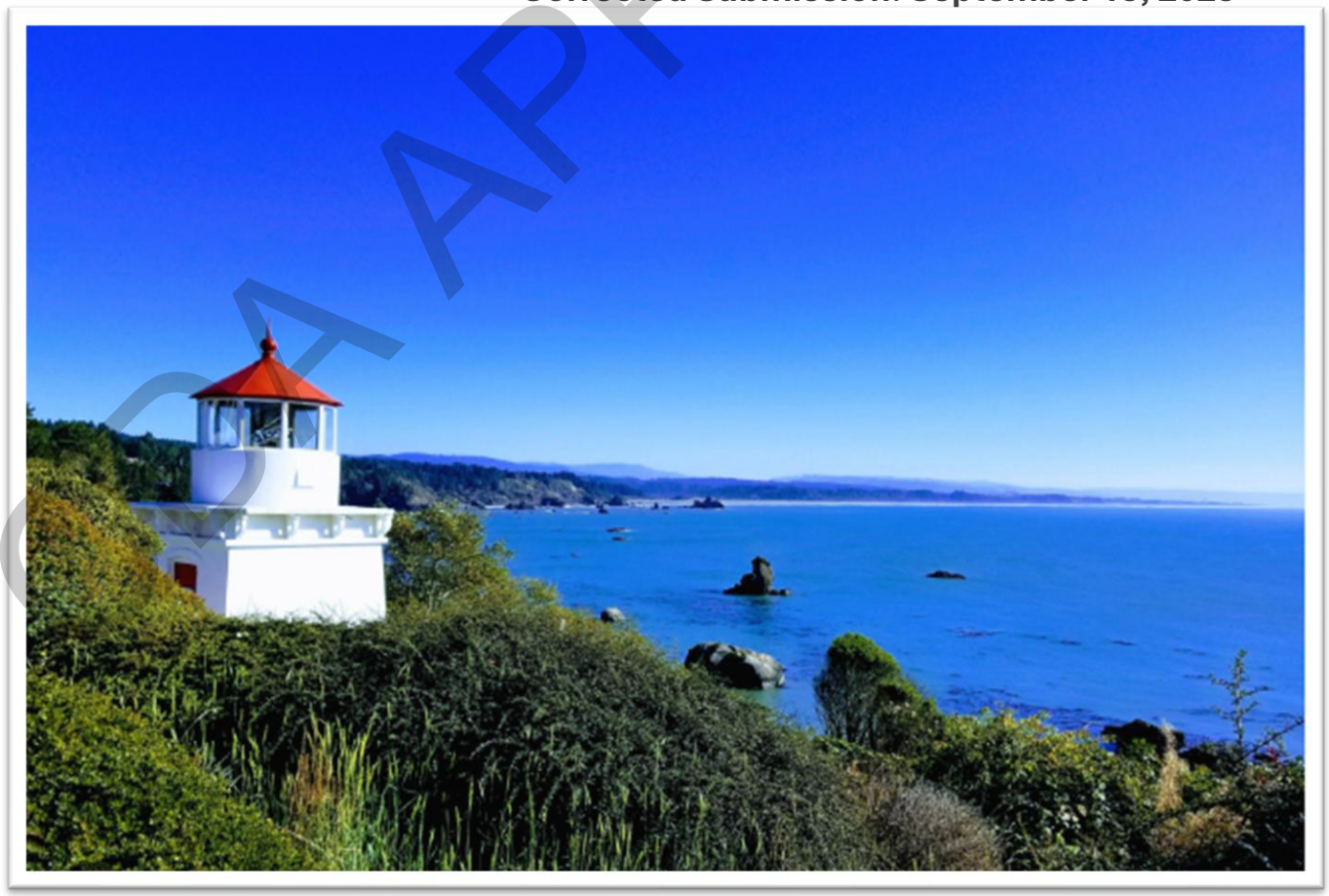
AREA 1
Agency on Aging

Area Plan Update 2025-2026

Original Submission to the
California Department of Aging
April, 29,2025
Corrected Submission: September 15, 2025



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

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

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

AAA Name: Area 1 Agency on Aging **PSA** 1

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. Nick Vogel
(Type Name)
Nick Vogel 2025-04-17
Signature: Governing Board Chair [1] Date

2. Valerie Starkey
(Type Name)
Valerie Starkey 2025-04-17
Signature: Advisory Council Chair Date

3. Maggie Kraft
(Type Name)
Maggie Kraft 2025-04-17
Signature: Area Agency Director Date

SECTION 1. MISSION STATEMENT

Agency Vision

We envision a community where older persons and those with disabilities have access to resources that promote quality of life.

Agency Mission

Area 1 Agency on Aging provides leadership and services that support and promote healthy aging.

Our Guiding Principles and Values

- Treating all people with respect.
- Recognizing and building on the gifts and talents of each person.
- Protecting and enhancing the dignity and independence of those we serve.
- Committing to a culture of personal and professional growth, teamwork, creativity, and fun.
- Continuously striving for excellence in all we do.
- Working each day to make a positive difference in our community.

Our Mission as Defined by the California Department of Aging

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."

Our Mission as defined by the Older Americans Act:

Develop a comprehensive and coordinated delivery system of supportive services, nutrition services, and senior centers for older adults. This system is intended to:

- Assist individuals to attain maximum independence in a home environment by provision of appropriate social services.
- Remove individual and social barriers to economic and personal independence.
- Via a continuum of community-based and in-home care, provide services and care for the vulnerable elderly, thereby preventing premature or inappropriate institutionalization.

SECTION 2. DESCRIPTION OF PSA 1

I. Introduction

Area 1 Agency on Aging (A1AA) is designated by the California Department of Aging (CDA) to serve Planning and Service Area 1 (PSA 1) which includes Humboldt and Del Norte Counties, located in the northwest corner of California. The PSA is bordered by Oregon on the north, Mendocino County on the South, Siskiyou, and Trinity County to the east and the Pacific Ocean on the west.

A. Physical Characteristics

The area consists of almost three million acres encompassing 5,282 square miles, 31% of which is water. Humboldt County ranks 14th and Del Norte County ranks 42nd out of fifty-eight counties in land mass size. Two-thirds of the region consists of densely forested, rugged ravines and mountainous areas. The region is notable for its giant Redwood forests. Humboldt County contains over 40% of the remaining old growth Redwood forests, most of which are protected or conserved by national, state, and local forests and parks (680,000 acres and over 1,000 square miles). The remaining one-third of the area includes 150 miles of primitive coastline and an alluvial plain containing the Micropolitan Statistical Areas of Arcata-Eureka-Fortuna in Humboldt, with Eureka, the county seat of Humboldt, and Crescent City, the county seat and only incorporated city in Del Norte.

B. Population Distribution

There are 27.6 persons per square mile in Del Norte County and 38.2 persons per square mile in Humboldt County. Most of the population lives along the coastal plain and inland river valleys, with the remaining population widely disbursed, living in remote, mountainous areas of both counties. PSA 1 is rural with pockets of micropolitan vicinities. There are eight incorporated cities in the two-county area, including Arcata, Blue Lake, Crescent City, Eureka, Ferndale, Fortuna, Rio Dell, and Trinidad. The McKinleyville-Fieldbrook area is a census designated place and not incorporated, however, it is the third largest area in Humboldt, comparable in population size to Arcata. There have been minor changes between the total population in 2010 vs. 2020 (Table 2.2.)[1]

Table 2.1

Characteristic	Humboldt County	Del Norte County	PSA 1
County Seat	Eureka	Crescent City	-
Incorporated Cities	7	1	8
Census Designated Places	30	7	37
Unincorporated Areas	41	11	52
Tribal Nations	6	4	10
Population per square mile, 2020	27.6	38.2	253.7
Persons per household, 2018-2022	2.64	2.42	2.89
Source:censusquickfactsdelnortecouty humboldtcountycalifornia/PST045223			

[1] [1] Data from the American Community Survey is based on estimates which and may contain sampling error resulting in slightly higher or lower estimates in comparison to data from the 2020 decennial census.

The Del Norte population decreased by 867 and the Humboldt population increased by 1,840 within the ten-year span.

Table 2.2

Change in Population, Decennial Census Comparison	Del Norte County	Humboldt County	PSA 1 Total
Population, Census, April 1, 2020	27,743	136,463	164,206
Population, Census, April 1, 2010	28,610	134,623	163,233

II. Demographics of PSA 1

A. Age and Sex of the Population

Twenty six percent (26%) of the population in PSA 1 is aged sixty and over and consists of 42,211 individuals. Females represent a slightly higher proportion of the older population in both counties.

