



Kings/Tulare Area Agency on Aging

**Four-Year Area Plan on Aging
July 1, 2020 to June 30, 2024**

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2020-2024 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 5-1-20 only**

Section	Four-Year Area Plan Components	4-Year Plan
	Transmittal Letter – <i>must have original, ink signatures or official signature stamps- no photocopies</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	<input checked="" type="checkbox"/>
5	Needs Assessment	<input checked="" type="checkbox"/>
6	Targeting	<input checked="" type="checkbox"/>
7	Public Hearings	<input checked="" type="checkbox"/>
8	Identification of Priorities	<input checked="" type="checkbox"/>
9	Area Plan Narrative Goals and Objectives:	<input checked="" type="checkbox"/>
9	Title IIIB Funded Program Development (PD) Objectives	<input type="checkbox"/>
9	Title IIIB Funded Coordination (C) Objectives	<input type="checkbox"/>
9	System-Building and Administrative Goals & Objectives	<input type="checkbox"/>
10	Service Unit Plan (SUP) Objectives and Long-Term Care Ombudsman Outcomes	<input checked="" type="checkbox"/>
11	Focal Points	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Priority Services	<input checked="" type="checkbox"/>
14	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
15	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>
18	Legal Assistance	<input checked="" type="checkbox"/>
19	Multipurpose Senior Center Acquisition or Construction Compliance Review	<input checked="" type="checkbox"/>
20	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
21	Organization Chart	<input checked="" type="checkbox"/>
22	Assurances	<input checked="" type="checkbox"/>

AREA PLAN UPDATE (APU) CHECKLIST

PSA 15

Check one: FY21-22 FY 22-23 FY 23-24

Use for APUs only

AP Guidan	APU Components (To be attached to the APU)	Check if	
	➤ <i>Update/Submit A) through I) ANNUALLY:</i>		
n/a	A) Transmittal Letter- (requires <i>hard copy with original ink signatures or official signature stamp-no photocopies</i>)	<input type="checkbox"/>	
n/a	B) APU- (submit entire APU electronically only)	<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"/>	
7	D) Public Hearings- that will be conducted	<input type="checkbox"/>	
n/a	E) Annual Budget	<input type="checkbox"/>	
10	F) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes	<input type="checkbox"/>	
18	G) Legal Assistance	<input type="checkbox"/>	
	➤ <i>Update/Submit the following only if there has been a CHANGE or the section was not included in the 2020-2024</i>	Mark Change d/Not	
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/>	<input type="checkbox"/>
5	Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>
9	AP Narrative Objectives:	<input type="checkbox"/>	<input type="checkbox"/>
9	• System-Building and Administration	<input type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Funded Programs	<input type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Transportation	<input type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	<input type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIC-1	<input type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIC-2	<input type="checkbox"/>	<input type="checkbox"/>
9	• Title IIID	<input type="checkbox"/>	<input type="checkbox"/>
20	• Title IIIE-Family Caregiver Support Program	<input type="checkbox"/>	<input type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/>	<input type="checkbox"/>
12	Disaster Preparedness	<input type="checkbox"/>	<input type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/>	<input type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input type="checkbox"/>	<input type="checkbox"/>
16	Governing Board	<input type="checkbox"/>	<input type="checkbox"/>
17	Advisory Council	<input type="checkbox"/>	<input type="checkbox"/>
21	Organizational Chart(s)	<input type="checkbox"/>	<input type="checkbox"/>

TRANSMITTAL LETTER
2020-2024 Four Year Area Plan/ Annual Update
Check one: **FY 20-24** **FY 21-22** **FY 22-23** **FY 23-24**

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. Richard Fagundes
(Type Name)

Signature: Governing Board Chair ¹

Date

2. Bobbie Wartson
(Type Name)

Signature: Advisory Council Chair

Date

3. Anita Ortiz
(Type Name)

Signature: Area Agency Director

Date

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.

In particular, 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)

Physical Characteristics

Centrally located within the State of California, Kings and Tulare counties are a sprawling and geographically - diverse regions. The bi-county area includes 6,231 square miles. Mountain peaks of the Sierra Nevada range rise to more than 14,000 feet in its Eastern half. Meanwhile, the extensively cultivated and very fertile valley floor in the Western half has allowed the counties to become leading producers of agricultural commodities in the United States. In addition to substantial packing / shipping operations, light and medium manufacturing plants are increasing in number and are becoming an important factor in the counties total economic picture.

The Eastern half of the County is comprised primarily of public lands within the Sequoia National Park, National Forest, and the Mineral King, Golden Trout, and Domelands Wilderness areas.

Demographic Characteristics

Population Trends and Projections

According to the California Department of Finance (CDOF),¹ California's senior population ages 60+ years is expected to increase 38% between 2016 and 2030, and 104% between 2016 and 2060. By 2030, it is estimated that 25% of Californians will be age 60 or over. This increase will be primarily due to the aging of the baby boomer generation.

The total combined population of PSA 15 in 2020 is approximately 640,867 according to CDOF 2020 projections.² Of this total, 106,366 individuals are estimated to be aged 60 or over; this equals approximately 17% of the PSA's total population.

Area	Population 60+	Non-Minority 60+	Minority 60+	Low Income 60+	Medi-Cal Eligible 60+	SSI/SSP 65+	Non-English 60+
<i>Kings</i>	23856	12184	11672	3410	5422	1637	1595
<i>Tulare</i>	83099	43544	39555	15130	23430	6969	6735
Total	106955	55728	51227	18540	28852	8606	8330

Incorporated and Unincorporated Areas

PSA 15 includes relatively few incorporated cities in relationship to its area. Tulare County has eight incorporated cities, while Kings County has four. Unincorporated areas make up approximately 30% of the population of the PSA. The largely rural nature of the area contributes to the challenge in reaching and providing services to seniors residing in these areas of the PSA.

Demographics of the 60+ Population

PSA 15 exhibits a wide array of diverse peoples and cultures. Among the general population, the Hispanic/Latino sector comprises 63% of all people and White (Non-Hispanic) makes up 29%. All other races/ethnicities each come in at 3% or less of the population.³

¹ California Department of Finance; P3-Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060 August 18, 2020

² California Department of Finance; P2- County Population Projections (2010-2060): County Population by Age – August 18, 2020

³ U.S. Census Bureau; Quick Facts (<http://www.census.gov/quickfacts/table/PST045215/06031,06107,00>)

Gender

According to CDOF projections, the ratio of male to females in the elderly population is expected to remain stable through 2030 estimated at 54% are female, 46% male.

Single-Person Households

Approximately 16,230 or 15% of the PSA's seniors currently live alone.⁴

Poverty Levels

PSA 15 is comprised of two of the poorest counties in California. Based on the 2018 ACS 5 year estimates, it is estimated that 15.6% of residents in Tulare County and 12.6% in Kings County aged 60 or over are living below the federal poverty level compared to 10.5% Statewide.

Unemployment

The PSA's two counties have very high unemployment rates, both ranking within the ten highest counties in the state. As of January 2020, the unemployment rate in the PSA was approximately 11%. Compared to the statewide average of 4% for the same month.⁵ Due to the COVID-19 pandemic the unemployment rate statewide has continued to climb.

Rural Area

According to a UCLA Center for Health Policy Research almost one in five California adults age 65 and over live in a rural area.⁶

Serving frail elders who live in remote rural areas poses a significant challenge; bringing the services to the seniors is often impossible, and bringing the seniors to centrally located service locations is often impractical. To reach these seniors, the K/T AAA travels to many locations throughout the PSA with a van (InfoVan), providing information through distribution of literature, presentations, and individual meetings. Accessing services remains a challenge, primarily due to lack of transportation, extreme climate, and poor air quality issues in the PSA.

Grandparents Caring for Grandchildren

According to the 2018 1Year Estimates (ACS),⁷ 2,932 seniors in PSA 15 are responsible for the care of their grandchildren. This includes about 1,063 seniors, who are living below the poverty level. We expect these numbers to climb as more grandparents step in to assist with distance learning for children during the pandemic. Financial aid and respite services are available to those who may be eligible through Child Welfare Services.

Limited- or Non-English-Speaking Population

With the majority of its general population being of Hispanic or Latino origin, PSA 15 has a large population for which English is a second or unknown language. Approximately 8,330 seniors over the age of 60 are non-English speaking.

Seniors at Risk for Institutional Placement

California is home to the largest number of older adults in the country. A sizeable number have

⁴ 2020 CDA Population Demographic Projections by County and PSA for Intrastate Funding Formula.

⁵ California Employment Development Department, Labor Market Information Division – <https://www.labormarketinfo.edd.ca.gov/data/unemployment-and-labor-force.html>

⁶ Health Policy Brief, June 2011; 'The Health Status and Unique Health Challenges of Rural Older Adults in California'

⁷ 2018 1Year Estimates (ACS)

incomes so low that they qualify for Medi-Cal and also have disabilities severe enough that they need assistance in order to live safely at home. Several programs assist low-income older adults who have disabilities. Among the largest of these programs include: In-Home Supportive Services Program (IHSS), which pays for personal care assistance; Adult Day Health Care (ADHC), which provides therapeutic services for seniors and respite for their families; Multipurpose Senior Services Program (MSSP), which provides enhanced case management and supplemental services; and Meals on Wheels, which provides home-delivered meals.

The stagnant budgets have made it difficult for these programs to continue to provide the same level of support to the community. The increase in demand for these services have made it much more difficult for many older adults to receive services that can allow them to continue to live safely in their own homes, and has increased hardships for their families. This will likely continue to place a greater demand on K/T AAA resources for services that support independent living.

Lesbian, Gay, Bisexual, and Transgender (LGBT) Population

Although not much information is currently available on the LGBT segment of the 60+ population, the University of California Los Angeles (UCLA), Williams Institute, estimates there are 620 same-sex couples living in the PSA.⁸ It should be noted that LBGT data integrity is affected by survey methodology, differing definitions (researchers have yet to agree on a common definition), and willingness to be identified; therefore estimates of this population are not considered to be reliable. The K/T AAA continues to make efforts to identify and include the LGBT population in service delivery planning.

Unique Resources and Constraint

Resources

Integration of Services

The K/T AAA enjoys an excellent partnership with the other County adult services operations. This enables integration with other adult programs and services in both Tulare and Kings Counties and promotes opportunities to coordinate with such programs as Veterans Services, In-Home Supportive Services, Public Guardian, and Adult Protective Services. Frequent communication takes place amongst the various programs, with the Aging Services Manager actively involved in the administration of both County and K/T AAA service delivery.

Quality Leadership & Dedicated, Knowledgeable Staff

PSA 15 benefits from the having dedicated staff and subcontractors, with combined experience of over 50 years providing support to the K/T AAA. K/T AAA and its subcontractors are not only passionate but knowledgeable about the services they provide and skilled in the art of interacting with the frail elderly population. In times of budgetary constraints, the K/T AAA and its subcontractors are creative and innovative in maximizing resources to maintain services to the seniors in Kings and Tulare Counties.

Active Advisory Council

An Advisory Council that likes to get things done is another valuable resource of the PSA. The K/T AAA Advisory Council maintains standing committees that manage an array of responsibilities including Council membership, senior nutrition, area planning, contracts and budget. Task oriented action committees are also established to coordinate specific activities

⁸ '2010 Census Snapshot: California Lesbian, Gay, and Bisexual Population'

such as the annual Senior Day in the Park and Senior Sites.

The Council stays actively involved with the senior community and keeps the Governing Board well informed of issues that affect seniors within the PSA. The Council also participates in the California Senior Legislature (CSL), with a very dynamic past member representing the PSA at the state level.

Due to the COVID-19 pandemic, the K/T AAA Advisory Council has elected to discontinue meeting until it is safe for in-person meetings to resume.

Dedicated Providers

Working closely with the K/TAAA contractors for the past few years, the K/T AAA has expanded the type and quality of available senior services. The added capacity for leveraging existing resources through contractors continues to exceeded expectations.

Constraints

If the state continues to close its budget deficit through decreased funding for services to seniors, the K/T AAA's capacity for service delivery will continue to be adversely impacted. Following are some of the most significant constraints in PSA 15:

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

Limited Financial Resources

A number of 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 seniors such as recipients of In-Home Supportive Services (IHSS), continues to present a tremendous challenge to the K/T AAA. Other programs which 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 do 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 seniors and charitable donations from other community resources. As noted previously, 15.6% of residents in Tulare County and 12.6% of residents in Kings County are living 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, and 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 so many in need, aging programs must compete with many other programs and services for available funding.

K/T AAA status: The Kings/Tulare Area Agency on Aging is a joint powers agreement between the two counties, and, as such, a governmental special district. This status of the K/T AAA adds to the difficulty in raising funds within the community, since individuals and businesses are not able to easily claim an income tax deduction for their contributions.

In summary, stagnant and/or reduced funding from federal, state, and local sources, large urban centers in adjacent counties, high local poverty and unemployment levels, and the K/T AAA's status as a joint powers agreement combine to create numerous fiscal challenges for the K/T AAA.

Limited Volunteerism

Several factors combine to form a deterrent to volunteering in PSA 15. Those in the PSA who do volunteer are often quite passionate about their service. However, for those many seniors whose lower income levels necessitate that they work at least part-time, volunteering may not be possible. 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 in regard to becoming ombudsman volunteers.

Rural Area with Limited Transportation Resources

A lack of convenient and affordable transportation presents a significant barrier to seniors accessing services and participating in community events. This is particularly true for seniors with disabilities and those with lower income levels, who have a higher degree of dependence on public transportation. Based on the 2020 needs assessment, transportation continues to be a challenge for many seniors.

