



Kings/Tulare Area Agency on Aging

**Four-Year Area Plan on Aging
July 1, 2024 to June 30, 2028**

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OVERVIEW

Purpose

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

Regulation

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

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

Content

The following components comprise the Area Plan:

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

2024-2028 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

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

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

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

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

AP Guidance Section	APU Components (Update/Submit A through G) ANNUALLY:	Check if Included
n/a	A) Transmittal Letter- <i>(submit by email with electronic or scanned original signatures)</i>	<input type="checkbox"/>
n/a	B) APU- <i>(submit entire APU electronically only)</i>	<input 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 type="checkbox"/>
6	D) Priority Services and Public Hearings	<input type="checkbox"/>
n/a	E) Annual Budget, should match Org. Chart	<input type="checkbox"/>
8	F) Service Unit Plan (SUP) and LTC Ombudsman Program Outcomes	<input type="checkbox"/>
11	G) Legal Assistance	<input type="checkbox"/>

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

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

AAA Name: Kings/Tulare Area Agency on Aging

PSA 15

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

1. Supervisor Rusty Robinson
(Type Name)

Signature: Governing Board Chair ¹

Date

2. Bobbie Wartson
(Type Name)

Signature: Advisory Council Chair

Date

3. Dayna Wild
(Type Name)

Signature: Area Agency Director

Date

¹ Original signatures or electronic signatures are required.

SECTION 1. MISSION STATEMENT

The mission of all Area Agencies on Aging is:

“To provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California’s interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.”

The mission of the Kings/Tulare Area Agency on Aging (K/T AAA) is:

To provide leadership at the local level in developing systems of home and community-based services that maintain individuals in their own homes or least restrictive home-like environments. Emphasis shall be placed on coordinating with local systems to enable individuals to live out their lives with maximum independence and dignity in their own homes and communities, through the development of comprehensive and coordinated systems of home- and community-based care.

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

This section offers a comprehensive overview of the Planning Service Area (PSA) of Kings and Tulare counties, covering physical and demographic characteristics, resources and constraints, and the service system. Firstly, it delves into the physical and demographic features of Kings County and Tulare County. Following this, it assesses the resources available to the PSA and the constraints it encounters. Lastly, the section explores the PSA's service system, focusing on the pivotal role played by the Kings Tulare Area Agency on Aging (KTAAA) in program delivery. Additionally, it examines other service delivery systems that either collaborate with the Agency or cater to the older adult population. By including insights into both challenges and successes in local system development, this section enriches understanding and provides valuable context for effective planning strategies.

2.1 Physical Characteristics of Kings County and Tulare County

Centrally located within the State of California, Kings and Tulare counties are geographically diverse regions. Kings County spans 1,392 square miles, and Tulare County spans 4,863 square miles. The bi-county area includes 6,255 square miles of land.¹

2.1.1 Kings County

Kings County, situated to the West of Tulare County, boasts four incorporated cities and fertile land covering nearly three-quarters of a million acres, with almost half a million acres dedicated to harvesting crops.^{2 3} Located just south of the center of California, Kings County extends from the San Joaquin Valley to the eastern slopes of the California Coast Ranges. The majority of the county is flat, with elevation ranging from 175 feet above mean sea level in the Tulare Lakebed to 3,500 feet above mean sea level in the southwest. Kings County is also home to the Tulare Lake hydrologic region in the extreme southern part of the Central Valley. Major rivers in the region include Kaweah, Kern, Kings, Tule, and Kern.⁴ In 2023, the average temperature was 64 degrees Fahrenheit, with 12.31 inches of precipitation.⁵ **Figure 2.1** depicts a map of Kings County.

¹ Kings County, About Us. Tulare County, About Tulare County |

<https://www.countyofkings.com/about-us> and <https://tularecounty.ca.gov/county/about/>

² Kings County, Cities and County |

<https://www.countyofkings.com/departments/general-services/jto-edc/kings-county-economic-development-corporation/county-facts/cities-and-county>

³ Kings County, About Us |

<https://www.countyofkings.com/about-us>

⁴ Kings County, Unincorporated Kings County |

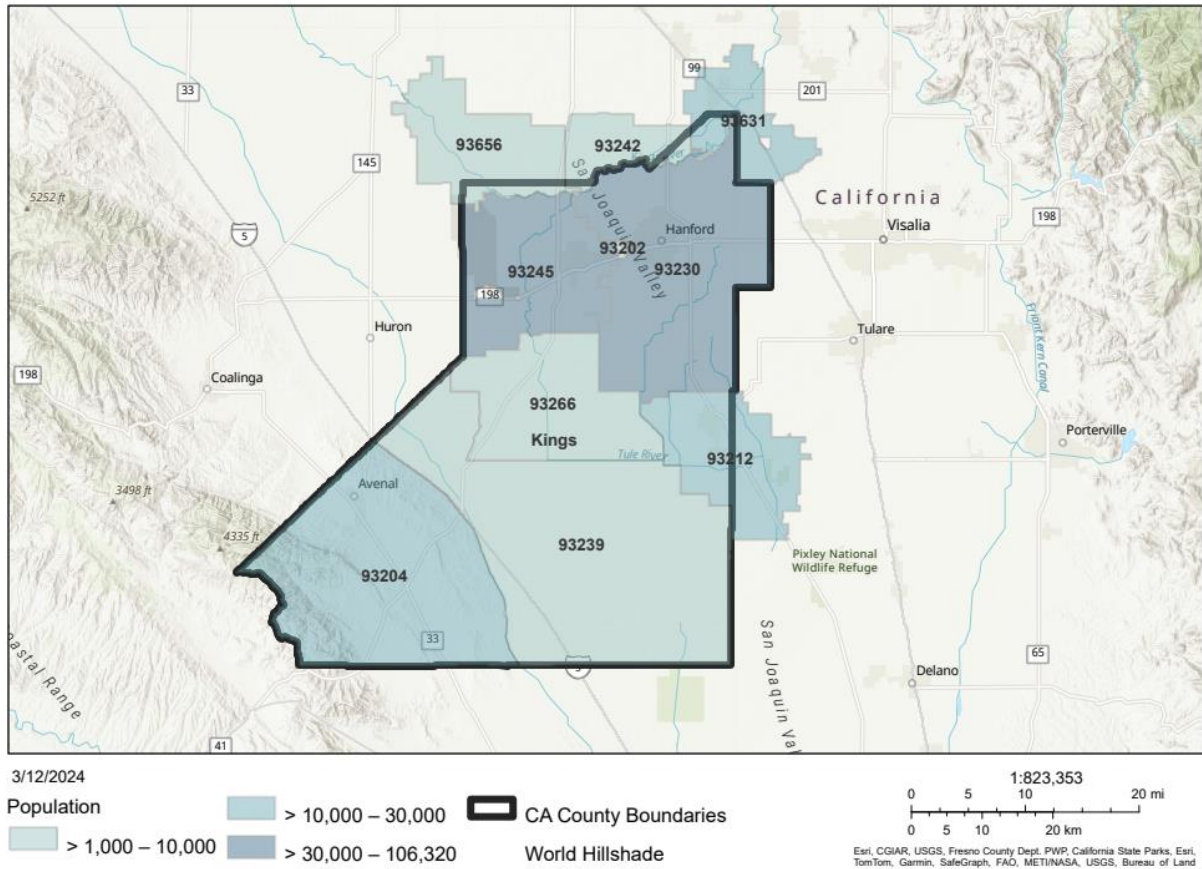
<https://www.ci.hanford.ca.us/DocumentCenter/View/300/Local-Hazard-Mitigation-Plan---Kings-County-School-Districts->

[PDF#:~:text=There%20are%20four%20main%20community,County%20and%20many%20special%20districts.](#)

⁵ National Centers for Environmental Information, Climate at a Glance County Time Series |

<https://www.ncei.noaa.gov/access/monitoring/climate-at-a-glance/county/time-series/CA-031/>

Figure 2.1. Map of Kings County Population by Zip Code



Kings County is at risk from natural disasters. It has experienced significant flooding approximately every five years and is prone to dense fog. The county's climate is relatively arid, increasing the fire hazard, which has been classified as “extreme” in the southwestern areas. The county is 4 miles from San Andreas, which exposes it to the risk of major earthquakes. Finally, the county has experienced severe weather, such as extreme heat.⁶

2.1.2 Tulare County

Tulare County has eight incorporated cities and lies to the east of Kings County.⁷ It encompasses the mountain peaks of the Sierra Nevada range, rising to more than 14,000 feet, as well as natural treasures such as Sequoia National Park, National Forest, and the Mineral King, Golden Trout, and Domeland Wilderness areas.⁸ Situated in central California, Tulare County has a diverse geography and is a major

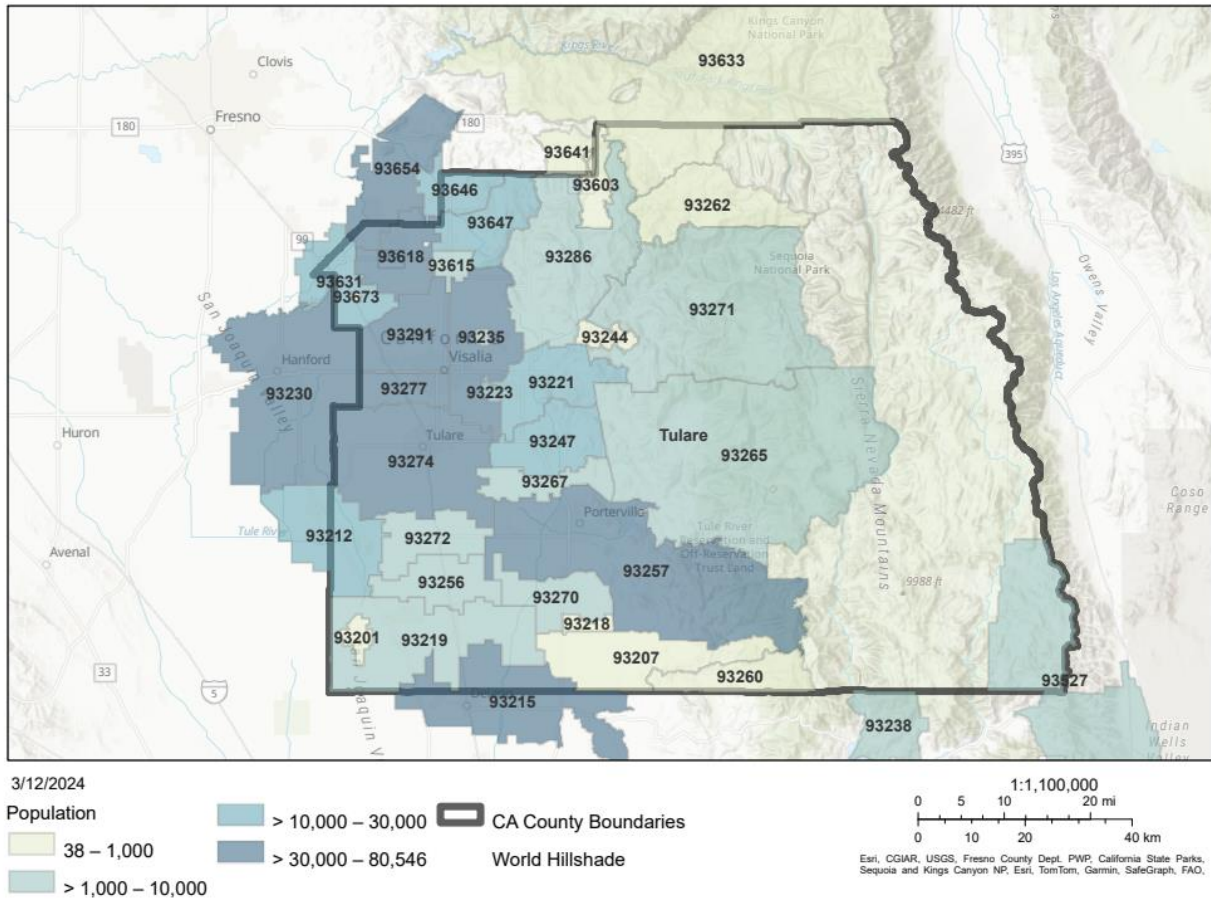
⁶ Kings County Office of Emergency Services, County Overview | <https://www.kingsoes.com/about>

⁷ Tulare County, Tulare County Cities | <https://tularecounty.ca.gov/county/cities1/>

⁸ Physical Characteristics, Tulare County | <https://tularecounty.ca.gov/county/about/>

producer of agriculture, ranking second in the United States in agricultural commodity production. Dairy is the primary industry, followed by other cattle-related products, oranges, and grapes. Tulare County is also home to major shipping and packing operations.⁹ In 2023, the average temperature was 54 degrees Fahrenheit, with 30.68 inches of precipitation.¹⁰ **Figure 2.2** provides a map of Tulare County.

Figure 2.2. Map of Tulare County Population by Zip Code



Tulare County faces the risk of natural disasters. For example, since the year 2000, Tulare County has experienced severe rainstorms, flooding, winter storms, wildfires, and drought. In 2023, Tulare County was hit by Hurricane Hillary.¹¹ These events have had major impacts on the landscape of Tulare County. For example, Lake Tulare, known as “Pa’ashi” by the Tachi Yokut tribe, dried up around 130 years ago. However, due to flooding in 2023, this lake has reappeared.¹² Similarly, Tulare County recently survived

⁹ Central Valley Community Foundation, Tulare County | <https://www.fresnoregfoundation.org/communitiesweserve/tulare-county.html#:~:text=Tulare%20County%2C%20located%20in%20central, valley%20floor%20to%20the%20west.>

¹⁰ National Centers for Environmental Information, Climate at a Glance County Time Series | <https://www.ncei.noaa.gov/access/monitoring/climate-at-a-glance/county/time-series/CA-107/>

¹¹ California State Board of Equalization, Chronological List of Governor-Proclaimed Disasters for Property Tax Purposes (since October 20, 1991) | <https://www.boe.ca.gov/proptaxes/disaster-list.htm>

¹² Northeastern Global News, the largest body of water west of the Mississippi disappeared 130 years ago — now

the largest wildfire in county history. The blaze lasted from August 2020 until January 2021.¹³

2.2 Demographic Characteristics, Resources, and Constraints

This section describes the demographic characteristics of Kings County and Tulare County. In doing so, it also details the unique resources and constraints in Kings County and Tulare County.

2.2.1 Population Trends and Projections

According to the California Department of Aging, California’s older adult population aged 60 years and over is projected to increase by 166% from 2010 to 2060.¹⁴ Additionally, another estimate suggests that by 2030, there will be 10.8 million adults aged 60 and older in California—constituting approximately one-quarter of the state’s population.¹⁵

Table 2.1.1 displays estimates of the older adult population aged 60 and up for Kings County and Tulare County, alongside estimates for the United States and California to provide context. Combined, Kings and Tulare County are home to over 100,000 older adults.

Table 2.1.1. Total Population of Adults Aged 60 and Older¹⁶

Geographical Region	Total Population
United States	75,779,824
California	8,171,741
Kings County	22,256
Tulare County	78,106
Kings and Tulare Counties	100,362

Figure 2.1.1 illustrates the percentage of the population aged 60 and older. The data indicate that the current proportion of older adults in Kings and Tulare counties is approximately 30% lower than that of the United States. However, projections suggest significant increases in the older adult population from 2010-2060, with Kings County expected to see a rise of 100% - 150% and Tulare County anticipated to experience an increase of 150% - 200%.¹⁷

it’s back | <https://news.northeastern.edu/2024/02/05/tulare-lake-reappearance/>

¹³The Sun-Gazette, SQF Fire finally fizzles out | <https://thesungazette.com/article/news/2021/01/13/sqf-fire-finally-fizzles-out/>

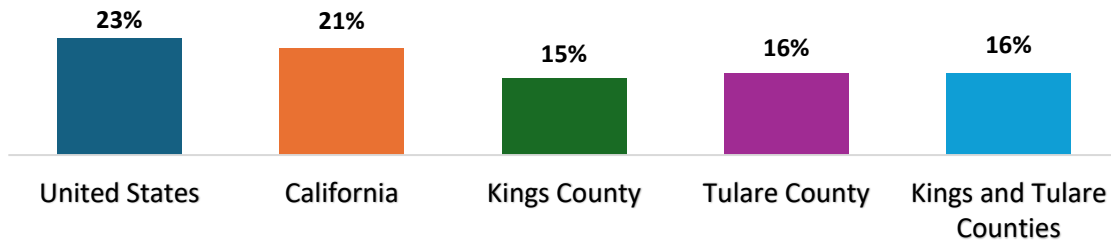
¹⁴ California Department of Aging. Facts About California’s Elderly | https://aging.ca.gov/Data_and_Reports/Facts_About_California's_Elderly/

¹⁵ California Department of Aging. Facts About California’s Elderly | https://aging.ca.gov/Data_and_Reports/Facts_About_California's_Elderly/

¹⁶ 2022 American Community Survey, 5-Year Estimates

¹⁷ California Department of Aging. Facts About California’s Elderly | https://aging.ca.gov/Data_and_Reports/Facts_About_California's_Elderly/

Figure 2.1.1. Percentage Population of Adults Aged 60 and Older¹⁸

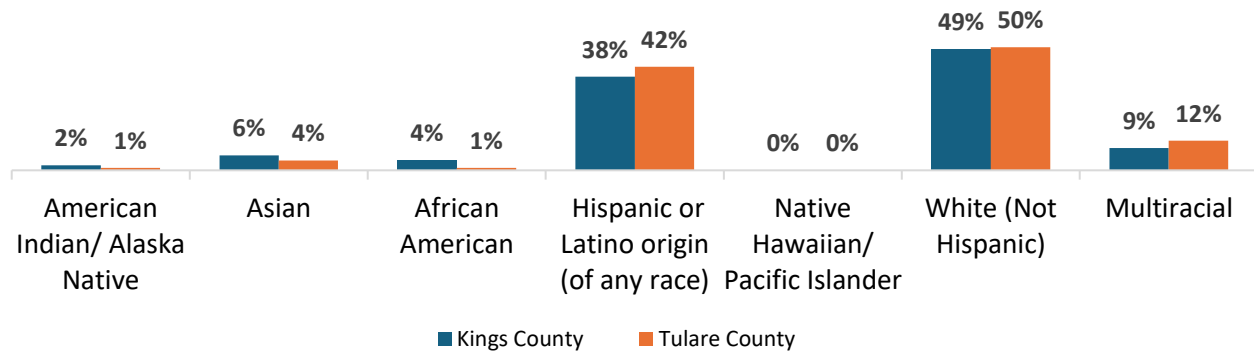


2.2.2 Race and Ethnicity

As depicted in **Figure 2.2.2**, approximately half or nearly half of the older adults in Kings County (49%) and Tulare County (50%) identify as non-Hispanic/Latino White. Additionally, roughly 4 in 10 older adults in Kings County (38%) and Tulare County (42%) are Hispanic/Latino. There is also a substantial multiracial population in both counties, comprising 9% in Kings County and 12% in Tulare County. Smaller demographic groups include African Americans (4% in Kings County and 1% in Tulare County), Asians (6% in Kings County and 4% in Tulare County), and American Indians or Alaska Natives (2% in Kings County and 1% in Tulare County). Understanding the racial and ethnic composition of older adult populations in Kings and Tulare Counties is crucial for developing culturally responsive services and programs that meet the diverse needs of these communities.

Figure 2.2.2. Racial and Ethnic Background of Older Adults (60+) in Kings and Tulare Counties*

¹⁹



*Percentages may not sum to 100% because the “Hispanic or Latino origin (of any race)” category can include other races.

2.2.3 Gender

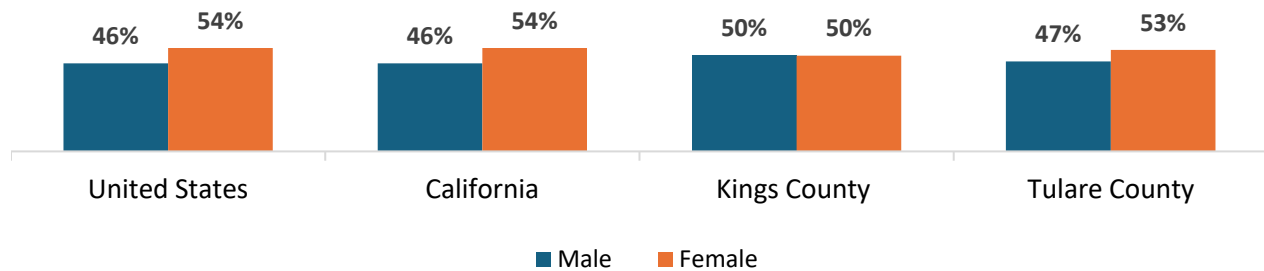
Figure 2.2.3 illustrates a slight variation in the gender composition of older adults between Kings County and Tulare County. Estimates suggest that the gender distribution is nearly equal in Kings County, with males accounting for 50% and females for 50%. In contrast, Tulare County exhibits a slightly higher

¹⁸ 2022 American Community Survey, 5-Year Estimates

¹⁹ 2022 American Community Survey, 5-Year Estimates

proportion of females, with 53% compared to 47% males. This distribution aligns more closely with the estimates for the United States (46% males and 54% females) and California (46% males and 54% females).

Figure 2.2.3. Gender Distribution of Adults (60+) in Kings and Tulare Counties²⁰



2.2.4 Single-Person Households

Around 3,945 older adults reside alone in Kings County, while approximately 13,960 older adults in Tulare County are in the same situation. Combined, these figures amount to an estimated 17,905 single-person households in PSA 15. This indicates that roughly 16% of older adults in PSA 15 live alone.²¹ Understanding the prevalence of single-person households among older adults in Kings and Tulare Counties underscores the importance of community support networks and aging-in-place initiatives to address potential social isolation and promote well-being among this demographic.

2.2.5 Poverty Levels

In Kings County and Tulare County, an estimated 13% of older adults aged 60 and up live below the federal poverty line. This rate surpasses both California’s (11%) and the United States’ (10%) averages. **Figure 2.2.4** visually presents these disparities.

Figure 2.2.5 illustrates the percentage of adults aged 60 and above in Kings and Tulare counties receiving Social Security Income, with data indicating 74% for the United States, 69% for California, 73% for Kings County, and 72% for Tulare County. Additionally, **Figure 2.2.6** presents the distribution of adults aged 60 and above in Kings and Tulare counties receiving retirement income. The data reveals 50% for the United States, 45% for California, 46% for Kings County, and 45% for Tulare County, showing broad consistency with state and national trends.

Over half (57%) of the survey respondents of the 2023 Kings and Tulare Counties Local Master Plan for Aging reported actively reducing grocery purchases or opting for cheaper alternatives (e.g., powdered instead of fresh milk) due to financial constraints.²² Affordable housing poses another challenge for low-income individuals and families in Kings and Tulare counties. Survey respondents report difficulties with

²⁰ 2022 American Community Survey, 5-Year Estimates

²¹ 2023 CDA Population Demographic Projections by County and PSA for Intrastate Funding Formula

²² Kings/Tulare Area Agency on Aging. 2023 Local Master Plan for Aging

paying their rent or mortgage, with 23% experiencing what is defined as “severe housing problems.”²³ This indicates elevated poverty rates among older adults and underscores the need for targeted economic assistance and social support programs tailored to this vulnerable group.

