and rewarding lives.</p> <p><u>Outcome:</u> PEARLS staff will conduct 8 in-home sessions over a period of 6-8 months to teach older adults depression management.</p> <p><u>Measurement:</u> Number of older adults served annually.</p> | 7/1/24- 6/30/28 | PD | <p>Year 1:</p> <p>PEARLS is fully in place and will continue serving older adults in our county.</p> |
| <p>Objective 2.2: The AAA staff will request a resolution from the Board of Supervisors to declare the month of May to be Older Americans Month. The AAA staff, Board of Supervisors and Commission on Aging will coordinate to honor one outstanding older adult from each supervisor's district at a Board of Supervisor's Meeting. Neither the Commission on Aging nor the Supervisors receive OAA funds.</p> <p><u>Outcome:</u> Sponsoring the special event will emphasize the on-going contributions of the older adult population.</p> <p><u>Measurement:</u> Number of nominated candidates from each of the 5 districts by the public to be honored, and the completion of the special session of the Board of Supervisors.</p> | 7/1/24- 6/30/28 | C | <p>Year 1:</p> <p>A total of 25 nominations were received for 2024-25. We will be honoring the 5 winners in May 2025 and continuing this award in 2025-26.</p> |

| | | | |
|---|----------------|---|--|
| <p>Objective 2.3: The AAA staff will coordinate with local senior service providers, senior housing complexes, and medical or social service staff of primary care offices or long-term care facilities to offer group presentations to promote the utilization of the older adult Prevention and Early Intervention (PEI) programs. These free programs are non-OAA funded mental health programs to include peer counseling, friendly visitors, and counseling with a licensed clinical social worker, if needed. The staff will also seek ways to participate in outreach events.</p> <p><u>Outcome:</u> AAA staff will offer group presentations and participate in local senior outreach events to promote the PEI programs.</p> <p><u>Measurement:</u> AAA staff will provide a minimum of 12 presentations and attend 6 outreach events annually.</p> | 7/1/24-6/30/26 | C | <p>Year 1:</p> <p>Outreach was conducted and will continue in 2025-26.</p> |
|---|----------------|---|--|

Goal # 3

Goal: Provide Information and Assistance to Older Adults, Caregivers, and Persons with Disabilities in Stanislaus County.

Rationale: Results of the Community Assessment Survey for Older Adults showed that information about services and access to services for older adults is lacking.

| | Projected Start and End Dates | Title IIIB Funded PD or C | Update Status |
|---|-------------------------------|---------------------------|--|
| <p>Objective 3.1: The AAA staff will coordinate with the Stanislaus Elder Abuse Multidisciplinary Team (MDT) and Dependent Adults to conduct presentations and outreach events to increase awareness of the signs of elder abuse, how to prevent abuse, and give the resources to better serve the victims of abuse. The MDT is not OAA funded.</p> <p><u>Outcome:</u> Older adults, caregivers and the general public will learn about elder abuse prevention.</p> <p><u>Measurement:</u> The number of outreach events and number of attendees.</p> | 7/1/24-6/30/26 | C | <p>Year 1:</p> <p>No outreach events conducted in 2024-25 but 2-AAA managers attended a state-wide MDT training to better serve our community in 2025-26</p> |
| <p>Objective 3.2: The AAA staff will work with the members of the Senior Coalition of Stanislaus County to sponsor the Healthy Aging and Fall Prevention Summit on October 11, 2024. The AAA staff will participate in the planning and execution of the Summit, assisting with multiple aspects of the event. Free health screenings and information about fall prevention and a variety of health topics will be available to the public. The Senior Coalition does not receive OAA funds.</p> <p><u>Outcome:</u> Older adults and caregivers will attend the Summit.</p> <p><u>Measurement:</u> The number of attendees and health evaluations completed.</p> | October 2024 | C | <p>Year 1:</p> <p>AAA staff participated in the Healthy Aging Summit where over 1,000 attendees conducted health evaluations.</p> |

| | | | |
|--|----------------|----|---|
| <p>Objective 3.3: The AAA staff will promote various AAA programs through outreach events, coordinating the planning for events with other County departments, community organizations, and businesses. The agencies involved in planning do not receive OAA funds. Advertisement will be to members of diverse populations, older adults of various ethnic backgrounds and LGBTQ older adults and caregivers.</p> <p><u>Outcome:</u> Information about available services will be conveyed to the public via participation in outreach opportunities.</p> <p><u>Measurement:</u> The number of events and the number of attendees.</p> | 7/1/25-6/30/26 | C | <p>Year 1:</p> <p>This goal postponed to 2025-26 due to new Director coming on board.</p> |
| <p>Objective 3.4: The AAA staff will create social media accounts, providing a new means for the AAA staff to interact with the wider community. The new accounts will serve to announce events and services associated with the AAA.</p> <p><u>Outcome:</u> Events and services will be available to the public via social media.</p> <p><u>Measurement:</u> The number of accounts established, and the number of views recorded.</p> | 7/1/24-6/30/25 | PD | <p>The AAA created 1 new agency Facebook page to reach the public via social media.</p> |
| <p>Objective 3.5: The AAA HICAP staff will coordinate with the cities of Modesto, Oakdale, Patterson, and Turlock to hold HMO Forums during Open Enrollment for Medicare.</p> <p><u>Outcome:</u> Medicare beneficiaries will learn of their choices to augment their Medicare Insurance coverage during Open Enrollment time.</p> <p><u>Measurement:</u> The number of attendees at each forum.</p> | 7/1/24-6/30/28 | C | <p>Year 1:</p> <p>The October Medicare Forums served approximately 235 adults in total for 2024-25.</p> |

Goal # 4

Goal: Provide services to family caregivers that will support them in their caregiving role, allowing the care receiver to receive safe, healthy, and quality care in their own homes.