Due to its rural nature and the distances between towns in PSA 15, it is difficult to bring a large number of seniors together. The two annual senior picnics, for example, which are held in the largest city in each county, only bring in about 2,000 seniors each year. This is less than 3% of the estimated number of seniors residing within the two counties.

Additionally, a significant number of older seniors 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 seniors' 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 provision of services. Minority populations with limited English-speaking skills (in particular low-income minorities) tend to underutilize services. (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.). Some minority communities have a general reluctance to trust government assistance and a tendency to limit their contact with outsiders. Addressing these issues adds to the complexities and costs involved in providing services to these older adults. Some progress has been made, but much more work needs to be done in this area

Needs Assessment

Additional demographic description of the Area Plan can be found in the Section 5 Needs Assessment Results.

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 responsibilities 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. More than 90% of Council members are over the age of 60.

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. Due to the COVID-19 pandemic, delivery of services has been altered to meet the demands of the population. Some services such as home-delivered meals have drastically increased and some have temporarily ceased, as the safety of seniors is the priority during this time.

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 served by the InfoVan, 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 widely publicized through the press, websites and newsletters. The overarching intent is to increase visibility of senior centers and attract donations to support them.

Cash/Material Aid

The K/T AAA contractor provides commodities, surplus distribution and emergency assistance to seniors in need.

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. All congregate nutrition enrollees were transitioned to home-delivered meals in March 2020 in response to the COVID-19 pandemic.

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.

Ombudsman volunteers having been deemed "non-essential" during the COVID-19 pandemic has limited their effectiveness and visibility. We continue to advocate for Ombudsman volunteers ability to re-enter facilities to advocate for and protect some of our most vulnerable community members.

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 has been expanded to participants of the congregate meals program.

Homebound Senior Social Network (HSSN)

K/T AAA contracts with a provider to administer the Homebound Senior Social Network (HSSN) program, a telephone-based social networking and outreach program targeting homebound clients, aged 60 or over, of the Kings/Tulare Area Agency on Aging (K/T AAA) Home-Delivered Meals and Multipurpose Senior Services programs in Tulare County. The program provides a range of activities, friendly conversation, and an assortment of classes and support groups to the target population, using conference calls—a system modeled on Senior Centers Without Walls, an award-winning and nationally recognized community outreach program. All of the weekly activities will take place on the telephone, with participants calling in toll-free from their own homes.

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 50% 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 28% 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 6% 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 3% 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.

SECTION 4. PLANNING PROCESS / ESTABLISHING PRIORITIES

The Area Plan planning process for the Area Plan 2020-2024 began in 2019 by conducting a needs assessment during the period of November 1, 2019 through June 30, 2020. The assessment provided a wide variety of valuable information which will be discussed at length in Section 5, and which established that transportation remains one of the highest priorities for all seniors in this rural PSA.

The four year FY 2020-2024 Area Plan draft was reviewed by the Advisory Council's ABC (Area Plan/Budget/Contracts) prior to submission to the Governing Board.

Notices of Public Hearings soliciting public input were posted in several locations and published in major newspapers in both counties within the PSA. Due to the COVID-19 pandemic having shut down all senior centers, these were not utilized for posting the Public Hearings, as has been past practice. Virtual hearings were held during the week of August 11, 2020, and seniors from both counties were invited to participate. No feedback from the public hearings was received and no changes to the Area Plan were required. The Area Plan was then presented for approval to the K/T AAA Governing Board on Aug 19, 2020.

Upon approval of the Governing Board, the four year FY 2020-2024 Area Plan was submitted to the California Department of Aging for formal approval.

SECTION 5. NEEDS ASSESSMENT

The K/T AAA conducted a comprehensive assessment during the period from November 1, 2019 through June 30, 2020 that provided a snapshot of the needs and concerns of the seniors in the PSA. The survey tools were primarily based on the California Department of Aging (CDA) core questionnaire and surveyed adults under 60 with disabilities, adults over 60, caregivers, and agencies providing services to the aging population.

Outreach

To encourage participation in the needs assessment, several venues were used for public outreach, including, but not limited to:

- Digital signage in all Health and Human Services district offices and public health clinics
- Facebook: Information posted on the Health and Human Services agency Facebook page providing a phone number and a link to the K/T AAA website for individuals to inquire or participate in the survey
- Health and Human Services intranet: A notice of the needs assessment was posted encouraging participation
- K/T AAA website (www.ktaaa.org): Posted notice of needs assessment and link to online surveys
- Participation in various community outreach events where older-adults could complete the assessment in person

Distribution

Surveys were widely distributed throughout the PSA in an attempt to reach as many persons as possible. All contracted providers assisted clients in completing surveys at senior sites, surveys were hand delivered to homebound clients in Nutrition programs, and social workers assisted clients of In-Home Supportive Services (IHSS) and Multipurpose Senior Services Program (MSSP) to complete surveys prior to the Stay at Home order. The surveys were also available to complete online, and were accessible through the K/T AAA website (www.ktaaa.org).

Results Summary

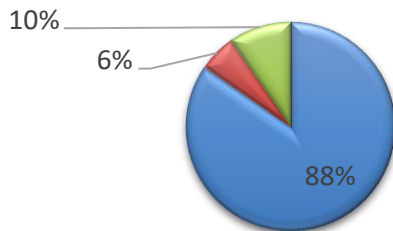
The assessment gathered PSA-specific demographic data. Data indicate that the predominate needs of older adults continue to be transportation, followed by assistance with chores or other activities that allow them to remain living safely in their own homes. The data will be thoroughly evaluated and the results carefully considered while developing and/or changing service delivery strategies during the FY 2020-2024 planning period.

Needs Assessment Full Results

K/TAAA 2019/2020 Community Needs Assessment: Demographic Snapshot

The K/TAAA Community Needs Assessment was conducted via paper survey offered in both English and Spanish throughout Tulare and Kings County service locations from November 2019 through June 2020. Initial assessment plans included incorporation of focus groups as a data gathering strategy to clarify and augment survey findings, however K/TAAA ultimately decided to cancel planned gatherings in an effort to maintain client safety during the pandemic. The survey generated a total of 222 responses from K/TAAA clients, including adults under 60 with disabilities, adults over 60, and caregivers. Below is a breakdown of respondent demographics and brief discussion of how the sample obtained compares to the broader census of Kings and Tulare residents.

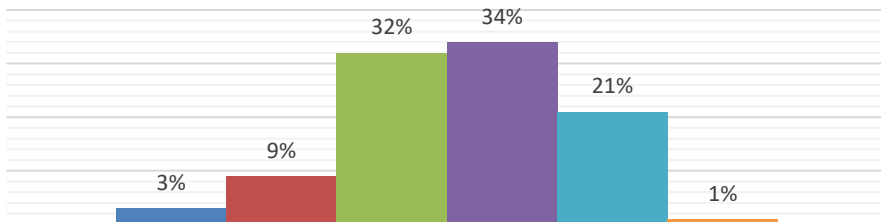
Respondent Populations



■ Adults Over 60 ■ Caregivers ■ People with a Disability

Age

■ 18-49 years ■ 50-59 years ■ 60-69 years
 ■ 70-79 years ■ 80-89 years ■ 90+



K/TAAA predominantly serves adults over the age of 60, as reflected here in the high proportion of responses from that group. *Approximately 5% of respondents identified as both a caregiver and an adult over 60.* Among persons with a disability, the majority reported being between the ages of 50-59; all but one respondent under age 50 were people with disabilities.

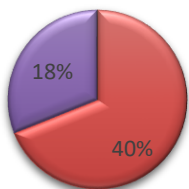
Adults over 65:

- Kings 10.5%
- Tulare 11.6%

Persons with a disability under 65:

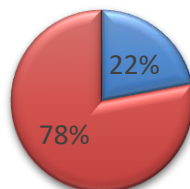
- Kings 8.7%
- Tulare 8.3%

Place of Residence



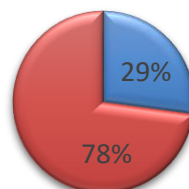
■ Tulare County
 ■ Kings County

Preferred Survey Language



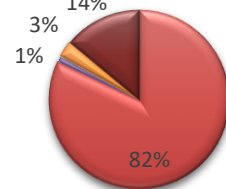
■ Spanish ■ English

Gender



■ Male
 ■ Female

Sexual Orientation

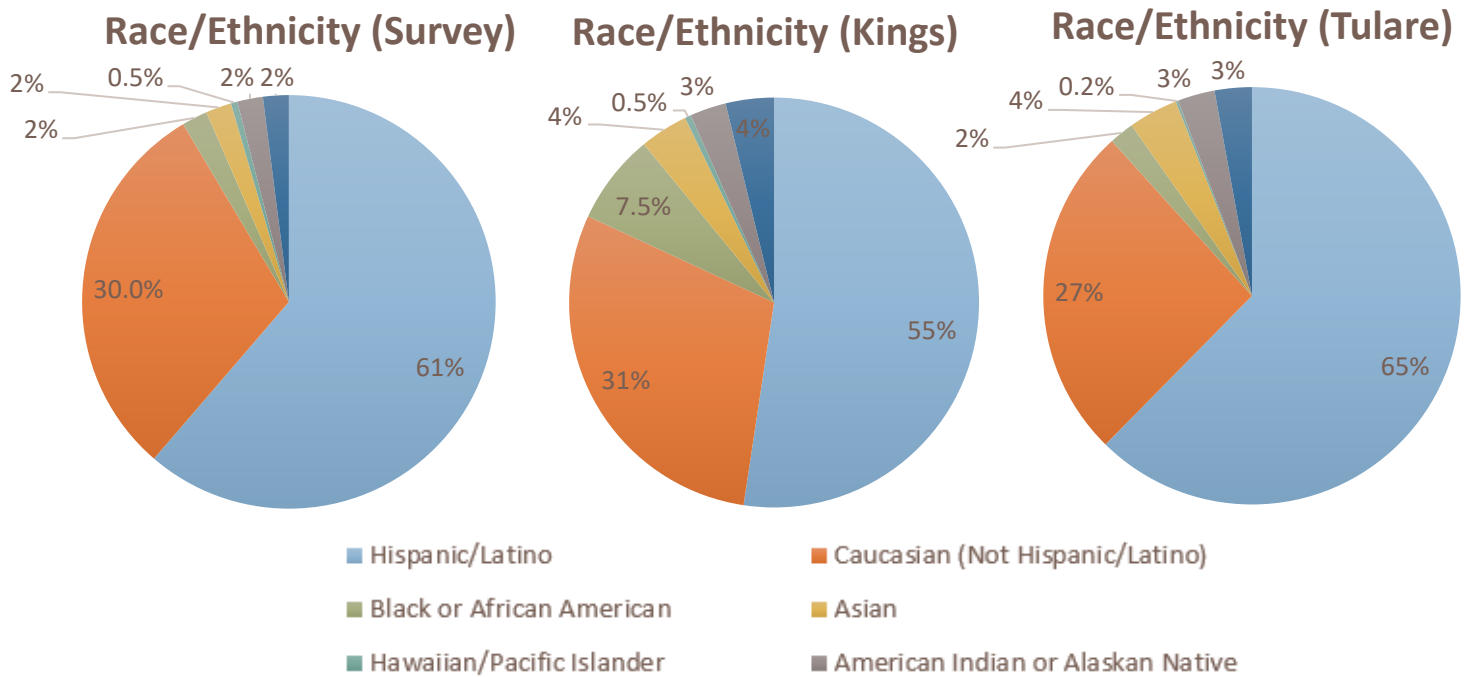


■ Heterosexual
 ■ Questioning/Unsure
 ■ Other

No respondents identified as Gay/Lesbian or Bisexual. "Other" responses included asexual and

40% Unknown/No

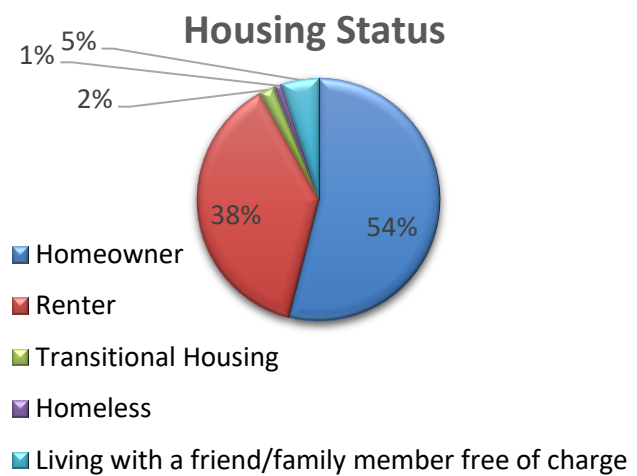
- **Kings County Cities Surveyed:** Hanford, Corcoran, Lemoore, Avenal, Kettleman City
- **Tulare County Cities Surveyed:** Visalia, Tulare, Farmersville, Exeter, Lemon Cove, Goshen, Woodlake, Ivanhoe, Dinuba, Seville, Cutler-Orosi, Earlimart, Pixley, Porterville



*4% of respondents declined to state race/ethnicity

Housing

There is a growing body of evidence linking the safety and security of stable housing to better health outcomes, and this impact is likely amplified in the vulnerable populations served by K/TAAA. The majority of survey respondents were homeowners (54%) and renters (38%), with the remaining 8% reportedly living in housing situations considered to be unstable and a risk to health, i.e. living with a friend or family member free of charge (5%), in transitional housing (2%), or homeless (1%).