Figure 2.2.4. Poverty Rate Among Adults (60+) in Kings and Tulare Counties²⁴



Figure 2.2.5. Percentage of Adults (60+) in Kings and Tulare County Receiving Social Security Income²⁵

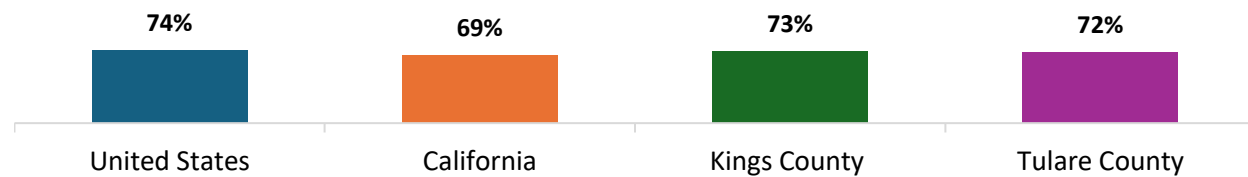
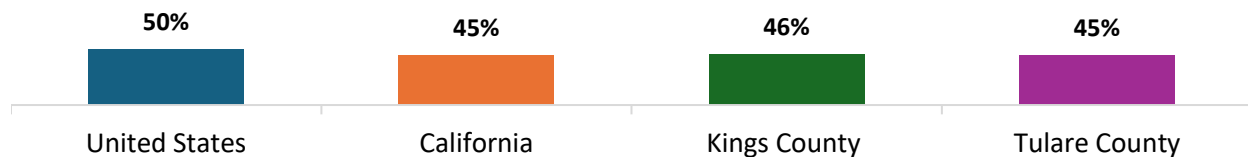


Figure 2.2.6. Percentage of Adults (60+) in Kings and Tulare County Receiving Retirement Income²⁶



2.2.6 Unemployment

As of January 2023, the unemployment rate in Kings County stood at 9% while Tulare County reported a rate of 10%, compared to a statewide estimate of 5%.²⁷ However, estimates indicate substantially lower unemployment rates for older adults aged 60 and older. Research suggests that older adults may encounter additional challenges in securing employment due to age discrimination in the workplace.²⁸ **Table 2.2.2** presents data showing that within this demographic group, the unemployment rate ranges between 1% and 2% in both Kings County and Tulare County, reflecting trends observed at the national

²³ Kings/Tulare Area Agency on Aging. 2023 Local Master Plan for Aging

²⁴ 2022 American Community Survey, 5-Year Estimates

²⁵ 2022 American Community Survey, 5-Year Estimates

²⁶ 2022 American Community Survey, 5-Year Estimates

²⁷ January 2023, California Employment Development Department, Labor Market Information Division

²⁸ Kings/Tulare Area Agency on Aging. Community Assessment Survey for Older Adults. October 2023.

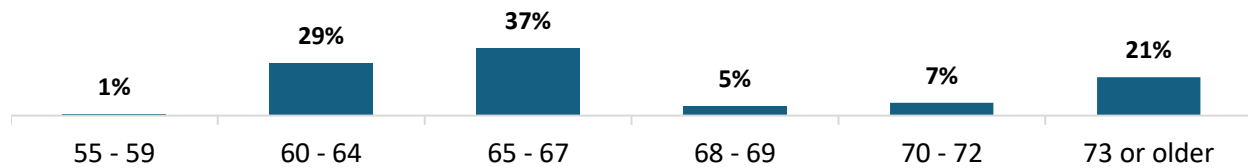
and statewide levels in the United States and California.

Table 2.2.2. Unemployment Rates for Older Adults 60+²⁹

Geographic Region	Unemployed
United States	1%
California	2%
Kings County	1%
Tulare County	1%

Figure 2.2.7, sourced from the 2023 Community Assessment Survey for Older Adults (CASOA), provides insights into the expected age of retirement among individuals who anticipate no further work for pay. The data reveals a gradual increase in retirement likelihood with age. Specifically, between the ages of 55 and 59, only 1% of respondents expect to retire, whereas this percentage rises to 29% for those aged 60 to 64. As individuals reach ages 65 to 67, retirement becomes even more prevalent, with 37% of respondents indicating their intent to retire. The trend continues, albeit at a slower pace, with 5% retiring between ages 68 and 69, 7% between ages 70 and 72, and 21% aged 73 or older.

Figure 2.2.7. Expected Age of Retirement with No Work for Pay³⁰



2.2.7 Rural Areas

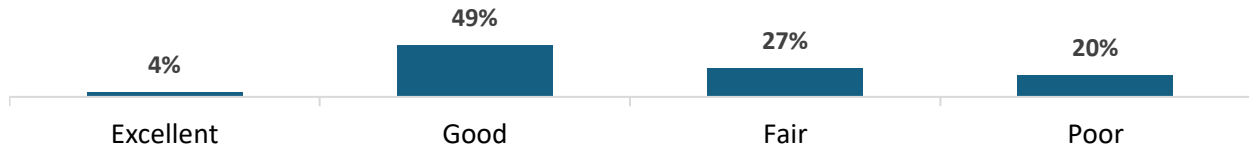
An estimated 438,984 adults aged 60 and up in California reside in geographically isolated areas. Among them, approximately 1% (2,645) reside in Kings County and 3% (12,008) reside in Tulare County. Collectively, PSA 15 is home to an estimated 14,653 older adults living in geographically isolated areas.³¹ **Figure 2.2.8** shows that about 53% of the CASOA survey respondents rated the overall quality of the transportation system (auto, bicycle, foot, bus) in their community as excellent or good. However, many older adults in rural areas expressed the need for better transportation options to larger towns to access grocery stores, attend doctor’s appointments, and meet other social and living needs.³⁰ The concentration of older adults in these regions indicates potential challenges in accessing essential services, social support networks, and healthcare resources.

²⁹ 2022 American Community Survey, 5-Year Estimates

³⁰ 2023 CDA Population Demographic Projections by County and PSA for Intrastate Funding Formula

³¹ 2023 CDA Population Demographic Projections by County and PSA for Intrastate Funding Formula

Figure 2.2.8. Overall Quality of the Transportation System (Auto, Bicycle, Foot, Bus) in the Community³²



2.2.8 Grandparents Caring for Grandchildren

Table 2.2.3 illustrates the percentage of adults aged 60 and up who are responsible for their grandchildren under 18 years of age. The rate of older adults assuming responsibility for their minor grandchildren in Kings County (2.4%) and Tulare County (2.8%) is approximately double the rate at the national level (1.4%) and state level (1.4%). This highlights the potentially greater caregiving burden and challenges faced by older adults in the region.

Table 2.2.3. Older Adults 60+ who are Responsible for Grandchildren Under 18³³

Geographical Region	Percentage Responsible
United States	1%
California	1%
Kings County	2%
Tulare County	3%

2.2.9 Limited-English-Speaking Population

Figure 2.2.9 presents the number of older adults aged 60 and older who speak English less than “very well.” In the United States, 9% of older adults fall into this category. However, rates in California are significantly higher. In California, this rate stands at 23%, with Kings County at 25% and Tulare County at 27%. These higher rates emphasize the importance of language access services and culturally sensitive communication strategies to ensure equitable access to vital resources and services for older adults in these communities.

³² Kings/Tulare Area Agency on Aging. 2023 Local Master Plan for Aging

³³ 2022 American Community Survey, 5-Year Estimates

Figure 2.2.9. Older Adults Aged 60+ Who Speak English Less than “Very Well”³⁴



2.2.10 Older Adults Living with Disabilities

Understanding the prevalence of disabilities among older adults in the area is crucial for informing policies and programs aimed at promoting accessibility, inclusion, and quality of life for older adults. **Figure 2.2.10** displays the estimated number and percentages of non-institutionalized citizens aged 60 years or older living with one or more disabilities. It is important to note that these estimates from the Census specifically exclude individuals residing in institutions such as nursing homes, prisons, mental hospitals, and juvenile correctional facilities.³⁵ While utilizing estimates encompassing the institutionalized population would be ideal, the data presented here represent the most comprehensive available information. As shown in **Figure 2.2.10**, Kings County (35%) and Tulare County (33%) have slightly higher rates of older adults living with at least one type of disability than the national level (30%) and state level (29%).

Figure 2.2.10. Non-institutionalized Older Adults Aged 60+ Civilians Living with any Disability³⁶



2.2.11 Lesbian, Gay, and Bisexual (LGB) Population

Gaining insights into the demographics of Lesbian, Gaby, and Bisexual (LGB) older adults in Kings and Tulare Counties is vital for crafting policies and services that embrace diversity, cater to their distinct requirements, and foster their sense of belonging and overall welfare within the community. As indicated in **Table 2.2.11**, a measure of the LGB population among older adults in Kings County and Tulare Counties

³⁴ 2022 American Community Survey, 5-Year Estimates

³⁵ United States Census Bureau. “National Terms and Definitions” | <https://www.census.gov/programs-surveys/popest/about/glossary/national.html#:~:text=Civilian%20Noninstitutionalized%20Population,hospitals%2C%20and%20juvenile%20correctional%20facilities>

³⁶ 2022 American Community Survey, 5-Year Estimates

estimates the population to be approximately 5% of older adults in Kings and Tulare Counties. An additional 1% of individuals surveyed identified in another way. This estimate comes from the 2023 Community Assessment Survey for Older Adults (CASOA).

Table 2.2.11. Sexual Orientation of Older Adults in Kings County and Tulare County³⁷

Sexual Orientation (N=184)	Percent
Heterosexual	94%
Lesbian	5%
Gay	0%
Bisexual	0%
Identify in another way	1%

The only other available estimate of the older adult LGB population in Kings and Tulare Counties since 2020 comes from the California Health Interview Survey (CHIS) data.³⁸ However, these estimates are “statistically unstable,” according to the institute that administered the survey, which recommends against using these estimates.³⁹ To gain more perspective, **Table 2.2.12** shows that approximately 3% of the population of older adults in California aged 65 and up in 2022 identified as Lesbian, Gay, or Bisexual.

Table 2.2.12. Sexual Orientation of Older Adults in California in 2022⁴⁰

Sexual Orientation	Older Adults (65+)		
	%	95% CI	Population
Straight or heterosexual	96%	95.4 - 96.9	6,268,000
Gay, lesbian, or homosexual	2%	1.4 - 2.5	129,000
Bisexual	1%	0.8 - 1.3	67,000
Not sexual/celebrate/none/other	1%	0.4 - 1.3	56,000
Total	100.0%	-	6,520,000

2.2.12 Elder Abuse

In the Federal Fiscal Year of 2021-2022, Adult Protective Services (APS) in Kings and Tulare Counties opened 1,223 new cases of elder abuse.⁴¹ APS splits reports of abuse into two different categories: abuse

³⁷ Kings/Tulare Area Agency on Aging. Community Assessment Survey for Older Adults. October 2023.

³⁸ Pooled 2020-2022 California Health Interview Survey

³⁹ <https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis/access-chis-data/chis-frequently-asked-questions-faqs>

⁴⁰ 2022 California Health Interview Survey

⁴¹ California Department of Social Services, SOC 242 – Adult Protective Services and County Block Grant Monthly

perpetrated by others and self-neglect (when individuals fail to meet their own needs).⁴²

In Fiscal Year 2021-22, in Kings and Tulare Counties, APS found that there were 346 confirmed cases of elder abuse in the form of self-neglect. Of these cases, 13% were self-neglect of physical care and 56% were self-neglect of residence. These cases are represented in **Figure 2.2.11**.

Figure 2.2.11. Confirmed Cases of Self-Neglect Elder Abuse in Kings and Tulare Counties (FY 2021-2022)⁴³ *



**Percentages do not sum to 100% due to missing APS data*

In FY 2021-22, in Kings and Tulare Counties, APS found that there were 349 confirmed cases of elder abuse by others. Of these cases, 16% were confirmed cases of mental or psychological suffering and 68% were confirmed cases of financial abuse. These cases are represented in **Figure 2.2.12**.

Figure 2.2.12. Confirmed Cases of Elder Abuse by Others in Kings and Tulare Counties (FY 2021-2022)⁴⁴ *



**Percentages do not sum to 100% due to missing APS data*

Statistical report | <https://www.cdss.ca.gov/inforesources/research-and-data/disability-adult-programs-data-tables/soc-242>

⁴² California Department of Social Services, Adult Protective Services (APS) | <https://www.cdss.ca.gov/inforesources/adult-protective-services>

⁴³ California Department of Social Services, SOC 242 – Adult Protective Services and County Block Grant Monthly Statistical report | <https://www.cdss.ca.gov/inforesources/research-and-data/disability-adult-programs-data-tables/soc-242>

⁴⁴ California Department of Social Services, SOC 242 – Adult Protective Services and County Block Grant Monthly Statistical report | <https://www.cdss.ca.gov/inforesources/research-and-data/disability-adult-programs-data-tables/soc-242>

2.2.13 Housing

The average home value in Kings County is \$338,684,⁴⁵ with a median rent cost in Hanford of \$1,875.⁴⁶ In Tulare County, the average home value of \$335,202,⁴⁷ accompanied by a median rent cost of \$1,800 in Tulare.⁴⁸

Residential care facilities for older adults span from large retirement communities to small group homes. Prices for these facilities vary based on the geographic location and the level of care.⁴⁹ The closest estimates for Kings County and Tulare County are estimates for the Visalia Area. The estimated median monthly cost for an Assisted Living Facility in this area is \$5,089. For a Nursing Home Facility in this area, the estimated median monthly cost for a Semi-Private Room is \$9,596, and for a Private Room is \$7,483.⁵⁰

2.2.14 Cost of Living

The Elder Economic Security Standard Index (Elder Index)⁵¹ is an alternative to the Federal Poverty Level that offers a broader measure of the expenses that older adults face. Unlike the Federal Poverty Level guidelines, the Elder Index accounts for the varying costs of food, housing, transportation, healthcare, and miscellaneous expenses (e.g., clothing, household, and personal hygiene items) specific to every county. In **Figure 2.2.13**, the estimated yearly cost of living for individuals in Kings and Tulare Counties was calculated based on health and homeownership status for the most vulnerable subset of the population that the index would calculate: a single renter in poor health. In Kings County, the cost of living for this individual is approximately 101% of the national average, while in Tulare County, the cost of living for this individual would be an estimated 91% of the national average.⁵²

Figure 2.2.13. Elder Index Estimate of Monthly Expense Breakdown in Kings and Tulare Counties for a Single Renter in Poor Health in 2023⁵³

⁴⁵ Zillow | <https://www.zillow.com/home-values/580/kings-county-ca/>

⁴⁶ Zillow | <https://www.zillow.com/rental-manager/market-trends/hanford-ca/>

⁴⁷ Zillow | <https://www.zillow.com/home-values/1442/tulare-county-ca/>

⁴⁸ Zillow | <https://www.zillow.com/rental-manager/market-trends/tulare-ca/>

⁴⁹ Genworth, Cost of Care Survey | <https://www.genworth.com/aging-and-you/finances/cost-of-care.html/>

⁵⁰ Genworth, Cost of Care Survey | <https://www.genworth.com/aging-and-you/finances/cost-of-care.html/>

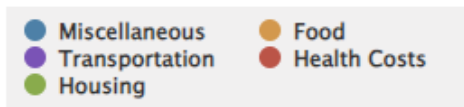
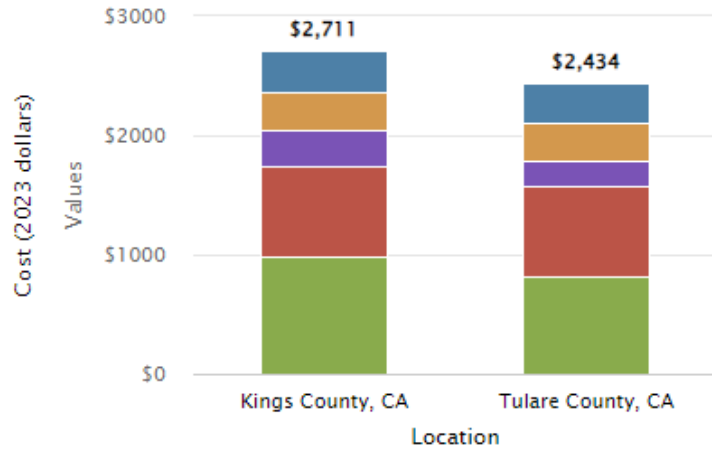
⁵¹ Elder Index | <https://elderindex.org/>

⁵² Elder Index. Kings and Tulare Counties, Single Renter in Poor Health |

https://elderindex.org/explore?state_county%5B%5D=5974&state_county%5B%5D=6012&views_fields_combined_on_off_form=0&fields_on_off_hidden_submitted=1&housing_status%5Bfield_housing_renter%5D=field_housing_renter&housing_status%5Bfield_housing_owner_free%5D=field_housing_owner_free&housing_status%5Bfield_housing_owner_mortgage%5D=field_housing_owner_mortgage&health_status=field_health_poor

⁵³ Elder Index. Kings and Tulare Counties, Single Renter in Poor Health |

https://elderindex.org/explore?state_county%5B%5D=5974&state_county%5B%5D=6012&views_fields_combined_on_off_form=0&fields_on_off_hidden_submitted=1&housing_status%5Bfield_housing_renter%5D=field_housing_renter&housing_status%5Bfield_housing_owner_free%5D=field_housing_owner_free&housing_status%5Bfield

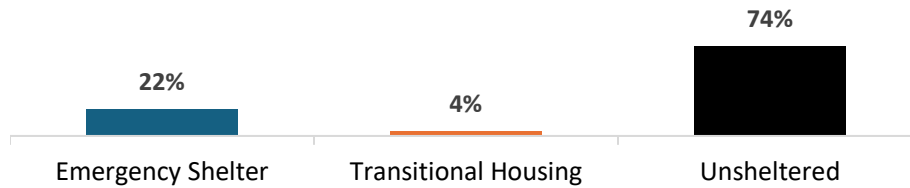


© UMass Boston and © Elder Index, 2023

2.2.15 Homelessness

For the Visalia/Kings and Tulare Counties Continuum of Care, there were an estimated 353 unhoused individuals in 2023 who were 55 years of age or older. **Figure 2.2.14** displays that of this total number of unhoused individuals who were 55 years of age or older, 22% had emergency shelter, 4% had transitional housing, and 74% were unsheltered.

Figure 2.2.14. Estimates of Unhoused Individuals in Visalia/Kings and Tulare Counties Continuum of Care in 2023⁵⁴



2.3 The Service System within the Planning and Service Area

The Kings/Tulare Area Agency on Aging (K/T AAA) is housed within the Aging Services division of Tulare County Health & Human Services Agency. K/T AAA provides a wide range of services, including information and access, advocacy, coordination, assessment, and authorization of direct services.

Older adults and adults with disabilities seeking assistance may be directed to our service through any of the following entry points:

Provider Survey

The United Way of Tulare County’s program *211 Tulare County* connects our communities with resources, services, and opportunities through the non-emergency “2-1-1” phone number. They also have a website and mobile app that the public can utilize to access information and services.

Information and Assistance (I & A)

K/T AAA contracts with providers in Kings and Tulare Counties to deliver Information and Assistance Services (I & A). I & A workers act as the gatekeepers for most of the K/T AAA services and are equipped with information on resources, both governmental and non-profit, that are available in each county. They are stationed at offices in each county but visit every senior center at least once a month. Staff conduct an initial assessment for each client and try to help the client resolve any problems. As appropriate, they may refer the client to a K/T AAA program or a non-profit or county program. Staff also assist older adults in completing forms, advocate for older adults in problem resolution, and perform outreach to rural areas of the counties. They frequently present to various groups about the services available through the K/T AAA.

⁵⁴ US Department of Housing, HUD 2023 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations |

https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_CA-513-2023_CA_2023.pdf

Outreach

Contracted Information and Assistance staff speak with individual older adults in their homes, at a senior center, or at remote locations to provide information and assistance or help with a specific need. Additionally, the client advocates for Aging services and connects older adults with resources by visiting senior centers, making house calls to homebound seniors, and visiting senior facilities, including Skilled Nursing Facilities (SNFs).

Health and Human Services/Adult Services Referrals

The Director of the K/T AAA also serves as the Division Manager for Adult Services within the Tulare County Health & Human Services Agency, overseeing Aging and Adult services such as K/T AAA, Veterans Services, In-Home Supportive Services (IHSS), and Adult Protective Services (APS). This facilitates integration and coordination with other adult programs and services in both Tulare and Kings Counties.

Senior Nutrition Programs

Contracted service providers in both Kings and Tulare Counties provide senior nutrition programs through senior centers throughout the counties and also provide home-delivered meals to homebound seniors. Participants in these nutrition programs are assessed and provided with resources to connect to other services offered by K/T AAA.

Contracted Service Providers

The following services are offered through Contracted service providers and operate and may be accessed by individuals in Kings or Tulare County:

- Congregate Nutrition Program
- Home -Delivered Meals
- Transportation: Senior centers provide tokens and passes to older adults for discounted rides on buses operating in rural areas of Tulare County. In Kings County, a discount pass is available to older adults and can be obtained at the Kings County Commission on Aging.
- Legal Assistance: subcontracted out through Central California Legal Services
- Family Caregiver Support Program
- Information and Assistance (I & A)
- Elder Abuse Prevention
- Telephone Reassurance
- Community Education
- Senior Community Service Employment Program (SCSEP)
- Disease Prevention/Health Promotion
- Long-Term Care Ombudsman

Direct Services

Through county staff and resources, the K/T AAA is able to provide the following direct services:

- Health Insurance Counseling and Advocacy Program (HICAP)
- Multipurpose Senior Services Program (MSSP)

- **Mental Health Services:** Mental Health services are provided in collaboration with the Tulare County Mental Health Department

Indirect Services

Outside of the programs offered through K/T AAA, there are important programs offering services to our community of older adults and adults with disabilities. Some of these include:

- **Behavioral Health Services:** Offers senior counseling services to those aged 50 years and older. Services include individual therapy for those suffering from mild to moderate impairments in functioning. They assist individuals with Medicare, Medi-Cal, as well as the uninsured.
- **Public Health:** Protects and promotes the health status of Tulare County residents through the development and implementation of public health and primary care programs that use best-practice interventions.
- **Adult Protective Services (APS):** Assists elderly adults (60 years and older) and dependent adults (18-59 who are disabled) who are unable to meet their own needs or are victims of abuse, neglect, or exploitation.
- **In-Home Supportive Services:** Assists Elder adults (65 years or older), or individuals who are blind or disabled with-home as an alternative to out-of-home care and enables recipients to remain safely in their own homes.
- **Community Services Employment Training (CSET):** One of K/T AAA contracted providers, CSET also provides services outside the scope of K/T AAA to serve the community, including older adults, such as: Housing solution assistance, utility assistance, and Free income tax preparation.
- **Deaf & Hard of Hearing Service Center—South Valley Outreach:** Offers advocacy services to ensure equal access across the community, as well as communication services, including interpretation, independent living skills instruction, counseling services, job development and placement assistance, and community education.
- **Valley Center for the Blind (VCB):** Provides education, training, assistive technology, and supportive services, including independent living skills and work readiness, as well as assists with digital accessibility.
- **Food Link:** Operates numerous food pantries throughout Tulare County and has programs that provide fresh fruits and vegetables in communities with low access to affordable produce. There are various food pantries throughout Kings County, including the Salvation Army, which provides food boxes to those in need and offers delivery to older adults.
- **CARE Reassurance Program:** Designed to contact older adults and adults with disabilities in Kings County who are living alone and who may not have local support. It is a free service offered by the Kings County Sheriff's Office. Participants choose what time of day to be called. All they need to do is answer the phone and listen to a pre-recorded message. By answering the computer knows they are alright. Participants who don't answer will get a wellness check after several unsuccessful attempts.
- **Resources for Independence Central Valley (RICV):** Provides resources and programs to promote independence to adults with disabilities in the Central Valley.

2.3.1 Challenges to System Delivery

The challenges listed below reflect feedback from community partners and K/T AAA providers and insights from staff directly working with the older adult population, illustrating the Agency's methodology of fostering ongoing communication and collaboration to highlight shared community service challenges.

- Staffing Shortages
- Limited Volunteerism
- Largely Rural Area with Few Transportations Options
- Language Barriers and Diverse Cultures

Limited Financial Resources

Several factors contribute to the limited availability of funding for K/T AAA programs and services.

- **Limited funding:** The current Federal and State fiscal crisis, resulting in drastic reductions to social service programs, especially to those that serve vulnerable older adults such as recipients of In-Home Supportive Services (IHSS), continues to present a tremendous challenge to the K/T AAA. Other programs that have also suffered from decreased funding include the Congregate and Home-Delivered Meals and Multipurpose Senior Services Programs (MSSP). Conversely, operating costs continue to increase each year.
- **Competing metropolitan areas:** There are large metropolitan areas in the counties bordering PSA 15, especially Fresno/Clovis in Fresno County and Bakersfield in Kern County. These areas tend to attract new businesses and experience more growth than adjacent counties with smaller cities, such as Tulare and Kings. The resultant lack of significant growth in PSA 15 presents a challenge in terms of raising funds to support senior services.
- **High poverty levels:** The high poverty rate in the PSA adversely impacts donations from older adults and charitable donations from other community resources. As noted previously, 13% of residents in Tulare County and 12% in Kings County live below the federal poverty level. The suggested meal donation established by the K/T AAA Governing Board is \$2.50 per meal, however, donations have averaged \$0.66 and \$0.52 per congregate and home-delivered meal, respectively. It is likely that participants in the congregate and home-delivered meal programs derive largely from the population living at or below the poverty level. Therefore, it is unlikely that donations from this group will ever be a significant source of program revenue for the K/T AAA.
- **High unemployment rate:** The PSA's consistently high unemployment rate, a contributing factor to high poverty levels, also adversely impacts charitable donations from the community. With a limited number of potential donors and many in need, aging programs must compete with many other programs and services for available funding.
- **K/T AAA status:** The K/T AAA is a joint powers agreement between the two counties and, as such, a governmental special district. This status adds to the difficulty in raising funds within the community since individuals and businesses cannot easily claim an income tax deduction for their contributions.