Table 2.3

Selected Age and Sex Categories	Humboldt			Del Norte		
	Total	Percent Male	Percent Female	Total	Percent Male	Percent Female
Under 18 years	20% (26,654)	20.1%	18.9%	19% (5,691)	19.5%	22.4%
18 years and over	81% (109,809)	80%	81.1%	81% (22,052)	79.9%	77.6%
60 years and over	26% (35,242)	24.5%	27.2%	26% (7,269)	23.2%	29.9%
65 years and over	19% (26,122)	17.9%	20.4%	19% (5,241)	16.7%	21.5%
75 years and over	7% (9,304)	6.1%	7.5%	6% (1,549)	5.5%	8.2%
80 to 84 years	2% (2,526)	1.7%	2%	2% (535)	1.5%	2.5%
85 years and over	2% (2,479)	1.4%	2.2%	2% (472)	1.4%	2.1%

Source: Decennial DP2020.DP1

The median age is 39 years for Del Norte and 40.2 years for Humboldt compared to 37.9 years for the state.

Table 2.4

Demographic Characteristic	Humboldt County	Del Norte County	CA
Median Age (years)	39	40.2	37.9

Source: Source: Decennial DP2020.DP1

B. Race and Ethnicity

The racial makeup of PSA 1 is 70% white, followed by individuals of two or more races at 12%. The percentage of the white population has declined since the 2010 census, which at the time was approximately 80% or more of the population in both counties.

Table 2.5

RACE	Del Norte		Humboldt		PSA 1	
	Count	Percent	Count	Percent	Count	Percent
Total population	27,743	100.0%	136,463	100.0%	164,206	100%
White	17,193	62.0%	98,095	71.9%	115,288	70%
Two or More Races	3,439	12.4%	16,156	11.8%	19,595	12%
American Indian and Alaska Native	2,434	8.8%	8,481	6.2%	10,915	7%
Some Other Race	2,936	10.6%	7,782	5.7%	10,718	7%
Black or African American	855	3.1%	1,879	1.4%	2,734	2%
Asian	840	3.0%	3,615	2.6%	4,455	3%
Native Hawaiian and Other Pacific Islander	46	0.2%	455	0.3%	501	0%

Source: Decennial DP2020.DP1

C. Tribal Nations in PSA 1

There are ten (10) tribal nations in PSA 1: Six in Humboldt County and four in Del Norte County:

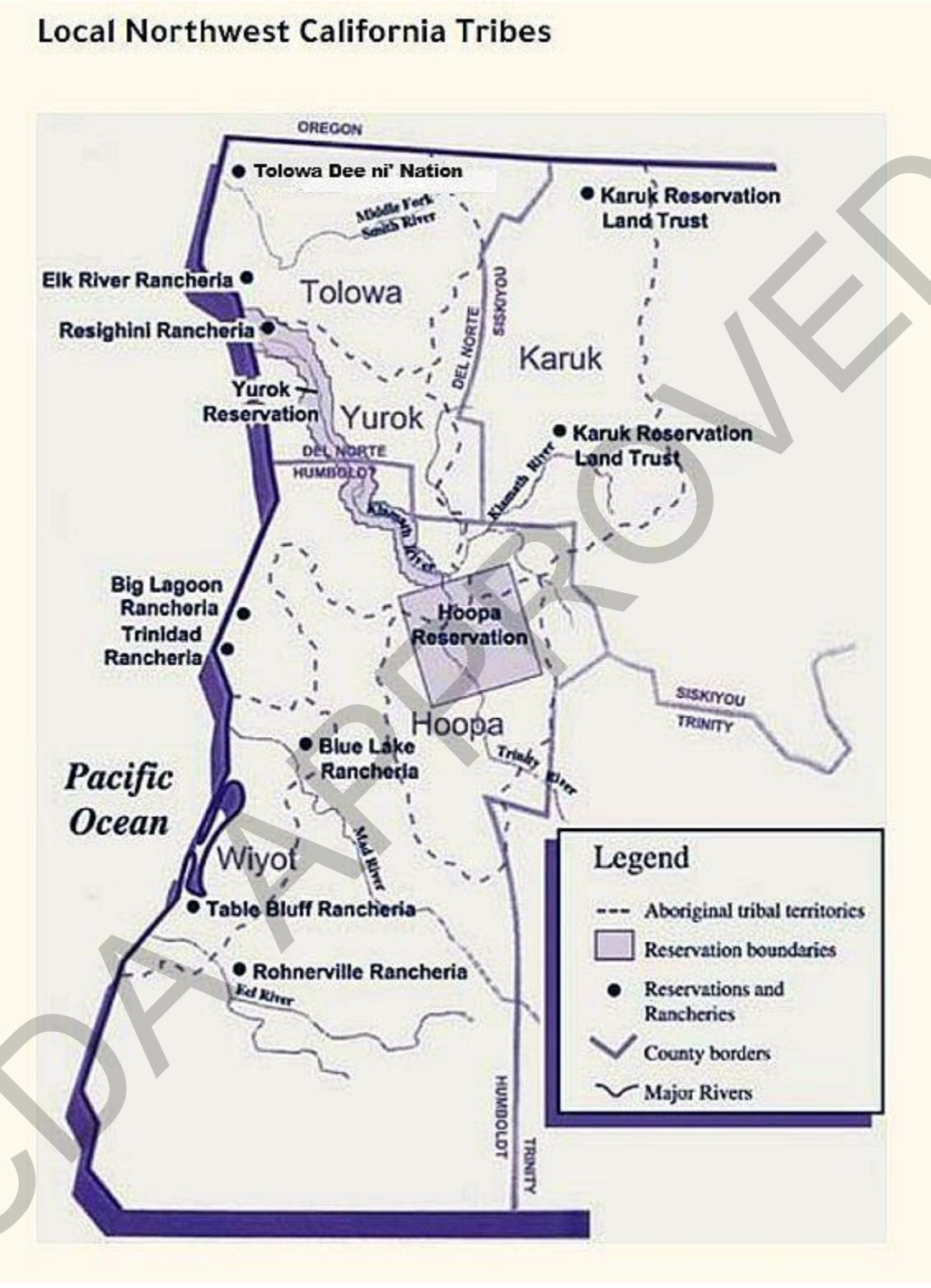
Del Norte

- Elk Valley Rancheria
- PuliklaTribe of the Yurok People Rancheria
- Tolowa Dee-Ni' Nation
- Yurok Tribe of California

Humboldt

- Bear River Band of the Rohnerville Rancheria
- Big Lagoon Rancheria
- Blue Lake Rancheria
- Trinidad Rancheria
- Hoopa Valley Tribe
- Table Bluff Reservation
- Wiyot Tribe

The map below shows where each tribe is located:



D. Veterans

Older veterans (age 55 and over) make up the vast majority of the veteran population in both counties Among the veteran population aged 18 years and older, 38% in Del Norte and 40% in Humboldt have a disability (Table 2.6.)

Table 2.6

Veteran Status PSA 1	Del Norte County				Humboldt County			
	Total	Percent	Veterans	Percent Veterans	Total	Percent	Veterans	Percent Veterans
Population 18 years and over	21,664	-	1,630	7.5%	110,332	-	7,446	6.7%
AGE GROUP								
18 to 54 years	12,606	58%	278	17%	67,485	61%	1,851	25%
55 years and over	9,058	42%	1,352	83%	42,811	39%	5,595	75%
DISABILITY STATUS								
Civilian population 18 years and over for whom poverty status is determined	19,429	-	1,621	-	107,954	-	7,323	-
With any disability	4,563	23%	613	38%	22,349	21%	2,962	40%
Without a disability	14,866	77%	1,008	62%	85,605	79%	4,361	60%

Source: ACSST5Y2022, S2101

III. Economic Characteristics

Tables 2.7 and 2.8 provide income and poverty characteristics for both counties in comparison to the state. The median household income is lower for both counties, with Humboldt falling approximately $3,268 below the Del Norte median income. The unemployment rate is higher in Humboldt (5.9%) than both Del Norte (6.3%) and California (6.4%.) Humboldt also has a higher poverty rate for females, males, adults 60 years and older.

While the proportion of the non-white population for both counties is significantly less than the white population, they have higher rates of poverty. The population in PSA 1 has higher rates of poverty in all race groups in comparison to the state.