While only 3% of respondents were homeless or living in transitional housing, the number of adults over 60 and people with disabilities actually experiencing homelessness in Tulare and Kings is likely much higher. The 2018 Annual Homeless Assessment Report to Congress by the Department of Housing and Urban Development found that Tulare and Kings counties have among the highest rate of unsheltered, chronically homeless among similar regions in the US. Homeless individuals have more difficulty accessing healthcare and community resources than people who are housed⁹, and are therefore less likely to access a K/TAAA site during the

limited time of survey distribution.

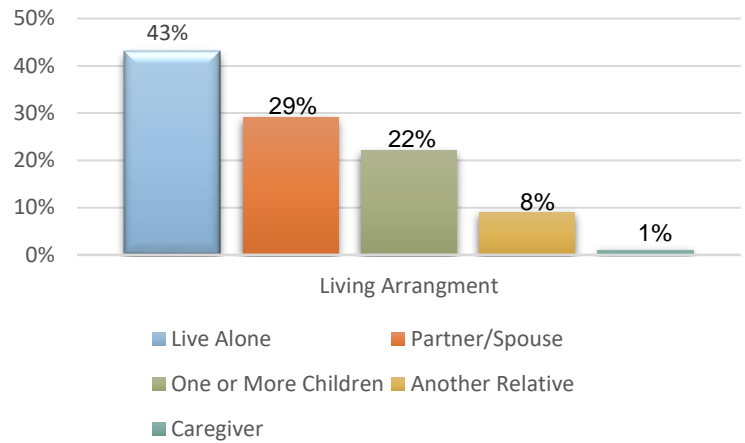
As a further measure of housing stability, respondents were asked to what degree they agreed with the following statements:

⁹ Healthy People 2020 (2020, April). *Housing Instability*.

- a) **My housing situation is stable** (6% disagree/strongly disagree, 11% neutral)
- b) **I feel safe in my neighborhood** (6% disagree/strongly disagree, 15% neutral)
- c) **I worry about losing my house/apartment** (21% agree/strongly agree, 17% neutral)

While aging in place and home-based care have many benefits, older adults and people with disabilities who live alone may face barriers related to transportation, safety, socialization, and general health care needs. Nationally, an estimated 29% of adults over 65 live alone, compared to 45% of K/TAAA respondents age 60 and above, and 27% of respondents with a disability. While K/TAAA strives to break down the barriers faced when living alone referenced above, the COVID-19 pandemic sparks a significant and growing concern related to the health and well-being of older adults living alone.

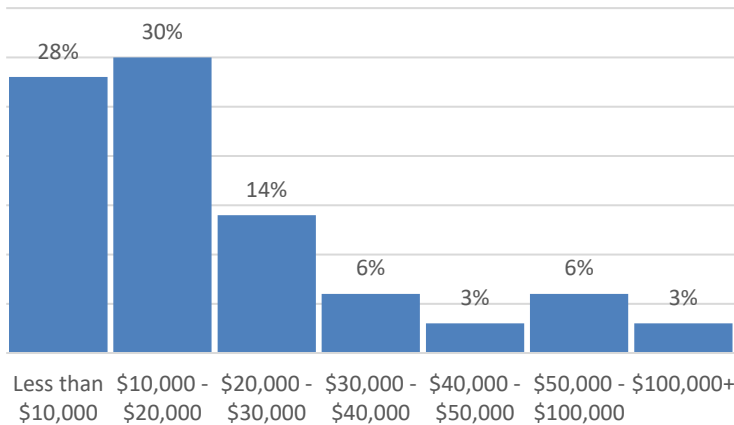
Who lives at home with you?



Income

As a means of better understanding both the risks and resources available to the population served by K/TAAA, the Community Needs Assessment gathered data on income and perceived financial security. Poverty and low socioeconomic status are directly correlated to poorer health outcomes and increased risk for premature death within the general population¹⁰; gaining an understanding of clients' income security is critical to understanding their overall health needs.

Approximate Household Income



Approximately 18% of adults age 65+ in California live at or below the poverty level¹¹ vs. at least 29% of those 60+ surveyed.

Federal poverty guideline for a family of one (the majority of respondents) is \$12,490/year. For a family of 2 it is \$16,910/year.

People with disabilities and older adults face employment barriers related to age, health status, and education level that make upward economic mobility a

tremendous challenge. The Community Needs Assessment highlighted several areas of need related to income and resource access, outlined in detail below.

¹⁰ Healthy People 2020 (2020, April). *Poverty and Economic Stability*.

¹¹ Public Policy Institute of California (2019, July) *Poverty in California*.

Measures of Income Stability

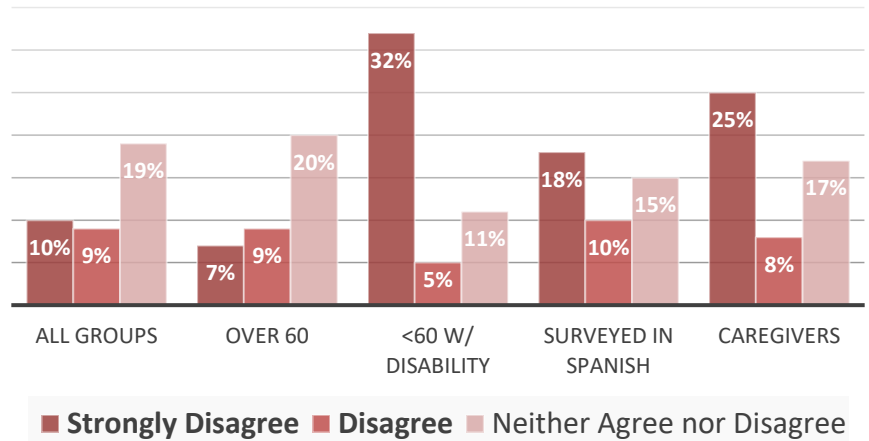
ENOUGH MONEY TO PAY BILLS

Having enough money to pay bills each month is a basic measure of economic security and socioeconomic health. Individuals and families struggling to pay bills each month likely forgo saving for emergencies or retirement, let alone indulgences such as local entertainment or out-of-town visits to family and friends. While a large proportion of respondents (38%) agreed or strongly agreed with the statement that they have enough money to pay the bills each month, this perception was not equally shared among the various populations surveyed. People with disabilities and caregivers were most likely to report struggling with this aspect of income insecurity, followed by Spanish-language survey respondents. K/TAAA recognizes that communication to these specific groups regarding available financial assistance paying for food, healthcare, utilities, and housing may need to increase in an effort to address this gap.

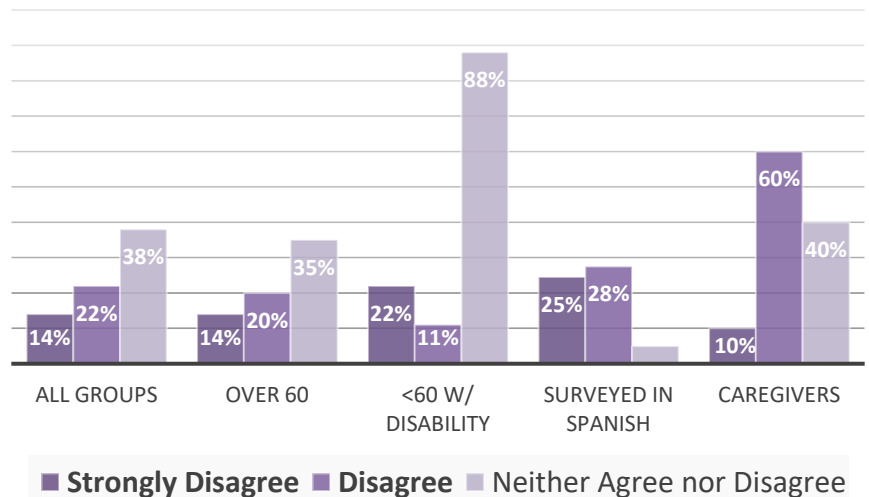
AFFORDABILITY OF HEALTHCARE AND MEDICATIONS

Again, there were disparities between groups with regard to general healthcare affordability. A large majority of caregivers (70%) expressed that their medications and healthcare are not affordable, as well as 53% of Spanish language survey respondents; these groups also may be less likely to be eligible for assistance with healthcare benefits, given possible issues with immigration status, that they tend to be younger, and many are still working. Increased cost-sharing and out-of-pocket healthcare expenses have been shown to have detrimental impacts on both physical and mental health, including reduced access to health care and subsequent increased susceptibility to infectious disease, worsened chronic conditions

"I have enough money to pay the bills each month."



"My healthcare/medications are affordable."



Please note that one question was designated to each topic (healthcare and medications) separately within the survey. Total responses for both questions were combined here due to the likelihood that in practice K/TAAA would address both issues simultaneously with clients.

and increased mortality¹². Overall distress within households struggling to meet healthcare costs is also increased, potentially worsening new or unmet mental health needs.

EMPLOYMENT

Caregivers and people with disabilities under 60 reported employment struggles more than any other group surveyed. A full 50% of people with disabilities and 36% of caregivers agreed or strongly agreed with the statement “I want to be working more than I currently am.” Not surprisingly, these two groups also reported needing assistance with employment elsewhere in the survey - 22% of people with disabilities and 19% of caregivers requested such assistance, vs. just 6% overall. (The topic of gaps in employment assistance is also covered under the Service Utilization section of this report.) Training and employment resources for these groups is a historic and ongoing issue, and given the record levels of unemployment experienced in 2020, K/TAAA continues to work diligently with partner agencies to continue to ensure these populations have the resources needed to return to stable employment.

Food Security

FOOD AVAILABILITY & NUTRITION

Poverty, health, and access to nutritious, affordable food are inextricably linked - impacting one will predictably impact the others. According to survey results, a lack of food security was not a substantial issue amongst most K/TAAA client populations at the time of data collection, pre-pandemic. When asked whether they agreed with the statement that they had enough food to eat, 84% responded with “agree” or “strongly agree” (9% neither agree nor disagree). Similarly, 72% of respondents reported that they believe the food they eat is nutritious (21% neither agree nor disagree).

Of the populations that did report struggling to get enough food, caregivers reportedly struggle with the issue more than most, 27% disagree/strongly disagree with the statement that they have enough food to eat. Caregivers also had the lowest rate of reliance on CalFresh or food assistance, as discussed below.

RELIANCE ON FOOD ASSISTANCE PROGRAMS

Adults under 60 with disabilities were most likely to report relying on the Food Assistance programs such as Home Delivered meals, CalFresh, and/or other food assistance programs to get enough food each month, 39% saying they agree or strongly agree, 22% neutral. Overall, 29% of respondents report relying on food assistance programming in this way, while caregivers reportedly rely on it the least, at 22%. K/TAAA administers the Senior Nutrition program which includes congregate meals and home delivered meals and has strong relationships with community food assistance programs of various types – food banks, meal preparation service, local farmers, and of the CalFresh program itself – that help ensure the service population does not struggle with food security. The data collected reflects much success in this area, though there is ongoing room for improvement to connect with underserved populations (such as caregivers and the homeless), particularly given the wave of unemployment and increased difficulty accessing food witnessed over the past 5 months.

¹² NCBI, National Institutes of Health. (2017, September). *Effect of Unaffordable Medical Needs on Distress Level*.

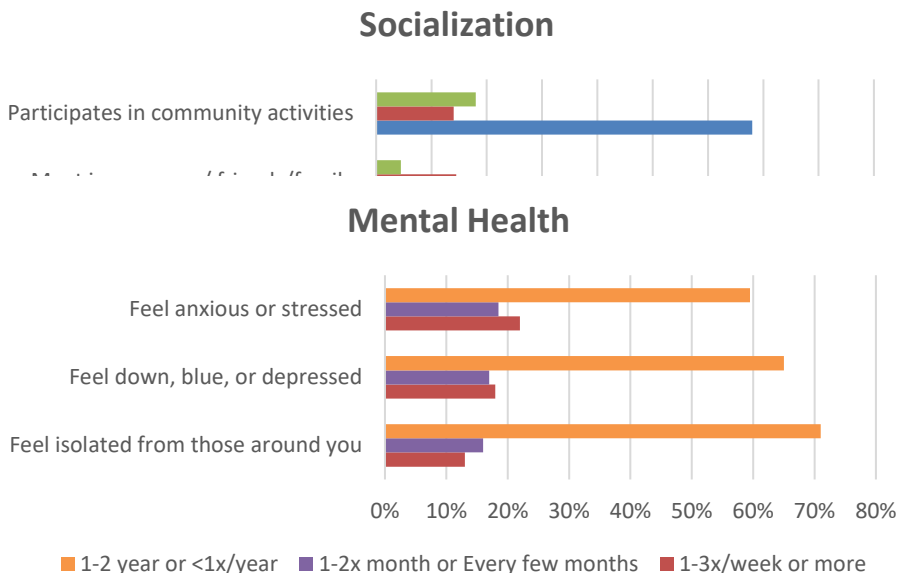
Health Status

Respondents' perception of health status as well as their perceived barriers to optimal health were explored through the assessment. Overall, 61% of people with disabilities reported less than ideal health status – terrible, poor, or fair – followed by those surveyed in Spanish (57%), adults over 60 (46%) and caregivers (25%). Caregivers reported the best overall health, with over 70% falling in the good to excellent range.

Overall Health Status				
	Adults 60+	People with Disabilities	Caregivers	Surveyed in Spanish
Terrible	1%	4%	-	5%
Poor	11%	22%	8%	19%
Fair/OK	34%	35%	17%	33%
Good	37%	31%	50%	38%
Very Good	12%	4%	17%	0%
Excellent	5%	4%	8%	5%

Mental Health & Isolation

There were seven measures related to mental health and social isolation included in the survey. While the assessment provides a snapshot of mental health prior to the COVID-19 pandemic, K/TAAA recognizes that mental health has likely declined since that time, and social isolation is known to have increased significantly among older adults and those with underlying health conditions from March 2020 to present.