Rationale: To assist older adults and adults with disabilities maintain their independence at home or least-restrictive environment as possible. With access to a wide range of options for community-based, long-term care services, they would be able to enhance their quality of life.

| | Projected Start and End Dates | Title IIIB Funded PD or C | Update Status |
|---|-------------------------------|---------------------------|--|
| <p>Objective 4.1: The AAA will provide in-person home caregiver assessments as part of the Support Services for the Family Caregiver Support Program. Visits will include providing senior information and assistance packets with brochures, caregiver support groups, Fall Prevention Resource Directory and Caregiver Resource Directory.</p> <p><u>Outcome:</u> Both caregivers and care receivers will receive personalized service and resources to assist them, with receiving better care in the home environment.</p> <p><u>Measurement:</u> Number of new assessments in one year.</p> | 7/1/24-6/30/25 | C | Year 1: New assessment totals approx. 125 |
| <p>Objective 4.2: The AAA will coordinate with local caregiver agencies and professionals to provide a bi-annual Caregiver Training for caregivers seeking assistance with their role in keeping care recipients healthy and independent at home.</p> <p><u>Outcome:</u> Sponsor the special training event emphasizing training, education, and wellness for the caregiver.</p> <p><u>Measurement:</u> Number of caregivers attending the event with number of coordinated agencies involved.</p> | 7/1/24-6/30/25 | C | The AAA partnered with several agencies to conduct a Caregiver Retreat in November 2024 to reach caregivers in outlying rural areas of the county. Approximately 30 people were in attendance. |

| | | | |
|--|----------------|----|---|
| <p>Objective 4.3: The AAA staff will work to expand the services available through the Family Caregiver Support Program, Fall Prevention Program, and the Multipurpose Senior Services Program to include additional services such as chore and home adaptation services. These services will provide opportunities for caregivers to care for their loved ones more effectively. The AAA staff will pursue agencies to contract with the AAA for these services.</p> <p><u>Outcome:</u> Caregivers and older adults will have better services that will continue to allow them to live safely in their home and in the community.</p> <p><u>Measurement:</u> The increased number of clients and hours for services in one year.</p> | 7/1/24-6/30/26 | PD | <p>Year 1:</p> <p>This goal postponed to 2025-26 due to new Director coming on board.</p> |
| <p>Objective 4.4: The AAA will provide In-Home Supervision, Homemaker Assistance, In-Home Personal Care, Out-of-Home Overnight Care and Assistive Devices as part of the Respite Care and Supplemental Services available for the Family Caregiver Support Program, Caring for Elderly persons.</p> <p><u>Outcome:</u> Caregivers will receive more efficient and timely respite services.</p> <p><u>Measurement:</u> Increased number of clients and services.</p> <p>Year 3 & 4: The AAA will utilize nursing student interns to enhance and increase service by conducting assessments and other needs.</p> | 7/1/24-6/30/26 | PD | <p>Year 1:</p> <p>This goal postponed to 2025-26 due to new Director coming on board.</p> |

Section 8: Service Unit Plan (SUP)

TITLE III/VII Service Unit Plan CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) uses the Older Americans Act Performance System (OAAPS) Categories and units of service. They are defined in the OAAPS State Program Report (SPR). Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, and IIID.

Title IIIB

Homemaker (In-Home)

Unit of Service = 1 hour

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|------------------|--|-----------------|-----------------------------------|
| 2024-2025 | 4,700 | 2,4 | |
| 2025-2026 | 4,700 | 2,4 | |
| 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 | 300 | 1,2,3,4 | Objectives 1.7; 4.3 |
| 2025-2026 | 300 | 1,2,3,4 | Objectives 1.7; 4.3 |
| 2026-2027 | | | |
| 2027-2028 | | | |

Information and Assistance (Access)

Unit of Service = 1 contact

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|------------------|--|-----------------|-----------------------------------|
| 2024-2025 | 4,200 | 1,2,3,4 | Objectives 1.3;3.3 |
| 2025-2026 | 4,200 | 1,2,3,4 | Objectives 1.3;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 | 400 | 1,2,3,4 | Objective 3.3 |
| 2025-2026 | 400 | 1,2,3,4 | Objective 3.3 |
| 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 | 1,600 | 2,3 | Objectives 1.1,1.2,3.1 |
| 2025-2026 | 1,600 | 2,3 | Objectives 1.1,1.2,3.1 |
| 2026-2027 | | | |
| 2027-2028 | | | |