Table 2.7

Income & Poverty	Del Norte County	Humboldt County	CA
Median household income (in 2022 dollars), 2018-2022	$61,149	$57,881	$91,905
Median gross rent, 2018-2022	$1,146	$1,191	$1,856
Unemployment Rate	6.3%	5.9%	6.4%
Persons in poverty, percent	16.5%	18.0%	12.1%
Poverty Rate-Female	16.0%	20.9%	13.2%
Poverty Rate-Male	12.6%	18.7%	13.2%
Poverty Rate-60+	11.8%	12.9%	11.1%

Sources: ACS20225YDP03 Selected Economic Characteristics, IncomePast12Months,S1901&S1701 EDD Labor Market Information, Report 400C

Table 2.8

Percent Below Poverty Level by Race	Del Norte			Humboldt County			CA
	Total	Below poverty level	Percent below poverty level	Total	Below poverty level	Percent below poverty level	Percent below poverty level
American Indian and Alaska Native alone	1,936	323	16.7%	5,405	1,555	28.8%	16.1%
Asian alone	805	117	14.5%	4,201	1,428	34.0%	9.8%
Black or African American	233	117	50.2%	1,713	710	41.4%	19.0%
Hispanic or Latino origin	4,544	927	20.4%	16,326	3,907	23.9%	15.1%
Native Hawaiian and Other Pacific Islander	18	0	0.0%	377	160	42.4%	13.9%
Other race	1,798	371	20.6%	7,276	1,797	24.7%	16.1%
Two or more races	2,650	512	19.3%	13,932	3,074	22.1%	12.2%
White alone	17,656	2,145	12.1%	100,235	17,670	17.6%	10.6%

Non-English Speakers	Del Norte	Humboldt
Language other than English spoken at home, percent of persons aged 5 years+, 2018-2022	12.40%	10.80%

IV. Unique Resources

Both Humboldt and Del Norte Counties possess a rich tapestry of unique resources that contribute to a distinct character in PSA 1:

- Scenic beauty and open spaces including open space lands, lush forests with the tall trees, and rugged shorelines. The area offers solitude and opportunities for outdoor recreation and enjoyment of the natural world and the wildlife that inhabits it.
- A rich agricultural heritage that attracts farmers from diverse backgrounds raising sheep for wool, dairy products, cannabis, and a thriving mostly year-round farmer's market.
- The Native American heritage and the presence of the original inhabitants such as the Yurok and Hoopa tribes add to a rich cultural heritage that help to shape the area's identity.
- Family Resource Centers which are part of the Humboldt Network of Family Resource Centers, and located throughout Humboldt County, offering food programs, clothing, hygiene supplies, job support, bilingual services, and community events.
- Nine Senior Centers and two focal points offering varied programs that provide socialization, food, exercise, and recreational activities.
- A recently designated Aging and Disability Resource Connection designed to coordinate and streamline services for older adults and people with disabilities.
- The Del Norte and Adjacent Tribal Lands (DNATL) community food council membership works together to build a local food system that provides access to healthy, culturally appropriate food to all families in Del Norte.
- Innovative community efforts and active local chambers of commerce collaborating with tribes and local government on economic development opportunities, including offshore wind development and a state-of-the-art fish hatchery.
- Local foundations, including the Humboldt Area Foundation, some of which were built from forestry wealth, provide support for older adult services.
- A plethora of non-profits that focus on economic equity and social justice.

In summary, PSA 1 continues to address the challenges of the geography and rural nature of the area by developing and coordinating government, profit, non-profit and other resources to address community needs.

V. Constraints and Challenges

A. Geography, Accessibility, Rurality

Providing services to older adults in PSA 1 comes with challenges and constraints. These include:

- Geographic Isolation: the rugged terrain and relative isolation pose challenges in reaching remote areas where older adults reside. Limited transportation options can hinder access to essential services.

- Increased Likelihood of Disasters: PSA 1 is at increased risk of wildfires, storms, power outages, and earthquakes. The rural, remote, and isolated terrain leads to slower response times and fewer financial and other resources available to address disasters and emergencies.

- An Aging Population: the PSA has a higher percentage of the population already over 60, which strains existing resources and creates challenges in meeting their diverse needs.

- Housing Shortages: providing accessible and affordable housing that meets the needs of an aging population remains a significant challenge, as does addressing the needs of the older homeless population.

- Financial Exploitation, Scams and Elder Abuse: elder financial abuse and protecting vulnerable elders continues to be a concern.

- Healthcare Access: older adults face barriers in accessing healthcare services due to limited providers and facilities, as well as the distance and lack of transportation to get to care.

- Social Isolation: Seniors may experience loneliness and isolation, especially in rural areas.

- Caregiver Support: caregivers of older adults play a crucial role but often face stress and burnout. Respite continues to be a critical need in PSA 1 but has limited funding and resources.

- Navigating Services: older adults and their families struggle to understand and navigate available services and often do not reach out until forced by a crisis.

- Cultural Competence: the diverse population of PSA 1 includes Native American and other communities of color and there is a need for culturally sensitive services.

- Funding Constraints: budget limitations in combination with the large, rural geography impact the scale and scope of services.

Health care is a critical need for any aging demographic. According to the National Institute for Health Care Management Foundation (NICHM) older adults who live in rural areas face barriers to health care, such as a shortage of health care providers, the need to travel longer distances for medical care, and higher rates of uninsurance. Hospital closures are more likely. Older adults in rural areas are at higher risk for poor health outcomes, have a slightly lower life expectancy, and higher rates of dying than their urban counterparts. People of color living in rural areas are more likely to have multiple chronic health conditions. These challenges contribute to poorer health outcomes and shorter life expectancies among the rural population. While the advance of technology and telehealth can help to ameliorate some of these challenges, access to affordable broadband is limited in rural areas and even if available, is not always used by rural older adults due to the costs and discomfort with technology.

VI. Description of Planned Service System Delivery

A1AA will develop and deliver a service system designed to address these challenges and will advocate on behalf of older adults in PSA 1 to prepare the larger community to support older adults. Planned services include both direct and contracted methods of delivery:

A. Title III B Support Services
    1. Information & Assistance
    2. Transportation: Volunteer Driver Program
    3. In-Home Support: Homemaker
    4. Housing – Northcoast Homeshare
    5. Legal Assistance
    6. Long Term Care Ombudsman Program
B. Title III C Nutrition Services
    1. Congregate Nutrition & To-Go Meals
    2. Home Delivered Meals
    3. Nutrition Education
C. Title III D Health Promotion
    1. SAIL
D. Title III E Family Caregiver Support Program
E. Title VII-A Elder Abuse Prevention-Long Term Care Ombudsman Program
F. Health Insurance Counseling & Information Program
G. Non-OAA Funded Services
    1. CalFresh
H. Older Californians Act Modernization-Supportive Services
    1. Falls Prevention
    2. Volunteer Recruitment and Support
I. Older Californians Act Modernization-Nutrition Modernization
    1. Congregate Meals
    2. Home Delivered Meals

SECTION 3. DESCRIPTION OF AREA 1 AGENCY ON AGING

A. A1AA's Leadership Role in the Local Aging Network

Area 1 Agency on Aging (A1AA) is the fourth smallest and one of only five non-profit Area Agencies on Aging (AAA) located in California. It is governed by the Older Americans Act (OAA), the Older Californians Act (OCA), the California Code of Regulations (CCR), and related laws and regulations, as well as by contracts with CDA for the provision of services funded by OAA. A1AA facilitates the delivery of access, in-home, nutrition, legal, family caregiver support and other services to older adults residing in Humboldt and Del Norte Counties.

A1AA employs fourteen full and eleven part-time staff. A1AA contracts with consultants as needed, including a registered dietician to provide oversight of the contracted Title IIIC nutrition programs. More than seventy-five volunteers deliver programs and services to meet the goals and objectives in this Area Plan.

A1AA is the recognized entity for promoting the aging network's service system and for development and coordination efforts in Humboldt and Del Norte Counties. The Agency engages in cooperative relationships with leaders in city and county government, local business, non-profits, and the community at large. A1AA promotes the health, independence, and quality of life of older adults in PSA 1 and provides leadership in the following primary ways:

1. Advocacy and Representation

A1AA represents the interests of older individuals with a Board of Directors, with representatives from Humboldt and Del Norte counties, the participation of local elected officials on the Advisory Council, service providers from the PSA 1 aging network, and older adults who are recipients of services.

- The governing and policy-making body of A1AA consists of a twelve-member Board of Directors; nine members represent residents of Humboldt County, and three members represent Del Norte County. A1AA Board members are elected and may hold a maximum of three consecutive three-year terms of office.

- The Board of Directors oversees the A1AA Advisory Council as set forth in the Older Americans Act and ratifies applicants upon recommendation of the Council. The Council advises the Board and staff on the development and implementation of the Area Plan and functions as a non-partisan advocacy body on behalf of older adults in PSA 1. Fifty percent of Council members must be 60+. Members include health and social service providers, elected officials, and the public.

A1AA representatives and staff members participate and monitor local, state, and national hearings to provide input on proposed policies, programs, and community actions that impact older adults. The Executive Director acts under the direction of the Board of Directors and

participates in community forums, attends city and county government functions and meetings to advocate on behalf of older adults, and educates the community about the services and activities of A1AA. Examples of advocacy and representation by the Executive Director and staff of A1AA include:

- A1AA staff conduct needs assessments, key informant interviews, and focus groups to document the need for services and support new initiatives, programs, and/or funding. Through the needs assessment process, A1AA identifies gaps and advocates for important services.