Limited Volunteerism

Several factors combine to form a deterrent to volunteering in PSA 15. Those in the PSA who volunteer are often quite passionate about their service. However, volunteering may be challenging for many

older adults whose lower income levels necessitate working at least part-time. For others, barriers to volunteering include extreme weather conditions (heat, fog, air pollution) and the additional costs involved in traveling the sometimes-long distances to and from service locations. Compounding these difficulties are what potential volunteers consider to be stifling state regulations, particularly regarding becoming ombudsman volunteers.

Rural Areas with Limited Transportation Resources

- A lack of convenient and affordable transportation presents a significant barrier to older adults accessing services and participating in community events. This is particularly true for older adults with disabilities and those with lower income levels, who are more dependent on public transportation. According to the 2020 needs assessment, transportation continues to be challenging for many older adults.
- Due to its rural nature and the distances between towns in PSA 15, bringing many older adults together is difficult. For example, the two annual senior picnics held in the largest city in each county only bring in about 2,000 older adults each year. This is less than 3% of the estimated older adults who reside within the two counties.
- Additionally, a significant number of older adults can no longer (or never learned how to) drive. The PSA's lack of transportation options from the outlying areas creates a significant constraint to older adults' ability and inclination to access needed services.

Language Barriers and Cultural Diversity Issues

- Providing outreach and assistance that is culturally appropriate is key to overcoming disparities in access to health and social services. The presence of diverse cultural customs, preferences, and expectations in the PSA presents a challenge to providing services. Minority populations with limited English-speaking skills (in particular low-income minorities) tend to underutilize services.⁵⁵ Some minority communities are generally reluctant to trust government assistance and tend to limit their contact with outsiders. Addressing these issues adds to the complexities and costs of providing services to these older adults. Some progress has been made, but much more work needs to be done in this area.

⁵⁵ The term "minority" for the purpose of this report refers to population groups socially and politically disadvantaged due to a historical experience of prejudice and discrimination in the U.S.

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

The Kings/Tulare Area Agency on Aging (K/T AAA) is a special district created in 1980 by a Joint Powers Agreement between Kings and Tulare Counties. The K/T AAA is charged with providing leadership, vision, and advocacy for older adults within the region and is dedicated to delivering quality services and advocating for the needs of seniors and disabled adults. The K/T AAA has been tasked to especially serve groups that have historically been underserved, including low-income and minority seniors, disabled older adults, seniors at risk for institutionalization, and seniors living in rural areas. The primary funding for the K/T AAA is provided by the Older Americans Act and Older Californians Act, via the California Department of Aging. Contributions from local governments, private donations, and various senior-related grants comprise the balance of K/T AAA funding.

Governing Board

The Governing Board of the K/T AAA is composed of two members of the Board of Supervisors from Kings County and three from the Board of Supervisors of Tulare County. The Board meets four to six times per year and has the executive responsibility of setting the direction of the Agency by making decisions on policy and approving plans, contracts, and budgets, as well as hiring the Director. The Agency Director implements approved policies and procedures, provides leadership for the Agency, and oversees the on-going operations for serving seniors, according to the Area Plan.

Advisory Council

The Joint Powers Agreement outlines the Advisory Council structure and requirements. The Advisory Council advises the Board on matters relating to the planning, delivery, and monitoring of services for seniors and caregivers, and supports the work of the Governing Board through its various standing and ad hoc committees.

The Council is composed of five members appointed by each county Board of Supervisors (Kings and Tulare) and five at-large members appointed by the Governing Board, for a total of 15 members. Effort is made to ensure that members of the Council reflect the diversity of the population served by the K/T AAA.

The Advisory Council meets at a minimum quarterly, although its committees may meet more often. Advisory Council members participate in the following types of activities:

- Identifying needs of elderly persons and prioritizing those needs.
- Assisting staff in monitoring and assessment of service delivery.
- Reviewing and commenting on proposals submitted for funding.
- Advising on the development of Agency policies regarding services.
- Explaining services to the elderly and putting them in touch with available services.
- Disseminating information of interest and concern to older persons.
- Advocating for the interests of older persons.
- Reviewing and commenting on community policies, programs, and actions that affect older persons.

K/T AAA Standing Committees include:

- **Area Plan, Budget, & Contracts (ABC) Committee**
Duties of this committee may include the responsibility to review K/T AAA grant applications

and recommend recipients; to review and evaluate program objectives and achievements; to work with the K/T AAA to identify public and private resources; to assist in development of the Area Plan; to recommend priority goals and objectives; and to perform other, related duties.

- **Membership Committee**

Duties of the Membership Committee include organizing the recruitment of new members, making recommendations for membership to the Advisory Council, and conducting orientations and/or arranging for mentoring of new members. It is also responsible for monitoring attendance at Advisory Council meetings.

- **Nominating Committee**

The duties of the Nominating Committee are to determine a slate of members for election to the Advisory Council offices.

- **Executive Committee**

Members of the Executive Committee are responsible for creating agendas for Advisory Council meetings. Members include the Chair, Vice Chair, and all standing committee chairs.

Action (ad hoc) Committees

Action committees are limited in both scope and duration, formed as needed to address relevant topics or tasks. For example, an Action Committee (California Senior Legislature committee) was established for the purpose of reviewing applications for the California Senior Legislature representative election.

K/T AAA Operations

By agreement between the K/T AAA and Tulare County, the County provides administrative and personnel support for the Area Agency on Aging.

The PSA 15 delivery system is a blend of contracted and direct services. Historically, most services have been provided directly by the K/T AAA. However, with the exception of HICAP (Health Insurance Counseling and Advocacy Program) and MSSP (Multipurpose Senior Services Program), services are now contracted to service providers.

Programs

Information and Assistance (I & A)

K/T AAA contracts with providers in Kings and Tulare Counties to deliver Information and Assistance Services (I & A). I & A workers act as the gatekeepers for most of the K/T AAA services and are equipped with information on resources, both governmental and non-profit, that are available in each county. They are stationed at offices in each county but visit every senior center at least once a month. Staff conduct an initial assessment for each client and try to help the client resolve any problems. As appropriate, they may refer the client to a K/T AAA program or to a non-profit or county program. Staff also assist the seniors in completing forms, advocate for seniors in problem resolution, and perform outreach to rural areas of the counties. They make frequent presentations to various groups about the services available through the K/T AAA.

Outreach

Outreach refers to information and assistance provided on an individual basis, initiated by the staff. Contracted Information and Assistance staff speak with individual seniors, either in their homes, at a senior center, or at remote locations to provide information and assistance or help with a specific need.

Visiting

The visiting program is designed to provide reassurance and comfort to seniors. Information and Assistance staff and volunteers make home visits to seniors who are at risk of developing emotional concerns due to loneliness. Seniors who are in need of additional support are referred to the counseling program.

Telephone Reassurance

Under this program, Information and Assistance staff and volunteers make telephone calls to clients for the purpose of a safety check, to provide a point of contact to homebound seniors, and to give reassurance.

Community Education

Through community education, groups of older persons, their families, friends, community organizations, and facility staff are educated on rights, benefits, and entitlements for older persons.

Transportation Services

Tokens and passes are provided through senior centers to seniors for discounted rides on buses operating in the rural areas of Tulare County. In Kings County, a discount pass is available to seniors and can be obtained at the Kings County Commission on Aging.

Legal Services

Central California Legal Services (CCLS) is a local community-based non-profit legal firm that provides legal services to underserved individuals. CCLS has extensive experience and established strategies in reaching and serving this population. Referrals to the Legal Services program are usually made through the Information and Assistance staff. In accordance with the provisions of the Older Americans Act and the Older Californians Act, there is a screening process to determine eligibility and priority to receive legal services.

Public Information

The K/T AAA contractor provides public information activities annually at senior centers to engage the general public, potential partners, and potential clients and their families. Events are publicized through the press, websites and newsletters. The overarching intent is to increase visibility of senior centers and attract donations to support them.

Personal Affairs Assistance

The K/T AAA contractor provides assistance to seniors with writing letters, completing financial forms, including tax documents, and other written or electronic documents. The contractor will also provide free tax preparation services to senior at senior centers.

Elder Abuse Prevention

Elder Abuse Prevention services provide education to seniors, their families and caregivers, as well as the general public, on how to identify and report elder abuse. Contractors work closely with County District Attorney offices to provide services to seniors who suspect that they may be the victim of abuse.

Health Insurance Counseling and Advocacy Program (HICAP)

The Health Insurance Counseling and Advocacy Program provides counseling and assistance to eligible individuals regarding Medicare health insurance matters, including: understanding Medicare coordination of coverage, obtaining benefits, identifying unnecessary or duplicate coverage, estimating or determining out-of-pocket costs, MediGap-Supplemental Policy Comparison, MediCal-Medicare Savings Programs, Long-Term Care Insurance, Prescription Drug Coverage, and discount programs. While HICAP cannot recommend a particular insurance provider, it can assist seniors in making comparisons between various providers. In addition, HICAP may assist seniors in understanding their bills and filing appeals with intermediaries. HICAP relies strongly on volunteer counselors to assist individuals and provide informal advocacy with respect to Medicare. These volunteers are trained and coordinated by the HICAP manager, with assistance from the HICAP Counselors. HICAP also conducts educational presentations to any civic, employer, or community group, upon request.

Family Caregiver Support Program (FCSP)

The Family Caregiver Support Program provides information to caregivers about available services, assists caregivers in gaining access to the services that are currently available, preserves and expands respite care services in order to temporarily relieve caregivers from their caregiving responsibilities, and provides training to caregivers and other family members who are responsible for frail older adults. The FCSP includes some or all of the following services: outreach, education, information and assistance, assessments, case management, transportation, counseling, support groups, caregiver training, and respite care.

Nutrition Services

Congregate Meals - Food service programs are organized to help seniors meet basic nutritional needs while increasing opportunities for socialization. The heart of this endeavor is the Congregate Meals program, carried out at a total of 11 locations across the two counties. These sites offer nutritionally balanced meals designed to enrich the seniors' health. In addition to the meals, the program provides seniors the opportunity to meet and visit with others. Socialization is an important component to staying healthy and happy. At many of the nutrition sites there are also other planned activities, including gleaning, crafts, games, education, music, dancing, volunteer opportunities, and low-cost tours. The nutrition sites also provide a forum for presenting information and educating seniors on their rights and K/T AAA services.

In addition to the regular, daily meals served at the nutrition sites, special holiday meals are served, when possible and appropriate, including Thanksgiving dinners, Christmas parties, Cinco de Mayo celebrations, and others.

Home-Delivered Meals- Seniors who are unable to come to the congregate meal sites because of severe health conditions or disabilities may be eligible to have meals delivered directly to their homes. Nutrition Program staff screen all home-delivered meal recipients for additional needs as they enter the program. The goal is to support the senior's recovery, if possible, so that the senior may again participate in the Congregate Meals program and visit with others. The Nutrition Program provides frozen meals to homebound seniors on a pre-designated schedule.

Nutrition Program delivery staff are trained to observe the seniors' surroundings and demeanor when delivering their meals. Many times, the delivery staff are the first to notice changes in the seniors' well-being and are able to provide quick referrals. Any changes or concerns are reported to the Nutrition Program Coordinator for referral to other services, such as health or mental health, within either the K/T

AAA or the community.

Nutrition Education - On a quarterly basis, nutrition education is provided to congregate and homebound meal clients on a variety of topics approved by a Registered Dietitian.

Disease Prevention/Health Promotion

The goal of the Disease Prevention and Health Promotion Services Program is to provide disease prevention services and/or health promotion programs. Although illness and disability rates increase with age, research has demonstrated that health promotion and disease prevention activities can help promote healthy and independent lives for older individuals. While contractors have offered different services under this program, beginning on October 1, 2016, new guidelines requiring the highest criteria of evidence-based programs be required for Disease Prevention and Health Promotion. Current services offered meet those guidelines, but services are always being evaluated to ensure that services offered meet the highest possible selection criteria.

Senior Community Service Employment Program (SCSEP)

The K/T AAA contracts with a local nonprofit organization to provide senior employment services in Kings and Tulare Counties. The program promotes and provides useful part-time opportunities in subsidized community service employment for older workers and assists in the transition of enrollees to private or other unsubsidized job placements. The program also provides a variety of supportive services, such as personal and job-related counseling, job training, and job referral.

Multi-Purpose Senior Services Program (MSSP)

The Multi-Purpose Senior Services Program provides a multi-disciplinary team approach to providing care management for frail, elderly clients who are certifiable for placement in a nursing facility but wish to remain in their homes. MSSP staff, in collaboration with the client, develop social and physical/mental health goals to prevent or delay the premature institutional placement of these frail clients. This community service must be provided at a cost that is lower than that of nursing facility care. In order to be eligible for services, the client must be 65 years of age or older, currently eligible for Medi-Cal, certified or certifiable for placement in a nursing facility, and residing in the service area. MSSP staff make this certification determination based upon Medi-Cal criteria for placement. The services that MSSP clients may utilize include adult day care/support center, housing assistance, chore and personal care assistance, protective supervision, case management, respite, transportation, meal services, protective services, and communications services.

Long-Term Care Ombudsman

The Long-Term Care Ombudsman program advocates for seniors in long-term care facilities. A coordinator provides supervision and oversight of the program, but it is primarily a volunteer-based system. Volunteers are assigned facilities to visit regularly. With the permission of the senior or legal guardian, the ombudsman advocates by proxy for resolution of patient concerns. Law and regulation delineate the scope of ombudsman responsibility and authority. The program is currently operated via contract with the Kings County Commission on Aging, an appointment that has been certified by the State Ombudsman within the California Department of Aging.

The ombudsman program holds volunteer training no less than twice each year, using a curriculum developed by the State Ombudsman's office. Volunteers receive 36 hours of classroom instruction and 12 hours of on-site apprenticeship with an existing ombudsman volunteer before commencing regular site visits

Mental Health Services

Mental Health services are provided in collaboration with the Tulare County Mental Health Department. Mental Health counselors are available to assist seniors in facing the concerns and changes experienced as they age, including spousal death, physical and mental degeneration, economic setbacks, and so forth. Some of the programs offered include Peer Counselors, Women's Support Groups, Men's Support Groups, and In-Home Services (Friendly Visitor).

Additionally, the K/T AAA has coordinated with Tulare County's Mental Health Prevention and Early Intervention workgroup to develop intervention procedures that facilitate early recognition of symptoms of mental illness, including depression and suicidal tendencies. Via a Home-Delivered Meals Prevention and Early Intervention (HDM PEI) program, overseen by a licensed clinical social worker, the K/T AAA has implemented a mental health outreach initiative based on evidence-based depression and anxiety disorder screening tools. Initial efforts were focused on the frail and isolated homebound population and have been expanded to participants of the congregate meals program.

Ancillary Services

The K/T AAA has a well-established working relationship with the social services departments in both counties. This has enabled the K/T AAA to provide referrals to programs outside its purview, such as Veterans Services, Adult Protective Services, and In-Home Supportive Services.

The Veterans Services Office in both counties works closely with all the K/T AAA programs to make sure that veterans are offered any K/T AAA service available to them.

The Adult Protective Services (APS) program in both counties works with the staff of the K/T AAA and its contractors in identifying elderly persons who may have been abused and who need their services. In-service training has been provided to all K/T AAA staff on how to identify possible abuse and how to make a referral to APS. In addition, the K/T AAA staff refer seniors to the Public Guardian offices for oversight of the affairs of seniors who appear incapable of caring for themselves.

The In-Home Supportive Services (IHSS) program provides case management and services to seniors or disabled individuals who have been identified as in need of home care assistance and at risk for institutionalization. Information and Assistance staff work closely with IHSS staff to make referrals when they suspect a senior may need help.

The Elder and Dependent Adult Family Advocate for Tulare County Health & Human Services Agency, Aging Services, works closely with all K/T AAA programs and contractors. The Advocate responds to client inquiries, complaints and grievances regarding services, and coordinates follow up to resolve complaints. Additionally, the Advocate serves as a member of committees and interagency panels, identifies methods to improve customer service, and assists clients in receiving appropriate services.

Funding Sources

There are six funding sources for the Kings/Tulare Area Agency on Aging:

- **Federal Funds** – The K/T AAA receives funds from the federal government through the Older Americans Act. These funds are received via the California Department of Aging (CDA). Federal funds account for approximately 42% of the revenue of the K/T AAA.
- **State Funds** – State funds are received from the CDA on the basis of the Older Californians Act.

These funds are state general funds and funds from the Community-Based Services Program. State funds account for about 49% of the revenue of the K/T AAA.

- **County Funds** – The two counties help support the K/T AAA from their general fund revenues. To help cover costs of the programs, the counties contribute funds that equal more than the required administrative match. County funds make up about 3% of the total revenue.
- **Donations** – Donations are received from seniors via the congregate nutrition sites, home-delivered meals, information and assistance, and legal services programs. Donations have been relatively consistent over the past several years and make up approximately 1% of the K/T AAA's total revenue.
- **NSIP** – This funding from the US Department of Agriculture represents about 1% of the total funding for K/T AAA services.
- **Other** – The K/T AAA may occasionally receive small amounts of funding from miscellaneous county sources, such as Mental Health Services Act funding and the CalFresh program, 4% of total funding.

SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES

To guide the formulation of the 2024-2028 Area Plan, the KTAAA enlisted the support of EVALCORP Research and Consulting (EVALCORP), a seasoned consulting firm renowned for its work in needs assessment across California. Tasked with gathering insights specific to individuals aged 60 and above in Kings and Tulare counties, EVALCORP conducted a thorough needs assessment. The approach encompassed a blend of primary and secondary data sources, incorporating both qualitative and quantitative methods for a comprehensive understanding. Collaborating closely, KTAAA and EVALCORP each took the lead on designated sections of the plan, drawing on their respective expertise to ensure a well-rounded and informed outcome.

Planning Process Methodology

The initial methodology for the planning process involved gathering secondary data from various sources, including census data, statistics from public agencies, and qualitative resources. This compilation, comprising over 75 data indicators, offered a comprehensive view of the current landscape concerning older adults in Kings and Tulare counties. These indicators were tailored to factors such as population, economy, racial and ethnic composition, vulnerable older adult populations, health and wellness context, and caregiving aspects, aiming to present a status update on older adults, their needs, and impending issues.

In addition to secondary data collection and analysis, four primary data collection strategies were implemented in early 2024. These strategies aimed to gather extensive information from older adults, caregivers, service providers, and key stakeholders in Kings and Tulare counties. The methods included a Community Survey, a Provider Survey, community focus groups, and key stakeholder interviews, ensuring a multifaceted exploration of perspectives and experiences to enhance the understanding of specific needs and challenges.

EVALCORP took the lead in developing the needs assessment section (Section 5) of the Area Plan, overseeing the design, implementation, and analysis of data collection tools. Collaborating closely with KTAAA, EVALCORP ensured that all data elements remained relevant and aligned with the informational requirements of both counties. The subsequent section outlines the demographic details and descriptive information of survey respondents, focus group participants, and key stakeholder interviewees. The community survey included inquiries regarding sexual orientation and gender identity as per state guidelines. Employing a mixed-method approach, EVALCORP and KTAAA aimed to provide a comprehensive understanding of older adults' needs in Kings and Tulare counties, incorporating diverse sources and perspectives to ensure an inclusive and representative assessment process and mitigate potential challenges associated with a single assessment strategy.

Community Survey

EVALCORP conducted an extensive survey targeting older adults in both Kings County and Tulare County. The survey covered various topics such as living conditions, health and quality of life, available services and resources, caregiving needs, and demographic information. It consisted of 37 questions and was made available in English, Spanish, Portuguese, and Hmong, reflecting the predominant languages spoken in the area. Multiple distribution strategies were employed to ensure inclusivity. To ensure inclusivity, a comprehensive distribution strategy was implemented. Initially, an online survey link was shared via an email list comprising over 75 service providers and community advocates, who then

disseminated it among their served populations. Hard copies of the survey were distributed in Senior Centers across Kings and Tulare County, including 11 different senior centers and nutrition sites. Staff members visited these sites to assist with completing hard-copy surveys for those needing assistance.

Furthermore, efforts were made to reach out to specific groups and communities. Flyers with QR codes linking to the survey and printed surveys were distributed at 6 different senior living facilities in Tulare County, and collaboration with Adult Services programs such as In-Home Supportive Services, Multipurpose Senior Services Program, and Health Insurance Counseling and Advocacy Program facilitated distribution to their clients. Surveys were also made available at In-Home Supportive Services orientations for care providers new to the program.

The outreach extended beyond traditional channels, with engagement at community events such as the "Food Drive" in Badger and collaboration with the Master Plan for Aging committee and homeless task force. Additionally, efforts were made to reach rural communities, with a client advocate contacting a contact connected to a rural community in Tulare County to assist with survey distribution in areas without senior centers. This comprehensive approach aimed to maximize accessibility and inclusivity, ensuring a diverse audience was reached. As a result, 405 surveys were completed by older adults, as detailed in **Table 4.1**, providing a comprehensive overview of the survey respondents.

Table 4.1. Community Survey Respondent Demographic Characteristics

Characteristic	Population %
N Range = 212 – 389	
County of Residence	
Tulare	84%
Kings	16%
Sex Assigned at Birth	
Female	71%
Male	29%
Gender Identity	
Female	70%
Male	28%
Genderqueer/non-binary	1%
Transgender	1%
Sexual Orientation	
Heterosexual/straight	75%
Prefer not to answer	18%
Gay/lesbian/same gender loving	4%
Bisexual	2%
Unsure/questioning	0%
Race	
American Indian or Alaska Native	6%
Asian or Asian American	4%

Black or African American	2%
Middle Eastern	1%
Native Hawaiian or Pacific Islander	1%
Two or more races	11%
White or Caucasian	75%
Ethnicity	
Hispanic/Latino	67%
Non-Hispanic/Latino	33%
Age Groups	
70-74	22%
65-69	21%
75-79	19%
60-64	17%
80-84	13%
85 or older	8%
Primary Language Spoken at Home	
English	67%
Spanish	23%
Other *	9%
Armenian	1%
<i>*Other languages include Portuguese, Tagalog, Arabic, Vietnamese, and multiple languages.</i>	
Employment Status	
Fully Retired	44%
Unemployed	14%
Full-Time	13%
Part-Time	12%
Retired but working part-time	8%
Prefer not to answer	8%
Annual Household Income	
Under \$15,000	35%
\$15,000 - \$29,000	23%
Prefer not to answer	17%
\$30,000 - \$49,000	13%
\$50,000 - \$74,000	9%
\$75,000 - \$99,000	3%
Veteran Status	
No	93%
Yes	7%
Disability Status	
No	62%
Yes	35%
Prefer not to Say	3%

Provider Survey

The second survey approach utilized in the needs assessment involved reaching out to service providers in both Kings County and Tulare County. An outreach strategy was initiated through email invitations to encourage participation in an online survey comprising eleven questions. The survey aimed to evaluate the unmet needs of older adults and family caregivers in the region, pinpoint common challenges they face when accessing services and resources and gather suggestions to overcome these hurdles and improve service delivery. A total of 83 service providers completed the survey. **Table 4.2** presents a summary of descriptive data, including the duration of respondents' experience as service providers, the age groups of the older adults they serve, and their specific areas of expertise in aging services.