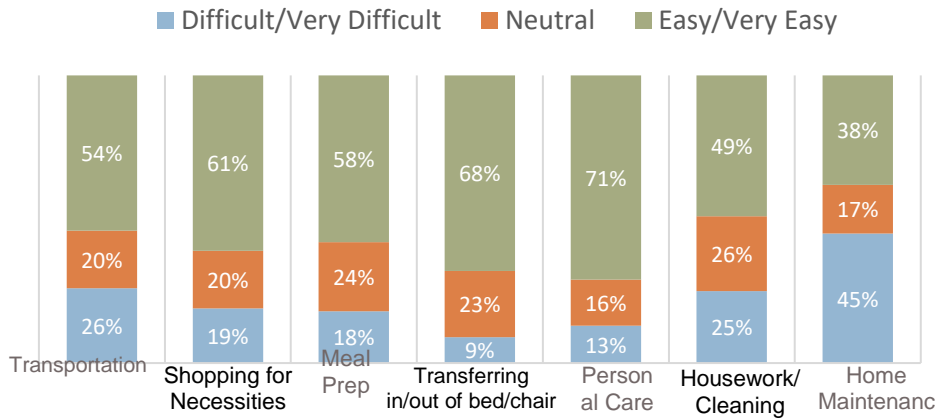
The majority of respondents (68-85%) reported regular socialization (1+ times/week) with friends, family and community. However, 12-15% reported only socializing once or twice a month, often not enough to support mental or physical health needs. Once the stay-at-home order was in place starting in March 2020, isolation became an urgent issue for the older adult population.

It should be noted that the response rate to mental health questions related to anxiety, depression and isolation was slightly lower than other questions throughout the survey at approximately 64%.

Physical Dependence on Others

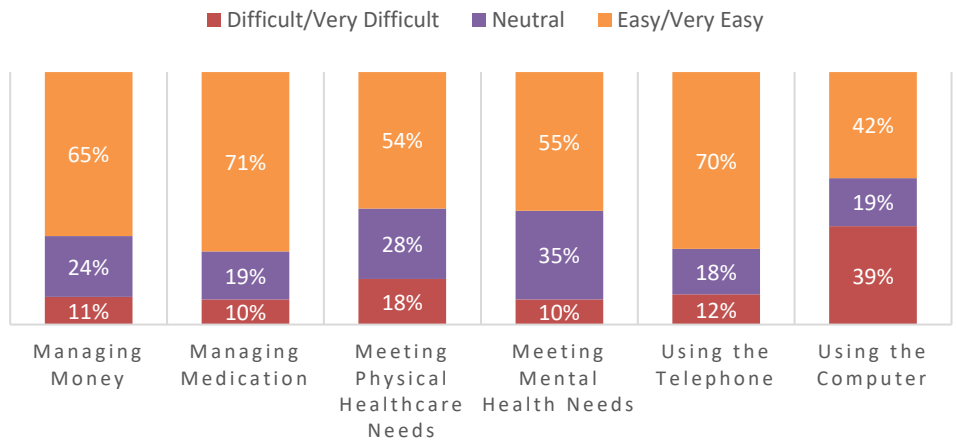
As a means of better understanding the physical challenges and barriers to health faced by clients on a daily basis, respondents were asked about perceived difficulty completing a range of specific tasks on their own. Regular home maintenance (painting, small repairs) was reportedly the most difficult task for respondents to complete on their own, followed closely by using the computer. Approximately 4% (n=8) reported not having a computer at all.

TASK COMPLETION - LEVEL OF DIFFICULTY

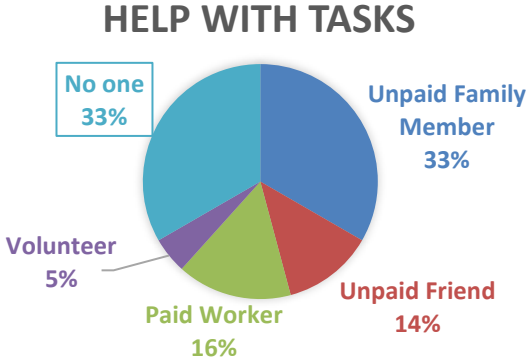


Getting physical and mental health needs met likely became much more difficult during the pandemic and is a gap that may not easily be filled given the reported difficulty using computers (for options such as telehealth). 20% of respondents said shopping for necessities was difficult or very difficult prior to the stay-at-home order. The safety of this task was not measured prior to the pandemic, but options for home delivery of necessities must now be explored.

TASK COMPLETION - LEVEL OF DIFFICULTY



Several reportedly difficult tasks such as housework/ cleaning, home maintenance and transportation to places outside walking distance were also impacted as volunteers and staff had to be pulled from the homes of those most vulnerable to COVID 19.



Access to Help with Difficult Tasks

Of those who reported at least one task as *difficult* or *very difficult* to complete on their own, many identified a person or group that assists with their needs. Most help with caregiving of this nature fell to an unpaid family member (33%), but just as many had no help at all (33%). This last group is one K/TAAA must focus on in the coming months as more vulnerable populations are asked to stay inside and self-isolate, compounding their difficulty finding help with everyday tasks.

Resource Utilization

In addition to better understanding the mental, physical, and socioeconomic health of the populations served by K/TAAA, the assessment was intended to inform leadership of perceived service utilization and gaps in service. Respondents were asked to report which of several services they currently use, as well as which services they *need* but do not currently have access to.

Service	Currently Using	Needed
In-home nursing or skilled care	6%	3%
Assistance paying for housing	4%	8%
Assistance paying for utilities	8%	17%
Assistance paying for health insurance	18%	11%
Home visits from a volunteer/staff/social worker	2.5%	5%
Meal preparation or delivery	9%	5%
Transportation services (bus tokens/passes)	7%	10%
Employment Services	1.5%	6%
Free education or training	0.5%	8%
Legal services assistance	3%	9%
Tax preparation	6%	7%
Mental health services	2.5%	2%

Organized recreational activities or exercise	10%	7%
None of these services	56%	51%
Other:		
Currently using: Bus tokens (n=1), medical transportation (n=1), and senior centers (n=3) were written-in as specific services used.		
Need:		
- More hours for caregiver (n=1) - Help with cleaning (n=2) - Winning numbers to the lottery (n=1)		
- More food giveaways for those 50+ that do not involve standing in long lines (n=1)		
- Assistance paying for dentist and optometrist (n=1)		
- Help with medication management/pill distribution (n=1)		
- Free or low co-pay coverage for over the counter meds (n=1)		

Assistance paying for healthcare was the service most utilized among respondents (18%), followed by organized recreational activities (10%), meal preparation/delivery (9%), assistance paying for utilities (8%), and transportation (7%). Not surprisingly, there was some crossover with reported services needed; assistance paying for utilities (17%) and health insurance (11%) were most requested, followed by transportation (10%), legal services (9%), assistance paying for housing (8%) and free education or training (8%).

High-Need Services by Population:

❖ **Adults 60+**

- Assistance paying for utilities (15%)
- Assistance paying for healthcare (11%)
- Transportation & Legal services (9% each)

❖ **People with a Disability (18-60 yrs)**

- Assistance paying for utilities (39%)
- Transportation and Employment (22% each)
- Tax preparation and Free education or training (17% each)

❖ **Caregivers**

- Assistance paying for health insurance (42%)
- Assistance paying for utilities (17%)
- In-home care, Assistance paying for housing, Legal services and tax preparation (~8% each)

❖ **Spanish Language Surveys**

- Assistance paying for health insurance (19%)
- Assistance paying for utilities (19%)
- Employment and Legal services (17%)

Caregivers

Just over 6% of respondents identified as caregivers (n=14). Although care should be taken when drawing broad conclusions from such a small sample, those who responded offer some valuable insight into the picture of caregiving needs in Tulare and Kings Counties.

Demographics of Those Cared For:

Age: 60 years – 90 and above

- **60-69 yrs (8%)**

Race:

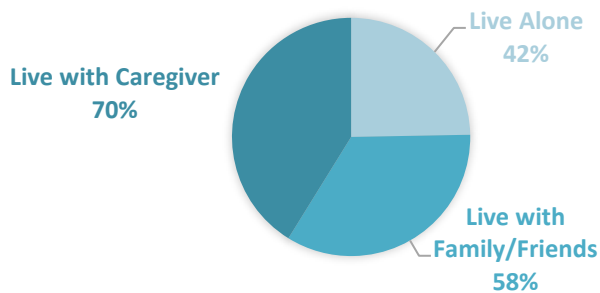
- **Caucasian (50%)**
- **Hispanic/Latino (42%)**
- **Black/African American (8%)**

Gender:

- **Male (8%)**
- **Female (83%)**
- **Decline to State (8%)**

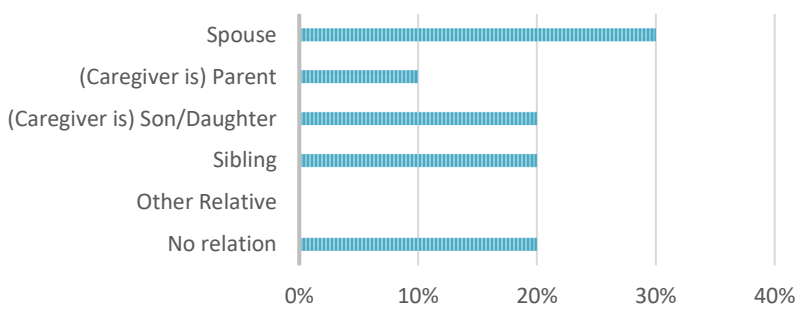
- 70-79 yrs (42%)
- 80-89 (42%)
- 90+ (8%)

HOUSING STATUS



Individuals who require a caregiver and live alone are considered a high-risk population; concerns around safety, level of care/abuse, and unmet health needs must be closely examined.

RELATION TO CAREGIVER



Demographics of Caregivers:

Age: 30-89 years

- 30-39 yrs (7%)
- 60-69 yrs (28.5%)
- 70-79 yrs (36%)
- 80-89 (28.5%)

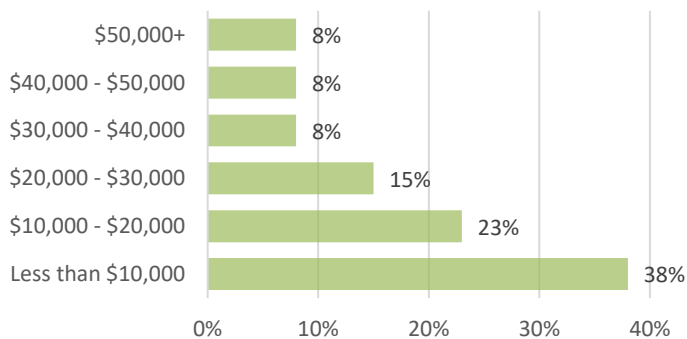
Race:

- **Caucasian (50%)**
- Hispanic/Latino (36%)
- Two or more races (7%)
- Decline to state (7%)

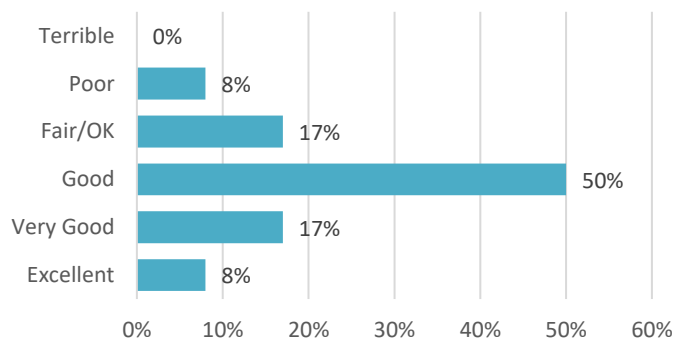
Gender:

- **Male (7%)**
- **Female (86%)**
- Decline to State (7%)

Approximate Household Income

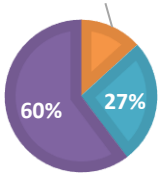


Health Status



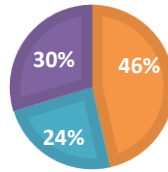
HOURS PER WEEK

10-20 Hours 20-30 Hours

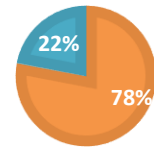


LENGTH OF SERVICE

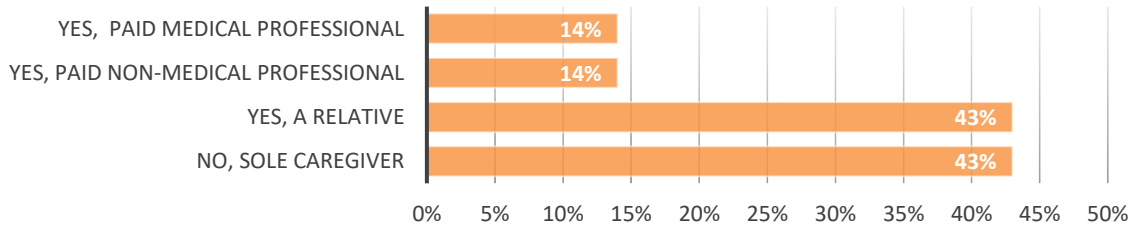
1-3 Years 3-5 Years 5 Years or More



PAID FOR CAREGIVING?