Title IIIC-1

Congregate Meals

Unit of Service = 1 meal

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|------------------|--|-----------------|-----------------------------------|
| 2024-2025 | 34,000 | 2,3 | |
| 2025-2026 | 34,000 | 2,3 | |
| 2026-2027 | | | |
| 2027-2028 | | | |

Title IIIC-2

Home-Delivered Meals

Unit of Service = 1 meal

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|------------------|--|-----------------|-----------------------------------|
| 2024-2025 | 132,000 | 2,3 | |
| 2025-2026 | 132,000 | 2,3 | |
| 2026-2027 | | | |
| 2027-2028 | | | |

Nutrition Education

Unit of Service = 1 hour

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|------------------|--|-----------------|-----------------------------------|
| 2024-2025 | 48 | 2,3 | |
| 2025-2026 | 48 | 2,3 | |
| 2026-2027 | | | |
| 2027-2028 | | | |

Other Supportive Service

Cash/Material Aid

Unit of Service = 1 session

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (if applicable) |
|------------------|--|-----------------|-----------------------------------|
| 2024-2025 | 35 | 1,3 | |
| 2025-2026 | 35 | 1,3 | |
| 2026-2027 | | | |
| 2027-2028 | | | |

Title IIID/Health Promotion—Evidence-Based

Evidence-Based Program Name(s): Tai Chi & Tai Ji Quan Classes for Arthritis & Fall Prevention

Unit of Service = 1 contact

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (If applicable) |
|-------------|---------------------------|--------------|-----------------------------------|
| 2024-2025 | 2,000 | 2 | |
| 2025-2026 | 2,000 | 2 | |
| 2026-2027 | | | |
| 2027-2028 | | | |

Evidence-Based Program Name: A Matter of Balance Classes

Unit of Service = 1 contact

| Fiscal Year | Proposed Units of Service | Goal Numbers | Objective Numbers (If applicable) |
|-------------|---------------------------|--------------|-----------------------------------|
| 2024-2025 | 150 | 2 | |
| 2025-2026 | 150 | 2 | |
| 2026-2027 | | | |
| 2027-2028 | | | |

TITLE VII: Long-Term Care (LTC) Ombudsman Program Outcomes

2024-2028 Four-Year Planning Cycle

2025-26 Area Plan Update:

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 | 78 | 102 | 76 | <u>65</u> % 2024-2025 |
| 2023-2024 | 69 | 82 | 84 | <u>70</u> % 2025-2026 |
| 2024-2025 | | | | <u> </u> % 2026-2027 |
| 2026-2027 | | | | <u> </u> % |

| | | | |
|--|--|--|-----------|
| | | | 2027-2028 |
|--|--|--|-----------|

Program Goals and Objective Numbers: 3.1;3.3

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

| |
|--|
| 1. FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>33</u> FY 2024-2025 Target: <u>35</u> |
| 2. FY 2023-2024 Baseline: Number of Resident Council meetings attended <u>52</u> FY 2025-2026 Target: <u>35</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: <u>3.1;3.2;3.3</u> |

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

| |
|--|
| 1. FY 2022-2023 Baseline: Number of Family Council meetings attended <u>0</u> FY 2024-2025 Target: <u>1</u> |
| 2. FY 2023-2024 Baseline: Number of Family Council meetings attended <u>2</u> FY 2025-2026 Target: <u>1</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: <u>3.3</u> |

D. Information and Assistance to Facility Staff (NORS Elements S-53 and S-54)

Count of instances of Ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by telephone, letter, email, fax, or in-person.

| |
|---|
| 1. FY 2022-2023 Baseline: Number of Instances <u>258</u> FY 2024-2025 Target: <u>250</u> |
| 2. FY 2023-2024 Baseline: Number of Instances <u>137</u> FY 2025-2026 Target: <u>200</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: 3.1;3.2;3.3;4.2

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 980

FY 2024-2025 Target: 500

2. FY 2023-2024 Baseline: Number of Instances 909

FY 2025-2026 Target: 500

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: 3.1;3.2;3.3;4.2

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 19

FY 2024-2025 Target: 10

2. FY 2023-2024 Baseline: Number of Sessions 10

FY 2025-2026 Target: 10

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: 3.1;3.2;3.3;4.2

G. Systems Advocacy (NORS Elements S-07, S-07.1) (2024-2025)

(FY 2025-26) Multi-Year Result efforts

1. The California Law AB-1417 (2023) Mandated Reporting System for Elder & Dependent Adult Abuse & Neglect in Long-Term-Care Facilities flow chart gets passed out to long-term care facilities. The Ombudsman Program continues to educate facility staff about their legal duty to report elder abuse as mandated reporters. Assisting California Long Term Care Ombudsman Association (CLTCOA) with mandated reporting training has subsided and educational material can be found online regarding the revised mandated reporting law. Information and assistance is provided to anyone who has questions about the mandated reporting system when calling the Ombudsman office. This fiscal year, the Ombudsman will review incoming complaint forms and determine if the reporter is following the system flow. If not, the Ombudsman program will contact the reporter to provide further guidance.
2. An Ombudsman representative attends resident council when they are invited by a resident. The Ombudsman may go once or on regular basis to answer questions or make suggestions. A "Resident Council Toolkit" booklet is given to the resident councils to assist in the development of the council if needed. Ombudsmen attending resident councils has increased in 2024 from the previous year.