Table 4.2. Provider Survey Respondent Descriptive Information

Characteristic	Percent
Area or Field of Aging Service (N = 83) *	
Access to transportation	30%
Applying for government benefits	37%
Congregate meals	13%
Counseling or care management	34%
Educational classes	18%
Health services	23%
Home-delivered meals	18%
Legal services	11%
Ombudsperson services	7%
Recreational or social activities	19%
Respite Care	18%
Other	48%
Length of Service with Current Agency/Org. (N = 83)	
Less than one year	19%
1-2 years	12%
3-6 years	19%
7-10 years	16%
More than 10 years	34%
Age group of Provider Services (N = 83) *	
60-64 years old	86%
65-74 years old	98%
75-79 years old	95%
80-84 years old	92%
85 years or older	89%

**Percentage may exceed 100 as respondents were able to select more than one response option.*

Focus Groups

As part of the qualitative data collection strategy, three focus groups were conducted, involving a total of 62 participants. These sessions were crucial for gathering detailed insights from community members. EVALCORP took charge of scheduling and facilitating the focus groups in Senior Centers situated across the counties. This decision was motivated by the fact that these centers serve as vital hubs of community engagement and support for older adults, directly engaging with a diverse range of individuals who frequent these facilities. This ensured representation from various socioeconomic backgrounds, cultural identities, and levels of physical ability among participants. Additionally, senior centers provide a comfortable and familiar setting for attendees, fostering a sense of trust and openness that might not be as readily achieved in other locations. Furthermore, conducting focus groups in senior centers allowed researchers to gather insights from individuals facing barriers to participation in other settings due to mobility limitations or transportation challenges.

Demographic forms were collected from all focus group participants before the completion of each session. These forms requested information on the primary language spoken at home, regular internet access, age, gender, sex assigned at birth, sexual orientation or identity, race or ethnicity, and length of time living in the area. A total of 62 forms were completed, and the findings from these forms are detailed in **Table 4.3**.

Table 4.3. Focus Group Participant Demographics

Characteristic	Percent
Age (N = 59)	
Under 60	7%
60 – 64 years	9%
65 – 69 years	25%
70 – 74 years	22%
75 years or older	37%
Gender (N = 62)	
Female	61%
Male	39%
Transgender, male to female	0%
Transgender, female to male	0%
Genderqueer/gender non-binary	0%
Sex Assigned at Birth (N = 55)	
Female	58%
Male	42%
Decline to answer	0%
Sexual Orientation/Identity (N = 54)	
Bisexual	2%
Gay/lesbian/same gender loving	2%
Questioning/unsure	0%
Straight/heterosexual	90%
Prefer to Self-Describe	6%
Race/Ethnicity (N = 60)	
American Indian or Alaska Native	2%
Asian or Asian American	2%
African American	0%
Hispanic/Latino	72%

Native Hawaiian or Pacific Islander	0%
White/Caucasian	22%
Multi-racial	2%
Other	0%
Primary Language at Home (N = 62) *	
English	65%
Spanish	40%
American Sign Language	0%
City of Residence (N = 60)	
Kings	28%
Tulare	65%
Other	7%
Length of Time Living in the Area (N=61)	
Less than a year	2%
1 – 2 years	5%
3 – 5 years	5%
6 – 9 years	0%
10 – 14 years	8%
15 or more years	77%
I do not live in Kings and Tulare County	3%
Regular Access to Internet (N = 54)	
Yes	48%
No	52%

**Percentage may exceed 100 as respondents were able to select more than one response option.*

Key Stakeholder Interviews

During the final phase of primary data collection, nine virtual in-depth interviews were conducted with 11 key stakeholders, each representing a diverse spectrum of expertise. These interviews were designed to extract insights from experts regarding their experiences working with older adults in Kings and Tulare counties. The interviewees, recognized for their proficiency in adult services, veterans’ services, aging services, employment training, community services, LGBTQIA+ advocacy, rural communities, advocacy and client support, and independent living and disability services, engaged in discussions lasting approximately 45 minutes. Throughout these interviews, each participant shared their perspectives on the specific needs within their area of expertise, as well as the overarching requirements of older adults and caregivers in both counties. Additionally, interviewees offered valuable insights into existing resources and the barriers encountered by older adults when accessing services in Kings and Tulare counties.

Establishment of Priorities

The results of the needs assessment are delineated in Section 5 of the Area Plan. The KTAAA staff meticulously reviews and analyzes these findings to determine primary target populations (Section 5.2) and ascertain the most urgent needs. Subsequently, priorities are strategically established by aligning them with these target populations and the identified needs.

SECTION 5. NEEDS ASSESSMENT & TARGETING

This section provides a synthesis of the findings derived from both primary data collection efforts and secondary sources outlined in Section 4. It aims to furnish a comprehensive understanding of the requirements of older adults and their caregivers in Kings and Tulare Counties, acknowledge obstacles hindering access to services, and pinpoint target demographics based on these evaluations. The findings are organized into two primary segments, each with respective subsections:

5.1. Identification of Needs

5.1.1. Needs of Local Older Adults

5.1.2. Needs of Older Adult Caregivers

5.2. Target Populations

5.2.1. Low-Income Older Adults

5.2.2 Older Adults with Limited English Capabilities

5.2.3. Vulnerable Older Adults

Various data collection techniques, such as the Community Survey for Older Adults, Service Provider Survey, Focus Groups, and Key Stakeholder Interviews, were employed to collect diverse viewpoints supporting the 2024-2028 Area Plan. Through these endeavors, insights were shared by older adults, caregivers, service providers, and eldercare specialists regarding the predominant challenges, service requirements, gaps, and barriers to accessing services in Kings and Tulare Counties. Focus Groups and Key Stakeholder Interviews yielded valuable insights into specific subsets of older adults, often marginalized within the broader community, who are deemed particularly susceptible to inadequate services and resources. Numerous older adults and caregivers residing in the area participated in the Community Survey, with additional involvement in Focus Groups, while professional service providers partook in a survey designed to capture insights from a wide array of individuals knowledgeable about the present and evolving needs of older adults and their caregivers in the area.

Data from 11 secondary sources are incorporated to deepen the comprehension of the requirements and perceptions of services for older adults in Kings and Tulare Counties. This data also aids in identifying target demographics, reinforcing and complementing the findings of the primary data collection endeavors. These sources encompass the American Community Survey; Federal Reserve Bank of Minneapolis; Kings/Tulare Area Agency on Aging Community Assessment Survey for Older Adults; US Census; National Library of Medicine; Gallup; California Health Interview Survey; National Institute on Aging; California Department of Aging; Office of AIDS; and the California Department of Public Health.

5.1. Identification of Needs

5.1.1. Needs of Local Older Adults

This subsection introduces the findings on the needs of local older adults in Kings and Tulare Counties. The insights are structured to provide a multifaceted perspective, integrating inputs from various actors. These perspectives include representation from the voices of the community, encompassing older adults who participated in the Community Survey and those engaged in Focus Group discussions. Additionally, the section integrates responses from service providers who participated in the Provider Survey. Lastly, it features insights gathered from in-depth interviews with Key Stakeholders. This structured approach ensures a thorough understanding of the diverse needs and perspectives of local older adults in Kings and Tulare Counties.

Additionally, the section integrates responses from service providers who participated in the Provider Survey. Lastly, it features insights gathered from in-depth interviews with Key Stakeholders. This structured approach ensures a thorough understanding of the diverse needs and perspectives of local older adults in Kings and Tulare Counties.

Voices of the Community

Living Situation

Understanding the living situation of older adults is crucial for tailoring support services and interventions to meet their specific needs and challenges effectively. The Community Survey asked respondents about their living arrangements (refer to **Table 5.1.1**). Findings revealed that nearly 80% of participants have resided in Kings or Tulare Counties for 20 years or more. The data also showed that 58% of respondents live in single-family homes, with 44% owning their residences and 46% renting. Household sizes predominantly range from 1 to 4 individuals, with 41% residing with a spouse or partner, 27% with adult children, and 21% living alone. While adult children (18%) and spouses/partners (16%) are common sources of support, more than half of respondents (51%) indicated a lack of assistance with personal needs.

Table 5.1.1. Community Survey Participants’ Living Situation

Characteristic	%
Length of Residence (N = 331)	
1-4 years	5%
5-9 years	5%
10-14 years	5%
15-19 years	7%
20 years or more	78%
Type of Residence (N = 325)	
Single-family home	58%
Apartment	17%
Independent senior living community	8%
Condo/Duplex/Townhouse	7%
Mobile home	5%
Other	1%
Room rental or residential hotel	2%
Unhoused	2%
Rent/Own Status (N = 328)	
Rent	46%
Own without mortgage	24%
Own with mortgage	20%
Live with friends/family free of charge	7%
Other	3%
Who do you currently live with? (N = 196)	
Spouse or partner	41%

Adult Children	27%
Alone	21%
Other	6%
Another relative	4%
Household Size (N = 218)	
1	42%
2	35%
3	10%
4	6%
5	2%
6	2%
7	2%
8	1%
Who helps you with your personal needs? (N = 276)	
No one	51%
Adult Children	18%
Spouse or partner	16%
Other	9%
Another relative	3%
Friend or neighbor	2%

Respondents were queried about the perceived stability of their housing situation and the safety of their neighborhood (Table 5.1.2). Most respondents agreed or strongly agreed regarding the stability of their housing situation. However, 23% of participants reported concerns about potential home loss. Regarding safety, the majority (87%) said they feel secure in their community.

Table 5.1.2. Perceived Housing Stability

(N = 191 – 250)	Strongly Agree	Agree	Disagree	Strongly Disagree
My housing situation is stable.	66%	28%	3%	4%
I worry about losing my house/apartment.	13%	10%	27%	50%
I feel safe in my neighborhood/community.	51%	36%	9%	4%

On the other hand, participants in the Focus Group voiced concerns about their living situations, with housing emerging as a major issue. This concern extended beyond the mere physical necessity of finding suitable and accessible living spaces. It also encompassed the financial strain and uncertainty when trying to maintain these accommodations on fixed or limited incomes. Participants highlighted the emotional and practical challenges of navigating this landscape, underscoring the need for solutions that address housing affordability and adequacy.

Health and Quality of Life

Assessing older adults' health and quality of life needs is pivotal for pinpointing areas of concern, implementing tailored interventions, and ultimately fostering an enhanced sense of well-being and life satisfaction. The Community Survey delved into respondents' physical and emotional well-being and their level of concern regarding various factors influencing quality of life. Results revealed that half or more of respondents rated their physical health (51%), emotional well-being (54%), and social life (50%) as good (Table 5.1.3).

Table 5.1.3. Perceived Well-Being

(N = 307– 320)	Excellent	Good	Fair	Poor
Physical health	16%	51%	27%	6%
Emotional well-being	26%	54%	18%	2%
Social life	22%	50%	22%	6%

Several quality-of-life factors emerged as important concerns for a considerable portion of respondents, with at least half expressing some level of concern. These included crime (69%), physical health (63%), emergency preparedness (60%), healthcare (59%), the impact of COVID-19 (56%), medical costs (55%), utility costs (55%), and the cost of living (54%). While legal issues (34%), everyday activities (37%), and housing (40%) were deemed less concerning, it's noteworthy that over one-third of respondents still expressed some level of worry regarding these aspects. Table 5.1.4 presents a detailed breakdown of all issues outlined in the survey and the degree of concern expressed by respondents.

Access to healthcare services and the associated costs also emerged as a prominent theme during Focus Group discussions. Participants expressed concerns about both the breadth of medical services covered and the financial burden of obtaining necessary healthcare. These insights highlight a critical need to examine and address the barriers to healthcare access and affordability.

Table 5.1.4. Level of Concern with Factors Affecting Quality of Life

(N = 234 – 247)	Not at all concerned	Somewhat concerned	Very concerned
Caregiving	53%	35%	11%
Crime	30%	37%	32%
Emergency preparedness	39%	46%	14%
Everyday activities	63%	26%	11%
Financial issues	45%	36%	20%
Healthcare	40%	40%	19%
Housing	60%	28%	12%
Impact of COVID-19	44%	34%	22%
Legal issues	66%	24%	10%
Loneliness	58%	29%	12%
Medical costs	45%	34%	21%
Mental/Emotional health	59%	28%	13%
Physical health	37%	47%	16%
Transportation	51%	31%	18%
Utility costs	46%	28%	27%
Cost of living *	46%	43%	11%

*N = 56; Ability to remain in my rural community as I age, city development, groceries, school safety, and cost of food are not presented above as only 1-2 respondents rated these issues.

The survey also delved into respondents' perceptions of financial security (**Table 5.1.5**), revealing a mixed landscape. A portion expressed satisfaction with their income level and a sense of financial stability (47%), and a majority expressed confidence in managing finances and planning for the future (78%). However, more than half of respondents reported they do not feel financially prepared for health-related expenses (53%), and over half of respondents admitted lacking sufficient savings to cover unexpected costs or emergencies (54%).

Table 5.1.5. Perceived Financial Security

(N = 244 – 247)	Strongly Agree	Agree	Disagree	Strongly Disagree
I have enough savings and resources to cover unexpected expenses or emergencies	16%	30%	32%	22%
I feel confident in my ability to manage my finances and plan for my future	30%	48%	13%	9%
I am satisfied with my current income level and feel financially stable	21%	41%	24%	14%
I feel financially prepared to handle health-related expenses	17%	30%	33%	20%

In discussions with Focus Group participants, concerns about economic security emerged as an essential stress factor. These concerns were multifaceted, including worries about the escalating cost of living, the challenges of managing on a fixed income, and difficulties accessing financial assistance services. This indicates that while there is a general sense of confidence in financial management and future planning among the survey respondents, there remains a palpable concern regarding the ability to sustain financial security in the face of rising expenses and unexpected financial demands.

Services and Resources

Respondents identified various services and resources crucial for sustaining their well-being and independence (**Table 5.1.6**). The top three needs recognized were recreational or social activities (e.g., senior centers, clubs, group outings, 42%), assistance with technology or digital literacy (40%), and food and nutrition aid, encompassing meal delivery services (40%).

Table 5.1.6. Community Survey Participants' Identified Needs/Resources

Needs/Resources (N = 5 - 81) *	%
Recreation or social activities (including senior centers, clubs, and group outings)	42%
Assistance with technology or digital literacy	40%
Food and nutrition assistance (including meal delivery services)	40%
Home safety assessments and modifications for accessibility	34%
Support with household chores or maintenance tasks	30%
Transportation (including accessible transportation options)	30%
Legal assistance or advocacy (e.g., advance care planning, elder abuse prevention)	25%
Healthcare navigation or coordination	24%
Financial assistance or counseling (including long-term care planning)	23%
Counseling or support groups for various needs (e.g., grief and loss, caregiver support)	20%
In-home healthcare services (e.g., nursing care, physical therapy)	20%
Translation or interpretation services (including ASL)	20%
Mental health services (including therapy, psychiatric care, and memory support programs)	18%
Volunteer opportunities	18%
Assistance with managing medications	17%
Long-term care placement assistance (including assisted living facilities and nursing homes)	17%
Caregiver education and training programs	16%
Assistance with daily activities	15%
Respite care for caregivers	11%
Other	3%

**Respondents could select more than one response; thus, percentages do not sum to 100%.*

Participants in the Focus Groups also highlighted several critical service needs, with transportation standing out as the foremost necessity, especially for healthcare access. Another pressing issue is the challenge of ensuring adequate nutrition. Financial constraints make it difficult for some older adults to obtain enough food, a situation worsened by the cessation of food distribution programs, underscoring the urgency for reliable support mechanisms. Economic hardship also loomed large, stemming from stagnant incomes and escalating living costs, as previously mentioned.

Respondents were surveyed regarding the accessibility of various community services (**Table 5.1.7**). The data revealed that assistance with technology or digital literacy was challenging to access, with 33% of respondents expressing difficulty. Additionally, respondents reported struggles in accessing other vital services, including affordable housing options (24%), assistance with daily activities (24%), managing medications (24%), financial assistance and long-term planning (23%), and support with household chores or maintenance tasks (22%). Furthermore, the survey highlighted the underutilization of certain services, such as long-term care placement assistance (70%), respite care for caregivers (67%), and mental health services (e.g., therapy, psychiatric care, memory support programs; 64%).

Table 5.1.7. Ease of Access to Service and Resources

(N = 8 - 106)	Easy to Access	Hard to Access	Have not used in the past year
Affordable housing options	28%	24%	48%
Assistance with daily activities	28%	24%	48%
Assistance with managing medications	28%	24%	48%
Assistance with technology or digital literacy	20%	33%	47%
Caregiver education and training programs:	24%	15%	60%
Counseling or support groups for various needs (e.g., grief and loss, caregiver support)	22%	16%	62%
Financial assistance or counseling (including long-term care planning)	16%	23%	61%
Healthcare navigation or coordination	23%	20%	57%
Home safety assessments and modifications for accessibility	23%	19%	58%
Legal assistance or advocacy (e.g., advance care planning, elder abuse prevention)	17%	19%	63%
Long-term care placement assistance (including assisted living facilities and nursing homes)	18%	12%	70%
Mental health services (including therapy, psychiatric care, and memory support programs)	18%	18%	64%
Recreation or social activities (including senior centers, clubs, and group outings)	49%	20%	30%
Respite care for caregivers	17%	16%	67%
Support with household chores or maintenance tasks	29%	22%	49%
Translation or interpretation services (including ASL)	24%	14%	63%
Transportation (including accessible transportation options)	28%	19%	53%

Volunteer opportunities	33%	16%	51%
Other	26%	15%	59%

Many factors can impact accessibility to services and resources. Respondents highlighted fears of scams or exploitation (59%) and difficulty using technology (58%) as primary barriers to accessing needed services and resources. Other barriers include lack of awareness about available resources (38%), financial constraints or the cost of services (37%), feeling hesitant or uneasy about asking for help (37%), and availability of services (37%). These barriers and their respective ratings are detailed in **Table 5.1.8**.

Table 5.1.8. Community Survey Participants’ Identified Barriers

Barriers to Access and Resources (N =181) *	%
Fear of scams or exploitation	59%
Difficulty using technology	58%
Lack of awareness about available resources	38%
Availability of needed services	37%
Feeling hesitant or uneasy about asking for help	37%
Financial constraints or costs of services	37%
Fear of losing independence and control	31%
Limited internet access	30%
Difficulty understanding or navigating complex healthcare systems	29%
Limited mobility or transportation difficulties	26%
Age-related stigma and discrimination	23%
Language barriers for non-English speakers	23%
Geographic distance from available help	20%
Physical or other impairments affecting access	18%
Cognitive impairments affecting decision making	10%
Other	4%

**Respondents could select more than one response; thus, percentages do not sum to 100%.*

Participants in the Focus Groups also identified several critical obstacles they face in accessing services in the area. Among these, the swift migration towards digital platforms emerged as a significant hurdle, particularly for older adults who may lack technological savvy. Some indicated that this digital divide has deepened as essential services increasingly move to online-only formats, effectively sidelining those without internet access or the necessary digital skills. Additionally, discrimination against older adults and individuals facing language barriers creates a challenging environment for accessing needed services. Such barriers contribute to a sense of isolation and helplessness among participants. Financial limitations further restrict access to essential services, including transportation and internet connectivity.

The primary mode of transportation for respondents was driving (54%). However, many indicated they use multiple means of commuting, such as a combination of driving, walking, biking, and ridesharing either with others or through a car service such as Uber and Lyft (46%) (see **Table 5.1.9**).

Table 5.1.9. Community Survey Participants' Transportation Method

Types of Transportation (N = 238)	%
Drive	54%
Other	19%
Ride from others	13%
Walk	5%
Public transportation	5%
Car service (taxi, Uber, Lyft)	4%

Table 5.1.10 presents respondents' satisfaction level with their transportation options. Most respondents reported feeling satisfied or very satisfied with their current method of transportation (92%).

Table 5.1.10. Satisfaction with Mode of Transportation

(N = 228)	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
How satisfied are you with your current mode of transportation for getting around?	46%	46%	7%	1%

Table 5.1.11 displays respondents' primary sources of information about older adult services. The majority indicated that they learn about these services through word of mouth (45%), followed by sources like senior centers (34%), AARP (33%), the internet (31%), the Agency on Aging (30%), and television (29%). Less commonly cited sources include 211 (9%) and social media (10%).

Table 5.1.11. Community Survey Participants' Source of Information

Types of Sources (N = 223) *	%
Word of Mouth	45%
Senior Center	34%
AARP	33%
Internet	31%
Agency on Aging	30%
Television	29%
Medical professionals	23%
Newspaper	15%
Faith-based organizations	13%
Radio	12%
Social media	10%
Other	10%
211	9%

**Respondents could select more than one response; thus, percentages do not sum to 100%.*

Finally, respondents were questioned about the ease of accessing information about older adult services (**Table 5.1.12**). The majority reported that obtaining such information was either easy or very easy (69%).

Table 5.1.12. Ease of Accessing Information about Older Adults

(N = 217)	Very Easy	Easy	Difficult	Very Difficult
In general, how easy or difficult is it to find information about senior services?	17%	52%	23%	8%

Service Providers

Service Needs and Barriers

In the Provider Survey, service providers were consulted to identify the most crucial unmet needs of older adults in the region. Respondents highlighted numerous unmet needs among older adults in Kings and Tulare counties. The top five areas of concern include access to transportation (10%), assistance in finding housing (10%), education on financial and fraud abuse (9%), help with medical supplies (8%), and in-home healthcare (8%). Further unmet needs identified by survey respondents are detailed in **Table 5.1.13**.

Table 5.1.13. Areas of Unmet Need, Provider Survey

(N = 55)			
Unmet Needs	%	Unmet Needs	%
Access to Transportation	10%	Educational classes	4%
Help finding housing	10%	Home-delivered meals	4%
Financial and fraud education	9%	Legal services	4%
Help with medical supplies	8%	Physical activities	4%
In-home healthcare	8%	Adult protective services	3%
Home modifications	7%	Congregate meals	3%
Applying for government benefits	6%	Help finding employment	3%
General information on aging	6%	LGBTQIA+ focused/inclusive services	2%
Recreational or social activities	6%	Other *	2%
Help with health insurance	6%	<i>*Other includes computer skills, funding, medical equipment, adult day care, and access to phones.</i>	
Counseling or care management	5%		

*In addition to pinpointing areas of unmet needs, providers also highlighted barriers to accessing services for older adults. Among the most salient categories were difficulty using technology (10%), lack of awareness about services (9%), difficulty understanding/navigating complex healthcare systems (8%), and fear of scams or exploitation (8%). Age-related stigma (4%) and mental health issues (<1%) were mentioned as lesser barriers. These findings are outlined in **Table 5.1.14**.*

Table 5.1.14. Barriers to Access, Provider Survey

(N = 63)			
Barriers to Access	%	Barriers to Access	%
Difficulty using technology	10%	Language barriers	7%
Lack of awareness about services	9%	Cognitive impairment	6%
Limited mobility/transportation difficulties	9%	Geographic distance from available help	6%
Difficulty understanding/ navigating complex healthcare systems	8%	Limited internet access	6%
Fear of scams or exploitation	8%	Physical or other impairments	6%
Availability of needed services	7%	Age-related stigma and discrimination	4%
Feeling hesitant or uneasy about asking for help	7%	Mental health	<1%
Financial constraints/cost of services	7%		

Several Provider Survey respondents offered insights on overcoming barriers to access and enhancing services for older adults through an open-ended survey question. Their suggestions encompass increasing awareness of available services via various media outlets, distributing informational brochures at frequented locations such as doctor's offices and churches, and organizing informational meetings and events. These proactive measures aim to ensure that older adults receive the support and resources they need to thrive.

Key Stakeholders

The upcoming section provides a comprehensive examination of the in-depth interviews conducted with Key Stakeholders who are experts in the field of older adult matters in Kings and Tulare Counties. Through their insights and testimonies, the aim was to shed light on the pressing issues, service needs, barriers to access, populations with special needs, and recommendations that surfaced during ten hours of interviews.