Additional Caregivers

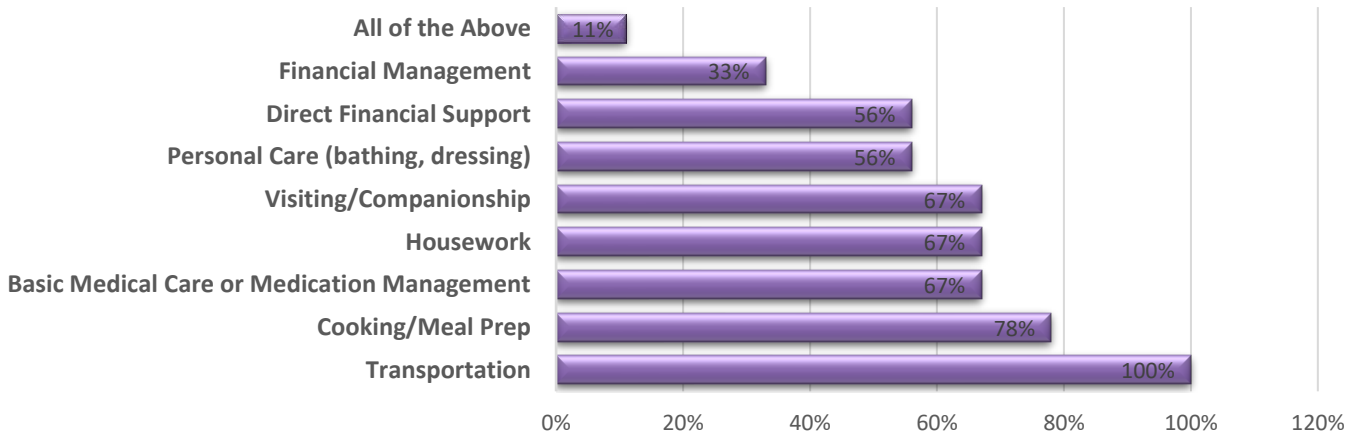


Caregiving Services:

Caregiver-perceived needs of those cared for include:

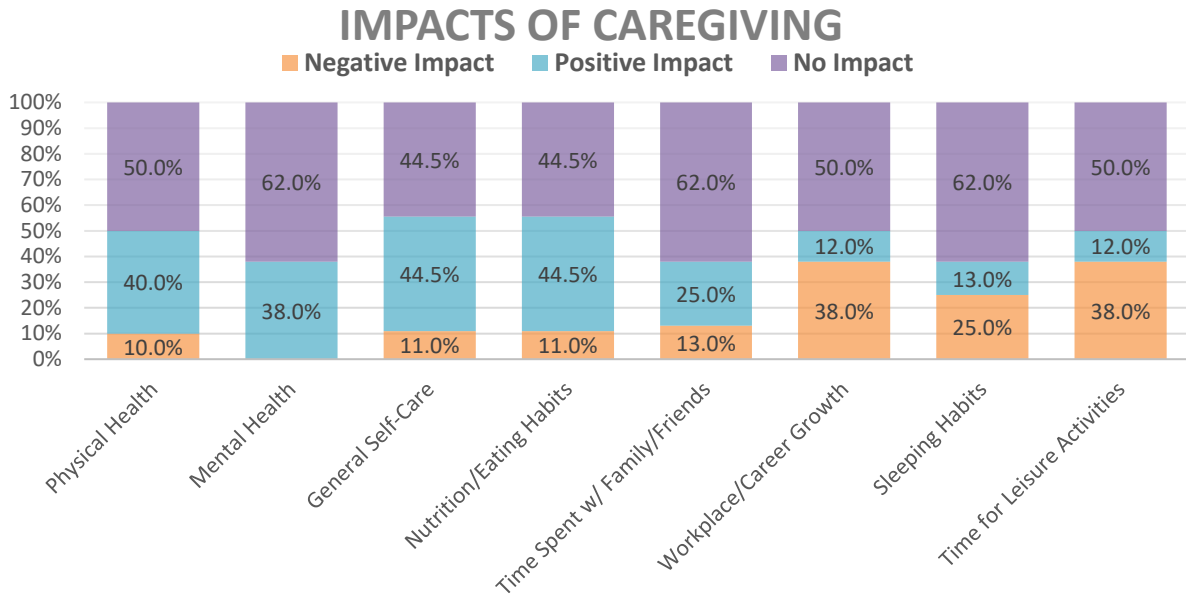
- Assistance paying for utilities (38%)
- Assistance paying for housing, home visits from staff/volunteer/social worker, employment services, legal services, organized recreational activities or exercise (12.5% in each category)
-

SERVICES PROVIDED BY CAREGIVERS

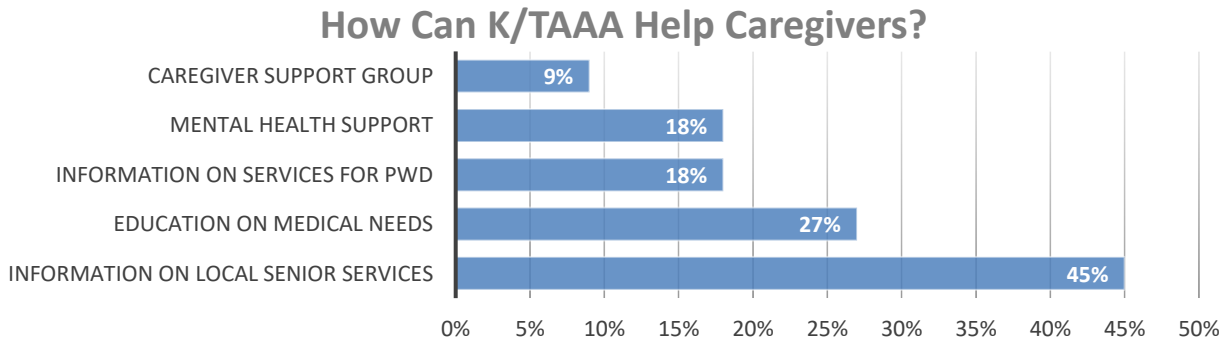


Impact of Caregiving & Needs of Caregivers:

Caregiving can take a toll on the individual providing care as well as their family. K/TAAA seeks to support caregivers by gaining a better understanding of how caregiving has and continues to impact their lives. As illustrated below, many caregivers reported that caregiving has a positive impact in areas such as general self-care, nutrition/eating habits, and physical and mental health. The challenges presented with caregiving seem to be most prevalent relating to workplace/career growth and time for leisure activities.



When the question was framed differently, caregivers reported more strain than one might take away from the data listed above. Among those reporting negative impacts directly or indirectly related to caregiving, *increased stress (40%), loss in work hours or income (40%), and an increase in depression or anxiety (30%) were common.* Less often reported (~20% of participants) but no less significant were feelings of isolation/loneliness, decline in general health and financial strain associated with the caregiving role. Respite care and other types of assistance relieving common caregiver tasks, such as transportation services, volunteered housework or home maintenance, and meal delivery services may help reduce caregiver strain. Caregivers also identified specific support services they felt would be of assistance:



*No (zero) respondents selected respite care or in-home help from another caregiver from the list of possible support services, and no other services were identified in writing.

SECTION 6. TARGETING

The K/T AAA strives to serve older individuals with the greatest economic need, greatest social need, or who are at risk for institutional placement; with emphasis on serving low income minorities, individuals with limited English proficiency, and individuals residing in rural areas. As part of the planning process, the K/T AAA attempts to identify its most vulnerable populations. The need for services by these targeted individuals has been well established in the PSA. The largest barrier to delivering services to each targeted group is that the need far exceeds the funds available to serve them all.

- ***Older low-income minority individuals.*** With its high poverty and unemployment levels and high percentage of minority populations, PSA 15's low-income minority population is both large and diverse. The K/T AAA continues to work diligently to bring services to all of these groups, despite rising costs and static or reduced funding.
- ***Older individuals identified as having the greatest economic need.***

PSA 15's high poverty levels indicate a significant need for services to seniors in this category, and the K/T AAA addresses this population as a top priority.

- ***Older individuals with greatest social need.***

Individuals with physical, mental or language barriers; or who are isolated due to cultural, social or geographical situations are amongst those identified as having the greatest social need. According to Census estimates, an average of 42% of seniors in Kings and Tulare Counties (PSA 15) over the age of 65 are likely to have some type of disability, creating physical or mental barriers to accessing services. The K/T AAA serves this population with outreach, information and assistance, caregiver services, legal services, and abuse prevention.

There are two major communities in the Kings/Tulare PSA with barriers, including language, that spring from culturally unique, traditional methods of caring for their aging communities. These are the Hispanic Immigrant and Southeast Asian populations. The tendency within these cultures is to provide care for the elderly from within their own communities. The efforts of the K/T AAA revolve around supporting these cultural efforts while also enhancing their elder care through provision of non-invasive information and access to health care.

- ***Older individuals at risk for institutional placement***

An individual's ability to live in the community is influenced by political, cultural, social, health, and economic factors. Through its Multipurpose Senior Services Program, the K/T AAA provides a wide array of support services and goods to seniors that prevent or delay their placement in a nursing facility.

- ***Older Native Americans.*** Though populations of Native Americans on reservations are overcoming financial need through Indian gaming, this population still suffers from the shortest life longevity. This would indicate that information and referral related to health and mental health care is still greatly needed in the Native American community. The K/T AAA maintains contacts within this population to assure they are aware of programs and services that are available.

- ***Isolated, abused, neglected, and/or exploited older individuals.*** Efforts continue, in collaboration with the Kings and Tulare Counties' Adult Protective Services units and Public Guardian offices, to immediately and effectively address issues of isolation, abuse, neglect, and exploitation. Efforts also increasingly involve the District Attorney's Office of each county.
- ***Older individuals residing in rural areas.*** The K/T AAA maintains an ongoing effort to reach these individuals, using the InfoVan to distribute information in remote and isolated areas.
- ***Older individuals with Alzheimer's disease or related disorders with neurological and organic dysfunction, and their caregivers.*** The K/T AAA contracts with three nonprofit organizations to provide services to this frail population and their caregivers.
- ***Unemployed, low-income individuals who are 55 years of age or older.*** Title V services are contracted out to Community Services Employment and Training.
- ***Older isolated/neglected individuals.*** Older isolated individuals are at high risk of suffering from depression. The prevention and early intervention program helps the K/TAAA be proactive in identifying individuals who are at high risk of depression and suicidal tendencies.

In collaboration with the CalWORKS Program, the K/T AAA implemented the CalFresh Senior Outreach Program in FY 11-12. K/T AAA staff received training and materials from CalWORKS that has enabled them to disseminate information to seniors about the CalFresh Program (formerly Food Stamps) and assist seniors in applying for CalFresh benefits. The goal is to increase awareness of the CalFresh Program and remove barriers to access by seniors located in isolated, rural areas of the PSA. Additionally, K/T AAA has assisted with the local CalFresh expansion efforts to bring awareness to SSI recipients of their eligibility.

SECTION 7. PUBLIC HEARINGS

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 2016, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English?² Yes or No	Was hearing held at a Long-Term Care Facility?³
2020-2021	8/11/2020	Virtual meeting	0	No	No
2021-2022					
2022-2023					
2023-2024					

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.

Notice of the public hearing is posted in local newspapers and at senior centers when applicable.

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

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 attendees responded to the public hearing notice however the opportunity would have been granted.

No, Explain:

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

No comments.

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

No attendees at this year's hearing; in past years issues discussed include:

- Outreach efforts
- Transportation needs
- Accessibility and safety needs

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

No changes.

² A translator is not required unless the AAA determines a significant number of attendees require translation services.

³ 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 8 - IDENTIFICATION OF PRIORITIES

PSA 15

Overall, the funding for Older Americans Act programs has changed little over the last several years with most changes due to additional State funds. For established service areas, innovation and self-sufficiency is critical in preserving and expanding service delivery systems through efficiencies of service and linkage with other resources. Within those confines, the Kings/Tulare Area Agency on Aging, cognizant of its responsibility, strives to focus services on the populations previously described in the Targeting section (Section 6).

Data indicate the predominant needs of older adults continue to be transportation, followed by assistance with chores or other activities that allow them to remain living safely in their own homes. To the degree possible, the K/T AAA will continue to explore innovative ways to leverage existing resources in the community during the 2020-2024 planning cycle in order to address the needs that have been identified during the assessment.

In order to apportion Title III-B funds adequately to ensure continuity of established service areas, the K/T AAA first considers available funding and evaluates staff resources; then develops service delivery strategies that will maximize both.

SECTION 9 - AREA PLAN NARRATIVE GOALS AND OBJECTIVES PSA 15

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.