FY 2024-2025

FY 2024-2025 Systems Advocacy Effort(s):

- 1- Attend statewide mandated reporter training 2x/year, then return and train others at local level.
- 2- 2-Continue efforts with resident councils.

FY 2025-2026

Outcome of FY 2024-2025 Efforts:

FY 2025-2026 Systems Advocacy Effort(s): Assist to promote collaboration and communication within the established Stanislaus Multi-Disciplinary Team (MDT). This group of professionals work together to help address elder abuse in multiple areas such as neglect, emotional, financial, sexual and physical. The MDT includes some of the following agencies: The District Attorney's Victim Services Branch, Conservators Office, Behavior Health, Adult Protective Services, Valley Mountain Regional Center, Law offices, Stanislaus Elder Abuse Prevention Alliance (SEAPA) and Ombudsman Program. The Ombudsman program works in collaboration with this team by sharing information about each other's services. The team works strategically to dive deeper in problem solving elder abuse by exchanging information, sharing skills and expertise on various case matters. The team also shares outreach opportunities to help educate and bring awareness to the community. This exchange of knowledge and resources also gets passed onto the Ombudsman program staff and volunteers to help residents and staff in the long-term care setting, to recognize and prevent elder abuse. The MDT collaboration effort helps the Ombudsman Program work towards enhancing the resident quality of care and quality of life.

FY 2026-2027

Outcome of FY 2025-2026 Efforts:

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

FY 2027-2028

Outcome of 2026-2027 Efforts:

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

Outcome 2.

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

Measures and Targets:

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

1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 18 divided by the total number of Nursing Facilities 19
= Baseline 95 %

FY 2024-2025 Target: 19

2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 16 divided by the total number of Nursing Facilities 17
= Baseline 94 %

FY 2025-2026 Target: 90

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

FY 2026-2027 Target: _____

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

FY 2027-2028 Target: _____

Program Goals and Objective Numbers: 3.1;3.2;3.3;4.2

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

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

1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 83 divided by the total number of RCFEs 98 = Baseline 85 %

FY 2024-2025 Target: 85 %

2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 94 divided by the total number of RCFEs 100 = Baseline 94 %

FY 2025-2026 Target: 94

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

FY 2026-2027 Target: _____

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

FY 2027-2028 Target: _____

Program Goals and Objective Numbers: 3.1;3.3

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: 4.36 FTEs
FY 2024-2025 Target: 3.57 FTEs

2. FY 2023-2024 Baseline: 4.41 FTEs
FY 2025-2026 Target: 3.57 FTEs

3. FY 2024-2025 Baseline: _____ FTEs
FY 2026-2027 Target: _____ FTEs

4. FY 2025-2026 Baseline: _____ FTEs
FY 2027-2028 Target: _____ FTEs

Program Goals and Objective Numbers:
3.1;3.2;3.3;4.2

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers 7
FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers 15

2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers 7
FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers 15

3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers _____
FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers _____

4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____
FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____

Program Goals and Objective Numbers: 3.1;3.2;3.3;4.2

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

The Ombudsman Program staff will continue to monitor the National Ombudsman Reporting System (NORS) data for accuracy, consistency, and timely entries. The Ombudsman program staff will schedule office appointments for one-on-one's, bi-weekly or as needed, between experienced staff and volunteers to coach or assist with entering data into Ombudsman Data Integrated Network (ODIN) and NORS. The Ombudsman coordinator will also offer additional NORS training sessions during monthly meetings and new Ombudsman training.

Fiscal Year 2025-2026

From the Ombudsman Data Integration (ODIN) database, Ombudsman staff continue to monitor all staff and volunteer data entries that use the National Ombudsman Reporting System (NORS). On a weekly basis, the data for cases and activities are checked for accuracy, consistency, and timeliness. If the data is not to standards during the review process, technical assistance is provided to the Ombudsman. The Ombudsman program will start to incorporate NORS webinar training sessions during the Ombudsman meetings throughout the year.

Fiscal Year 2026-2027

Fiscal Year 2027-2028

TITLE VII Elder Abuse
Prevention Service Unit Plan

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

| | |
|-------------------------------------|---------------------------|
| <input checked="" type="checkbox"/> | Ombudsman Program |
| <input type="checkbox"/> | Legal Services Provider |
| <input type="checkbox"/> | 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 III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2020, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the 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: Catholic Charities

| Total # of | 2024-2025 | 2025-2026 | 2026-2027 | 2027-2028 |
|--|-----------|-----------|-----------|-----------|
| Individuals Served | 800 | 900 | | |
| Public Education Sessions | 4 | 4 | | |
| Training Sessions for Professionals | 4 | 2 | | |
| Training Sessions for Caregivers served by Title III E | 1 | 1 | | |
| Hours Spent Developing a Coordinated System | 30 | 20 | | |

| Fiscal Year | Total # of Copies of Educational Materials to be Distributed | Description of Educational Materials |
|-------------|--|---|
| 2024-2025 | 800 | Scam flyers in English, Scam trifold brochure in English & Spanish, Red Flags of Abuse flyers, Stop the Scams posters, and other community resources. |
| 2025-2026 | 900 | Scam flyers in English, Scam trifold brochure in English & Spanish, Red Flags of Abuse flyers, Stop the Scams posters, and other community and state resources. |
| 2026-2027 | | |
| 2027-2028 | | |