Issues

Older adults often face a range of complex challenges that can impact their well-being and quality of life. Key Stakeholders were queried about the most pressing issues faced by older adults in Kings and Tulare Counties over recent years. Findings revealed five distinct themes, described below:

- **Transportation:** Interviewees highlighted the challenges older adults face regarding mobility and access to services due to a lack of personal transportation options and inadequate public transport systems, particularly in rural areas. The findings underscore the effect of transportation difficulties on older adults' ability to attend medical appointments, access food, and participate in community and social events, emphasizing its pivotal role in maintaining independence and accessing essential services.
- **Nutritional Insecurity:** The findings illuminate the challenge older adults encounter in accessing sufficient, nutritious food, often stemming from financial constraints, transportation limitations, or physical difficulties in meal preparation. Interviewees noted the unfortunate reality that many older adults frequently face the difficult decision of allocating their limited resources between securing food, purchasing medication, and meeting other essential needs.
- **Healthcare Accessibility:** Key Stakeholders highlighted the challenges older adults in Kings and Tulare Counties encounter when accessing healthcare services, such as limited availability of medical facilities, financial constraints, and the necessity for home-based services to address chronic conditions and mobility limitations. Testimonies underscored the intricate interplay of geographic, financial, and systemic barriers that pose complex challenges for the aging population.
- **Housing Instability:** Findings underscore the scarcity of affordable, accessible, and secure housing options for older adults in the area. Interviewees emphasized the hurdles posed by lengthy waiting lists for senior housing, the threat of homelessness, and the imperative to reside in high-crime areas due to affordability constraints. Additionally, interviewees expressed concerns about the lack of adequate housing options tailored to the specific needs of older adults, such as accessibility features and proximity to healthcare services and community resources.
- **Digital Divide:** This theme encapsulates the disparity highlighted by Key Stakeholders between the technological requirements of older adults and their capacity to access and utilize digital resources. Findings highlight barriers such as inadequate internet infrastructure, the affordability of services, and the necessary competencies to navigate the digital realm. Ultimately, these challenges impact older adults' ability to engage in a society that is progressively transitioning online for services, information, and social interaction.

Service Needs

Reflecting the most prominent issues identified from the data collected through interviews with Key Stakeholders, service needs for older adults were recognized as intrinsic to these concerns.

- **Transportation Solutions:** Interview data underscores the crucial need for dependable and accessible transportation options for older adults, particularly in rural areas. As mentioned earlier, interviewees consistently highlighted the absence of public transportation services tailored to the mobility constraints of older adults. This shortfall exacerbates social isolation and hampers their ability to access vital medical care and essential resources, significantly impacting their autonomy and overall quality of life.
- **Nutritional Support:** Drawing from the previously outlined challenges faced by older adults in Kings and Tulare Counties, nutritional support is a critical service requirement to ensure individuals have access to sufficient and suitable food. Interviewees underscored the necessity for consistent delivery of nutritious meals to address the

widespread issue of food insecurity among older adults, particularly those who are homebound or facing financial constraints. While existing initiatives such as monthly food bank produce distributions and frozen meal programs are valuable, some interviewees noted that these initiatives are considered inadequate to meet the rising demand for assistance in the area.

- **Healthcare and In-Home Services:** The findings underscore the need for readily accessible healthcare and in-home services for older adults. Interviewees highlighted the challenges surrounding the availability and affordability of in-home healthcare, emphasizing its importance in enabling older adults to maintain their independence and remain in their homes for longer periods. They advocated for solutions aimed at alleviating the physical and financial burdens associated with aging.
- **Mental Health and Socialization:** The data underscores the need for mental health assistance and avenues for social interaction to counteract isolation, depression, and the psychological impacts of aging. Interviewees expressed concerns regarding the mental well-being of older adults, highlighting the lack of adequate opportunities for socialization and mental health care, a concern that is especially pronounced for older adults residing alone or in rural settings.

Service Barriers

Interviews delved into the challenges and impediments faced by older adults in Kings and Tulare Counties when seeking access to services and resources. The findings not only reaffirmed previous issues and needs but also provided deeper insights into the complexities of navigating support systems and overcoming barriers in these communities.

- **Transportation Solutions:** Accessing reliable transportation proves to be a great challenge for older adults in the area, especially those living in rural areas. This includes both the physical absence of transportation services and the financial burden associated with alternative options like taxis or rideshare services. The importance of transportation as a barrier emerges consistently throughout the data, highlighting the profound impact it has on older adults' ability to access essential services and maintain social connections.
- **Information and Navigation:** Older adults frequently encounter challenges related to accessing information about available services and navigating the systems that provide them. This includes not knowing where to seek assistance and having trouble in understanding complex processes. Navigational barriers are evident in the interviewees' accounts, shedding light on the confusion and frustration older adults often experience when attempting to access essential services.
- **Financial Constraints:** Financial limitations pose a significant barrier to accessing essential services, as many of these services often require out-of-pocket payments. This challenge is particularly pronounced for individuals who do not qualify for Medi-Cal or similar assistance programs. Financial barriers emerge as a recurring theme during the interviews, with testimonies frequently highlighting how older adults are often caught between the affordability of services and their eligibility for assistance programs.
- **Physical and Environmental Barriers:** Physical and environmental factors, such as difficult terrain and severe weather conditions, pose unique challenges for older adults, impacting their ability to access services and maintain their properties. The data highlights the influence of the physical environment on older adults' capacity to receive services, particularly in regions characterized by challenging weather conditions or labor-intensive property maintenance.
- **Cultural and Language Barriers:** Cultural and language barriers affect older adults' ability to communicate effectively with service providers, leading to misunderstandings and a lack of service utilization, particularly among non-English speakers. The challenges presented by language and cultural differences are prominent, as illustrated by interviewees' voices, and pose a considerable barrier to service access for older adults from diverse backgrounds in the area.

Special Populations

Key Stakeholders were asked to identify special populations among older adults requiring services more urgently than others. The groups identified were organized into broader categories in the analysis to facilitate the identification of overarching issues and the development of inclusive strategies capable of addressing multiple needs within each category. Further development of target populations will be provided in Section 5.2, with additional detail.

- **Economic Vulnerability:** This category encompasses individuals who face financial instability, often living in substandard conditions such as deteriorated mobile home parks, or who may own land but are unbanked, limiting their financial options. Additionally, farm workers in impoverished areas, potentially undocumented, lack access to basic services and endure low wages and poor living conditions.
- **Disability and Health Needs:** This group includes disabled adults below 60 who face daily life challenges akin to those experienced by older adults. Aging populations require comprehensive health care, assistance with daily living activities, and consistent nutritional support.
- **Cultural and Linguistic Barriers:** Members of non-English speaking communities, such as Hmong and Filipinos, along with a significant Spanish-speaking population, often encounter services that are not in their primary language, which impedes their access to vital resources.
- **Social Support and Inclusivity:** LGBTQ+ older adults, particularly those without family support, face unique social challenges and may find it difficult to receive culturally sensitive care. Older adults may also encounter loneliness and a lack of services tailored to their slowed pace of life.

Recommendations

Interviews with Key Stakeholders concluded by soliciting their recommendations to address the issues, service needs, and barriers discussed during the interview. The following is a summary of these recommendations, which emphasize the multifaceted nature of service access for older adults and underscore the necessity for a strategic, collaborative, and well-funded approach to meet their diverse needs:

- **Transportation and Infrastructure Support**
 - *Expand Transportation Services:* Developing more comprehensive transportation options, such as mobile services or pop-up clinics in rural areas, would allow older adults who cannot drive to access services more easily.
 - *Infrastructure Support During Extreme Weather:* Establishing services that assist with infrastructure challenges like snow removal, particularly for those in remote areas, to ensure that older adults are not trapped or isolated.
- **Information and Referral Systems**
 - *Centralized Information and Referral Systems:* Updating directories and creating a centralized referral system, like a one-page resource that connects to 211, will help in providing comprehensive service information to older adults.
 - *Localized Information Dissemination:* Placing information in locations where older adults naturally congregate and using targeted advertising can improve awareness of available resources, especially for those without language barriers.
- **Collaboration and Advocacy**
 - *Inter-county Collaboration:* Sharing resources and best practices among neighboring counties can lead to better service provision and more efficient use of funds.
 - *Advocacy and Partnerships:* Strengthening advocacy efforts by partnering with community-based organizations for initiatives can amplify the voice of service providers and benefit the communities served.

- **Care Coordination and Staffing**
 - *Coordinated Care Efforts*: Streamlining care across the county to create a more cohesive and integrated service experience for older adults.
 - *Increased Staffing*: Expanding staff support is essential to meet the growing needs, especially for programs that have specific state and federal funding that dictate service provision.
 - *Dedicated Staff for Aging and Disability Services*: Securing funds to hire dedicated staff to work with the Aging Disability Resource Center and to ensure adequate service delivery.
- **Community Engagement and Investment**
 - *Community Engagement and Roundtable Discussions*: Engaging with community members and service providers to understand the overlap and gaps in service provision, with a focus on filling those identified gaps.
 - *Budget Optimization*: Allocating budgets based on prioritized needs and value assessments, rather than static percentage increases, to ensure funding meets the most critical areas.
 - *Investment in Essential Services*: Investing substantively in older adult services to enhance their quality and accessibility rather than solely allocating minimal funding to sustain current services.
- **Data Utilization and Support Networks**
 - *Utilization of Demographic Data*: Using demographic data to understand service usage patterns and identify communities or age groups that are underserved.
 - *Establishment of a Liaison Network*: Creating a network of liaisons who are knowledgeable about all available services to facilitate connections and referrals for older adults.
- **Consistency and Mental Health Support**
 - *Consistency in Core Services*: Ensuring that core services, such as those provided by independent living centers, have consistent and experienced staffing.
 - *Peer Support Groups*: Forming peer support groups for older adults to share experiences and information could enhance community support and alleviate some service pressures.
 - *Funding for Mental Health Services*: Increasing funding specifically for mental health services to restore or improve upon previous offerings for older adults.

5.1.2. Needs of Older Adult Caregivers

This subsection presents the findings concerning the needs of caregivers for older adults in Kings and Tulare Counties. The insights offer a comprehensive view, incorporating inputs from multiple primary data sources. These perspectives encompass the voices of the community, including informal caregivers who participated in the Community Survey. Furthermore, the section incorporates feedback from service providers who participated in the Service Provider Survey. Lastly, it includes insights gleaned from in-depth interviews with Key Stakeholders. This approach ensures an inclusive understanding of the varied needs and viewpoints of local informal caregivers for older adults in Kings and Tulare Counties.

Voices of Caregivers

Service Needs

The Community Survey asked respondents who identified as caregivers about their main service needs. Twenty-four percent of respondents reported that they provide care to older adults or individuals with disabilities. The top need identified by caregivers was a caregiving training program. Additionally, general caregiving information (39%) and long-term care guidance and planning (31%) were also noted as important areas of need among caregivers. **Table 5.1.15** provides further details on additional areas of need to better support caregivers of older adults.

Table 5.1.15. Caregiver Needs

Area of Needs (N = 62) *	%
Caregiving training programs	47%
General caregiving information	39%
Long-term care guidance and planning	31%
Caregiver counseling services	29%
Financial assistance	29%
Behavioral management support	27%
Work-life balance support	27%
Self-care workshops	27%
Home safety assessments	26%
Recreational therapy or activity suggestions	24%
End-of-life planning assistance	19%
Respite care services	19%
Multilingual resources	11%
Other	3%

*Respondents could select more than one response; thus, percentages do not sum to 100%.

Service Barriers

The primary challenges faced by caregivers when accessing information include difficulty finding information about available services or resources (34%), feeling overwhelmed or unsure about where to start (34%), and a lack of awareness about eligibility criteria for services (32%). Additional barriers experienced by caregivers are detailed in **Table 5.1.16**.

Table 5.1.16. Caregiver Barriers

(N = 62) *	%
Difficulty finding information about available services or resources	34%
Feeling overwhelmed or unsure about where to start	34%
Lack of awareness about eligibility criteria for services	32%
Financial constraints preventing access to needed services	27%
Difficulty navigating the healthcare or social service system	24%
Limited availability of services in your area	12%
Transportation limitations	14%
Language barriers hindering communication with service providers	10%
Other	5%

*Respondents could select more than one response; thus, percentages do not sum to 100%.

Service Providers

Service Needs and Barriers

The Provider Survey sought insights into the most crucial unmet needs of older adult caregivers in the area. The primary areas of concern identified were caregiving training programs (13%), caregiver counseling services (10%), and financial assistance (9%). Additionally, providers highlighted several other vital areas of need, as detailed in **Table 5.1.17**.

Table 5.1.17. Unmet Caregiver Needs, Provider Survey

(N = 54)			
Unmet Needs	%	Unmet Needs	%
Caregiving training programs	13%	Home safety assessments	7%
Caregiver counseling services	10%	Work-life balance support	6%
Financial assistance	9%	Behavioral management support	5%
End-of-life planning assistance	8%	Multilingual resources	4%
General caregiving information	8%	Recreational therapy or activity	3%
Long-term care guidance/planning	8%	Other	1%
Respite care services	8%	<i>*Other includes a living wage and adult day care in Visalia.</i>	
Self-care workshops	8%		

Providers also indicated their perceived reasons for why caregivers may have difficulty accessing services. The primary barriers identified were feeling overwhelmed or unsure about where to start (15%), lack of awareness about eligibility criteria for services (13%), and difficulty navigating the healthcare or social service system (12%). Other challenges are highlighted in **Table 5.1.18**.

Table 5.1.18. Barriers to Access for Caregivers, Provider Survey

(N = 58)	
Barriers to Access	%
Feeling overwhelmed or unsure about where to start	15%
Lack of awareness about eligibility criteria for services	13%
Difficulty navigating the healthcare or social service system	12%
Difficulty finding information about available services or resources	11%
Financial constraints preventing access to needed services	11%
Limited availability of services in the area	11%
Long wait times or delays in accessing services	10%
Language barriers hindering communication with service providers	8%
Transportation limitations	8%
More patient navigators	1%

Numerous respondents to the Provider Survey provided valuable insights on overcoming barriers to access and

improving services for caregivers of older adults through an open-ended question. Additional recommendations included mandatory training for caregivers, increased caregiver support, expanded availability of adult daycare or respite hours, and improved access to rural communities. These suggestions aim to address critical needs and ensure caregivers have the necessary resources to provide quality care.

Key Stakeholders

Data analysis from in-depth interviews with Key Stakeholders addressing service needs for older adults indicated the crucial role of caregivers' needs in shaping the conversation. Findings revealed four recurring themes about the service needs and barriers experienced by caregivers in Kings and Tulare Counties:

- **Caregiving Challenges and Support:** This theme encapsulates the multifaceted nature of caregiving for older adults, highlighting emotional and practical challenges faced by caregivers. The complexity increases when caregivers support family members, emphasizing the necessity for ongoing support and training to enhance their abilities and resilience. Interviewees shared experiences and concerns, stressing the emotional toll and the necessity for structured support and training.
- **Economic and Resource Barriers:** This theme encompasses financial limitations and the scarcity of adequate resources impacting the quality and availability of caregiving services. Key Stakeholders highlighted insufficient funding, low compensation for professional caregivers, and the high costs of private caregiving services. Concerns were raised regarding the inadequacy of financial support and challenges accessing affordable services.
- **Access to Services and Information:** Exploring the accessibility of caregiving services and disseminating relevant information, this theme includes in-home health services, meal delivery, and accessible training opportunities for caregivers. Digital access and connection were deemed crucial for obtaining information and support services. Interviewees described challenges in accessing necessary services and information, underscoring the critical role of support systems and digital connectivity.
- **Societal and Cultural Dynamics:** Delving into societal and cultural dynamics affecting caregiving, particularly within marginalized communities like the LGBTQ+ community and those facing language and cultural barriers, the data revealed the unique challenges these groups encounter in caregiving. Interviewees stressed the lack of traditional family support structures and emphasized the need for inclusive support mechanisms.

These themes collectively illustrate the complexities surrounding service needs, issues, and barriers encountered by older adult caregivers, as shared by Key Stakeholders in Kings and Tulare Counties.

SECTION 5.2: TARGETING

The following section provides information on targeting priorities per the Older Americans Act and the California Code of Regulations.

The target populations established in the Older Americans Act, the Older Californians Act, and the California Code of Regulations (CCR) Title 22, Division 1.8 include individuals with the characteristics listed below, whether these persons are in the community or in long-term care facilities.

The Older Americans Act's priorities are:

- I. Older individuals with the greatest economic and social need, with particular attention to low-income minority individuals. The term "greatest economic need" means the need resulting from an income level at or below the poverty line. The term "greatest economic need" means the need caused by non-economic factors, which include:
 - a. Physical and mental disabilities
 - b. Language barriers and
 - c. Cultural or social isolation caused by, among other things, racial and ethnic status, sexual orientation, human immunodeficiency virus (HIV) status, gender identity, or gender expression that does either of the following:
 - i. Restricts the ability of an individual to perform normal daily tasks
 - ii. Threatens the capacity of the individual to live independently
- II. Older Native Americans
- III. Isolated, abused, neglected and/or exploited older individuals
- IV. Frail older individuals and their caregivers
- V. Older individuals residing in rural areas
- VI. Older individuals with limited English-speaking ability
- VII. Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction, and their caregivers
- VIII. Older individuals with disabilities with particular attention to individuals with severe disabilities
- IX. Unemployed, low-income persons who are 55 years old or older
- X. Caregiver as defined in Title III E, which includes older caregivers providing care and support to persons with developmental disabilities

Described below are the Targeting Services outlined in 22 CCR §7310:

- XI. Older individuals with the greatest economic need with particular attention to low-income minority individuals
- XII. Older individuals with the greatest social need with particular attention to low-income minority individuals
- XIII. Older Native Americans

Special emphasis shall be given to the following group of older individuals:

- XIV. Who reside in rural areas
- XV. With severe disabilities
- XVI. With limited English-speaking abilities
- XVII. With Alzheimer's disease or related disorders and those taking care of these individuals

Target Populations within Kings County and Tulare County

A needs assessment was conducted that found three target groups in Kings County and Tulare County. These target groups correspond with the Older Americans Act and Title 22 of the California Code of Regulations. The three identified groups are not mutually exclusive. Older adults categorized into more than one group are at increased risk of having serious unmet service needs. The target groups within Kings County and Tulare County are:

1. Low-income older adults, including those falling below the federal poverty line, as well as those above the federal poverty line but below the Elder Economic Security Standard Index.
2. Older individuals with limited English-speaking abilities.
3. Vulnerable populations, including frail and/or isolated older adults.

The subsequent subsections will provide concise descriptions of these target populations, outlining their characteristics, distribution, and specific needs.

5.2.1. Low-Income Older Adults

Older adults with low income represent an important population facing specific challenges and needs. **Table 5.2.1** illustrates the percentage of individuals aged 60 and above living below the Federal Poverty Level. This comparison reveals higher percentages in Kings County (13%) and Tulare County (13%) compared to the averages for California (11%) and the United States (10%).

Table 5.2.1. Older Adults (60+) Below the Federal Poverty Level⁵⁶

Area	60+ Population for Whom Poverty Status Can Be Determined ⁵⁷	60+ Population Below Poverty Level	60+ Poverty Rate
Kings County	21,200	2,640	13%
Tulare County	76,636	9,906	13%
California	8,050,567	887,235	11%
United States	74,204,063	7,608,314	10%

This group is particularly vulnerable, especially considering the post-COVID-19 surge in inflation. According to **Table 5.2.2**, inflation reached its highest point in 2022, hitting 8%. This significant rise has diminished the purchasing power of numerous low-income older adults, particularly those with fixed incomes.

⁵⁶ 2022 American Community Survey 5-Year Estimates

⁵⁷ According to the US Census, "Poverty status cannot be determined for people in: Institutional group quarters (such as prisons or nursing homes), College dormitories, Military barracks, Living situations without conventional housing (and who are not in shelters)."

US Census Bureau, How the Census Bureau Measures Poverty | <https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html>

Table 5.2.2. Rate of Inflation Over the Past 5 Years in the United States⁵⁸

Year	Rate of Inflation
2019	1.80%
2020	1.20%
2021	4.70%
2022	8.00%
2023	4.1%

To provide context, poverty rate data for 2021 is presented. While the national poverty rate for individuals aged 60 and older remained stable at 11%, Kings County saw an increase in its poverty rate for this group, rising from 9% in 2021 to 13% in 2022. Although Tulare County did not experience a change in its poverty rate for individuals aged 60 and older, maintaining it at 14% from 2021 to 2022, it is important to highlight that Tulare’s rate remains nearly 30% higher than the national average throughout this period.⁵⁹

Supplementing these findings are results from the 2023 Community Assessment Survey for Older Adults (CASOA), which underscores the financial concerns expressed by the surveyed older adults in the area. According to the survey, 48% of respondents indicated that having enough money to meet daily expenses was either a moderate or major problem. As financial challenges mount in the face of inflation, it is crucial for the Kings/Tulare Area Agency on Aging to remain especially attuned to the needs of those with low income and to the financial constraints faced by older adults in Kings and Tulare Counties more broadly.⁶⁰

Housing insecurity is an additional concern that older adults face, especially as inflation rises and purchasing power decreases. This concern extends to property owners, as results from the 2023 Community Assessment Survey for Older Adults (CASOA) show that 30% of those surveyed said that having enough money to pay property taxes was a moderate or major problem.⁶¹ Additionally, when asked to rate the characteristics of their community as they relate to older adults, 49% of CASOA respondents ranked the availability of affordable quality housing as poor, and 48% ranked the variety of housing options as poor.⁶²

The needs assessment outlined in Section 5.1 provides a detailed view of the challenges facing low-income older adults, reinforcing the need to address their vulnerabilities highlighted in this summary.

Kings and Tulare Counties offer diverse services for low-income older adults. Some of the service providers who offer services to low-income older adults in Tulare County include:

⁵⁸ Federal Reserve Bank of Minneapolis. Consumer Price Index, 1913- | <https://www.minneapolisfed.org/about-us/monetary-policy/inflation-calculator/consumer-price-index-1913->

⁵⁹ 2021 American Community Survey 1-Year Estimates

⁶⁰ Kings/Tulare Area Agency on Aging. Community Assessment Survey for Older Adults. October 2023

⁶¹ Kings/Tulare Area Agency on Aging. Community Assessment Survey for Older Adults. October 2023

⁶² Kings/Tulare Area Agency on Aging. Community Assessment Survey for Older Adults. October 2023

- Health and Human Services (HHS) of Tulare and Kings County offer programs for low-income older adults, including Mental and Behavioral Health Services, CalWORKs, CalFresh, IHSS, and APS in addition to the programs offered through the Kings/Tulare Area Agency on Aging.
- The Housing Authority of the County of Tulare and County of Kings provides rental assistance to very low- and moderate-income families, older adults, and people with disabilities throughout the county.
- Outside of their Senior nutrition programs and supportive services, Community Services Employment Training (CSET) offers numerous programs, including its Low-Income Home Energy Assistance Program (LIHEAP), to assist low-income individuals.

5.2.2. Older Adults with Limited English-Speaking Capabilities

According to the needs assessment, older adults with limited English-speaking capabilities were also identified as a vulnerable group in both Kings County and Tulare County. The percentage of individuals aged 60 and older with lower English proficiency than “very well” is particularly pronounced in the counties, reaching 25% in Kings County and 27% in Tulare County. These percentages are at least 250% higher than the national average of 9%.⁶³

Figure 5.2.1 shows the percentage of foreign-born older adults in Kings County and Tulare County as compared to the United States and California. Foreign-born older adults may encounter challenges with English proficiency. Therefore, it is noteworthy that the percentage of foreign-born older adults in Kings County (28%) and Tulare County (30%) is at least double the national average (14%). This emphasizes the significance of addressing language accessibility concerns for the foreign-born population.

Figure 5.2.1 Percentage of Foreign-Born Older Adults Aged 60 and Older⁶⁴

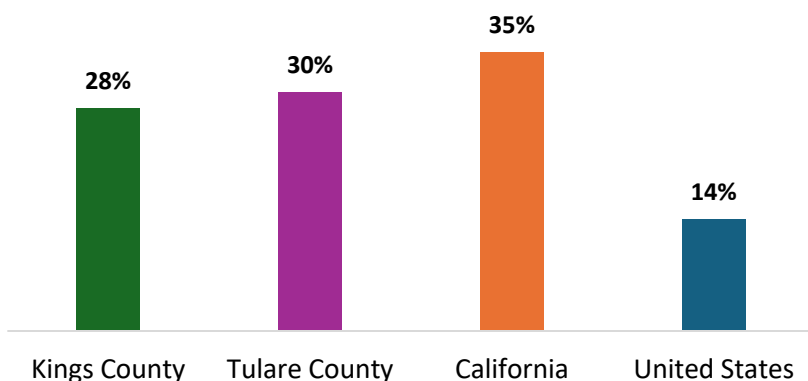


Table 5.2.3 identifies the native language distribution and English proficiency levels among older adults aged 65 and older in Kings County and Tulare County, alongside comparisons with California and the United States. The percentages of older adult Spanish speakers in Kings County (70%) and Tulare County (66%) surpasses California's percentage (64%) and the national percentage (58%).