- The Executive Director serves on the executive committee of the California Association of Area Agencies on Aging's (C4A) board of directors. The California Association of Area Agencies on Aging (C4A) is a statewide organization consisting of Area Agencies on Aging and partners to provide leadership in the development and restructuring of California's long-term care system. Its mission is to develop a comprehensive and integrated home and community-based service system throughout California that supports dignity, diversity, and choice for older people, persons with disabilities, caregivers, and families, allowing individuals to remain in their communities as long as possible.

- Advocacy on behalf of older Rio Dell residents for housing and resource needs following the major earthquake in December 2022.

- Member of the local Community Health Alliance, and NorCAN (Northern California Association of Nonprofits)

2. Service Coordination and Delivery:

A1AA was incorporated in 1980, and has over 43 years' experience in developing, coordinating, and delivering services in PSA 1, either directly by A1AA staff, or through contracts with other providers. Direct key services include information and assistance, transportation, elder abuse prevention, long term ombudsman program, health promotion exercise and nutrition-related classes, technology training, in-home support, fall prevention and safety, Northcoast Homeshare, emergency preparedness, and the Health Insurance Counseling and Advocacy Program. Home delivered, congregate meal programs, nutrition education, legal assistance, and caregiver support are among the contracted services.

A1AA staff and Executive Director provide leadership and support to the following organizations in PSA 1:

- Co-director, Northcoast Aging and Disability Resource Connection (ADRC)

  The Northcoast ADRC will implement a county-wide Long-Term Services and Supports (LTSS) model that promotes increased collaboration among

service providers, shared resources, and efficient delivery of services to respond to increasing service demand and shrinking public resources. The Northcoast ADRC with its core and extended partners, will work to increase access to home and community based Long-Term Services and Supports and divert older adults and individuals with disabilities from unnecessary institutionalization. Efforts include:

  - Serving as a consumer directed resource for Long-Term Services and Supports (LTSS) for people of all ages, disabilities, and income levels.

  - Promoting and implementing a "no wrong door" approach, making access to information and LTSS as seamless and easy as possible for consumers.

  - Bringing existing resources together to provide objective information about the full range of options that are available and to empower consumers to make informed decisions.

- Member, Redwood Coast Village Advisory Council
  The Redwood Coast Village is a membership-based organization that helps older adults live independently at home through the support of other members, community volunteers, and qualified businesses. Services include help with transportation, household chores, yard care, and much more.

- Member, North Coast Care Connect Advisory Committee (Care Connect)
  Care Connect is a network of health and social service providers (a Community Information Exchange) who have partnered together to coordinate care for persons in need of assistance. When people consent to share their information with the network, Partner Agencies can share client information using a secure data platform and to provide coordination and electronic referrals for services.

- Proclamation presentations at Humboldt and Del Norte County Board of Supervisors meetings to support Older Americans' Month and Anti-Ageism.

- Presentations and network development with Providence Health Care region-wide Family Resource Centers.

- Board member, the Humboldt COAD (Community Organizations Assisting in Disaster) coordinate disaster preparation and response activities.

- Certified Age Friendly Employer – CAFÉ.

4. Equity and Outreach

A1AA prioritizes outreach and services to those most in need, including racial and ethnic minorities, rurally isolated, frail, and other socially and economically disadvantaged older adults. During COVID-19 and recent disasters impacting PSA 1 (e.g., earthquakes, wildfires, flooding, road closures) A1AA staff responded quickly to older adults most in need through telephone reassurance, provision of emergency supplies, temporary shelter, and coordination of services with other providers.

A1AA prioritizes services for older adults living with multiple chronic conditions and disabilities that enable them to remain in their homes and communities for as long as possible. A1AA seeks to develop and facilitate services to recognize and address the social determinants of health and focus on the overall well-being for its residents.

B. Development of Goals for Service Delivery

A1AA establishes goals and objectives based on the identified needs of older adults, using input from public hearings, clients receiving services, advisory council members, staff, connections with service providers, subrecipient contractors, county supervisors, and the A1AA governing board. There are staff, board, advisory council members and volunteers who are aged sixty and over and provide important input to the agency. A1AA seeks creative and strategic ways to maximize limited staff and funding to address identified needs.

Information and Assistance staff regularly contact service providers to update the Senior Information Guide, Agency Website, and Social Media sites to provide and receive referrals.

In the next four years, A1AA will provide direct and contracted services, and develop and coordinate services with partners in the PSA 1 aging network to improve life for older adults, persons with disabilities, and caregivers. Focus will be on:

- Sustaining the Volunteer Driver Program to provide transportation between communities for frail and disabled older adults unable to drive,
- Continuing an array of fall prevention intervention strategies to prevent falls among those most at risk.
- Building capacity of the Northcoast Homeshare Program to match older adults in need of housing with older adults who have spare rooms to rent.
- Continuing the development of a robust ADRC.
- Helping older adults and their families prepare for emergencies.
- Increasing coordination with Title VI providers to make best use of limited resources.

C. A1AA Service System Goals: 2024-2028

A1AA has established three goals designed to assist with the delivery of community-based services to older adults and their caregivers in PSA 1. A specific focus for the coming four years

is on strengthening and building relationships critical during natural and human-made emergencies and disasters.

GOAL ONE: Area 1 Agency on Aging's services are easy to access and meet the evolving needs of the community. (CA2030 Goal 3)

Rationale: Older adults want to "age-in-place." Providing services that support them to remain in their homes and maintain their health and independence is vital to meet this need and is the intent of A1AA's mission and the Older Americans Act.

GOAL TWO: Community members will become increasingly aware of public and private aging resources (CA2030 Goal 4.)

Rationale: A major challenge is to generate public awareness of resources and services while balancing the need to focus resources on targeting services to people with the greatest economic and social needs.

GOAL THREE: Area 1 Agency on Aging will leverage its expertise and reputation to draw ongoing attention to the needs of future elders and will implement strategies identified by the California 2030 Plan to build community capacity and advocate at the systems level to increase resources and services for older adults.

Rationale: The number of older adults needing services is increasing as the baby boomer cohort continues to age. Resources and systems have not kept pace with the population's current and future needs.

D. Coordination With Health Plans

A1AA does not currently have any contracts with health plans. Partnership Health Plan is the only health plan locally. Title IIIB funding is not enough to enable A1AA to start a care management program, which would be the most likely way for A1AA to enter the CALAim arena. Locally, there are a number of nonprofits who have stepped into this arena, and the cost per client A1AA would have to expend to pick up any remaining older adults make contracting an unsustainable and unaffordable business practice. In addition, those providers currently in the setting are struggling with late payments from Partnership. A1AA stays in regular contact with county staff who are very involved in this process to make sure we are not missing realistic opportunities.

Through the ADRC, A1AA hopes to be able to contract with local hospitals to provide care transitions services, but that is not a health plan contract. We are currently exploring the Care Transition Integration model and hope to work with them to connect to other entities who have done this contracting with the same hospital system in Oregon.

E. A1AA Funding Sources

Older Americans Act
Health Insurance Advocacy Program
Medicare Improvements for Patients and Providers Act

Nutrition Services Incentive Program
Senior Nutrition Assistance Program
State Ombudsman General Fund Augmentation
Ombudsman Public Health L & C Program Fund
State Health Facilities Citation
Administration General Fund
CalFresh
California Department of Transportation

SECTION 4.PLANNING PROCESS & ESTABLISHING PRIORITIES

I. Planning Cycle Priorities

Area 1 Agency on Aging determines service priorities based on a combination of factors:

- The established boundaries and location of older adults and older adults identified as having greatest social and/or economic need within PSA 1 to ensure equitable access.
- Evaluation of existing resources to determine where services can be efficiently provided and service coordination that can yield the greatest impact.
- Requirements set forth by the Older Americans Act to provide mandated services, ensuring that an adequate proportion of budget is allocated to provide services within access, in-home, and legal assistance.
- Funding allocation and agency capacity for service delivery.
- Demographic trends such as health conditions, technological developments and existing resources, and resource availability to meet emerging needs that may influence priorities.

The planning process includes reviewing the estimated available funding, ensuring that mandates are met, identifying unmet needs, and educating the public about available services. Targeting services to greatest need individuals (target populations) influences how limited services and resources will be distributed and which services are maintained during budget shortfalls. The mandates require funding to be spent in specific categories and limit the funding available to provide services that address all needs of the general older adult population. The Agency regularly seeks additional funding to address identified needs.