Section 11: Legal Assistance

2024-2028 Four-Year Area Planning Cycle

2025-26 Area Plan Update:

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

1. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? The Senior Law Project is allocated 23.8% of Title IIIB funding.
2. How have your local needs changed in the past year(s)? Please identify any changes (include whether the change affected the level of funding and the difference in funding levels in the past four years). **Discuss:**

As reported in our last annual update, the need for new and different housing legal services continues to grow in our region. The rental market continues to be extremely challenging especially for our low-income older adults. This population continues to face evictions, rent increases and illegal discrimination practices. We are not different from the rest of California in this regard. The number of older adults reaching out for housing legal and support services has increased exponentially in the last few years because they are at-risk of or experiencing homelessness, often for the first time in their lives. Across California, older adults represent the largest growing population of individuals experiencing homelessness for the first time. These are the Baby Boomers aging into retirement age but lacking financial and social resources to compete in the expensive housing market of 2025. Our legal services are supporting with eviction defense, landlord/tenant issues, reasonable accommodation, foreclosure prevention and defense and more. At present, we do not do wrongful eviction work because we do not have enough resources to engage in this level of litigation, but the need is great for this service as well.

We have also seen an increase in older adults becoming victims of scams, especially romance and grandparent scams. The COVID epidemic increased the amount of isolation experienced by many older adults. They did not see their families as often and relied more on their telephones and internet for communication and friendships, thus making them more vulnerable to internet and telephone scams. While we have been able to assist with stopping some of these scams with local banks and local predators, we are neither experienced in or have the financial resources to try to recover stolen assets from out of state and out of country scammers. This is a low priority for law enforcement agencies or the District Attorney. We have reached out to the Attorney General and FBI who are very interested in the foreign scams but to our knowledge have not helped any of our older adults who have been targeted.

While scams have not had a specific effect on our level of funding, the lack of funds to assist with scams precludes us from providing any other services besides counseling and advice, preparation of Elder Abuse Restraining orders, filing police reports and discussing the case at our monthly Elder Abuse Multidisciplinary Team meetings with the District Attorney's office, Adult Protective Services, and the AAA. With additional funding we may be able to provide more services such as litigation on behalf of the victim.

More recently, estate planning requests have increased, especially trusts for low-income homeowners. The Senior Law Project does not do or facilitate any trust work, and this is a potential growth area to help stabilize the control that older adults have over their estates.

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

The agreement that the AAA has with the Senior Advocacy Network references the Guidelines and has incorporated the specific instructions into that agreement. The Senior Advocacy Network continues to serve consumers with the greatest needs, according to state and federal requirements. The staff is trained and available to offer services to older adults and those with disabilities throughout Stanislaus County.

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

The top four priority legal issues have seen very little change in the past year. They are and remain as:

a. Tenant Rights & Foreclosure Prevention and Defense as it relates to affordable housing and homelessness - In Stanislaus County, increasingly fewer older adults can afford to rent apartments or maintain the rising costs of homeownership. The subsidized housing for older adults has an ongoing 2-3-year waitlist. Adding to the growing crisis, there is limited and insufficient new construction for older adult housing which will continue to contribute to older adult homelessness. Older adults are the fastest growing demographic of individuals experiencing homelessness for the first time. Finding appropriate and affordable housing is challenging for the group because of increased rates of disability, difficulty accessing increasingly remote services for public benefits, and a lack of mental health services in our county. When older adults are asked to leave their rental units, they often don't know where to turn and delay an already rapid legal process.

b. Elder Abuse - Financial abuse to older adults is increasing as family members, community members and international organizations prey on older adults who have saved for their retirement. Family members see their parents or grandparent's retirement savings as their inheritance and take from the older adults while they are still alive, sometimes leaving the older adult homeless and penniless. District Attorneys usually will not prosecute these cases, referring them to civil attorneys and legal aids.

The DA's Office is often reluctant to prosecute elder financial abuse cases because the older

adult has dementia and/or their mental capacity makes the case difficult if not impossible to litigate. That means more and more predators get away with elder abuse crimes because they know little will happen if caught.