⁶³ 2022 American Community Survey 5-Year Estimates

⁶⁴ 2022 American Community Survey 5-Year Estimates

Additionally, Tulare County (51%) has a higher percentage compared to Kings County (27%) of older adults who speak English less than “very well” and whose first language is an Indo-European language other than Spanish, exceeding both state (51%) and national (45%) averages.

In terms of older adults who are native speakers of an Asian or Pacific Islander language and have English proficiency less than "very well," both Kings County (66%) and Tulare County (65%) fall below the national (68%) and state (69%) percentages.

Lastly, the proportion of older adults who are native speakers of a language other than Asian or Pacific Islander or Indo-European (including Spanish) and speak English with less than "very well" proficiency is markedly higher in Tulare County (86%) than the state (52%) and national (43%) averages. Kings County’s percentage (52%) is close to California’s percentage (52%) and exceeds the national average (43%).

Table 5.2.3. Percentage of 65+ Individuals with English Proficiency Below “Very Well” Among Different Language-Speaking Groups⁶⁵

Area	Spanish Speakers	Other Indo-European Language Speakers	Asian and Pacific Island Language Speakers	Other Language Speakers
Kings County	70%	27%	66%	52%
Tulare County	66%	51%	65%	86%
California	64%	51%	69%	52%
United States	58%	45%	68%	43%

Section 5.1.1 provides additional insights into the language needs of older adults in Kings County and Tulare County and reaffirms the analysis in this section, which reveals that older adults with limited English proficiency are an at-risk subgroup.

There are several services available to older adults with limited English proficiency in Kings County and Tulare County.

For example, the Kings County Language Access Program provides guidance and tools to departments, agencies, residents, and businesses regarding accessible communications for individuals with Limited English Proficiency (LEP) and barriers to communication so that all services, programs, and activities are meaningfully accessible to the community.

The Tulare County Library offers Adult Literacy Services that provide tutors to assist with:

- Learning and improving English skills with weekly conversation circles.
- Speaking/Pronunciation.
- Basic Computer Skills.
- Preparing for the General Educational Diploma (GED) test.
- Writing a Resume.
- Preparing for the U.S. Citizenship test.

⁶⁵ 2022 American Community Survey 5-Year Estimates.

- Studying for the Written Driver's License Test

Additionally, the service providers of the Kings/Tulare Area Agency on Aging employ bilingual staff, advertise in both English and Spanish languages, and offer services in these two threshold languages to meet the needs of the older adults they serve.

For more detailed information, please refer to Section 2 (“The Service System within the Planning and Service Area” and “Significant Programs for Older Adults Outside of the Agency on Aging Network.”)

5.2.3. Vulnerable Older Adults

Section 5 identifies vulnerable groups of older adults, with a specific emphasis on findings in Section 5.1.1. Frailty and isolation can impact individuals from all walks of life, irrespective of their socioeconomic status. By conducting a multicultural analysis, the needs assessment outlined in Section 5.1 identifies vulnerable subgroups of older adults at higher risk of isolation. These subgroups include individuals facing challenges related to race and ethnicity, disability status, sexual orientation, geographic isolation, and HIV status. The issues these vulnerable subgroups face in accessing services threaten their ability to lead independent and healthy lives.

Racial and Ethnic Minorities

Table 5.2.4 provides insights into the racial and ethnic composition of older adults aged 60 and older in Kings County and Tulare County, alongside comparisons with California and the United States. The percentage of older adult African Americans in Kings County (4%) and Tulare County (1%) falls below the national average of 10% and California’s average of 5%. In contrast, the percentage of older adults identifying as Hispanic or Latino in King County (38%) and Tulare County (42%) is nearly double the state average of 22% and quadruple the national average of 9%.

Historically, racial and ethnic minorities such as African Americans, American Indians/Alaska Natives, and Hispanics/Latinos have faced challenges in accessing culturally sensitive services nationwide. The high proportion of Hispanic and Latino older adults in Kings and Tulare counties underscores the importance of culturally sensitive outreach initiatives and programming, as well as the potential need for Spanish-language information and services. Conversely, the smaller proportion of certain racial and ethnic groups in these counties presents an opportunity for targeted outreach efforts to ensure equitable access to services for these vulnerable populations.

Table 5.2.4. Estimates of Adults Aged 60 and Older According to Race and Ethnicity ⁶⁶

Race and Ethnicity	Kings County	Tulare County	California	United States
Total Population (Age 60+)	22,256	78,106	8,171,741	75,779,824
One race	91%	88%	92%	96%
White	65%	64%	60%	77%
African American	4%	1%	5%	10%
American Indian and Alaska Native	2%	1%	1%	1%

⁶⁶ 2022 American Community Survey 5-Year Estimates

Asian	6%	4%	16%	5%
Native Hawaiian and Other Pacific Islander	0%	<1%	<1%	<1%
Some other race	15%	17%	10%	3%
Two or more races	9%	12%	8%	5%
Hispanic or Latino origin (of any race)	38%	42%	23%	9%
White alone, not Hispanic or Latino	49%	50%	53%	74%

Support for older adult racial and ethnic minorities in Kings County and Tulare County is diverse and tailored to their unique needs. The service providers of the Kings/Tulare Area Agency on Aging reflect a multicultural workforce representative of the population they serve. The Kings/Tulare Area Agency on Aging and its service providers strive towards cultural competence to offer inclusive services and to meet the diverse needs of the older adults in the community.

Additionally, at the Nutrition Sites, efforts are made to offer culturally inclusive meals that are reflective of the older adults being served.

For more detailed information, please refer to Section 2 (“The Service System within the Planning and Service Area” and “Significant Programs for Older Adults Outside of the Agency on Aging Network”).

Older Adults Living with Disabilities

Table 5.2.5 displays estimates of the percentages and numbers of non-institutionalized individuals aged 60 or older living with one or more disabilities. It is important to recognize that these estimates, which are provided by the US Census Bureau, exclude individuals residing in institutions, such as nursing homes, prisons, mental hospitals, and juvenile correctional facilities.⁶⁷ While data including the institutionalized population would offer a more comprehensive picture, the presented estimates represent the most complete available information.

The table highlights that an estimated 35% of non-institutionalized adults in Kings County are living with a disability, with a slightly lower percentage of 33% for Tulare County. Both figures exceed the state (29%) and national (30%) averages, underscoring the significant prevalence of disabilities among older adults in these counties.

Table 5.2.5. Estimated Percentages of Non-Institutionalized Adults Aged 60+ Living with Disability

68

Area	Total Population	Estimated %
Kings County	21,200	35%
Tulare County	76,636	33%
California	8,050,512	29%
United States	74,203,315	30%

⁶⁷ United States Census Bureau. “National Terms and Definitions” | <https://www.census.gov/programs-surveys/popest/about/glossary/national.html#:~:text=Civilian%20Noninstitutionalized%20Population,hospitals%2C%20and%20juvenile%20correctional%20facilities>

⁶⁸ 2022 American Community Survey 5-Year Estimates

Table 5.2.6 provides insights into the prevalence of various types of disabilities among older adults. In both Kings and Tulare Counties, the percentage of older adults aged 65 and above facing hearing difficulty (17% in Kings County and 16% in Tulare County) exceeds both the state (13%) and national (14%) averages. Similarly, the prevalence of vision difficulty among older adults is higher in Kings County (8%) and Tulare County (8%) compared to both California (6%) and the United States (6%).

Across ambulatory difficulty, self-care difficulty, and independent living difficulty, Kings County and Tulare County exhibit higher percentages than the state and national averages. Notably, the percentage of older adults with cognitive disabilities in Tulare County (9%) is approximately the same as the state average (9%). However, the average in Kings County (13%) is higher than Tulare County (9%), California (9%), and the United States (8%).

Table 5.2.6. Estimated Percentages of Non-Institutionalized Adults Aged 65 and Older According to Disability⁶⁹

Disability	Kings County	Tulare County	California	United States
Total Civilian Noninstitutionalized Population	12%	12%	11%	13%
With a Hearing Difficulty	17%	16%	13%	14%
With a Vision Difficulty	8%	8%	6%	6%
With a Cognitive Difficulty	13%	9%	9%	8%
With an Ambulatory Difficulty	27%	25%	22%	21%
With a Self-Care Difficulty	11%	9%	10%	7%
With an Independent Living Difficulty	20%	17%	16%	14%

There are a number of services available in Kings County and Tulare County for older adults living with disabilities: Resources for Independence Central Valley (RICV) provides a foundation of core consumer-controlled, community-based cross-disability and person-focused programs and assistance. Their programs include:

- Information and Referral: These services are available to anyone who has a disability-related question or need. RICV will provide information on support available through the organization and help connect individuals with outside support and resources.
- Independent Living Services: RICV’s Independent Living (IL) services provide the tools, resources, and support for integrating people with disabilities fully into their communities to promote inclusion, equity, self-determination, and respect.
- RICV offers Transition and Diversion services to help individuals with disabilities live independently. These services provide support and services to assist individuals with moving from a nursing home or hospital back into the community and keeping them safely in their homes.
- RICV’s Work Readiness Independent Living (WRIL) program assists with work readiness, employment goals, and job training. It also helps develop communication, problem-solving, resume-building, and interviewing skills for those with disabilities.
- RICV offers an Assistive Technology Program which can provide training and/or products, equipment, and systems to enhance learning, communication, working, and daily living for persons with disabilities.

⁶⁹ 2022 American Community Survey 5-Year Estimates

- RICV’s Disability Disaster Access & Resources (DDAR) program assists individuals with disabilities and older adults in disaster readiness and recovery. This program provides information and assistance, disaster readiness training, personal preparedness planning assistance, public awareness, and assessments for backup electricity support.

The Deaf and Hard of Hearing Service Center (DHHSC) in Tulare County offers the following services:

- Advocacy Services: working with the DHH community to ensure equal access and participation in all services and programs provided in the community.
- Communication Services (including Interpreting).
- Independent Living Skills Instruction.
- Counseling
- Job Development & Placement Assistance
- Community Education
- Information & Referral

Valley Center for the Blind (VCB) provides education and training to the blind and visually impaired community throughout the Central Valley. Their courses cover:

- Assistive Technology
- Braille
- Independent Living Skills
- Orientation and Mobility

ABLE Industries provides job training and placement and life skills programs for individuals living with disabilities throughout the Central Valley.

For more detailed information, please refer to Section 2 (“The Service System within the Planning and Service Area” and “Significant Programs for Older Adults Outside of the Agency on Aging Network”).

LGBTQ+ Older Adults

A Gallup poll conducted through telephone surveys in 2022, with data aggregated from over 10,000 American adults, revealed that approximately 7% of respondents identified as Lesbian, Gay, Bisexual, Transgender, or something other than Heterosexual (commonly referred to as ‘LGBTQ+’). This estimate is illustrated in **Figure 5.2.2**, which also demonstrates a steady increase in this percentage over the last decade. For instance, in 2012, the percentage was below 5%.

Despite the gradual growth in the number of Americans identifying as LGBTQ+, this subgroup remains a minority within the broader population. It is essential to acknowledge this fact because historically, the LGBTQ+ community has faced challenges in accessing services or encountering a lack of culturally sensitive support.⁷⁰

⁷⁰ National Library of Medicine. “Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review” | <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5478215/>

Figure 5.2.2. Americans’ Self-Identification as Lesbian, Gay, Bisexual, Transgender, or Something Other Than Heterosexual, 2012-2022⁷¹

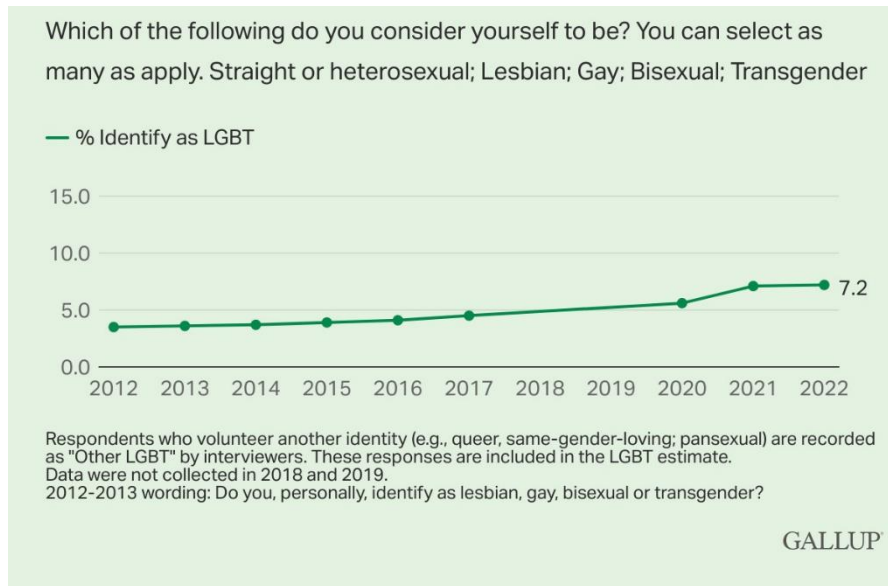


Table 5.2.7 presents the estimates of the LGB population among older adults in Kings and Tulare Counties. According to the 2023 Community Assessment Survey for Older Adults (CASOA), approximately 5% of older adults identified as LGB, while another 1% identified in another way. This percentage is lower than the Gallup estimate of 7% for the LGBTQ+ population for the entire United States. Additionally, data from the California Health Interview Study (CHIS) suggested that 3% of older adults in California identified as LGB in 2022.⁷² The estimated percentage of LGB older adults in Kings and Tulare Counties (5%) exceeds the state-level estimate (3%).

⁷¹ Reproduced from Gallup. "U.S. LGBT Identification Steady at 7.2%" | <https://news.gallup.com/poll/470708/lgbt-identification-steady.aspx>

⁷² 2022 California Health Interview Survey

Table 5.2.7. Older Adult Sexual Orientation in Kings County and Tulare County^{73 74}

Sexual Orientation (N = 184)	%
Heterosexual	94%
Lesbian	5%
Gay	0%
Bisexual	0%
Identify in another way	1%

There are a variety of services available for the older adult LGBTQ+ community in Kings and Tulare Counties. These services include:

- The Source LGBT+ Center is located in Tulare County and serves the Central Valley and offers over 20 programs that support the LGBTQ+ community. There are programs aimed at addressing issues around Mental Health and HIV Services. They have a Drop-In Center, numerous peer-support groups, and a food pantry.
- By calling 211 in Kings or Tulare County, older adults in the LGBTQ+ Community can relate to Sage, an organization operating nationally. Sage provides services and advocacy to older adults in the LGBTQ+ community.

For more detailed information, please refer to Section 2 (“The Service System within the Planning and Service Area” and “Significant Programs for Older Adults Outside of the Agency on Aging Network”).

Socially and Geographically Isolated Older Adults

Regardless of socioeconomic status, individuals can experience social isolation and/or physical frailty. Older adults who are socially isolated face unique challenges and have distinct needs that often impact health and lifespan, according to the National Institute on Aging.⁷⁵

Section 5.1.1, older adults residing in rural areas of Kings County and Tulare County face considerable difficulties in accessing services. Many struggle with the dual challenge of accessing reliable and affordable transportation, further impeding their ability to access essential resources.

Table 5.2.8 displays data from the 2023 California Department of Aging’s Population Demographic Projections by County and PSA for Intrastate Funding Formula. The estimates indicate that 11% of older adults aged 60 and over in Kings County and 14% in Tulare County live in geographic isolation. Across the PSA, the average is 13%. Additionally, in King County, 17% of older adults live alone compared to 16% in Tulare County. These figures highlight the significant proportion of older adults in both counties who experience geographic isolation or live alone.

⁷³ Kings/Tulare Area Agency on Aging. Community Assessment Survey for Older Adults. October 2023

⁷⁴ Another recent estimate of the older adult LGB population in Kings and Tulare Counties comes from the California Health Interview Survey (CHIS) data. However, this estimate is considered “statistically unstable,” by the organization that conducted the survey.

⁷⁵ National Institute on Aging. “Social isolation, loneliness in older people pose health risks” | <https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks>

Table 5.2.8. Socially and Geographically Isolated Older Adults Aged 60 and Older ⁷⁶

Area	Geo-Isolation	Percentage Geo-Isolation	Lives Alone	Percentage Lives Alone
Kings County (PSA 15)	2,645	11%	3,945	17%
Tulare County (PSA 15)	12,008	14%	13,960	16%
Total (PSA 15)	14,653	13%	17,905	16%

The Kings/Tulare Area Agency on Aging supports socially and geographically isolated older adults in Kings County and Tulare County through public transportation options.

Within Tulare County, the Tulare County Regional Transit Agency (TCRTA) provides Paratransit & Dial-A-Ride services. Through these services, TCRTA provides transportation to individuals at locations within the cities of Dinuba, Porterville, and Tulare. Service is available within 3/4 mile of each local fixed route. The service is available to Americans with Disabilities Act (ADA)-eligible individuals, as well as older adults (age 65+) and Medicare card holders. The cities of Exeter and Farmersville currently receive paratransit service from the City of Visalia (Visalia Transit). TCRTA also provides additional Dial-A-Ride service to older adults, the disabled, and Medicare cardholders in other areas of the County with limited commuter routes or no fixed route service. These areas include the City of Lindsay, North County communities (including Cutler and Orosi), and South County communities (including Waukena, Tipton, Pixley, Teviston, Alpaugh, Allensworth, Earlimart, and Richgrove). General-public Dial-A-Ride service is provided in the City of Woodlake.

Operating out of Kings County, the Kings Area Rural Transit (KART) system provides public transportation services to low-income individuals, older adults, and those with disabilities. Service areas include the cities of Armona, Avenal, Corcoran, Grangeville, Hardwick, Hanford, Kettleman City, Laton, Lemoore, and Stratford.

For more detailed information, please refer to Section 2 (“The Service System within the Planning and Service Area” and “Significant Programs for Older Adults Outside of the Agency on Aging Network”).

Older Adults Living with HIV/AIDS

It is estimated that half of all individuals with HIV in the United States are adults aged 50 years and older.⁷⁷ Because HIV symptoms in older adults can be mistaken for age-related conditions, they are less likely to be tested for HIV compared to younger individuals.⁷⁸ This delay in diagnosis increases the risk of developing AIDS.⁷⁹ Additionally, older individuals living with HIV are more likely to develop other medical conditions like diabetes, dementia, and

⁷⁶ 2023 California Department of Aging (CDA), Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF)

⁷⁷ National Institute on Aging, HIV, AIDS, and Older Adults | <https://www.nia.nih.gov/health/hiv-aids/hiv-aids-and-older-adults#:~:text=Older%20people%20living%20with%20HIV%20also%20have%20an,addiction%2C%20and%20they%20tend%20to%20be%20more%20isolated>

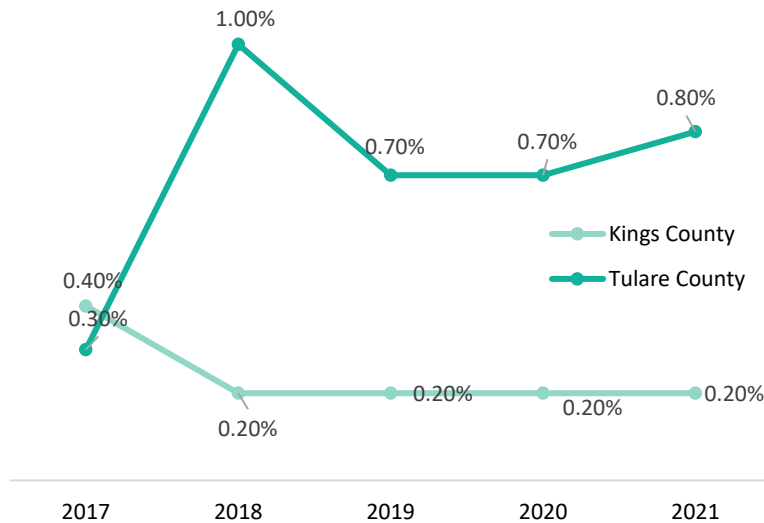
⁷⁸ National Institute on Aging, HIV, AIDS, and Older Adults | <https://www.nia.nih.gov/health/hiv-aids/hiv-aids-and-older-adults#:~:text=Older%20people%20living%20with%20HIV%20also%20have%20an,addiction%2C%20and%20they%20tend%20to%20be%20more%20isolated>

⁷⁹ National Institute on Aging, HIV, AIDS, and Older Adults | <https://www.nia.nih.gov/health/hiv-aids/hiv-aids-and-older-adults#:~:text=Older%20people%20living%20with%20HIV%20also%20have%20an,addiction%2C%20and%20they%20tend%20to%20be%20more%20isolated>

osteoporosis. They also face a higher risk of isolation, which can lead to mental health issues like depression.⁸⁰

Figure 5.2.3 illustrates the percentage of newly diagnosed HIV cases in Kings County and Tulare County from 2017 to 2021. In Kings County, newly diagnosed cases of HIV dropped by 50% from 2017 to 2018 and have remained stable since then. However, in Tulare County cases have surged since 2017, doubling in 2021 compared to 2017.⁸¹

Figure 5.2.3. Percent of Newly Diagnosed HIV Cases in Kings County and Tulare County from 2017 - 2021⁸²



Services are available in Kings County and Tulare County for older adults living with HIV/AIDS. In particular, The Source LGBT+ Center is located in Tulare County and has multiple programs aimed at supporting people living with HIV throughout the Central Valley, including Tulare County and Kings County. These programs include:

- Free Rapid HIV Testing- Testing is anonymous and culturally competent test counseling is provided.
- PrEP Assistance: PrEP (Pre-exposure prophylaxis) is a highly effective medicine for preventing HIV. This program helps individuals know their options for making obtaining PrEP accessible and affordable.

⁸⁰ National Institute on Aging, HIV, AIDS, and Older Adults | <https://www.nia.nih.gov/health/hiv-aids/hiv-aids-and-older-adults#:~:text=Older%20people%20living%20with%20HIV%20also%20have%20an,addiction%2C%20and%20they%20tend%20to%20be%20more%20isolated.>

⁸¹ California HIV Surveillance Report, 2021. Office of AIDS. California Department of Public Health | https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California_HIV_Surveillance_Report2021_ADA.pdf

⁸² California HIV Surveillance Report, 2021. Office of AIDS. California Department of Public Health | https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California_HIV_Surveillance_Report2021_ADA.pdf

- **AIDS Drug Assistance Program:** The Source LGBT+ Center partners with the Office of AIDS as the only LGBTQ+ Community Center ADAP enrollment site in Central California. This program helps ensure that uninsured and/or underinsured individuals living with HIV have access to life-saving medications.
- **Ryan White Supportive Services:** This is a federal program that provides additional support to low-income individuals living with HIV. Through this program, The Source LGBT+ Center provides case management, nutrition assistance, emergency assistance, and pharmacy access programs.

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS

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

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

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

Access:

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

2024-25 20 % 25-26 _____ % 26-27 _____ % 27-28 _____ %

In-Home Services:

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

2024-25 2 % 25-26 _____ % 26-27 _____ % 27-28 _____ %

Legal Assistance Required Activities:³

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

2024-25 11.5 % 25-26 _____ % 26-27 _____ % 27-28 ___ %

Percentages for Priority Services are based on past actual data, the amount of funding available for Title III-B services, and the information provided by seniors during the needs assessment. The current staff level and the potential to reach as many seniors in need are also considered when determining priority services.

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

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

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ⁴ Yes or No	Was hearing held at a Long-Term Care Facility? ⁵ Yes or No
2024-2025	5/6/2024 5/7/2024	Hanford Senior Center Cutler/Orosi Senior Center	18 17	No. Yes (English and Spanish)	No. No.
2025-2026					
2026-2027					
2027-2028					

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

1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.
Surveys were delivered to homebound seniors through contracted service providers via the Meals on Wheels programs. Surveys were also provided to service providers who provide services to disabled adults and older adults so they could disperse to their clients.
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: N/A
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.
There were no questions regarding the adequate proportion of funding for priority services.
6. List any other issues discussed or raised at the public hearing.
 - Participants raised concerns over lack of access to transportation, especially concerning rural and remote towns/areas of the PSA. K/T AAA staff conducting the public hearings acknowledged the challenges of transportation and shared that part of the goals outlined in the area plan include participating in committees regarding transportation as this issue cannot be solved by the AAA alone.