II. Priorities Derived from the Needs Assessment

A1AA conducted a comprehensive needs assessment to identify the needs of older adults in PSA 1 and plan services accordingly. The needs assessment included the following components:

1. An analysis of US Census data to determine the locations and demographics of (age groups, sex, income/poverty levels, number and types of disability, and language barriers) older adults in PSA 1.
2. The administration of the Community Assessment Survey of Older Adults (CASOA) to provide a summary of community needs ranked from highest to lowest (see Section 5, Table 5.6, and V.A); and specific problem areas for the top six livability topics that present a major or moderate problem for respondents.
3. Listening session on the topic of housing.
4. Listening session to identify and coordinate services in Del Norte County.
5. Key informant interviews with tribal entities focused on disaster preparedness and other needs.

A1AA has identified three overriding goals and related objectives (Section 7) to address the identified needs as part of the service plan.

GOAL ONE: Area 1 Agency on Aging's services are easy to access and meet the evolving needs of the community. (CA2030 Goal 3)

GOAL TWO: Community members will become increasingly aware of public and private aging resources (CA2030 Goal 4.)

GOAL THREE: Area 1 Agency on Aging will leverage its expertise and reputation to draw ongoing attention to the needs of future elders and will implement strategies identified by the California 2030 Plan to build community capacity and advocate at the systems level to increase resources and services for older adults.

Detailed assessment results are provided in Section 7. To summarize, the assessment identified top areas of need: 1) access to health care (health insurance, vision and oral care and medications;) 2) housing assistance (help with housekeeping, chores, and yard maintenance;) 3) information, and referral to services/resources; 4) need for help for low-income individuals and their need for access to resources to support them; and 5) services and support to improve and maintain physical and mental health (staying physically fit, maintaining a healthy diet, falling in the home, and having enough food to eat, dealing with loss of a loved one and feeling depressed.)

A1AA will provide services directly and through contract to ensure that needs are addressed, including:

- Information & Assistance to provide access to services and resources.
- Participate in community events to increase knowledge of A1AA programs and update and distribute the Senior and Disability Services Guide to the public.
- Provide housing assistance via the Northcoast Homeshare matching program.
- Provide in-home assistance, safety checks, home modification, and fall prevention services.
- Provide transportation via the Volunteer Driver Program to medical appointments, grocery stores, and pharmacies.
- Reduce the risk of falls among older adults by expanding access to Staying Active and Independent for a Lifetime (SAIL) exercise class throughout PSA 1.
- Provide assistance with emergency preparedness and evacuation plans.
- Provide the Health Insurance Counseling and Advocacy Program to ensure accurate, unbiased, and timely health insurance information.
- Contract to promote healthy eating through nutrition education activities, congregate and home delivered meal programs.

- Provide access to Farmer's Market coupons and schedule.
- Contract to provide legal assistance.
- Contract to provide comprehensive caregiver services, including Caregiver Counseling by appropriately trained and experienced professionals to support caregivers experiencing stress, depression, and loss from their caregiving responsibilities in Humboldt and Del Norte Counties.
- Provide individual and group Caregiver Training and Caregiver Support Groups to Caregivers in Humboldt and Del Norte Counties.

III. Determining Adequate Proportion and Meeting Targeting Mandates

A. Adequate Proportion

Goal One includes the plan to deliver services that meet "adequate proportion." The services identified as Access are Objective 1.1 - Information and Assistance, Objective 1.2 - Transportation. The services providing In-Home support are Objective 1.3 - Homemaker, and Objective 1.9 - Legal Assistance. Each objective provides detailed plans for service delivery.

A1AA has a small population size and consequently receives limited Title IIIB funding ($176,661 for 24-25) making it difficult to provide more than the basic required services. The needs assessment indicated that information and referral to services/resources was a top need. Older adults are unfamiliar with the services that exist until they need them. When they do, they initially do not know who to call for information. Information and Assistance is a critical service for older adults in PSA 1. A1AA will continue to allocate a minimum of 10% of the Title IIIB budget to provide Information & Assistance, and Transportation.

In-home help with home and yard maintenance is another identified area of need. A1AA will allocate a minimum of 3% of the Title III B budget to provide Homemaker assistance. This amount is determined by limited funding.

A1AA will allocate a minimum of 10% of the Title III B budget to ensure the provision of legal assistance. The 2023-24 assessment of the legal assistance subcontractor identified that the primary presenting issue is related to housing. Issues include being behind with rent, evictions, and habitability of housing. Other focus areas include: 1) public benefits, CalFresh, SNAP; 2) housing/utilities; 3) long term care questions such as moving into an Assisted Living Facility; 4) healthcare-can utilize their legal healthcare team in Sacramento; 5) counseling related to APS to support issues around elder abuse and defense against conservatorship; and 6) consumer rights.

B. Targeting

A1AA strives to meet the needs of targeted populations who have the greatest need. However, we are legally obligated to serve any older adult who seeks services. In the effort to achieve efficiency with limited funding in the coming four years, A1AA plans to continue to collaborate with community-based organizations in Humboldt and Del Norte Counties who

may not have formal contracts with A1AA. This includes work with organizations that provide a variety of services to families and older adults (e.g., food pantries, senior brown bag deliveries, family resource centers, medical facilities, public health departments, mental health providers, and organizations dedicated to serving minority groups including LatinoNet, Centro Del Pueblo, local tribes, and housing projects that serve older adults.) (For more information on target populations, see Section 5, IV and VII and the Conclusion.)

IV. Other Factors Influencing Priorities

- **Evaluation of Resources**

  A1AA evaluates available resources and agency capacity, including funding, personnel, and community partnerships, and considers both federal and state funding, grants, and local contributions.

- **Administrative Changes**

  The Board of Directors annually conducts strategic planning retreats. These evaluations may result in changes to better align with and meet evolving needs of all stakeholders: clients, staff, administration, providers, and the community. A1AA included Objective 3.5 to "evaluate agency structure and whether to reorganize programs to improve functionality, streamline service delivery and align with CA 2030."

- **Trends Identified by CA 2030**

  A1AA's Goals and Objectives include activities to move the agency toward alignment of the trends identified in the CA 2030 report.
  - A1AA Goal One mirrors CA 2030 Goal 3 and includes a variety of objectives that emphasize service access and providing services to meet the evolving needs of the community.
  - A1AA Goal Two focuses on enhancing awareness of aging resources PSA 1 in alignment with CA 2030 Goal 4.
  - A1AA Goal Three focuses on implementing strategies identified by CA 2030 to build community capacity and advocate at the systems level.

- **Collaboration with Partners**

  A1AA collaborates with other organizations, such as local governments, nonprofits, healthcare providers, and senior centers.
  - Partnerships enhance service delivery and resource allocation. Knowing what other resources exist helps our staff better serve older adults and helps our agency focus efforts in areas of unmet need.

- **Flexibility and Adaptation**

  - A1AA has the unique advantage of a small non-profit: the ability to be flexible when needed. When needed, for example, during a disaster event or other unforeseen events, A1AA can quickly position itself to respond and has done this

in the past: during COVID, during earthquake emergencies and their after-effects. The Board and Advisory Council can review and respond to needed policy or funding changes quickly, less than a month when needed, compared to a larger county system.

In summary, A1AA will continue to establish priorities through a combination of data-driven assessments, community engagement, and strategic planning to ensure effective support for older adults and their caregivers.

V. Representation in the Planning Process

Public input via public hearings and Advisory Council outreach helps determine the "adequate proportion" and percentages of funds for priority services. Input is provided in the following ways:

Older Adults, Adults with Disabilities and Caregivers

Older adults provide input into the planning process as members of the A1AA Board and Directors and Council, survey respondents provide input into the assessment of needs and community readiness, and through participation in public hearings.

The Public

The planning process provides opportunities for input from the community at public hearings, Advisory Council, and Board of Directors meetings. The public is invited to provide input at any time whether in person, by mail, email, telephone, or online contact links on the agency Facebook page and website in addition to the public hearings.

Government Stakeholders and Community Organizations

Each county appoints a representative from its Board of Supervisors to the Advisory Council. Several "listening sessions" have been held with representatives from community organizations to provide input on key areas of need. A1AA invites community-based organizations within the aging network to present a "Learn-A-Program" item on the agenda of Board, Advisory Council, and staff in-services. This has resulted in improved client referrals and service coordination.

VI. Steps in the Planning Process

1. Conduct and analyze the Community Assessment Survey of Older Adults to identify needs and receive input from a representative sample of older adults on the quality of the community and potential problems and needs in seventeen livability dimensions.
2. Conduct and analyze listening sessions and key informant interviews with tribes, providers, staff, and council members.
3. Determine priority needs of the older population and key target groups. Identify services and resources available to meet needs. Review and discuss needs assessment and community data to identify and address needs with existing services and programs.