And, 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)]	Projected Start and End Dates	Title III B Funded PD or C	Update Status

<p>1. Nutrition: K/T AAA contractors will provide congregate and home-delivered meals to 11 congregate meal sites and homebound seniors within the PSA. Due to the COVID-19 pandemic congregate nutrition sites are currently closed, but once it is safer for seniors to return to the sites, congregate services will resume. 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. 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>	07/01/20-06/30/21		Continued
<p>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 once congregate service resumes. 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. Due to rising costs in service delivery and uncertainty in funding projected, service delivery levels have been reduced, see Section 10 for further details.</p>	07/01/20-06/30/21		Continued

<p>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/. On approval from the K/T AAA, Contractors can choose to provide any of the listed activities or programs.</p> <p>Programs offered currently include: the Chronic Disease Self-Management Program (CDSMP) from the Stanford Suite of Self-Management Programs, and A Matter of Balance.</p>	07/01/20-06/30/21		Continued.
<p>4. Work Experience and Placement: The K/T AAA will contract for Title V work experience operation and placement activities. The K/T AAA will ensure that Title V work experience activities contribute to the overall public good, with priority to be given to augmenting other senior services and organizations providing senior services.</p>	07/01/20-06/30/21		Continued
<p>5. 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 older individuals to attain and/or maintain physical and mental well-being.</p>	07/01/20-06/30/21		Continued
<p>6. 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.</p>	07/01/20-06/30/21		Continued
<p>7. Mental Health Screening: The K/T AAA will continue to implement a Prevention and Early Intervention program targeting home-delivered and congregate meal recipients, which will screen and refer those deemed to be at risk for mental health and substance abuse concerns. The anticipated outcome will be enhanced delivery of mental health services to seniors.</p>	07/01/20-06/30/21		Continued

Goal # 2

Goal: Transportation

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. According to the year 2010 Census, more than 15% of the seniors in PSA 15 live in rural areas.

List Objective Number(s) _____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>1. Transportation Assistance: The K/T AAA contractors will provide passes for senior transportation assistance, promoting public transportation while meeting senior needs.</p>	07/01/20-06/30/21		Continued
<p>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>	07/01/20-06/30/21		Continued

Goal # 3

<p>Goal: Access 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, and one-on-one discussion.</p>			
<p>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>			
<p>List Objective Number(s) _____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]</p>	<p>Projected Start and End Dates</p>	<p>Title III B Funded PD or C</p>	<p>Update Status</p>
<p>1. Outreach: The K/T AAA contractors will be aggressive in providing 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. 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. K/T AAA contractor CSET (Community Service and Employment Training), is a community action organization with well-established connections to the local media, that will serve to enhance outreach to seniors through print, radio and television. Anticipated outcome will be an informed senior population that takes more advantage of available services.</p>	<p>07/01/20-06/30/21</p>		<p>Continued</p>

<p>2. Community Education:</p> <p>K/T AAA contractors will provide community education in senior centers and to seniors in other locations where seniors and caregivers gather. They will provide information that seniors need in order to gain access to services. One K/T AAA contractor will use an Information Van to provide outreach and community education to seniors in the rural areas of the PSA. Anticipated outcome will be an informed community and heightened awareness of available services.</p> <p>The K/T AAA contractors will interact with civic groups and faith-based organizations in an effort to provide services to seniors. The desired outcome will be more collaboration in provision of information and assistance to seniors.</p>	07/01/20-06/30/21		Continued
<p>3. Information and Assistance (I&A):</p> <p>The K/T AAA contractors will provide information and assistance services. Contractors I&A staff will visit each senior center at least once a month, to 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. Staff will communicate and coordinate with other agencies and businesses to engage in a combined effort to ensure the independence of the senior. The outcome will be increased access to and utilization of needed K/T AAA and other community based services.</p>	07/01/20-06/30/21		Continued
<p>4. Services Coordination:</p> <p>The K/T AAA will interact with officials of the Tule River Reservation to provide services to Native American seniors at the reservation, as needed.</p>	07/01/20-06/30/21		Continued
<p>5. Public Information</p> <p>The K/T AAA contractor will provide public information activities annually at senior centers to engage the general public, potential partners, as well as potential clients and their families. Events will be widely publicized through the press, websites and newsletters. The anticipated outcome is to increase visibility of senior centers and attract donations to support them.</p>	07/01/20-06/30/21		Continued

Goal # 4

<p>Goal: Independence and Empowerment The K/T AAA will advocate and promote for seniors to obtain and sustain independence, including avoiding premature or inappropriate institutional placement.</p>			
<p>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.</p>			
List Objective Number(s) ____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>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>	<p>07/01/20-06/30/21</p>		<p>Continued</p>
<p>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>	<p>07/01/20-06/30/21</p>		<p>Continued</p>
<p>3. Multipurpose Senior Services Program: 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>	<p>07/01/20-06/30/21</p>		<p>Continued</p>

<p>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 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>	07/01/20-06/30/21		Continued
<p>5. Elder Abuse: The K/T AAA will contract elder abuse prevention services. Contractors will partner with local District Attorney's Office to present information on crime prevention for seniors in group presentations and small focus groups. 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>	07/01/20-06/30/21		Continued
<p>6. Visiting: The K/T AAA contractors will provide reassurance and safety checks to assess support needs of seniors. It is expected that the seniors visited will feel less isolated and will become more involved in social activities.</p>	07/01/20-06/30/21		Continued
<p>7. Cash/Material Aid The K/T AAA contractor will provide commodities, surplus distribution, and emergency assistance to seniors in need.</p>	07/01/20-06/30/21		Continued
<p>8. Personal Affairs Assistance The K/T AAA contractor will provide 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 seniors at senior centers.</p>	07/01/20-06/30/21		Continued

Goal #5

<p>Goal: Targeting 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.</p>			
<p>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.</p>			
List Objective Number(s) _____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>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. One K/T AAA contractor will use an Information Van to distribute information and assistance services to rural areas where many of the target groups reside. Statistics will be kept on a monthly basis to track contacts with these groups. The anticipated outcome is that more seniors in this target population will have knowledge of and/or will utilize available services.</p>	<p>07/01/20-06/30/21</p>		<p>Continued</p>
<p>2. Individuals with Disabilities: Through both direct and contracted service, K/T AAA will make contact with and take referrals from organizations that serve the disabled, with a particular emphasis on those at risk for institutionalization.</p>	<p>07/01/20-06/30/21</p>		<p>Continued</p>
<p>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.</p>	<p>07/01/20-06/30/21</p>		<p>Continued</p>
<p>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.</p>	<p>07/01/20-06/30/21</p>		<p>Continued</p>

Goal # 6

<p>Goal : Caregiver Support 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.</p>			
<p>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.</p>			
<p>List Objective Number(s) ____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)]</p>	<p>Projected Start and End Dates</p>	<p>Title III B Funded PD or C</p>	<p>Update Status</p>
<p>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.</p>	<p>07/01/20-06/30/21</p>		<p>Continued</p>
<p>2. Access Assistance: The K/T AAA will contract to ensure that caregivers have access to services. The K/T AAA continually tracks the data submitted by the contractors and anticipates increased utilization of services.</p>	<p>07/01/20-06/30/21</p>		<p>Continued</p>
<p>3. 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.</p>	<p>07/01/20-06/30/21</p>		<p>Continued</p>
<p>4. 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.</p>	<p>07/01/20-06/30/21</p>		<p>Continued</p>
<p>5. Supplemental Services: The K/T AAA will not be providing supplemental services for caregivers during this fiscal year. Such services are already being provided by other organizations in the two counties.</p>	<p>07/01/20-06/30/21</p>		<p>Continued</p>

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

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service. They are defined in the [NAPIS State Program Report \(SPR\)](#)

For services not defined in NAPIS, refer to the [Service Categories and Data Dictionary and the National Ombudsman Reporting System \(NORS\) Instructions](#).

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

Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021			
2021-2022			
2022-2023			
2023-2024			

Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021			
2021-2022			
2022-2023			
2023-2024			

Chore (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021			
2021-2022			

2022-2023			
2023-2024			

Home-Delivered Meal **Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	59,500	1	
2021-2022			
2022-2023			
2023-2024			

Adult Day/ Health Care (In-Home) **Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021			
2021-2022			
2022-2023			
2023-2024			

Case Management (Access) **Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021			
2021-2022			
2022-2023			
2023-2024			

Assisted Transportation (Access) **Unit of Service = 1 one-way trip**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021			
2021-2022			
2022-2023			
2023-2024			

Congregate Meals Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	67,500	1	
2021-2022			
2022-2023			
2023-2024			

Nutrition Counseling Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021			
2021-2022			
2022-2023			
2023-2024			

Transportation (Access) Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	100	2	
2021-2022			
2022-2023			
2023-2024			

Legal Assistance Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	969	4	
2021-2022			
2022-2023			
2023-2024			

Nutrition Education

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	1417	1	
2021-2022			
2022-2023			
2023-2024			

Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	14,000	3	
2021-2022			
2022-2023			
2023-2024			

Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	10,324	3	
2021-2022			
2022-2023			
2023-2024			

1. NAPIS Service Category – “Other” Title III Services

- Each **Title IIIB** “Other” service must be an approved NAPIS Program service listed above 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 NAPIS 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 Security, Registry, Senior Center Activities, and Senior Center Staffing

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

Service Category: Community Education **Unit of Service: 1 activity**

Fiscal Year	Proposed Units of	Goal Numbers	Objective Numbers (if applicable)
2020-2021	335	3	
2021-2022		3	
2022-2023		3	
2023-2024		3	

Service Category: Personal Affairs Assistance **Unit of Service: 1 contact**

Fiscal Year	Proposed Units of	Goal Numbers	Objective Numbers (if applicable)
2020-2021		4	
2021-2022		4	
2022-2023		4	
2023-2024		4	

Service Category: Senior Center Activities **Unit of Service: 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	22,206	1	
2021-2022		1	
2022-2023		1	
2023-2024		1	

Service Category: Telephone Reassurance **Unit of Service: 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	6000	1	
2021-2022		1	
2022-2023		1	
2023-2024		1	

Service Category: Visiting **Unit of Service: 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)

2020-2021	100	4	
2021-2022		4	
2022-2023		4	
2023-2024		4	

2. Title IIID/ Disease Prevention and Health Promotion

Instructions for Title IIID Disease Prevention and Health Promotion: Enter the name of the proposed program to be implemented, proposed units of service and the Program Goal and Objective number(s) that provide a narrative description of the program, and explain how the service activity meets the criteria for evidence-based programs described in PM 15-10 if not ACL approved.

Unit of Service = 1 contact

Service Activities: Chronic Disease Management: A Matter of Balance

- **Title IIID/ Disease Prevention and Health Promotion:** Enter required program goal and objective numbers in the Title III D Service Plan Objective Table below:

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	150	1	3
2021-2022			
2022-2023			
2023-2024			

**TITLE IIIB and Title VIIA:
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES**

2020-2024 Four-Year Planning Cycle

As mandated by the Older Americans Act Reauthorization Act of 2016, 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 2016, 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 2017-2018 was 73%.

<p>1. FY 2018-2019 Baseline Resolution Rate: Number of complaints resolved <u>442</u> + number of partially resolved complaints <u>4</u> divided by the total number of complaints received <u>469</u> = Baseline Resolution Rate <u>95%</u> % FY 2020-2021 Target Resolution Rate 90%</p>
<p>2. FY 2019-2020 Baseline Resolution Rate: Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ % FY 2021-2022 Target Resolution Rate _____ %</p>

<p>3. FY 2020 - 2021 Baseline Resolution Rate: _____ Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ % FY 2022-2023 Target Resolution Rate _____ %</p>
<p>4. FY 2021-2022 Baseline Resolution Rate: _____ Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ % FY 2023-2024 Target Resolution Rate _____</p>
<p>Program Goals and Objective Numbers: <u>Goal 4</u></p>

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

<p>1. FY 2018-2019 Baseline: Number of Resident Council meetings attended <u>47</u> FY 2020-2021 Target: <u>40</u></p>
<p>2. FY 2019-2020 Baseline: Number of Resident Council meetings attended _____ FY 2021-2022 Target: _____</p>
<p>3. FY 2020-2021 Baseline: Number of Resident Council meetings attended _____ FY 2022-2023 Target: _____</p>
<p>4. FY 2021-2022 Baseline: Number of Resident Council meetings attended _____ FY 2023-2024 Target: _____</p>
<p>Program Goals and Objective Numbers: <u>Goal 4</u></p>

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

<p>1. FY 2018-2019 Baseline: Number of Family Council meetings attended <u>2</u> FY 2020-2021 Target: <u>3</u></p>
<p>2. FY 2019-2020 Baseline: Number of Family Council meetings attended _____ FY 2021-2022 Target: _____</p>
<p>3. FY 2020-2021 Baseline: Number of Family Council meetings attended _____ FY 2022-2023 Target: _____</p>
<p>4. FY 2021-2022 Baseline: Number of Family Council meetings attended _____ FY 2023-2024 Target: _____</p>
<p>Program Goals and Objective Numbers: <u>Goal 4</u></p>

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.