We have also seen an uptick in the level of legal intervention required by our local courts to obtain Elder Abuse Restraining Orders. This makes these cases longer and more difficult to resolve and has required constant resource management to ensure that we are using our bandwidth to litigate for the most vulnerable.

c. Consumer Issues/Unable to pay debts - many older adults do not have enough money for rent, utilities and medication so they often get behind in their rent, borrow from pay-day loans or reduce their medications or stop altogether if they can't afford it. Many have credit cards that go into default and then they are sued and have a judgment on their record that can cloud the title of their home if they own one.

d. Advance Care Planning – Powers of Attorney, Advance Healthcare Directives and Wills continue to be one of our most sought-after services. We continue to focus on these services during our many yearly outreach events to empower older adults to take charge of their future while they maintain the capacity to do so. From an equity standpoint, we are interested in researching how we can provide trusts for low-income homeowners as an additional service without violating the terms of OAA funds.

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

The target population is older adults over the age of 60 who are financially, geographically, culturally, and socially disadvantaged. The Senior Advocacy Network staff or volunteers participate in specific outreach events in various communities throughout Stanislaus County. Brochures for this agency are available in English and in Spanish, in the AAA office lobby, which also serves consumers who are veterans and persons applying to access paratransit services. Their contact information is available in the AAA Information and Assistance brochure, also widely available at outreach events and in various offices throughout the county where older adults live and take advantage of services.

In addition, the Senior Advocacy Network has a close relationship with the AAA, and we meet periodically to discuss issues pertaining to older adults. That is how we increased our presence in the older adult housing arena and continue to look for more causes we can champion to make life in Stanislaus County easier for our older adults.

The targeted older adult population is residents of Stanislaus County who need legal services. We reach the target group through stories in the newspaper, speaking engagements, having information tables at senior events, handing out brochures and SCAM door hangers and referrals from Judges, Courts, the County Recorder, law enforcement and word of mouth.

The Senior Advocacy Network is also active in several county-wide community partner groups that allow us to share information about our services with other direct services providers such as housing and homelessness providers, medical providers, in-home care providers, older adult housing property management groups and more.

Our Executive Director serves on our County's Continuum of Care as the Senior Services

Representative and on Stanislaus Regional Transit Authority's Equity Commission representing older adult transit users. Their information is broadcast to the greater Stanislaus area through the voices of the other members of the commission as well as the various agencies and elected officials who attend these meetings.

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

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

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

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

In the past year, we were present at many outreach events with a resource table, for example: Waterford Junior High Family Resource Fair, Encompass Senior Resource Fair, CalPride Open House, Oakdale Senior Information Day, among others.

This past year, legal clinics were conducted in Modesto at the Healthy Aging Fall Prevention Summit and in partnership with Disability Resource and Independent Living (DRAIL). We also hosted one at the Oakdale Senior Center.

In the past year, we gave over 20 service presentations including the following: Rainbow Resource Center, DRAIL ACE Meeting, Ceres Senior Center, Sunlight Adult Day Care, Riverbank Grupo de Refugio, Stanislaus Regional Housing Authority, Soroptimist Club in Oakdale, Caregiver to You, DKG Epsilon Nu, SHA, Emmanuel Lutheran, Westside Caregiver Retreat and many more.

Our Executive Director routinely presents as various community groups such as Senior Coalition of Stanislaus County, Serving our Seniors, and to our local representatives. We are also consulted often by reporters from the Modesto Bee to weigh in on issues affecting older adults.

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

| Fiscal Year | Name of Provider | Geographic Region covered |
|--------------------|--|----------------------------------|
| 2024-2025 | a. Senior Advocacy Network b. c. | a. Stanislaus County b. c. |
| 2025-2026 | a. Senior Advocacy Network b. c. | a. Stanislaus 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 initially access legal services by phone and then come into our office after an appointment has been scheduled. They can offer remote phone assistance for clients, but many do not have the technological savvy to use Zoom or other remote programs. They prefer to meet in person.

They can use public transportation, their own vehicles or Dial-a-Ride or get rides from friends or the Bridges program. We can facilitate home/hospital/assisted living visits for older adults who are unable to come to the office due to health issues.

In addition, they work with clients to gather and obtain documents by mail, fax or drop off as necessary. In short, they prioritize in-person, in-office appointments but can coordinate remote or out-of-office services as needed.

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:

- Elder abuse including financial elder abuse. As described above in question 5, financial abuse of elders is growing and goes unprosecuted for the most part.
- Housing – eviction defense, landlord/tenant issues, fair housing, reasonable accommodation, foreclosure prevention.
- Consumer issues including sending letters if a client is judgment proof of filing responses to complaints if the older adult is sued and is NOT judgment proof. They also began offering bankruptcy services in 2023.
- Income/Public benefits – counseling and referrals for SSI, SSA, Unemployment, Survivors Benefits, Veterans Benefits, CalFresh
- Free wills – provided by our pro-bono attorney panel.
- Powers of Attorney and Advanced Health Care Directives – counseling and preparation of documents.

- g. Utilities – advocating for clients facing financial hardship with utility companies, negotiating settlements, etc.
- h. Discrimination – housing.
- i. Guardianships- Providing a guardianship clinic and help potential guardians complete paperwork and provide advice on the court process and self-representation.

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

Mobility and transportation are the biggest barriers. Many clients who don't drive and rely on public transportation cancel appointments or have difficulty getting to our office. Phone and remote appointments are being offered for clients who have transportation challenges. In the past year, we have developed a remote work policy that many of our attorneys can use to encourage both staff and clients to learn virtual collaboration.