Identify unmet needs and when feasible, include objective(s) to develop or expand services to meet these needs.

4. Identify funding levels and requirements, mandates and allowable activities specified in CDA Budget Display, Program Memos, Contracts, and Data Dictionary. Review OAA-referenced laws and related documents to ensure compliance with contract.

5. Draft goals and objectives to present to the public during the public hearing process. Obtain input from the public at public hearings, the A1AA Advisory Council, staff, and Board of Directors.

6. Analyze program needs and staffing costs for the upcoming fiscal year. Develop proposed budget and service unit plan to meet required services and activities in alignment with projected budget for the following areas:

    a) Area Plan Administration (including planning, needs assessment, fiscal reporting, contracting and data reporting)
    b) HICAP (direct service)
    c) LTCOP (direct service)
    d) Health Promotion: SAIL-Title III D (direct service)
    e) Senior Nutrition Programs-Title III C (contracted)
        i. Congregate Meals
        ii. Home Delivered Meals
        iii. Nutrition Education
    f) Family Caregiver Support Program-Title III E (contracted)
    g) Adequate Proportion/Priority Services-Title III B
        i. Access (Direct Services)
            (a) Information and Assistance
            (b) Transportation (Volunteer Driver Program)
            (c) Housing (Northcoast Homeshare)
        (2) In-Home (Direct Services)
            (a) Homemaker
        (3) Legal Services (Contracted)

7. The proposed service plan is provided to the public via the public hearing for input and feedback, including the proposed allocations for services under adequate proportion.

8. After all input is received and the Area Plan is finalized, it is presented to the Advisory Council for recommendation to the Board of Directors for approval and submission to the California Department of Aging.

SECTION 5.NEEDS ASSESSMENT & TARGETING

I. Processes and Methods Used to Conduct Needs Assessment

A1AA conducted three types of assessment to provide an accurate profile of older adults in PSA 1: 1) the Community Assessment Survey of Older Adults (CASOA); 2) analyzed data from the US Census Bureau and local sources; and 3) conducted listening sessions and focus groups with priority populations, providers, and key stakeholders. (For complete CASOA reports for each county, contact A1AA.)

A. US Census Data

Data from the Decennial 2020 Census and the American Community Survey was used to determine the location, age, sex, race, income/poverty levels, language barriers of older adults in the PSA. The information provides a profile of target populations and helps to analyze the types and extent of needs they experience when planning the delivery of services for the coming four-year cycle.

B. Community Assessment Survey of Older Adults (CASOA)

The Community Assessment of Older Adults (CASOA)® is designed to identify the needs of adults aged fifty-five and older who reside in Humboldt or Del Norte County and the community's support that fosters successful aging. The first phase of the assessment consisted of a random sample of older adults selected from each county to ensure adequate representation. The random sampling design ensures that results are statistically valid and representative at the 95% confidence level. Phase two consisted of "open participation" and invited any residents in PSA 1 who were aged fifty-five and older to complete the survey. The primary objectives of the CASOA are:

- To identify community strengths in serving older adults.
- To articulate the specific needs of older adults in the community.
- To estimate contributions made by older adults to the community.
- To determine the connection of older adults to the community.

A total of 613 surveys from Humboldt County respondents and a total of 336 surveys from Del Norte County respondents were received and analyzed. The results provided a comprehensive analysis of the needs of older adults in PSA 1 as well as a crosstabs analysis of the following target populations: low income, racial minority groups, and LGBTQ+. These results will be used to develop the Area Plan, 2024-2028, advocate for needed services, and increase stakeholder engagement and empower communities.

C. Focus Groups and Listening Sessions

There were two listening sessions conducted in the past two years: the A1AA Board of Directors provided a two-part listening session with providers and stakeholders in Del Norte County to identify the challenges and potential strategies to address service needs in Del Norte County; 2) the A1AA Advisory Council conducted a listening session on housing and homelessness in PSA 1 with three service providers to identify housing needs, the impact of homelessness on older adults in the community and to discuss potential solutions and to better coordinate services. Results are provided in the following sections.

II. Location of Older Adults in PSA 1

The percentage of older adults in DN is 16%, Humboldt is 84%[2].

Table 5.1

Del Norte County 60+		Total 60+	% 60+ By Division	% 60+ By Total DN Population
Crescent City Division	Bertsch-Oceanview	5,470	75%	20%
	Crescent City			
	Fort Dick			
	Remainder			
Klamath Division	Klamath	383	5%	1%
	Remainder			
Smith River-Gasquet Division	Gasquet	1,437	20%	5%
	Hiouchi			
	Smith River			
	Remainder			
Del Norte County Total		**7,290**	**-**	**26%**
Source: ACS 5-Year Estimates Subject Tables, 2022,Table B01001				

[2] Data from the American Community Survey is based on estimates which and may contain sampling error resulting in slightly higher or lower estimates in comparison to data from the 2020 decennial census.

Table 5.2

Humboldt County		60+	% 60+ By Division	% 60+ By HUM 60+ Population
Arcata Division	Arcata City Fairhaven Indianola Manila Samoa Remainder	5,048	4%	14%
Eureka Division	Eureka City Cutten Indianola Myrtletown Pine Hill Humboldt Hill Bayview Fields Landing Remainder	13,183	10%	35%
Ferndale Division	Ferndale City Remainder	1,405	1%	4%
Fortuna Division	Fortuna City Hydesville Loleta Remainder	6,762	5%	17%
Garberville Division	Alderpoint Benbow Garberville Miranda Myers Flat Redway Rio Dell Scotia Shelter Cove Remainder	3,395	2%	9%
North Coastal Division	Blue Lake City Trinidad City Big Lagoon McKinleyville Fieldbrook West haven-Moonstone Orick Remainder	6,228	4%	17%
Willow Creek-Hoopa Valley Division	Hoopa Valley Kepel Weitchpec Willow Creek Remainder	1,311	1%	4%
Humboldt County Total		**37,332**		**27%**
PSA 1 Total		**44,622**		
Source: ACS 5-Year Estimates Subject Tables, 2022,Table B01001				

III. Age and Sex of Older Adults in PSA 1

Twenty-seven percent (7,290) of older adults live in Del Norte and twenty-six percent 26% (35,552) live in Humboldt for a total of 42,842 in PSA 1. The proportion of older adults is 16% for Del Norte and 84% for Humboldt. Females outnumber males in both counties.

Table 5.3

Older Adults	Total	Percent	Male	Percent Male	Female	Percent Female
Del Norte 55+	*9,058*	*33%*	*4,337*	*29%*	*4,721*	*37%*
Del Norte 60+	**7,290**	**27%**	**3,461**	**23%**	**3,829**	**30%**
Humboldt 55+	*42,811*	*31%*	*20,130*	*30%*	*22,681*	*33%*
Humboldt 60+	**35,552**	**26%**	**16,658**	**25%**	**18,894**	**28%**

Source: Decennial DP2020.DP1

IV. Race of Older Adults

Older adults in PSA 1 are primarily White (80.2%), followed by Two or More Races (6.7%), Hispanic/Latino (5%), American Indian/Alaskan Native (3.9%), Other Race (2%), Black (1.3%), and Asian (.1%.)

Table 5.5

60+ Population	Humboldt County	%	Del Norte County	%	PSA1 Total	% PSA 1
White	30,046	86%	5,832	59%	35,878	80.2%
Two or More Races	2,424	7%	592	6%	3,016	6.7%
Hispanic/Latino	1745	5%	500	5%	2,225	5.0%
Am Indian/AK Native	1353	4%	412	4%	1,765	3.9%
Other Race	653	2%	221	2%	874	2.0%
Asian	452	1%	119	1%	571	1.3%
Black	269	1%	89	1%	358	0.8%
Na HW/Pac Islander	38	0%	4	0%	42	0.1%
Total	36,980	106%	7,769		44,729	

Source: Decennial2020DH.12A-I

V. CASOA Summary of Community Needs by County

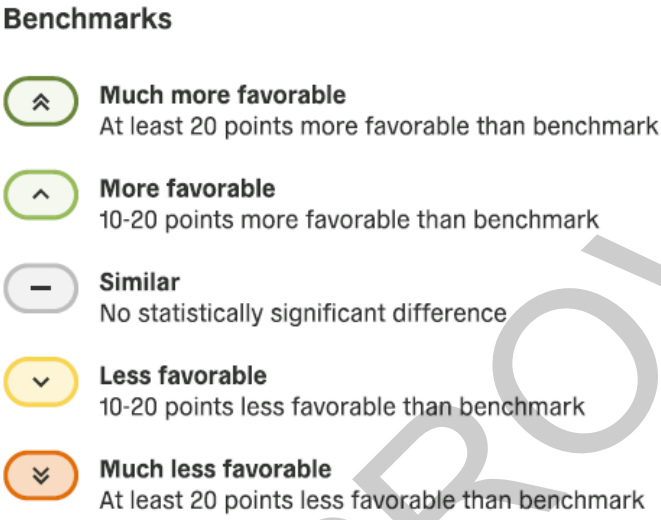
There were seven livability domains that were further broken down into topics. Each topic had questions asking respondents to rate the community quality and identify problem areas in each topic. Respondents were counted as having a need if they had a major problem or moderate problem with any of the items examined in each score area. The one exception is for the independent living topic: for this needs score, a respondent was counted as having a need if they reported spending any time in a hospital or in a long-term care facility in the last year. Table 5.6 shows the percentage of respondents who reported that one or more items within each of these seventeen livability topics was a major or moderate problem.