Limited funding and resources were outlined as barriers.

- One participant brought up concerns of congregate meals needing to be more nutritious. It was explained that all menus are reviewed by a registered dietician but that the feedback provided would be given to the contracted service provider for consideration.
- One participant mentioned wanting exercise equipment at the senior centers. The contracted service provider who operates the senior center was present and discussed possibilities of purchasing equipment that could be used while sitting to lower risk of injury. Also, the service provider shared upcoming programs funded through IID that would be offered.

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

- The main concerns raised were regarding transportation. This is already reflected in the goals of the area plan and no changes were made.

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

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

SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES

Goals and Objectives are required per California Code of Regulations Title 22 Section 7300 (c) Goals are statements of ideal conditions that the AAA wishes to achieve through its planned efforts. Objectives are measurable statements of action to meet the goals. Objectives indicate all of the following:

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

Goal # 1

Goal: The Kings/Tulare Area Agency on Aging will be a leader in the development, operation, and provision of services providing for the mental and physical health of seniors in Kings and Tulare Counties.

Rationale: PSA 15 has a rapidly growing senior population due to increased longevity and the post-war baby boom. Health care issues dominate the concerns of seniors, creating a demand for greater health care information and assistance through the maze of requirements and options. Providing seniors with healthy meals, information on good nutrition and an opportunity for socialization also contributes to their well-being. Additionally, many seniors face a change in lifestyle and the loss of loved ones, resulting in a need for tools, assistance, support, and counseling services. Caregivers also need assistance and occasional respite from their caregiving tasks. While it is beneficial for seniors to remain living in their own homes, they also benefit from a change of environment and socialization/activities outside the home. The K/T AAA will provide to the seniors and, where applicable, their families, information on health issues, mental health care assistance, and caregiver assistance and information.

List Objective Number(s)_____and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source⁶	Update Status⁷
<p>Objective #1: Nutrition K/T AAA contractors will provide congregate and home-delivered meals to 11 congregate meal sites and homebound seniors within the PSA. Meals will be prepared to meet the USDA 1/3 DRI nutrition requirements and accepted safety requirements. Menus will vary and, to the extent possible, meal plans will provide for periodic ethnic meals. Meals will be delivered 5 days per week. A registered dietitian will monitor each site once per quarter. The dietitian’s reports will be reviewed by the K/T AAA administrative staff and contractor’s staff.</p>	<p>07/01/2024- 06/30/2028</p>	<p>Title III-C (C1, C2)</p>	<p>Continued</p>

<p>Any unusual findings will be noted and discussed with the dietitian and site manager.</p> <p>Home-delivered meal preparation and delivery will be provided and prioritized according to the targeted groups identified by the OAA and OCA. Nutrition program staff will make regular home visits to conduct reassessments and outreach.</p>			
<p>Objective #2: Nutrition Education The K/T AAA contractors will provide nutrition education sessions at congregate nutrition sites in Kings and Tulare Counties on a quarterly basis. Nutrition education materials will be distributed to home-delivered meal clients. The K/T AAA Registered Dietitian will approve all nutrition education materials in advance.</p> <p>The K/T AAA staff and contractors will regularly survey the seniors at each site to measure the usefulness of the presentations and to determine any additional topics about which the seniors may like to receive information.</p>	<p>07/01/2024-06/30/2028</p>	<p>Title III-C</p>	<p>Continued</p>
<p>Objective #3: Health Promotion/Disease Prevention: The K/T AAA contractors will provide health promotion/Disease Prevention programs and activities which have been demonstrated through rigorous evaluation to be evidence based.</p> <p>In coordination with K/T AAA staff, contractors will choose a program from the list provided by the National Council on Aging (NCOA), the list can be found at: https://www.ncoa.org/resources/ebpchart/.</p> <p>On approval from the K/T AAA, Contractors can choose to provide any of the listed activities or programs.</p>	<p>07/01/2024-06/30/2028</p>	<p>Title III-D</p>	<p>Continued</p>
<p>Objective #4: Senior Center Activities The K/T AAA contractors will provide activities such as recreation, music, art, physical activities, education, and other supportive services at senior centers once centers reopen and it is safe for seniors to return. Activities will be designed to enable</p>	<p>07/01/2024-06/30/2028</p>	<p>Title III-B</p>	<p>Continued</p>

older individuals to attain and/or maintain physical and mental well-being.			
Objective #5: Telephone Reassurance: The K/T AAA contractor’s Senior Center staff, volunteers, and interns will provide telephone reassurance to clients on a regular basis to decrease isolation and help individuals remain in their homes.	07/01/2024-06/30/2028	Title III-B	Continued
Objective #6: Mental Health Screening: The K/T AAA staff will continue to provide mental health assessments to home delivered and congregate meal recipients, which will identify those at risk for mental health and substance abuse concerns. Those at risk will be referred to Mental Health Services and to the Senior Counseling program. The anticipated outcome will be enhanced delivery of mental health services to seniors.	07/01/2024-06/30/2028	Non OAA	Continued

Goal #2

Goal: The K/T AAA acknowledges the need for coordinated transportation systems within the PSA that are affordable, sensitive to the needs of older persons and the disabled, and responsive to the needs of individuals and communities throughout Kings and Tulare Counties.

Rationale:

The rural nature of both Kings and Tulare Counties is not conducive to a wide-ranging, comprehensive transportation system. Data from a recent survey found that one-third of seniors lacked adequate transportation. The lack of transportation inhibits seniors’ access to programs and services, which could result in premature institutionalization. Transportation continues to be one of the most prevalent concerns in PSA 15.

List Objective Number(s)_____and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source⁶	Update Status⁷
Objective #1: Transportation Assistance The K/T AAA contractors will provide passes for senior transportation assistance, promoting public transportation while meeting senior needs.	07/01/2024-06/30/2028	Title III-B	Continued

<p>Objective #2: Representation A K/T AAA representative will participate in workgroups, task forces and/or committees that plan and enhance transportation services in the PSA.</p>	<p>07/01/2024-06/30/2028</p>	<p>Admin Non-OAA</p>	<p>Continued</p>
<p>K/T AAA staff will work to identify new providers of transportation services and work with contractors and county staff to ensure older adults are made aware of any resources offering transportation services</p>	<p>07/01/2024-06/30/2028</p>		

Goal #3

Goal: The K/T AAA will endeavor to increase access to programs by increasing public awareness of the services of the K/T AAA. The K/T AAA will increase opportunities for seniors, their caregivers, and the public in general to receive information on the K/T AAA and its services, and will distribute information via public/community education, outreach, through coordination and partnerships with other organizations and providers for older adults.

Rationale:

There remains a lack of knowledge by the general public as well as many seniors, about the Area Agency on Aging and the services it provides. Even seniors who may be aware of one service may not be aware of the multitude of other services that are available to them.

<p>List Objective Number(s)_____and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)</p>	<p>Projected Start and End Dates</p>	<p>Type of Activity and Funding Source⁶</p>	<p>Update Status⁷</p>
<p>Objective #1: Outreach: The K/T AAA contractors will consistently provide information to seniors at senior centers, health fairs and special events where seniors and caregivers gather. They will conduct interventions when appropriate, to provide one-on-one outreach to seniors in need of services. Seniors will be encouraged to make use of existing services and benefits.</p> <p>The K/T AAA contractors will collaborate with communities to provide special events for seniors at these sites, to encourage participation, socialization, and awareness of programs/resources. They will also participate in events sponsored by city/local or business organizations that seniors or caregivers may attend.</p>	<p>07/01/2024-06/30/2028</p>	<p>Title III-B</p>	<p>Continued</p>

<p>Objective #2: Information and Assistance (I&A): The K/T AAA contractors will provide information and assistance services. Through call center services and through staff at the senior centers, will provide individual seniors with information on services available within the K/T AAA or the community, link seniors to needed services, and provide follow-up as needed. The outcome will be increased access to and utilization of needed K/T AAA and other community-based services.</p>	<p>07/01/2024-06/30/2028</p>	<p>Title III-B</p>	<p>Continued</p>
<p>Objective #2 Services Coordination: The K/T AAA Director in partnership with the Director of United Way of Tulare County, will continue to facilitate monthly Roundtable meetings with service providers of older adults. These meetings aim to identify the unique service needs of older adults in Tulare County and then work to identify programs and organizations in the area that provide services to meet those needs. By gathering different service providers and engaging in regular discussions, each provider will be able to inform their clients of the services provided by the K/T AAA and other organizations. Additionally, United Way of Tulare County will be able to update their 211 service to make sure it is reflective of the resources available to older adults in the community. This committee will also work to establish a resource guide in conjunction with Kings County to be able to provide to seniors.</p>	<p>07/01/2024-06/30/2028</p>	<p>Admin Non- OAA</p>	<p>New</p>

Goal #4

Goal: The K/T AAA will advocate and promote for seniors to obtain and sustain independence, including avoiding premature or inappropriate institutional placement.

Rationale:

Seniors are happier and recover from illness more quickly in their own homes. In addition, it is more costly to care for the elderly outside their own homes. The frail elderly are often targets for fraud and abuse but are frequently unable to afford or access legal services. Empowering the elderly and their caregivers to maintain independence and avoid fraud and abuse is a top priority of the K/T AAA.

List Objective Number(s)_____and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
<p>Objective #1: Legal Services: Legal services will be contracted through a well-established local non-profit law firm that provides legal assistance to underserved individuals. The contractor will provide legal services on various topics, including elder abuse issues, grandparents' rights, power of attorney, wills, trusts, and other senior legal needs.</p>	07/01/2024-06/30/2028	Title III-B	Continued
<p>Objective #2: Health Insurance Counseling and Advocacy Program (HICAP) The HICAP program is provided as a direct service in PSA 15. HICAP staff and volunteers will provide seniors with the information and assistance needed to understand their rights and options regarding Medicare billing, supplemental insurance, Long-Term Care insurance, and Medicare Part D. The program manager will provide support for volunteer recruitment, outreach through community education, training, and coordination. The HICAP counselors and trained volunteers will focus on direct client service.</p>	07/01/2024-06/30/2028	HICAP MIPPA	Continued
<p>Objective #3: Multipurpose Senior Services Program (MSSP): The K/T AAA operates the MSSP program as a direct service. MSSP staff will work with vendors and clients to avoid out-of-home placement for as long as possible. The contracted caseload will be continually monitored throughout the year. An audit of case files will be performed at least once during the year to make sure that proper services are being recommended for the clients. The anticipated outcome will be more seniors able to remain safely in their own homes.</p>	07/01/2024-06/30/2028	MSSP	Continued
<p>Objective #4: Ombudsman: The K/T AAA contracts with a nonprofit agency to provide Ombudsman services to the seniors in PSA 15. The ombudsman program will actively recruit for volunteer ombudsman representatives and will hold volunteer training no less than twice each year. It is anticipated that, with monitoring</p>	07/01/2024-06/30/2028	Ombudsman (Title III-B Title VII)	Continued

by the Ombudsman Program, the number of valid complaints will decrease. Through education and outreach, seniors and family members will be more aware of their rights in long-term care facilities.			
<p>Objective #4: Elder Abuse: The K/T AAA will contract elder abuse prevention services. Contractors will partner with the local District Attorney's Office to present information on crime prevention for seniors in group presentations and small focus groups. The availability of materials and events will be advertised through press, websites, newsletters, etc.</p> <p>Elder abuse prevention material will be widely distributed to home-delivered meal clients, seniors, their families and organizations that serve them. Through these services, it is expected that seniors and caregivers will become more adept at recognizing signs of abuse and that seniors will be less reluctant to report abuse.</p>	07/01/2024-06/30/2028	Title VII	Continued
<p>Objective #5: Visiting: The K/T AAA contractors will provide reassurance and safety checks to assess and support the needs of seniors. It is expected that the seniors visited will feel less isolated and will become more involved in social activities.</p>	07/01/2024-06/30/2028	Title III-B	Continued
<p>Objective #6: Personal Affairs Assistance The K/T AAA contractor will aid seniors with writing letters, completing financial forms, including tax documents, and other written or electronic documents. The contractor will also provide free tax preparation services to seniors at senior centers.</p>	07/01/2024-06/30/2028	Title III-B	Continued

Goal #5

Goal: The Kings/Tulare Area Agency on Aging will emphasize the provision of services to the Older Americans Act target groups: low-income minority seniors, older individuals with disabilities, older individuals with limited English-speaking ability, older individuals in rural areas, older individuals at risk for institutionalization, and caregivers.

Rationale:

The above-mentioned groups are harder to serve due to language, cultural, and other barriers that hinder access to services. These target groups are the most in need of the services of the K/T AAA.

List Objective Number(s)_____and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
Objective #1: Low-Income Minorities: K/T AAA contractors have well-established strategies for reaching and assisting low-income seniors of Kings and Tulare Counties with available services.	07/01/2024- 06/30/2028	Title III-B	Continued
Objective #2: Individuals with Disabilities: Through both direct and contracted service, K/T AAA will contact and take referrals from organizations that serve the disabled, with a particular emphasis on those at risk for institutionalization.	07/01/2024- 06/30/2028	Title III-B	Continued
Objective #3: Individuals with Limited English-Speaking Ability: Through both direct and contracted service, the K/T AAA will concentrate outreach to this senior population by participating in events in areas where they reside, providing information and pamphlets in appropriate languages, and utilizing translation services where possible.	07/01/2024- 06/30/2028	Title III-B	Continued
Objective #4: Services to Caregivers: The K/T AAA will contract with nonprofit providers for respite and provision of information about caregiving to all caregivers and care recipients in PSA 15. This will include presentations, educational conferences, and brochures at the senior centers and other sites that seniors visit. The K/T AAA will track the activities associated with caregivers and anticipates increased utilization of services	07/01/2024- 06/30/2028	Title III-E	Continued

Goal #6

Goal: The Kings/Tulare Area Agency on Aging will be a leader in the development, operation, and provision of caregiver services providing for the mental and physical well-being of caregivers.

Rationale:

The strain on caregivers of providing care for their loved ones is tremendous. Studies have shown that

caregivers have more physical and mental health problems than others of the same age. Caregiver services, including information, respite, and other support services will assist them in maintaining the difficult tasks they face.

List Objective Number(s)_____and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
Objective #1: Information Services: The K/T AAA will contract with day programs to provide information about the services available to caregivers and the possible health and emotional effects of being a caregiver. Awareness of available services will result in more utilization by caregivers.	07/01/2024-06/30/2028	Title III-E	Continued
Objective #2: Support Services: The K/T AAA contractors will offer caregivers’ support groups. The expected outcome will be that caregivers have the tools needed to continue providing in-home care, as measured by client surveys conducted by the contractor.	07/01/2024-06/30/2028	Title III-E	Continued
Objective #3: Respite: The K/T AAA contractors will provide short-term, temporary respite to caregivers who need time away from caregiving. The K/T AAA will monitor its contractors to ensure that the respite that is provided meets the definition established under federal regulations. Anticipated outcome will be that caregivers feel rejuvenated in their efforts as caregivers, as measured by client surveys conducted by the contractors.	07/01/2024-06/30/2028	Title III-E	Continued

Instructions:

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

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

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

SECTION 8. SERVICE UNIT PLAN (SUP)

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

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

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

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

Transportation (Access)

Unit of Service = 1 one-way trip

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

Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	14,050	3	2
2025-2026			
2026-2027			
2027-2028			

Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	12,300	3	1
2025-2026			
2026-2027			
2027-2028			

Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	950	4	1
2025-2026			
2026-2027			
2027-2028			

Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	64,300	1	1
2025-2026			
2026-2027			
2027-2028			

Home-Delivered Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	98,000	1	1
2025-2026			
2026-2027			
2027-2028			

Nutrition Education

Unit of Service = 1 session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	3,825	1	2
2025-2026			
2026-2027			
2027-2028			

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

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

Title IIIB, Other Priority and Non-Priority Supportive Services

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

Other **Priority Supportive Services include:** Alzheimer’s Day Care, Comprehensive Assessment, Health, Mental Health, Public Information, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting

- Other **Non-Priority Supportive Services include:** Cash/Material Aid, Community Education, Disaster Preparedness Materials, Emergency Preparedness, Employment, Housing, Interpretation/Translation, Mobility Management, Peer Counseling, Personal Affairs Assistance, Personal/Home Device, Registry, Senior Center Activities, and Senior Center Staffing

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

Other Supportive Service Category: Community Education

Unit of Service: 1 Activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	1,500	3	N/A
2025-2026			
2026-2027			
2027-2028			

Other Supportive Service Category: Personal Affairs Assistance

Unit of Service: 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	1,100	4	6
2025-2026			
2026-2027			
2027-2028			

Other Supportive Service Category: Senior Center Activities

Unit of Service: 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	43,800	1	4
2025-2026			
2026-2027			
2027-2028			

Other Supportive Service Category: Telephone Reassurance

Unit of Service: 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	1,500	1	5
2025-2026			
2026-2027			
2027-2028			

Other Supportive Service Category: Visiting

Unit of Service:1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	500	4	5
2025-2026			
2026-2027			
2027-2028			

3. Title IIID/Health Promotion—Evidence-Based

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

Evidence-Based Program Name(s): Chronic Disease Management: A Matter of Balance

Add additional lines if needed.

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	200	1	3
2025-2026			
2026-2027			
2027-2028			

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

2024-2028 Four-Year Planning Cycle

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

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

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

Complete all Measures and Targets for Outcomes 1-3.

Outcome 1.

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

Measures and Targets:

A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition). The average California complaint resolution rate for FY 2021-2022 was 57%.

Fiscal Year Baseline Resolution Rate	# of partially resolved or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	151	155	97%	98 % 2024-2025
2023-2024				_____ % 2025-2026
2024-2025				_____ % 2026-2027
2026-2027				_____ % 2027-2028

Program Goals and Objective Numbers: Goal 4

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>43</u> FY 2024-2025 Target: <u>45</u>
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2022-2023 Baseline: Number of Family Council meetings attended <u>3</u> FY 2024-2025 Target: <u>5</u>	
2. FY 2023-2024 Baseline: Number of Family Council meetings attended _____ 2025-2026 Target: _____	FY
3. FY 2024-2025 Baseline: Number of Family Council meetings attended _____ 2026-2027 Target: _____	FY
4. FY 2025-2026 Baseline: Number of Family Council meetings attended _____ 2027-2028 Target: _____	FY
Program Goals and Objective Numbers: <u>Goal 4</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>268</u> FY 2024-2025 Target: <u>300</u>	
2. FY 2023-2024 Baseline: Number of Instances _____ 2026 Target: _____	FY 2025-
3. FY 2024-2025 Baseline: Number of Instances _____ 2027 Target: _____	FY 2026-
4. FY 2025-2026 Baseline: Number of Instances _____ 2028 Target: _____	FY 2027-
Program Goals and Objective Numbers: <u>Goal 4</u>	

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

1. FY 2022-2023 Baseline: Number of Instances <u>608</u> FY 2024-2025 Target: <u>650</u>

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

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

1. FY 2022-2023 Baseline: Number of Sessions <u>5</u> FY 2024-2025 Target: <u>10</u>	
2. FY 2023-2024 Baseline: Number of Sessions _____ 2026 Target: _____	FY 2025-
3. FY 2024-2025 Baseline: Number of Sessions _____ 2027 Target: _____	FY 2026-
4. FY 2025-2026 Baseline: Number of Sessions _____ 2027-2028 Target: _____	FY
Program Goals and Objective Numbers: <u>Goal 4</u>	

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

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

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

FY 2024-2025
<p>FY 2024-2025 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p> <p>Bring awareness of the systemic issues surrounding the discharge of skilled nursing facility residents to homeless shelters after years of living in the facility. Seek to open the lines of communication with shelters and managed Medi-Cal health care system (Partnership) to eliminate this practice.</p> <p>Work to expand the education, outreach and training for the volunteer program. Identify new resources that may serve as referral sources for appropriate individuals to serve as Ombudsman volunteers.</p>
FY 2025-2026
<p>Outcome of FY 2024-2025 Efforts:</p> <p>FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>
FY 2026-2027
<p>Outcome of FY 2025-2026 Efforts:</p> <p>FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>
FY 2027-2028
<p>Outcome of 2026-2027 Efforts:</p> <p>FY 2027-2028 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>

Outcome 2.

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

Measures and Targets:

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

<p>1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>20</u> divided by the total number of Nursing Facilities <u>20</u> = Baseline <u>100</u> % FY 2024-2025 Target: <u>100%</u></p>
<p>2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2025-2026 Target: _____</p>
<p>3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2026-2027 Target: _____</p>
<p>4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2027-2028 Target: _____</p>
<p>Program Goals and Objective Numbers: _____</p>

B. Routine access: Residential Care Communities (NORS Element S-61) Percentage of RCFEs within the PSA that were visited by an Ombudsman representative at least once each quarter during the fiscal year not in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not a count of visits but a count of facilities. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

<p>1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>48</u> divided by the total number of RCFEs <u>55</u> = Baseline <u>81</u> % FY 2024-2025 Target: <u>90</u> %</p>
<p>2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ % FY 2025-2026 Target: _____</p>

<p>3. FY 2024-2025 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____%</p> <p>FY 2026-2027 Target: _____</p>
<p>4. FY 2025-2026 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____%</p> <p>FY 2027-2028 Target: _____</p>
<p>Program Goals and Objective Numbers: _____</p>

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.

<p>1. FY 2022-2023 Baseline: 2.5 _____ FTEs FY 2024-2025 Target: 2.5 _____ FTEs</p>
<p>2. FY 2023-2024 Baseline: _____ FTEs FY 2025-2026 Target: _____ FTEs</p>
<p>3. FY 2024-2025 Baseline: _____ FTEs FY 2026-2027 Target: _____ FTEs</p>
<p>4. FY 2025-2026 Baseline: _____ FTEs FY 2027-2028 Target: _____ FTEs</p>
<p>Program Goals and Objective Numbers: _____</p>

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

<p>1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers 5 _____ FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers 6 _____</p>
<p>2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers _____</p>
<p>3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers _____ ,FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers _____</p>

4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: _____

Outcome 3.

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

Measures and Targets:

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

Some examples could include:

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

Fiscal Year 2024-25 <ol style="list-style-type: none"> 1. The Ombudsman staff will continue to train all new volunteers on how to use ODIN, the ombudsman is using iPads during regular visits to the facility to enter ODIN data immediately after the visitation. 2. Continue with monthly trainings so all volunteer ombudsmen will meet requirements for the continuation education that's required by the state.
Fiscal Year 2025-2026
Fiscal Year 2026-2027
Fiscal Year 2027-2028

TITLE VII ELDER ABUSE PREVENTION SERVICE
UNIT PLAN

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

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

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

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

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

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2020, Section 302(3) ‘Family caregiver’ means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent

coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.

- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Number of Individuals Served** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

The agency receiving Title VII Elder Abuse Prevention funding is: Kings County Commission on Aging (KCCOA) and Community Services Employment Training (CSET)

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	5,700			
Public Education Sessions	21			
Training Sessions for Professionals	9			
Training Sessions for Caregivers served by Title III E	N/A			
Hours Spent Developing a Coordinated System	N/A			

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	11,750	Articles/Newsletters/Flyers/Brochures, addressing awareness and prevention of elder abuse
2025-2026		
2026-2027		
2027-2028		

TITLE III E SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)

2024-2028 Four-Year Planning Period

This Service Unit Plan (SUP) uses the five federally mandated service categories that encompass 16 subcategories. Refer to the [CDA Service Categories and Data Dictionary](#) for eligible activities and service unit measures. Specify proposed audience size or units of **service for ALL** budgeted funds.