<p>1. FY 2018-2019 Baseline: Number of Instances <u>309</u> FY 2020-2021 Target: <u>325</u></p>
<p>2. FY 2019-2020 Baseline: Number of Instances _____ FY 2021-2022 Target: _____</p>
<p>3. FY 2020-2021 Baseline: Number of Instances _____ FY 2022-2023 Target: _____</p>

4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
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 2018-2019 Baseline: Number of Instances <u>588</u> FY 2020-2021 Target: <u>500</u>
2. FY 2019-2020 Baseline: Number of Instances _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Instances _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
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 2018-2019 Baseline: Number of Sessions <u>17</u> FY 2020-2021 Target: <u>10</u>
2. FY 2019-2020 Baseline: Number of Sessions _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Sessions _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Sessions _____ FY 2023-2024 Target: _____
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 2020-2021
<p>FY 2020-2021 Systems Advocacy Effort(s): PSA 15 Ombudsman Program will work collaboratively with residential care facilities, law enforcement and Adult Protective Services (APS) to improve response and investigation of abuse complaints.</p> <p>Our emphasis will be on hosting mini-conferences, training sessions and in-services to educate on the importance of the response time and investigation of elder abuse within residential care facilities. In lieu of the Current Health Care Crisis, this topic has become a top priority due to the restrictions currently in place. Our events will be held virtually until health risk restrictions are lifted.</p>
FY 2021-2022
<p>Outcome of FY 2020-2021 Efforts:</p> <p>FY 2021-2022 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>
FY 2022-2023
<p>Outcome of FY 2021-2022 Efforts:</p> <p>FY 2022-2023 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>
FY 2023-2024
<p>Outcome of 2022-2023 Efforts:</p> <p>FY 2023-2024 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 2016), Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

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

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 20 divided by the total number of Nursing Facilities 20= Baseline 1 0 0 % FY 2020-2021 Target: 100%
2. FY 2019-2020 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 2021-2022 Target: %
3. FY 2020-2021 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 2022-2023 Target: %
4. FY 2021-2022 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 2023-2024 Target: %
Program Goals and Objective Numbers: <u>Goal 4</u>

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

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>42</u> divided by the total number of RCFEs <u>47</u> = Baseline <u>89</u> % FY 2020-2021 Target: 100 %
2. FY 2019-2020 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 2021-2022 Target: %

3. FY 2020-2021 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 2022-2023 Target: _____ %
4. FY 2021-2022 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 2023-2024 Target: _____ %
Program Goals and Objective Numbers: <u>Goal 4</u>

C. Number of Full-Time Equivalent (FTE) Staff (NORS Element S-23) This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hour per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

1. FY 2018-2019 Baseline: <u>2.6</u> FTEs FY 2020-2021 Target: <u>2.6</u> FTEs
2. FY 2019-2020 Baseline: _____ FTEs FY 2021-2022 Target: _____ FTEs
3. FY 2020-2021 Baseline: _____ FTEs FY 2022-2023 Target: _____ FTEs
4. FY 2021-2022 Baseline: _____ FTEs FY 2023-2024 Target: _____ FTEs
Program Goals and Objective Numbers: <u>Goal 4</u>

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers <u>8</u> FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers <u>5</u>
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: <u>Goal 4</u>

Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act

Reauthorization Act of 2016, Section 712(c)]

Measures and Targets:

In the box below, 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

- **PSA 15 will have Ombudsman Program staff & volunteers regularly attend NORS Consistency Training provided by the OSLTCO**
- **PSA 15 will train Ombudsman Volunteer to enter data.**
- **Maintain computer equipment to make data entry easier.**

TITLE VIIA ELDER ABUSE PREVENTION
SERVICE UNIT PLAN OBJECTIVES

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 2016, 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 VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

The agency receiving Title VIIA Elder Abuse Prevention funding is: _Kings County commission on Aging (KCCOA) and Community Service Employment Training (CSET)

Fiscal Year	Total # of Public Education Sessions
2020-2021	7
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	6
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2020-2021	
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020-2021	
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020-2021	8,737	Articles/Newsletters/Flyers/Brochures, addressing awareness and prevention of elder abuse
2021-2022		
2022-2023		

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2023-2024		

Fiscal Year	Total Number of Individuals Served
2020-2021	3650
2021-2022	
2022-2023	
2023-2024	

TITLE IIIE SERVICE UNIT PLAN OBJECTIVES

CCR Article 3, Section 7300(d)

2020-2024 Four-Year Planning Period

This Service Unit Plan (SUP) uses the five broad federally mandated service categories. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 2018 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

Direct and/or Contracted IIIE Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	# of activities and Total est. audience for above	6	
2020-2021	# of activities: 45 Total est. audience for above:		
2021-2022	# of activities: Total est. audience for above:		
2022-2023	# of activities: Total est. audience for above:		
2023-2024	# of activities: Total est. audience for above:		
Access Assistance	Total contacts	6	
2020-2021	914		
2021-2022			
2022-2023			
2023-2024			

Access Assistance		Total contacts	
Support Services	Total hours	6	
2020-2021	878		
2021-2022			
2022-2023			
2023-2024			
Respite Care	Total hours	6	
2020-2021	8264		
2021-2022			
2022-2023			
2023-2024			
Supplemental Services	Total occurrences		
2020-2021			
2021-2022			
2022-2023			
2023-2024			

Direct and/or Contracted IIIE Services

Grandparent Services Caring for Children	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	# of activities and Total est. audience for above		
2020-2021	# of activities: Total est. audience for above:		
2021-2022	# of activities: Total est. audience for above:		
2022-2023	# of activities: Total est. audience for above:		
2023-2024	# of activities: Total est. audience for above:		

Grandparent Services Caring for Children	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Access Assistance	Total contacts		
2020-2021			
2021-2022			
2022-2023			
2023-2024			
Support Services	Total hours		
2020-2021			
2021-2022			
2022-2023			
2023-2024			
Respite Care	Total hours		
2020-2021			
2021-2022			
2022-2023			
2023-2024			
Supplemental Services	Total occurrences		
2020-2021			
2021-2022			
2022-2023			
2023-2024			

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

MULTIPLE PSA HICAPs: If you are a part of a multiple-PSA HICAP where two or more AAAs enter into an agreement with one “Managing AAA,” to deliver HICAP services on their behalf to eligible persons in their AAA, then each AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

HICAP PAID LEGAL SERVICES: Complete this section if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services.

STATE & FEDERAL PERFORMANCE TARGETS: The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced revisions to the SHIP PMs in late 2016 in conjunction with the original funding announcement (ref HHS-2017-ACL-CIP-SAPG-0184) for implementation with the release of the Notice of Award (Grant No. 90SAPG0052-01-01 issued July 2017).

The new five federal PMs generally reflect the former seven PMs (PM 2.1 through PM 2.7), except for PM 2.7, (Total Counseling Hours), which was removed because it is already being captured under the *SHIP Annual Resource Report*. As a part of these changes, ACL eliminated the performance-based funding scoring methodology and replaced it with a Likert scale comparison model for setting National Performance Measure Targets that define the proportional penetration rates needed for improvements.

Using ACL’s approach, CDA HICAP provides State and Federal Performance Measures with goal-oriented targets for each AAA’s Planning and Service Area (PSA). One change to all PMs is the shift to county-level data. In general, the State and Federal Performance Measures include the following:

- 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

AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at: https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/#pp-planning. (Reference CDA PM 17-11 for further discussion, including current HICAP Performance Measures and Definitions).

For current and future planning, CDA requires each AAA ensure that HICAP service units and related federal *Annual Resource Report* data are documented and verified complete/ finalized in CDA's Statewide HICAP Automated Reporting Program (SHARP) system per the existing contractual reporting requirements. HICAP Service Units do not need to be input in the Area Plan (with the exception of HICAP Paid Legal Services, where applicable).

HICAP Legal Services Units of Service (if applicable) ⁶

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2020-2021		
2021-2022		
2022-2023		
2023-2024		

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021		
2021-2022		
2022-2023		
2023-2024		

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021		
2021-2022		
2022-2023		
2023-2024		

⁴ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

COMMUNITY FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), (Older Americans Act Reauthorization Act of 2016, Section 306(a))

In the form below, provide the current list of designated community focal points and their addresses. This information must match the total number of focal points reported in the National Aging Program Information System (NAPIS) State Program Report (SPR), i.e., California Aging Reporting System, NAPISCare, Section III.D.

Designated Community Focal Point	Address
Tulare County	
Community Services Employment Training (K/T AAA Information Center)	312 NW 3 rd Ave., Visalia, CA 93291
Cutler-Orosi Senior Center	Ledbetter Park, 12691 Ave. 408, Cutler, CA 93615
Dinuba Senior Center	437 N. Eaton, Dinuba, CA 93618
Earlimart Senior Center	712 E. Washington, Earlimart, CA 93219
Exeter Senior Center	Carnegie Building, 301 S. E St., Exeter, CA 93221
Farmersville Senior Center	623 N Avery Ave, Farmersville, CA 93223
Goshen Senior Center	St. Thomas Catholic Church, 6735 Ave 308, Goshen, CA 93291
Hot Springs Capineros Senior Center	41810 Hot Springs Rd., California Hot Springs, CA 93207
Kings/Tulare Area Agency on Aging	5957 So. Mooney Blvd., Visalia, CA 93277
Lindsay Senior Center	911 N. Parkside, Lindsay, CA 93247
Porterville Senior Center	280 N. 4 th 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
Valley Adult Day Services (formerly Porterville Adult Day Services)	227 E. Oak Ave., Porterville, CA 93257
Woodlake Senior Center	325 E. Antelope,, Woodlake, CA 93286
Visalia Senior Center	310 N. Locust, Visalia, CA 93292
Kings County	
Armona Senior Center	10953 14 th Ave., Armona, CA 93202

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
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
Lemoore Senior Center	789 S. 18 th St., Lemoore, CA 93245

Disaster Preparation Planning Conducted for the 2020-2024 Planning Cycle Older Americans Act Reauthorization Act of 2016, 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 and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310:

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.

Disasters can present tremendous obstacles for people who face mobility-, health-, or age-related challenges. The K/T AAA continues to educate seniors via web site, newsletters, training, and media about the need for additional considerations when preparing for an emergency. Seniors are encouraged to have a plan in place, which will help alleviate anxiety, confusion, and feelings of vulnerability in the event of an emergency. For our low-income seniors who receive In-Home Supportive Services (IHSS), the state requires that IHSS social workers develop, together with the clients, a written disaster plan that is updated annually.

The K/T AAA representatives will continue to be active members in the disaster preparedness and response partnership in Kings and Tulare 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 Couty)	Office: 559-624-7498	alockman@tularehhsa.org
Amanda Verhaege	Emergency Services Coordinator (Kings)	Office: 559-852-2883	Michelle.speer@co.kings.ca.us Amanda.verhaege@co.kings.ca.us

Clay Smith	Fire Chief (Kings county)	Office: 559-852-2881	Clay.smith@co.kings.ca.us
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3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Jamie Sharma	Unit Manager, Aging Services	Office: 559-624-8006	jsharma@tularehhsa.org

4. List critical services the AAA will continue to provide after a disaster and describe how these services will be delivered:

Critical Services

How Delivered?

a. Nutrition	a. Delivered to homes and congregate meal sites by designated staff. In a major disaster, delivery would be coordinated through the respective Operations Area EOCs (Emergency Operations Centers)
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In major disasters delivery of services including Information and Assistance services will be provided before, during and after disasters, based on available resources, and need. Service delivery will be coordinated through the respective Operation Area EOCs.

5. List any agencies with which the AAA has formal emergency preparation or response agreements.
None.

6. Describe how the AAA will:

- Identify vulnerable populations.

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)

- Follow-up with these vulnerable populations after a disaster event.

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.

2020-2024 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 funds⁷ 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 2020-21 through FY 2023-2024

Access:

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

2020-21 20% 21-22 _____% 22-23 _____% 23-24 __%

In-Home Services:

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

2020-21 2% 21-22 _____% 22-23 _____% 23-24 __%

Legal Assistance Required Activities:

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

2020-21 15% 21-22 _____% 22-23 _____% 23-24 __%

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

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. While the COVID-19 pandemic has affected the way services were budgeted, no need to change the percentages was found. The current staff level and the potential to reach as many seniors in need are also considered when determining priority services.

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

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

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

<u>Check applicable direct services</u>	<u>Check each applicable Fiscal Year</u>			
	20-21	21-22	22-23	23-24
Title IIIB				
<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 IID				
<input type="checkbox"/> Disease Prevention and Health Promo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIIE⁹				
<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"/>
Title VIIA				
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII				
<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.

⁵ Refer to PM 11-11 for definitions of Title III E categories.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 15

Older Americans Act Reauthorization Act of 2016 Section
307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. 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: Health Insurance Counseling and Advocacy Program

Check applicable funding source:¹⁰

III B

III C-1

III C-2

III D

III E

VII A

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 20-21 **FY 21-22** **FY 22-23** **FY 23-24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: Providing HICAP services as a direct service allows for closer coordination with the Medi-Cal programs in the two counties of the PSA. All HICAP program staff are trained as HICAP counselors, and their knowledge of the PSA's seniors helps to ensure that HICAP services are made available where they are most needed.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 15

Older Americans Act Reauthorization Act of 2016 Section
307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. 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: Meals

Check applicable funding source:¹⁰

IIIB

IIIC-1

IIIC-2

IIID

IIIE

VIIA

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 20-21 **FY 21-22** **FY 22-23** **FY 23-24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: 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

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 15

Older Americans Act Reauthorization Act of 2016 Section
307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. 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:¹⁰

IIIB

IIIC-1

IIIC-2

IIID

IIIE

VIIA

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 20-21 **FY 21-22** **FY 22-23** **FY 23-24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: 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.

**GOVERNING BOARD MEMBERSHIP
2020-2024 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 Richard Fagundes, Chair (Kings County)	1/2021
Supervisor Eddie Valero, Vice Chair (Tulare County)	1/2021

Names and Titles of All Members:	Board Term Expires:
Craig Pedersen, Kings County Board of Supervisors	1/2021
Eddie Valero, Tulare County Board of Supervisors	1/2021
Amy Shuklian, Tulare County Board of Supervisors	1/2021
Richard Fagundes, Kings County Board of Supervisors	1/2021
Pete Vander Poel, Tulare County Board of Supervisors	1/2021

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

**ADVISORY COUNCIL MEMBERSHIP
2020-2024 Four-Year Planning Cycle**

Older Americans Act Reauthorization Act of 2016 Section 306(a)(6)(D)
45 CFR, Section 1321.57
CCR Article 3, Section 7302(a)(12)

Due to the COVID-19 pandemic, the Advisory Council has elected to halt operations until it is safe to continue in-person meetings. Information listed below is current to last gathered information.