Language - clients who are hearing impaired or speak other languages, including American Sign Language, have difficulty when calling our office to schedule appointments. Our office utilizes our language line for ANY language and helps aid the hearing impaired. In the past year, more Spanish speaking staff have been hired.

Assistance to bedbound or hospitalized- Clients who are bedbound or hospitalized are difficult to aid. To accommodate them, home or hospitals can be made on weekends or evenings.

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

- a. Catholic Charities Ombudsman Program- Elder abuse in long-term care facilities.
- b. MOVE Stanislaus – Assisted Transportation
- c. Adult Protective Services- Restraining orders, case management, HomeSafe
- d. Catholic Charities – SSVF-VETFAM: Veterans housing support services
- e. Stanislaus County Veterans Services Office- Advocacy and affordable housing.
- f. Catholic Charities – Senior Elder Abuse Prevention Alliance (SEAPA)
- g. HICAP- Health insurance counseling.
- h. Project Sentinel- Housing or landlord/eviction issues.
- i. District Attorney's office- Multi Disciplinary Team (MDT) collaboration on elder abuse cases.
- j. Justice on Aging- Receive homelessness prevention grant.
- k. Stanislaus County Continuum of Care- Represent older adults within the plan to distribute federal housing funds.
- l. State Bar of California- Homelessness prevention and equal access.
- m. Congressional office- Veterans, Social Security, or other Federal benefits
- n. Assembly Member office – Housing
- o. Housing Assessment Team – Coordinated Entry referrals.
- p. Community Housing and Shelter Services – Coordinate rental back-pay, utility payments.
- q. Community Impact Central Valley – Housing
- r. DRAIL (Disability Resources Agency for Independent Living) – Benefits advocacy and disability advocacy.
- s. CHAT (Community Health and Assistance Team) – Housing

- t. CalPride – Housing, social support
- u. Family Justice Center – Domestic violence
- v. El Concilio – Immigration
- w. CRLA (California Rural Legal Assistance) – Benefits advocacy
- x. Many in-home care service providers as needed.
- y. Local attorneys- Out-of-scope services.
- z. Family Partnership Center- Guardianship clinics.

Section 15: Governing Board

GOVERNING BOARD MEMBERSHIP Fiscal Year 2025-2026

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

Total Number of Board Members: 5

| Name and Title of Officers: Expires: | Office Term |
|---|--------------------|
| Matthew W. (Buck) Condit, Chairman | January 2025 |
| Vito Chiesa, Vice-Chairman | January 2025 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Names and Titles of All Members: Expires: | Board Term |
|--|-------------------|
| Mani Grewal | January 2027 |
| Terry Withrow | January 2027 |
| Channcce Condit | January 2025 |
| | |
| | |
| | |
| | |
| | |

Section 16: Advisory Council

ADVISORY COUNCIL MEMBERSHIP Fiscal Year 2025-2026

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): 21

Number and Percent of Council Members over age 60: 18 = 86% Council 60+

| Race/Ethnic Composition | % Of PSA's 60+Population | % on Advisory |
|----------------------------------|-------------------------------------|--------------------------|
| White (non-minority) | 62,086 | 23% |
| Hispanic | 30,619 | 13% |
| Black | 2,812 | 64% |
| Asian/Pacific Islander | 8,277 | 0% |
| American Indian & Alaskan Native | 831 | 0% |
| Other | 3,202 | 0% |

| Name and Title of Officers: | Office Term Exp: |
|---|-------------------------|
| Martha Martin, President | June 2027 |
| Joyce Gandelman, 1 st Vice President | June 2027 |
| Lupe Aguilera, 2 nd Vice President | June 2025 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Name of other Members: | Term Expiration: |
|-------------------------------|-------------------------|
| Nirmal Basi | June 2027 |
| Marsha Bionta | June 2027 |
| Susan E. Hall | June 2026 |
| RoseLee Hurst | June 2025 |
| Jeri Johnson | June 2025 |
| Sebastian Jones | June 2027 |
| Rachell LeViege | June 2027 |
| Tony Lopez | June 2027 |
| Marye Martinez | June 2027 |
| Susan McCarthy | June 2027 |
| Maggie Mejia | June 2027 |
| Doug Nutson | June 2027 |
| Dianna Olsen | June 2027 |
| Shannon Parker | June 2027 |
| Ben Reuben | June 2026 |
| Shirley Rogers | June 2027 |
| Magdalena "Geri" Vargas | June 2025 |
| Hayley Vieyra | June 2026 |
| | |

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

Yes No

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Representative with Low Income |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Representative with a Disability |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Supportive Services Provider |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Health Care Provider |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Local Elected Officials |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Persons with Leadership Experience in Private and Voluntary |

Sectors

Yes No Additional Other (Optional)

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Family Caregiver, including older relative caregiver |
| <input type="checkbox"/> | <input type="checkbox"/> | Tribal Representative |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | LGBTQ Identification |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Veteran Status |
| <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

Explain any "No" answer(s): Our local elected city council woman passed away and our LGBTQ member moved in the past year.