Table 5.6

Topic	Livability Domain	Humboldt Percent with Need	Del Norte Percent With Need
Health Care	Health & Wellness	67%	80%
Housing	Community Design	55%	61%
Physical Health	Health & Wellness	43%	54%
Information on Available Older Adult Services	Information & Assistance	41%	59%
Finances	Employment & Finances	30%	38%
Mental Health	Health & Wellness	30%	41%
Social Engagement	Productive Activities	28%	39%
Civic Engagement	Productive Activities	27%	34%
Community Inclusivity	Equity & Inclusivity	25%	39%
Mobility	Community Design	24%	27%
Employment	Employment & Finances	21%	30%
Caregiving	Productive Activities	17%	21%
Safety	Health & Wellness	14%	21%
Independent Living	Health & Wellness	11%	22%
Equity	Equity & Inclusivity	7%	11%

The National Research Center at Polco developed a database that collates responses to CASOA, and related surveys administered in other communities, enabling the Humboldt and Del Norte County results to be compared against a set of national benchmarks. This

benchmarking database includes responses from more than 35,000 older adults (age 55 and over) in over 331 communities across the nation. Where comparisons for ratings are available, the results are shown as more favorable than the benchmark, less favorable than the benchmark or like the benchmark. In instances where ratings are more favorable than the benchmark, these ratings have been further demarcated by the attribute of "much" Comparisons to the benchmark database can also be made for the proportion of residents experiencing a variety of challenges. The benchmark icons and their meaning are listed below.



A review of the top five livability topic problem areas for each county and their associated benchmark rating (health care, housing, finances, physical health, mental health, and assistance) is provided in Tables 5.7 through 5.12.

A. Top Six Livability Topic Problem Areas

i. Health Care: Percent reporting minor, moderate, or major problem.

Table 5.7

Characteristic	Humboldt	National Benchmark	Del Norte	National Benchmark
Getting the health care, you need	71%	⌄⌄	79%	⌄⌄
Getting the oral health care, you need	57%	⌄	78%	⌄⌄
Finding affordable health insurance	49%	–	46%	–
Getting the vision care you need	46%	–	84%	⌄⌄
Affording the medications you need	39%	–	40%	–

ii. Housing: Percent reporting minor, moderate, or major problem.

Table 5.8

Characteristic	Humboldt	National Benchmark	Del Norte	National Benchmark
Maintaining your home	67%	–	77%	⌄
Doing heavy or intense housework	65%	–	77%	⌄
Maintaining your yard	64%	⌄	73%	⌄
Having housing to suit your needs	36%	–	35%	–

iii. Finances: Percent reporting minor, moderate, or major problem.

Table 5.9

Characteristic	Humboldt	National Benchmark	Del Norte	National Benchmark
Having enough money to meet daily expenses	46%	–	56%	–
Having enough money to pay your property taxes	32%	–	42%	–

iv. Physical Health: Percent reporting minor, moderate, or major problem.

Table 5.10

Characteristic	Humboldt	National Benchmark	Del Norte	National Benchmark
Your Physical Health	65%	–	71%	⌄
Staying Physically Fit	60%	–	72%	⌄
Maintaining a healthy diet	41%	–	57%	⌄
Falling or injuring yourself in your home	36%	–	42%	–
Having enough food to eat	14%	–	28%	–

v. Mental Health: Percent reporting minor, moderate, or major problem.

Table 5.11

Characteristic	Humboldt	National Benchmark	Del Norte	National Benchmark
Feeling depressed	49%	–	46%	⌄
Dealing with the loss of a close family member or friend	39%	–	32%	–
Experiencing confusion or forgetfulness	38%	–	40%	–

vi. Information on Available Older Adult Services: Percent reporting minor, moderate, or major problem.

Table 5.12

Characteristic	Humboldt	National Benchmark	Del Norte	National Benchmark
Not knowing what services are available to older adults in your community	69%	–	83%	⌄
Having adequate information or dealing with public programs such as Social Security, Medicare, and Medicaid	59%	–	67%	⌄

VI. Targeting Priorities

The Older Americans Act requires that information and "services be targeted to older people with greatest economic and social need, with particular attention to low-income minority older people, older individuals living in rural areas, low-income individuals, older Native Americans, and frail individuals (including individuals with any physical or mental functional impairment)." This includes "older individuals who have severe disabilities, who are limited English-speaking and who have Alzheimer's disease or related disorders with neurological and organic brain dysfunction and the caretakers of these individuals."

A. Greatest Economic Need:

Older individuals who have the greatest economic need, defined as; "the need resulting from an income level at or below the poverty line (as defined by the poverty threshold established by the Bureau of the Census. Poverty Thresholds: are the dollar amounts used to determine poverty status. The Census Bureau assigns each person or family

Table 5.13

Persons in family/ household	Poverty Guideline
1	$15,060
2	$20,440
3	$25,820
4	$31,200

Persons in family/ household	Poverty Guideline
5	$36,580
6	$41,960
7	$47,340
8	$52,720

For families/households with more than eight persons, add $5,380 for each added person.

one of forty-eight poverty thresholds. Thresholds vary by family size and age of family members. They are updated annually for inflation using the Consumer Price Index for All Urban Consumers (CPI-U). The 2024 Poverty guidelines for the forty-eight contiguous states are provided in the following table.

B. Low Income and Poverty Status in PSA 1

In general, the poverty level (determined by the percent below poverty level) for adults aged 60 years and older are approximately 12%-13% for Del Norte and Humboldt, respectively. The poverty level for adults between 55 to 64 years of age in Del Norte is 44% and 42% for Humboldt. The older group (75 and years and older) have poverty levels of approximately 29% for Del Norte and 18% for Humboldt (Table 5.14.)

Table 5.14

Estimates By Age Group	Del Norte County			Humboldt County		
	Total	Below poverty level	Percent below poverty level	Total	Below poverty level	Percent below poverty level
Population for whom poverty status is determined	25,096	3,585	14.3%	133,139	26,394	19.8%
AGE						
60 years and over	7,167	844	11.8%	35,286	4,562	12.9%
65 years and over	5,152	445	8.6%	25,445	2,930	11.5%
Individuals for Whom Poverty Status is Determined						
55 to 64 years	1,044	462	44.3%	6,338	2,684	42.3%
65 to 74 years	1,168	186	15.9%	6,273	1,465	23.4%
75 years and over	649	187	28.8%	3,777	683	18.1%

Source: ACS 5-Year Estimates Subject Tables, Table S1701, 2022

C. Low Income and Poverty by Race

Tables 5.15 and 5.16 provide a comparison of the proportion of Del Norte and Humboldt County population for each racial group (including white) compared with the percentage of older adults within each racial group living below the poverty level. Older adults of color make up a smaller proportion of the population but experience a disproportionately higher rate of poverty compared to the white population.

Table 5.15 Del Norte County

Race	Total (n)	Below FPL (n)	% Below FPL (Within Minority Group)	% Of Minority Population (Excluding White)
Two or More Races	541	98	18.1%	29%
Hispanic	519	130	25.0%	27%
Native American	372	67	18.0%	20%
Other Race	231	81	35.1%	13%
Asian	155	7	4.5%	7%
Black	79	11	30.0%	4%
Total	1,897	394	20.8%	100%
Source: American Community Survey five-year estimates: 2018-2023, B17001 A-H				

Table 5.16 Humboldt County

Race	Total (n)	Below FPL (n)	% Below FPL (Within Minority Group)	% Of Minority Population (Excluding White)
Two or More Races	2,709	300	11%	37%
Hispanic	2,032	336	17%	28%
Other Race	943	188	20%	13%
Native American	858	208	24%	12%
Asian	633	99	16%	9%
Black	155	23	15%	2%
Total	7,330	1,154	16%	100%
Source: American Community Survey five-year estimates: 2018-2023, B17001 A-H				

D. CASOA Results for Low Income Respondents

A crosstabs analysis was conducted to compare and find problem areas that were statistically significant for CASOA respondents based on a comparison of respondents' three income levels: 1) Less than $50,000; 2) $50,000-$99,999; 3) $100,000+. Areas rated significantly lower (20 points or more) by respondents at the lowest income level include:

Overall Community Quality

- The overall quality of life rating of the community.
- Overall personal overall quality of life.