Total Council Membership (include vacancies) 15

Number of Council Members over age 60 6 (of 10 filled positions)

Race/Ethnic Composition	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
White	<u>52.29</u>	<u>44.44</u>
Hispanic	<u>38.91</u>	<u>22.22</u>
Black	<u>1.43</u>	<u>11.11</u>
Asian/Pacific Islander	<u>4.47</u>	<u>0</u>
Native American/Alaskan Native	<u>.84</u>	<u>11.11</u>
Other	<u>2.06</u>	<u>11.11</u>

Name and Title of Officers:

Office Term Expires:

Bobbie Wartson, Chair (Seat 6)	12/31/2021
Marlene Chambers, Vice Chair (Seat 10)	12/31/2020
Vacant, Secretary	
Suzann Wray, Parliamentarian (Seat 2)	12/31/2020

Name and Title of other members:

Office Term Expires:

Seat 1 Betsey Foote	12/31/2021
Seat 3 Mary Thomas	12/31/2020
Seat 4 Dan Fox	12/31/2021
Seat 5 Vacant	
Seat 7 VACANT	
Seat 8 Marianne Osborne	12/31/2021

Seat 9 VACANT	
Seat 11 VACANT	
Seat 12 Cecilia Bobst	12/31/2020
Seat 13 VACANT	
Seat 14 Grace Henn	12/31/2021
Seat 15 Sharon Lamagno	12/31/2021

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

Yes No

- Low Income Representative
- Disabled Representative
- Supportive Services Provider Representative
- Health Care Provider Representative
- Family Caregiver Representative
- Local Elected Officials
- Individuals with Leadership Experience in Private and Voluntary Sectors

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

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

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

The K/T AAA Advisory Council has two types of members: those appointed directly by the Governing Board of the K/T AAA (a total of five), and those appointed by the Board of Supervisors of each county (five per county, for a total of 10).

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.

2020-2024 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2016 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. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title IIIB requirements: **Discuss:** The mission of PSA 15 as it relates to Legal Services is to deliver basic legal information to the most vulnerable seniors, to counsel them and help them seek resolutions to their disputes, and to advocate for their continued independence and other rights. Additionally, it is PSA 15's intent to work to educate the public to prevent the legal problems seniors face most frequently.

2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? **Discuss:** 15%

3. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years). **Yes/No, Discuss:** No significant changes in Legal Services needs.

4. Specific to Legal Services, does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Yes/No, Discuss:** Yes

5. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA? **Yes/No, Discuss:** Yes:
 - Consumer fraud (especially with regard to real estate fraud)
 - Protective services including elder abuse
 - Access to health care
 - Housing;

see #6 and #13 below

6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA **AND** what mechanism is used for reaching the target population? **Yes/No, 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. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? **Discuss:** See #6 above.

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

Fiscal Year	# of Legal Assistance Services Providers
2020-2021	1
2021-2022	<i>Leave Blank until 2021</i>
2022-2023	<i>Leave Blank until 2022</i>
2023-2024	<i>Leave Blank until 2023</i>

⁶ For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or chisorom.okwuosa@aging.ca.gov

9. Does your PSA have a hotline for legal services? **Yes/No, Discuss: No.**

10. 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.

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

Fiscal Year	Name of Provider	Geographic Region covered
2020-2021	Central Calif. Legal Services	Kings and Tulare Counties
2021-2022	<i>Leave Blank until 2021</i>	<i>Leave Blank until 2021</i>
2022-2023	<i>Leave Blank until 2022</i>	<i>Leave Blank until 2022</i>
2023-2024	<i>Leave Blank until 2023</i>	<i>Leave Blank until 2023</i>

12. Discuss how older adults access Legal Services in your PSA: **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.

13. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA. Discuss (please include new trends of legal problems 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 with regard to real estate fraud)
Protective services including elder abuse
Access to health care
Housing

Because of the high volume of requests for estate planning, when resources permit, the provider hosts periodic clinics and presentations to provide limited estate planning services to the community.

14. In the past four years, has there been a change in the types of legal issues handled by the Title IIIB legal provider(s) in your PSA? **Yes/No, Discuss:** No.

15. 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, in particular, 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.

16. 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 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW

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		Compliance Verification State Use Only
				Begin	End	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services
 Older Americans Act Reauthorization Act of 2016,
Section 373(a) and (b)

2020-2024 Four-Year Planning Cycle

Based on the AAA’s review of current support needs and services for **family caregivers** and **grandparents** (or other older relative of a child in the PSA), indicate what services the AAA **intends** to provide using Title III E and/or matching FCSP funds for both family caregivers and grandparents/older relative caregivers.

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 a service, a justification for each service is required in the space below.**

Family Caregiver Services

Category	2020-2021	2021-2022	2022-2023	2023-2024
Family Caregiver Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

Grandparent Services

Category	2020-2021	2021-2022	2022-2023	2022-2024
Grandparent Information Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>
Grandparent Access Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>
Grandparent Support Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>
Grandparent Respite Care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct Contract <input type="checkbox"/>

Refer to PM 11-11 for definitions for the above Title III E categories.

Justification: For each service category checked “no”, explain how it is being addressed within the PSA. The justification must include the following:

- Provider name and address of agency
- Description of the service
- Where the service is provided (entire PSA, certain counties, etc.)
- Information that influenced the decision not to provide the service (research, needs assessment, survey of senior population in PSA, etc.)
- How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds

Family Caregiver Supplemental Services:

- Provider name and address of agency:
 - Resources for Independence Central Valley
 - 3435 S. Demaree St. Suite D Visalia, CA 93277
- Description of the service:
 - Resources for independence including assistive devices/technologies, housing resources (such as information and referral, landlord/tenant advocacy, and home modification resources), peer support, communication access, and advocacy.
- Where the service is provided (entire PSA, certain counties, etc.)
 - Entire PSA
- Information that influenced 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.
- How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds
 - Maintain an up to date resource directory

Grandparent Information Services:

- Provider name and address of agency:
 - 211 Tulare County/United Way of Tulare County
 - 1601 E Prosperity Ave. Tulare, California 93274
 - 211 Kings County
- Description of the service:
 - Referral System
 - Information Services
 - Community Resources/Opportunities
- Where the service is provided (entire PSA, certain counties, etc.)
 - Entire PSA
- Information that influenced 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 service continues to be provided in the PSA without the use of Title III E funds
 - 211 Services are offered in part through funding from Tulare County HHSA.

Grandparent Access Assistance:

- Provider name and address of agency:
 - Valley Caregiver Resource Center
 - 3845 N Clark St. Suite 201. Fresno, CA 93726
 - Valley Adult Day Services
 - 227 E. Oak Avenue. Porterville, CA 93257
 - Lemoore Adult Day Care Center
 - 1075 Blake Street. Lemoore, CA 93245
- Description of the service:
 - These agencies provide a variety of services including access assistance services such as information and assistance, outreach, and can provide referrals for legal services.
- Where the service is provided (entire PSA, certain counties, etc.)
 - Entire PSA
- Information that influenced 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 service continues to be provided in the PSA without the use of Title III E funds
 - K/T AAA works closely with these agencies to provide other III E services.

Grandparent Support Services:

- Provider name and address of agency:
 - Tulare Family Resource Center
 - 304 E. Tulare Ave. Tulare, CA
 - Valley Caregiver Resource Center
 - 3845 N Clark St. Suite 201. Fresno, CA 93726
- Description of the service:
 - 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, certain counties, etc.)
 - Entire PSA
- Information that influenced 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 service continues to be provided in the PSA without the use of Title III E funds
 - Programs are funded in part through the Counties of Tulare and Kings
 - K/T AAA works closely with agencies to provide other services

Grandparent Respite Care:

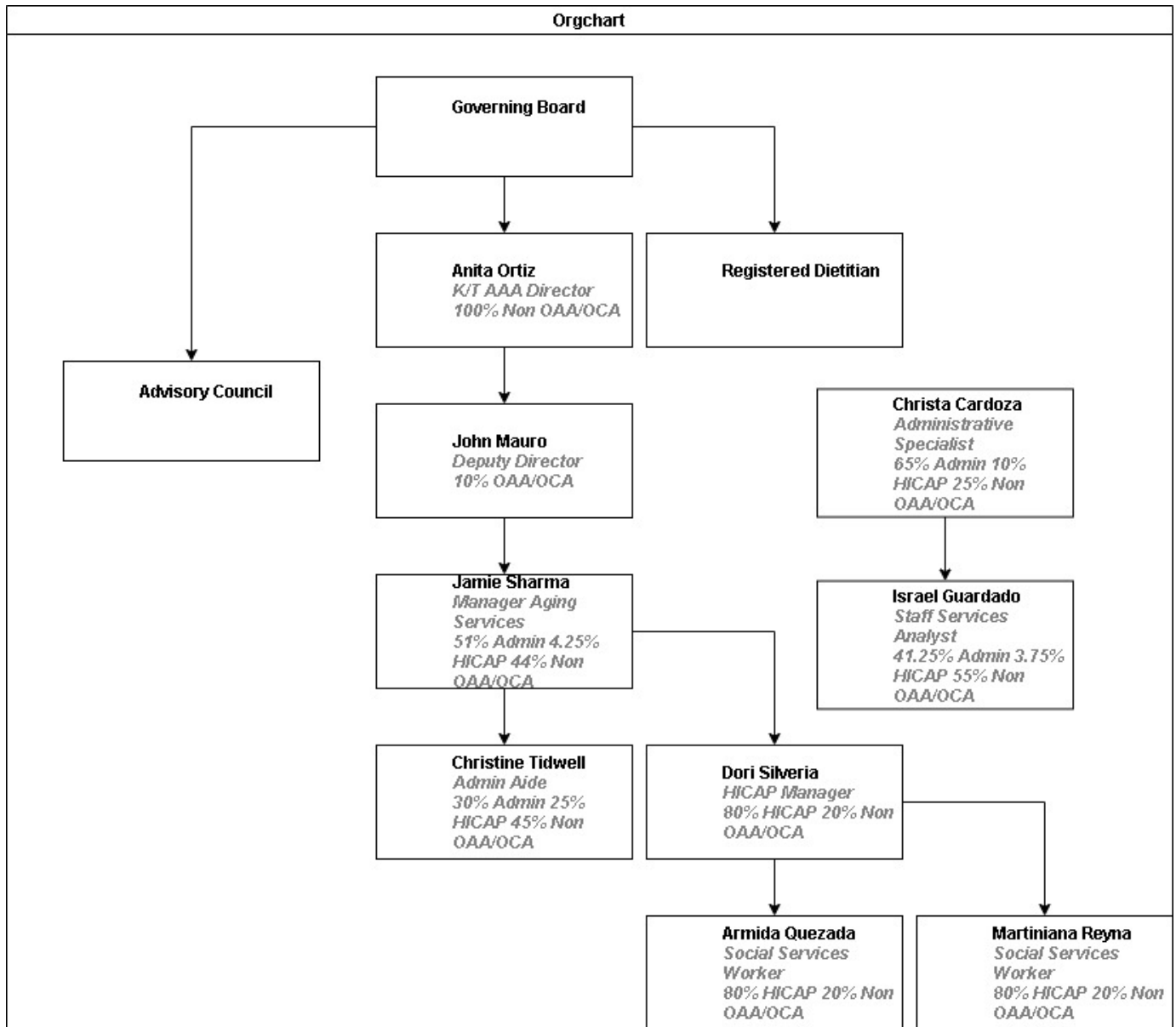
- Provider name and address of agency:
 - Parenting Network
 - 330 N Johnson St. Visalia, CA 93291
 - Kings County Commission on Aging Council
 - 680 North Campus Drive. Suite D. Hanford, CA 93230
- Description of the service:
 - Respite services for families
 - Respite services for senior caregivers
- Where the service is provided (entire PSA, certain counties, etc.)
 - Entire PSA
- Information that influenced 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 service continues to be provided in the PSA without the use of Title III E funds
 - Programs are funded in part by Counties of Tulare and Kings

Grandparent Supplemental Services:

- Provider name and address of agency:
 - Tulare County - CalWorks
 - 1845 N. Dinuba Blvd. Visalia, CA 93291
 - Kings County - CalWorks
 - 1400 W. Lacey Blvd. Bldg #8. Hanford, CA 93230
- Description of the service:
 - Cash Aid and General Assistance
- Where the service is provided (entire PSA, certain counties, etc.)
 - Entire PSA

- Information that influenced 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 service continues to be provided in the PSA without the use of Title III E funds
 - Programs are funded by Counties of Tulare and Kings

SECTION 21 - ORGANIZATION CHART



SECTION 22 - ASSURANCES

Pursuant to the Older Americans Act Reauthorization Act of 2016, (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 2016 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 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 who are victims of 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; 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)(9)

Provide assurances that the Area Agency on Aging will carry 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 2000 in carrying out such a program under this title;

9. 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, 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.

10. 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;

11. 306(a)(14)

Provide assurances that preference in receiving services under this Title shall not be given to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 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 Older Americans Act Reauthorization Act of

2016, Section 306(a)(4)(A)(i); and
(B) in compliance with the assurances specified in Older Americans Act
Reauthorization act of 2016, Section 306(a)(13) and the limitations specified
in Older Americans Act Reauthorization Act of 2016, Section 212;

13: OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency; and 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.

14. 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.

15. 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.

16. 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.

17. 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

18. 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.

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

In carrying out such services 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.

20. 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.

21. 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.

22. OAA 307(a)(26)

That funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency, or an area agency on aging, to carry out a contract or commercial relationship that is not carried out to implement this title.

23. OAA 307(a)(27)

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, interagency 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 individuals, 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 access from designated focal points to services financed under the Older Americans Act.

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.

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

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

29. 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.

30. 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.