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

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

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

Direct and/or Contracted III E Services

CATEGORIES (16 total)	1	2	3
Family Caregivers - Caregivers of Older Adults and Adults who are caring for an individual of any age with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.	Proposed Units of Service	Required Goal #(s)	Required Objective #(s)
Caregiver Access Case Management	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026			
2026-2027			
2027-2028			

Caregiver Access Information & Assistance	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	1,617	5, 6	6, 1

2025-2026			
2026-2027			
2027-2028			
Caregiver Information Services	# Of activities and Total est. audience (contacts) for above:	Required Goal #(s)	Required Objective #(s)
2024-2025	# Of activities <u>96</u> and Total est. audience (contacts) for above: 25600	6	1
2025-2026	# Of activities and Total est. audience (contacts) for above:		
2026-2027	# Of activities and Total est. audience (contacts) for above:		
2027-2028	# Of activities and Total est. audience (contacts) for above:		
Caregiver Respite In-Home	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	2,699	6	3
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Other	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Day Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	16,196	6	3
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Overnight Care	Total hours	Required Goal #(s)	Required Objective #(s)

2024-2025	N/A	N/A	N/A
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Caregiver Assessment	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Caregiver Registry	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Consumable Supplies	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Home Modifications	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A

2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Legal Consultation	Total contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Groups	Total sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	750	6	2
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Training	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Counseling	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	194	6	2
2025-2026			
2026-2027			
2027-2028			

Direct and/or Contracted III E Services- Older Relative Caregivers

CATEGORIES (16 total)	1	2	3
Older Relative Caregivers	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
Caregiver Access Case Management	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026			
2026-2027			
2027-2028			
Caregiver Access Information & Assistance	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026			
2026-2027			
2027-2028			
Caregiver Information Services	# Of activities and Total est. audience (contacts) for above	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027	N/A	N/A	N/A
2027-2028	N/A	N/A	N/A
Caregiver Respite In-Home	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026			
2026-2027			
2027-2028			

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

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

Caregiver Support Training	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Counseling	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026			
2026-2027			
2027-2028			

PSA 15

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

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

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

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

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

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

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

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

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

SECTION 1: STATE PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	1,225	Goal # 4, Objective #2
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	48	Goal # 4, Objective #2
2025-2026		
2026-2027		
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	1,665	Goal # 4, Objective #2
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	1,392	Goal # 4, Objective #2
2025-2026		
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	381	Goal # 4, Objective #2
2025-2026		
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	599	424	0	176	Goal # 4, Objective #2
2025-2026					
2026-2027					
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	1,300	Goal # 4, Objective #2
2025-2026		
2026-2027		
2027-2028		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)⁹⁰

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

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

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

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

In the form below, provide the current list of designated community senior centers and focal points with addresses. This information must match the total number of senior centers and focal points reported in the Older Americans Act Performance System (OAAPS) State Performance Report (SPR) module of the California Aging Reporting System.

Designated Community Focal Point	Address
Community Services Employment Training	312 NW 3rd Ave., Visalia, CA 93291
Kings/Tulare Area Agency on Aging	5957 So. Mooney Blvd., Visalia, CA 93277
Valley Adult Day Services (Formerly Porterville Adult Day Services)	227 E. Oak Ave., Porterville, CA 93257
Kings County Commission on Aging	680 No. Campus Dr, Ste D, Hanford, CA 93230
Generations Lemoore Adult Day Care	1075 Blake St., Lemoore, CA 93245

Senior Center	Address
Cutler-Orosi Senior Center	437 N. Eaton, Dinuba, CA 93618
Dinuba Senior Center	<i>Currently Closed. Contractor is looking for a new location</i>
Earlimart Senior Center	Carnegie Building, 301 S. E St., Exeter, CA 93221
Exeter Senior Center	623 N Avery Ave, Farmersville, CA 93223
Farmersville Senior Center	St. Thomas Catholic Church, 6735 Ave 308,
Goshen Senior Center	Goshen, CA 93291
Hot Springs Capineros Senior Center	41810 Hot Springs Rd., California Hot Springs, CA 93207
Lindsay Senior Center	911 N. Parkside, Lindsay, CA 93247
Porterville Senior Center	280 N. 4th St., Porterville, CA 93257
Three Rivers Senior Center	Memorial Building, 43490 Sierra Dr., Three Rivers, CA 93271
Tulare Senior Center	201 N. F Street, Tulare, CA 93274
Woodlake Senior Center	145 N. Magnolia St. Woodlake, CA 93286
Visalia Senior Center	310 N. Locust, Visalia, CA 93292
Armona Senior Center	10953 14 th Ave., Armona, CA 93202

Senior Center	Address
Avenal Senior Center	108 W. Kings, Avenal, CA 93204
Corcoran Senior Center	800 Dairy Dr., Corcoran, CA 93212
Hanford Senior Center	View Road Apartments, 602 9 ¼ Ave., Hanford, CA 93230
Lemoore Senior Center	789 S. 18 th St., Lemoore, CA 93245

SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM

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

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

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

Family Caregiver Services

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

Older Relative Caregiver Services

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

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

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

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

Example of Justification:

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

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

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

Family Caregiver Supplemental Services
<p>Provider Name and Address of Agency: <u>Resources for Independence- Central Valley</u> 425 E. Oak Ave, Suite 101, Visalia, CA 93291</p> <p>Description of Services: Resources for independence including assistive devices/technologies, housing resources (such as information and referral, landlord/tenant advocacy, and home modifications), peer support, communication access, and advocacy</p> <p>Where the Service is Provided (Entire PSA or certain counties): Entire PSA</p> <p>Information that influences the decision not to provide the service (research, needs assessment, survey of senior population in PSA, etc.) Supplemental services are provided by other service providers in the area; rather than duplicate services, the K/T AAA seeks to leverage the existing resources and maximize services.</p> <p>How the AAA ensures the services continues to be provided in the PSA without the use of III E funds: Maintain an up-to-date resource directory, ensuring staff are aware of available resources so they can make appropriate referrals.</p>

Older Relative Caregiver Services
<p>Provider Name and Address of Agency: <u>211 Tulare County/United Way of Tulare County</u> 1601 E Prosperity Ave. Tulare, California 93274</p> <p><u>211 Kings County</u> 125 W. 7th St. Hanford, CA 93230</p> <p>Description of Services:</p> <ul style="list-style-type: none"> • Referral System • Information Services • Community Resources/Opportunities <p>Where the Service is Provided (Entire PSA or certain counties): Entire PSA</p> <p>Information that influences the decision not to provide the service (research, needs assessment, survey of senior population in PSA, etc.) Grandparent Services have not been identified a priority in PSA 15 and have not been included in the service delivery plan.</p> <p>How the AAA ensures the services continues to be provided in the PSA without the use of III E funds: 2211 Services are offered in part through funding from Tulare County HHSA.</p>

Provider Name and Address of Agency:

Tulare Family Resource Center

304 E. Tulare Ave. Tulare, CA

Resource Centers for families and caregivers providing support services such as Caregiver assessment, counseling, support groups, and caregiver training.

Where the Service is Provided (Entire PSA or certain counties):

Entire PSA

Information that influences the decision not to provide the service (research, needs assessment, survey of senior population in PSA, etc.)

Grandparent Services have not been identified a priority in PSA 15 and have not been included in the service delivery plan.

How the AAA ensures the services continues to be provided in the PSA without the use of IIIE funds:

K/T AAA works closely with these agencies to provide other services.

Provider Name and Address of Agency:

Parenting Network

330 N Johnson St. Visalia, CA 93291

- Respite services for Families.
- Respite services for senior caregivers.

Where the Service is Provided (Entire PSA or certain counties):

Entire PSA

Information that influences the decision not to provide the service (research, needs assessment, survey of senior population in PSA, etc.)

Grandparent Services have not been identified a priority in PSA 15 and have not been included in the service delivery plan.

How the AAA ensures the services continues to be provided in the PSA without the use of IIIE funds:

Programs are funded in part by Counties of Tulare and Kings.

SECTION 11. LEGAL ASSISTANCE

2024-2028 Four-Year Area Planning Cycle

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

1. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services?
Discuss: 11.5%

2. How have your local needs changed in the past year(s)? Please identify any changes (include whether the change affected the level of funding and the difference in funding levels in the past four years).
Discuss: During the last several years those seeking assistance from Legal Services needed to be able to access those services over the phone and not just in person. Adjustments have been made to meet these needs and continue to be offered as a way to reduce barriers to accessing these services. Outside of this, we have not seen any significant changes in the last four years and we are confident in stating there has been no need to change the funding level.

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: Our contract with the subcontractors includes the regulations to ensure the guidelines are known and being followed. Our subcontractors also includes language pertaining to these guidelines in their contracts with the vendor they work with to provide these services. Program monitoring is conducted bi-annually to ensure these guidelines are being met.

4.

5. 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: K/T AAA and the Contractor meet to discuss program needs, priorities and trends. The top Four (4) priority legal issues in our PSA are:

- **Consumer fraud (especially with regard to real estate fraud)**
- **Protective services including Elder Abuse**
- **Access to health care**
- **Housing**

6. 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:

K/T AAA and its contractors have a close and long-standing relationship with the legal service provider, district attorney, adult protective services and other agencies that serve seniors. This relationship enables the K/T AAA to identify and reach the senior population most in need for legal services. PSA 15 primarily targets the following segments of the senior population: those who are homebound or living alone without support, those with physical and mental disabilities, immigrants and others with limited English proficiency, minorities, those with extremely low income, members of the lesbian/gay/bisexual/transgendered community, and those in long-term care facilities. Legal services are contracted through a local community-based non-profit legal

firm that provides legal services to underserved individuals. The contractor has extensive experience and established strategies in reaching and serving this population .

7. 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		
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

8. What methods of outreach are Legal Services Providers using? **Discuss: K/TAAA staff and contractors have been trained in recognizing potential legal issues and making referrals to legal services when necessary. In addition to the outreach methods described above in response to Question 7, nutrition site managers are trained to refer nutrition program participants for services, and program information is available in English and Spanish at the nutrition sites. Legal Services information is also posted on the K/TAAA website (www.ktaaa.org), with the contact information for legal services. K/T AAA contractor CSET (Community Service and Employment Training), is a community action organization with well-established connections to community based organizations and local media, and experience serving the low income minority population which enhances outreach to seniors through print, radio and television**

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

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	a. Central Calif. Legal Services b. c.	a. Kings/Tulare Counties b. c.
2025-2026	a. b. c.	a. b. c.
2026-2027	a. b. c.	a. b. c.
2027-2028	a. b. c.	a. b. c.

10. 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: Legal services are usually accessed through Information & Assistance (I & A) services or senior center staff. Legal services are provided by telephone or by appointment in the offices of Central California Legal Services, senior centers, or in the home of the individual. Remote services are available.**

11. 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: Insurmountable debt loads and foreclosures, including foreclosure rescue and debt settlement scams continue to be significant issues. Due to the extreme poverty in PSA 15, seniors are heavily reliant on public benefit assistance and are negatively impacted by administrative issues and delays of government offices, many of which have also seen resource reductions. Priority areas handled by the provider include:**

- Personal autonomy (including Medi-Cal and long-term care/incapacity planning)
- Public benefits and income maintenance
- Consumer fraud (especially about real estate)
- Protective services including elder abuse.
- Access to health care
- Housing

12. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. **Discuss: Transportation is the major barrier for people to access legal assistance services in PSA 15. Another barrier is language. The message that greets callers to the PSA central toll-free telephone line is in English only, and the main flyer used to advertise the legal services is in English and Spanish only. Additionally, there are no staff at the call center that speak any of the Asian languages used in the PSA. Translators are routinely provided for Spanish-speaking clients when they do not have (or it would be inappropriate to use) their own translator. Many seniors are reluctant to ask for help or shy away from seeking help from a government entity. This is especially true for immigrants and populations who feel ignored or marginalized by "the system." The best strategy for overcoming this is to continue outreach to these groups and to encourage happy clients to spread the word.**
13. What other organizations or groups does your legal service provider coordinate services with? **Discuss: The K/T AAA contractors coordinate with other K/T AAA programs such as HICAP (Health Insurance Counseling and Advocacy Program), MSSP (Multipurpose Services Support Program), and Long-Term Care Ombudsman; as well as with the Senior Counseling Program, Public Guardian, and Adult Protective Services, as appropriate.**

SECTION 12. DISASTER PREPAREDNESS

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

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

The K/T AAA is a partner with Kings and Tulare Counties’ Public Health Departments, Office of Emergency Services (OES), and Emergency Medical Services (EMS), who are dedicated to ensuring the safety and security of the community by building strong, collaborative partnerships at the state and local levels, as well as between the public and private sectors. They play the essential role in disaster preparedness and response, accomplished via strategic planning, surveillance and early detection of communicable diseases, laboratory support, emergency communication planning, education, and training, as well as coordination with other “front line” agencies. The OES and EMS are but two of the sixty departments, organizations, and agencies that have partnered with the Public Health Departments in both counties.

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

Name	Title	Telephone	Email
Andrew Lockman	OES Manager (Tulare County)	Office: 559-624-7498 Cell:559-972-0160	alockman@tularecounty.ca.gov
Amanda Verhaege	Emergency Services Coordinator (Kings County)	Office: 559-852-2883	Amanda.verhaege@co.kings.ca.us
Clay Smith	Fire Chief (Kings County)	Office: 559-852-2881	Clay.smith@co.kings.ca.us

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Dayna Wild	K/T AAA Director	Office: (559) 624-8061	DLWild@tularecounty.ca.gov

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

Critical Services	How Delivered?
A. Nutrition Programs	A. Meals are delivered to homes and congregate meal sites. In a major disaster, delivery would be coordinated through respective Operations Area EOC (Emergency Operation Centers)

Outside of Nutrition, no other critical services are provided.

The Emergency Operation Center (EOC) will make decisions based on the size, type, location, impact, etc. of a disaster. If there is a need, the Facilities Unit of the EOC will be activated and will ensure County buildings are inspected for damage and will identify alternate sites available that have not sustained damage.

Community Services Employment Training (CSET), a non-profit partner, provides day-to-day and emergency/disaster services that include Meals on Wheels and other senior services through grant funding. This partnership is included in the County’s Emergency Operation Plan (EOP). They operate all the senior centers in Tulare County and if there is any damage to the buildings, they would provide home delivered meals to the affected clients.

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

Critical Services	How Delivered?
A Administrative Oversight	A Staff are equipped to work from home or remote locations as needed.
B Fiscal Payments	B Staff are equipped to work from home or remote locations as needed.

As employees of County of Tulare, K/T AAA are designated disaster service workers and may be required to provide services as needed.

6. List critical resources the AAA needs to continue operations.

- Technical equipment such as laptops, phones, etc.

7. List any agencies or private/non-government organizations with which the AAA has formal or nonformal emergency preparation or response agreements. (contractual or MOU): **K/T AAA has an MOU with County of Tulare.**

8. Describe how the AAA will:

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

Vulnerable populations have been identified in advance through programs such as In-Home Supportive Services Program (IHSS), Multipurpose Senior Services Program (MSSP), Senior Nutrition, and Public Health emergency Preparedness (PHEP). These programs use their own databases to collect information including needs such as electricity dependent medical equipment, etc.

Once routine operations are resumed following a major disaster, Social Workers and nutrition staff serving program clients will make contact with all clients and/or IHSS caregivers to verify that the frail elderly are safe and receiving any necessary services. For a disaster recovery response that exceeds the capacity of program staff, the EOC would still be activated and would coordinate disaster recovery. Services will resume as quickly as possible based on the response needs and will be part of the short-term recovery efforts which includes re-establishment of government operations. If CSET has the capability to resume services immediately, services will continue with little disruption. Additional Health and Human Services, a super agency, has created an Access and Functional Needs (AFN) Team to address preparedness and response.

9. How is disaster preparedness training provided?

- AAA to participants and caregivers: **Training is provided to participants and caregivers through the K/T AAA subcontractors.**
- To staff and subcontractors: **K/T AAA receive training through the county of Tulare. K/T AAA does not provide training to subcontractors at this time. They are encouraged to provide training to their own staff.**

SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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

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

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

Check applicable direct services

Check each applicable Fiscal Year

Title IIIB	24-25	25-26	26-27	27-28
<input type="checkbox"/> Information and Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title IIID	24-25	25-26	26-27	27-28
<input type="checkbox"/> Health Promotion – Evidence-Based <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title IIIE⁹	24-25	25-26	26-27	27-28
<input type="checkbox"/> Information Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title VII	24-25	25-26	26-27	27-28
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title VII	24-25	25-26	26-27	27-28
<input type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

N/A

⁸ Refer to CDA Service Categories and Data Dictionary.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: Nutrition Education

Check applicable funding source:⁹

IIIIB

IIIC-1

IIIC-2

IIIE

VII

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

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

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

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

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

service¹⁰: **The AAA does not have a full-time nutritionist on staff and therefore hires a consultant to provide these services which is the most cost-effective manner to meet the needs of the program.**

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

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

SECTION 15. GOVERNING BOARD

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

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

Total Number of Board Members:5

Name and Title of Officers:	Office Term Expires:
Supervisor Rusty Robinson, Chair (Kings Co.)	January 2025
Supervisor Larry Micari, Vice Chair (Tulare Co.)	January 2025

Names and Titles of All Members:	Board Term Expires:
Supervisor Rusty Robinson, Chair (Kings Co.)	January 2025
Supervisor Larry Micari, Vice Chair (Tulare Co.)	January 2025
Supervisor Eddie Valero, (Tulare Co.)	January 2025
Supervisor Pete Vander Poel, (Tulare Co.)	January 2025
Supervisor Richard Fagundes, (Kings Co.)	January 2025

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

SECTION 16. ADVISORY COUNCIL

**ADVISORY COUNCIL MEMBERSHIP
2024-2028 Four-Year Planning Cycle**

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

Total Council Membership (include vacancies) 15 (including 6 Vacancies)

Number and Percent of Council Members over age 60 7 out of 9 members are 60 or older 88 % Council 60+

Race/Ethnic Composition	% Of PSA's 60+Population	% on Advisory Council
White	49.5%	44%
Hispanic	40%	22%
Black	2.5%	11%
Asian/Pacific Islander	5%	0%
Native American/Alaskan Native	1.5%	11%
Other	1.5%	11%

Name and Title of Officers:	Office Term Expires:
Bobbie Wartson, Chair (Seat #6 Kings County)	12/31/2025
Suzann Wray, Vice Chair (Seat #13 Tulare County)	12/31/2024
Parliamentarian – Vacant	

Name and Title of other members:	Office Term Expires:
Brian Poth – Seat #1 (Tulare County)	12/31/2027
Arturo Torres Montiel Seat #2 (Tulare County)	12/31/2025
Mary Thomas Seat #3 (Tulare County)	12/31/2025
Seat #4 – Vacant (Tulare County)	

:

Betsey Foote Seat #5 (Tulare County)	12/31/2024
Robert Garcia Seat #7 (Kings County)	12/31/2025
Marianne Osborne Seat #8 (Kings County)	12/31/2025
Seat #9 – Vacant (Kings County)	
Marlene Chambers Seat #10 (Kings County)	12/31/2024
Seat #11 – Vacant (Kings County)	
Seat #12 – Vacant (Tulare County)	
Seat #13 – Vacant (Tulare County)	
Seat #14 – Vacant (Tulare County)	
Seat #14 – Vacant (Tulare County)	

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

Yes No

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

Yes No Additional Other (Optional)

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

Explain any “No” answer(s): No representatives have identified as disabled and no elected officials serve in the Advisory Council.

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? When a member does not get reappointed immediately, they will remain in the seat until they are reappointed if they have applied to be reappointed.

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

All applications for Council seat vacancies are submitted to the Advisory Council Membership Committee Chair, who then reviews the applications with the Membership Committee. A candidate’s name will then be brought to the full Council for consideration and approval. If approved, the candidate’s name is moved forward for an appointment. If it is a Board of Supervisor’s (either Kings or Tulare County) seat vacancy, the information and recommendation is forwarded to the respective County for appointment by its County Board of Supervisors. If it is a Governing Board-appointed seat, the recommendation for appointment goes before the Governing Board and is voted on at the next scheduled Governing Board meeting.

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

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

No. Title IIIB funds not used for Acquisition or Construction.

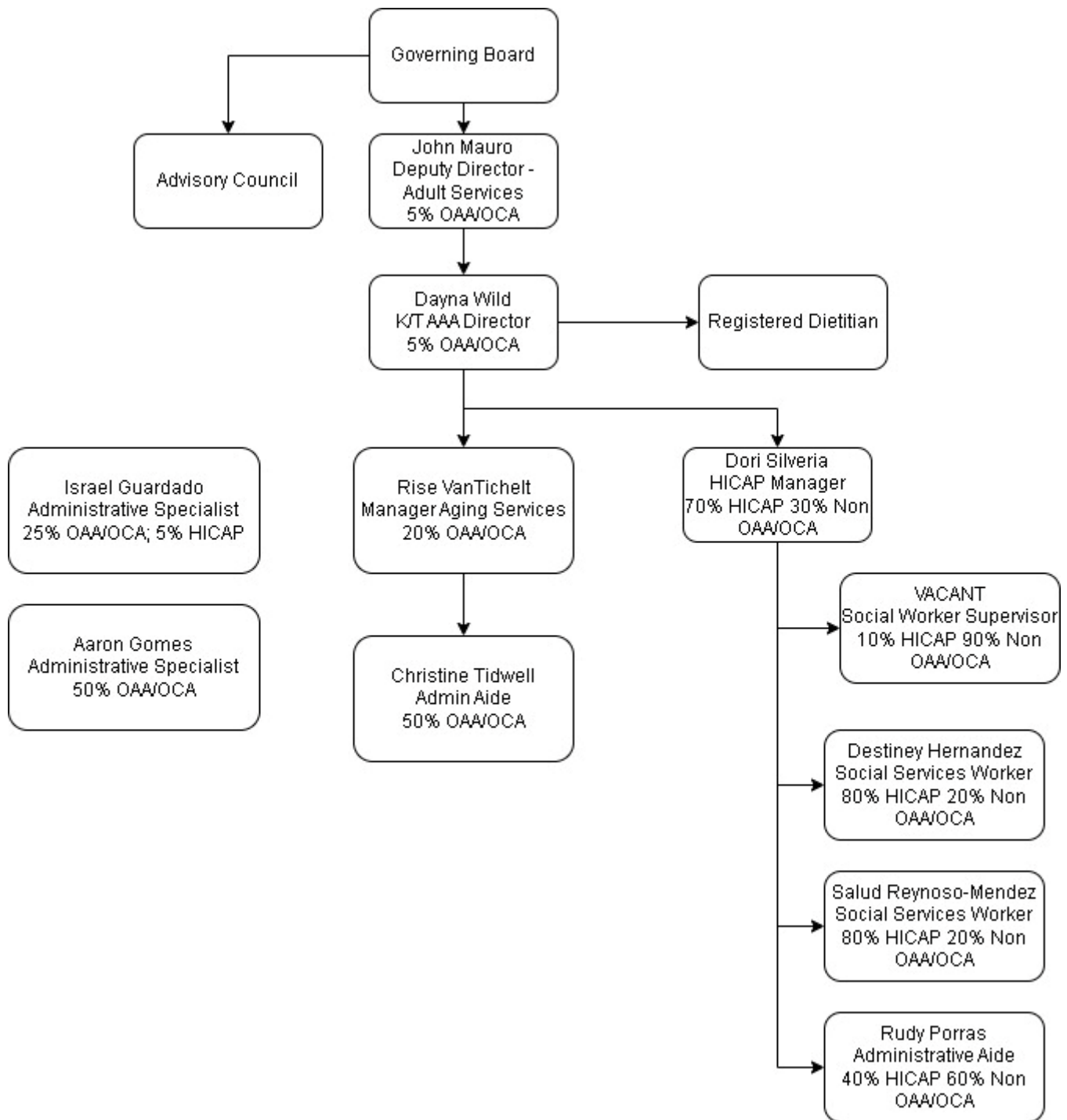
Yes. Title IIIB funds used for Acquisition or Construction.

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

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

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

SECTION 18. ORGANIZATION CHART (SAMPLE)



SECTION 19. ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Use outreach efforts that —

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

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

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

7. OAA 306(a)(5)

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

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

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

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

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

10. OAA 306(a)(11)

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

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

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

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

12. 306(a)(14)

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

13.306(a)(15)

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

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

14. OAA 305(c)(5)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21. OAA 307(a)(15)

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

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

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

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

22. OAA 307(a)(18)

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

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

23. OAA 307(a)(26)

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

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

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

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

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

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

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)]

Assure that services financed under the Older Americans Act in, or on behalf of, the community

will be either based at, linked to or coordinated with the focal points designated.

28.CFR [1321.53(c)]

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

29.CFR [1321.53(c)]

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

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

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

31.CFR [1321.61(d)]

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

32.CFR [1321.69(a)]

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