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?

For local governing board appointed Advisory Council members, a letter is generated by the clerk of the board when the membership term nears expiration. The letter comes via email to the AAA Executive Assistant who inquires with the appointed member to determine whether they choose to continue. When the AAA receives confirmation that the member desires to continue, an email goes back to the clerk of the board who updates the term of office. If they do not wish to continue, the process starts to appoint a new member.

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

Each supervisor appoints two members from his or her county district. The supervisor may identify a potential candidate, or a candidate may be recommended as a person interested in serving on the Commission on Aging. That person is interviewed by the supervisor or the representative of the supervisor and is subsequently chosen to represent the older adults, persons with disabilities, and caregivers of that district. The AAA staff and Commission on Aging leadership are notified of the appointment and the person is admitted as a voting member of the Commission.

Section 19: Assurances

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

Sec. 306, AREA PLANS

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

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

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

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

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

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

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

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

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

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

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

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such

individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2019.

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

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

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

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

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

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

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

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

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

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

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

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

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

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

ATTACHMENT A. AAA AREA PLAN SUMMARY OF CHANGES

PSA Number: 30

AAA Name: Stanislaus County Aging & Veterans Services

Area Plan Current Year: ☒ FY 25-26 ☐ FY 26-27 ☐ FY 27-28

| Section | Page(s) | Excerpt Prior Year Content in Area Plan | Excerpt Current Year Content in Area Plan |
|----------|---------|--|---|
| | | | |
| 2 | 4 | Description of Planning & Service Area | Annual Population Update |
| 6 | 6 | Public Hearing & Priority Service Update | Updates for Fiscal Year but no change in actual service units |
| 7 | 9 | Area Plan Narrative Goals & Objectives | Update Status columns have new notes |
| 8 | 19 | Service Unit Plan | Updates for Fiscal Year but no change in actual service units |
| 8 | 24 | Title VII Ombudsman Service Units | Annual Fiscal Year updates |
| 8 | 33 | Title VII Elder Abuse Service Units | Annual Fiscal Year updates |
| 11 | 34 | Legal Assistance | Annual Fiscal Year updates |
| 15 | 41 | Update to Governing Board | New Chairman |
| 16 | 42 | Update to Advisory Council | New Members |
| 19 | 45 | Outdated Assurances | Updated Assurances from CDA |
| Attach B | 57 | | OCA Modernization Supplemental Summary |
| Attach C | 58 | | Local Master Plan for Aging Supplemental Summary |
| | | | |

Attachment B.
Older Californians Act (OCA) Modernization Supplemental Summary

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

☐ Not Participating in OCA Modernization

Description of program(s) being funded:

Stanislaus County PSA 30 is using MOCA Supportive Services Funding for Aging in Place and Caregiver Respite Services through the Family Caregiver Support Program. We are planning to use MOCA Nutrition Services for Intergenerational Activities and Title III C1 and C2 Meals. The use of MOCA Nutrition Services for Title III C1 will most likely start in Fiscal Year 2025-2026.

Services being provided:

Aging in Place services being provided include:

-Home modification assessment, devices, and installation to allow older adults to remain safely in their homes.

-HomeShare that includes the coordination of room seekers and providers to match a living space, often preventing homelessness.

-Rent Subsidy program services that assist vulnerable older adults with housing counseling, and a short-term rental subsidy voucher (paid directly to landlord) for housing stabilization.

-Stanislaus County PSA 30 is planning to use MOCA Nutrition Services for Intergenerational Activities and Title III C1 and C2 Meals.

The aging in place services will end as of March 31, 2026 when the MOCA Supportive Services funding ends.

We have a memorandum of understanding with three local city senior centers located within the county and a non-profit to provide Intergenerational activities which included a meal for seniors, their caregivers, and family members.

One box of 7 breakfast meals per month is currently being provided to Home Delivered C2 clients. Starting in July 2025, one box of 5 breakfast meals per month will be provided to Home Delivered C2 clients.

ATTACHMENT C.

Local Master Plan for Aging Supplemental Summary

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

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

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

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

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

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

2024-25 Local Master Plan for Aging Summary

Stanislaus County's local MPA for PSA 30 continued under Stage 3 over the past fiscal year.

In February 2024, the LADAP Advisory Committee convened its first meeting. The Advisory Committee had representatives from the public (including the AAA director), non-profit, and private sectors who met on a regular basis to learn about the MPA, understand demographic changes, review the status of current programs, and discuss local strategies.

In June 2024, Advisory Committee efforts led to the County joining the AARP Network of Age-Friendly States and Communities. The Advisory Committee prioritized input from community members and oversaw data collection from focus groups and community surveys.

From January through March 2025, data was collected and synthesized to create the LADAP action plan.

The Community Services Agency will present the plan to the County Board of Supervisors on May 6, 2025, to align with Older Americans Month and the plan will be available for community distribution thereafter.

Stage 4: Implementation. The commitment of the original LADAP Advisory Committee was to collect data and write the plan. Now that the plan is complete, a new Advisory Committee will form to oversee implementation of the plan over the next 5 years.