Community Design (Housing and Mobility)

- Having housing to suit needs.
- Maintaining home.
- Ease of travel by car.
- Having safe and affordable transportation.
- No longer being able to drive.

Employment and Finances

- Finding work in retirement.
- Having enough money to meet daily expenses.
- Having enough money to pay property taxes.

Health & Wellness

- Finding affordable health insurance.
- Getting needed medications.
- Performing regular activities, e.g., walking, eating, and meal preparation.
- Overall physical health.
- Falling or injuring yourself in your home.
- Staying physically fit.
- Maintaining a healthy diet.
- Having enough food to eat.
- Being a victim of crime.
- Being a victim of fraud or scam.

Productive Activities

- Having high speed internet.
- Feeling like voice is heard.

VII. Greatest Social Need

The Older Americans Act (OAA) defines greatest social need as: "The need caused by non-economic factors which include, a) physical and mental barriers; b) language barriers, and c) cultural, social or geographical isolation, including isolation caused by racial or ethnic status, that: i) restricts the ability of an individual to perform daily tasks, or ii) threatens the capacity of the individual to live independently (42 USC 3002(28))." (Note- LGBTQ+ and HIV Status are discussed in part VII.)

A. Rural Isolation

Two-thirds of PSA 1 consists of densely forested, rugged ravines and mountainous areas. The region has a low population density with approximately twenty-eight people per square mile in Humboldt and thirty-eight persons per square mile in Del Norte. The geography of the area results in isolated, inaccessible, and remote regions throughout the PSA. Older adults in PSA 1 experience greater isolation due to greater physical distance between neighbors, reduced opportunities for face-to-face interactions, increased feelings of loneliness, and most importantly, limited access to services. Older adults in PSA 1 also experience challenges in accessing healthcare, transportation, and other essential services. Feelings of loneliness due to rural isolation may impact the mental and physical wellbeing of older adults. Indeed, a careful review of the CASOA results, especially for Del Norte County respondents indicate this is true. Tables 5.1 and 5.2 provide the detailed locations of older adults in each Census County Division of the PSA.

B. Del Norte County Listening Sessions

Del Norte County experiences challenges due to its smaller population size and limited resources. To gather more information about this, the A1AA Board of Directors held a two-part listening session with approximately thirty service providers and stakeholders. The first session was held in October 2022 via Zoom. The purpose was to identify the unique

challenges to providing services and discuss potential strategies to create access more effectively to A1AA for seniors living in the community. The providers identified a need for better communication and coordination with each other and a more consistent approach to maintaining contact and share information. Each participant discussed their organization, its services, and the needs of their senior clients. Providers also identified a need to provide staffing in and from Del Norte to improve service delivery and coordination. A Provider Roundtable was held in April 2023 to follow up with Del Norte attendees to provide updates and discuss progress. Through non-OAA funding, A1AA was able to secure and provide a staff person to be stationed in Del Norte.

C. Disabilities of Older Adults in PSA 1

Twenty-four percent of older adults in PSA 1 experience ambulatory difficulties. Ambulatory difficulties are defined by the American Community Survey (ACS) as "a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying." Cognitive difficulty was the second most frequently reported disability at 23%. Cognitive difficulty is defined as "serious difficulty concentrating, remembering, or making decisions." Independent living difficulties were third at 21%. Independent living difficulty means problems "doing errands alone, such as visiting a doctor's office or shopping due to a physical, mental or emotional condition."
The remaining disabilities were hearing difficulties (13%), self-care difficulties (10%), and vision difficulties (8%.) Respondents were asked if they had "difficulty dressing or bathing" which was defined as "difficulty with self-care." Table 5.17 compares the two counties by disability type.

Table 5.17

Age 65+ Type of Disability	Del Norte		Humboldt		PSA	
	With a disability	Percent with a disability	With a disability	Percent with a disability	With a disability	Percent with a disability
With an ambulatory difficulty	2,745	11.6%	11,031	8.6%	13,776	24%
With a cognitive difficulty	2,248	9.5%	10,967	8.5%	13,215	23%
With an independent living difficulty	1,857	9.6%	10,212	9.3%	12,069	21%
With a hearing difficulty	1,315	5.2%	6,260	4.6%	7,575	13%
With a self-care difficulty	957	4.0%	4,467	3.5%	5,424	10%
With a vision difficulty	721	2.9%	3,932	2.9%	4,653	8%

Source: ACSST5Y2022 S1810

D. Language Barriers

Table 5.18 and 5.19 provide the total number of older adults who speak a language other than English and their level of proficiency. Spanish is the language most frequently spoken in both counties, followed by Asian and Pacific Islander languages. Approximately 75% of Spanish-speaking older adults in Del Norte and 46% in Humboldt indicated that they "speak English less than very well."

Table 5.18

Del Norte County: Speak Language Other Than English	Total	Percent	Speak English less than "very well"	Percent speak English less than "very well"
Spanish	2,177	8.4%	862	39.6%
65 years old and over	110	0.4%	82	74.5%
Other Indo-European languages	311	1.2%	105	33.8%
65 years old and over	79	0.3%	52	65.8%
Asian and Pacific Island languages	658	2.5%	351	53.3%
65 years old and over	81	0.3%	65	80.2%
Other languages	74	0.3%	0	0.0%
65 years old and over	7	0.0%	0	0.0%

Table 5.19

Humboldt County: Speak Language Other Than English	Total	Percent	Speak English less than "very well"	Percent speak English less than "very well"
Spanish	8,958	6.9%	2,897	32.3%
65 years old and over	652	0.5%	300	46.0%
Other Indo-European languages	1,646	1.3%	489	29.7%
65 years old and over	405	0.3%	242	59.8%
Asian and Pacific Island languages	2,826	2.2%	1,418	50.2%
65 years old and over	320	0.2%	303	94.7%
Other languages	624	0.5%	14	2.2%
65 years old and over	101	0.1%	0	0.0%

E. CASOA Results Respondents by Race

A crosstabs analysis was conducted to compare and identify problem areas that were statistically significant for CASOA respondents based on a comparison of respondents' race. Race was defined as; 1) white, or 2) non-white, multiracial. Areas rated significantly lower by twenty points or more for non-white, multiracial respondents include:

Community Design (Housing and Mobility)
- Having safe and affordable transportation.

Employment and Finances
- Having enough money to meet daily expenses.

Health & Wellness
- Feeling depressed.
- Overall physical health.
- Maintaining a healthy diet.

Information and Assistance
- Feeling informed or uninformed about services.

Productive Activities
- Feeling connected to and engaged with the community.

- Volunteering less.

F. Tribal Groups: Yurok Tribe Input

In Fall 2023, a key informant interview was held with members of the Yurok Tribe in Klamath, CA. Yurok Tribal members included the Congregate Nutrition Manager, Elder Advocate, and the Yurok Chief Judge. Participants included the Del Norte Supervisor/A1AA Advisory Council Chair, Del Norte Social Services Coordinator, and the Planner/Contract Manager. The meeting occurred during the Smith River Complex fire which was a significant wildfire event, causing evacuations and power outages for many weeks at the time and was a key point of discussion. The following input was received:

- An evacuation plan for tribal members was the most important need at this time. A coordinated plan must include a plan for pets, dealing with Elder's personal baskets and other items of high personal value, and should include a way to practice evacuating. Partners involved include the Red Cross, Office of Emergency Services, leaders of cultural heritage. It is critical that the plan be developed by local, trusted leaders and addresses the problem of accessing information for Elders who do not have electricity, may or may not have cell phones and even if they do have cell phones, may not know how to access, or understand the information. Radio access is more widely used; ham radios might be a workable alternative.
- Evacuation information, such as numbering, zones, etc. are hard to understand during emergencies. There is a need to simplify and make this much more easily understood by the community, including use of fonts, pictures, diagrams (for those who cannot read.)

Other topics of discussion:

- Elders do not know what resources are available or how to access them.
- The Elder Advocate provides home visits to very remote areas, including areas that require a four-wheel drive to access. The caseload includes 1,020 elders within a large geographic area.
- Meals are provided to 80 Elders every week.
- Some transportation is available to Elders living in Weitchpec and other remote areas.
- Respite care is a problem including finding IHSS caregivers.
- There is a problem at times with financial abuse by family members.
- Ideally, there would be dedicated Elder Centers, starting with Klamath, followed by Del Norte.

G. Advisory Council Listening Session

The Advisory Council invited the directors of Mission Possible, Arcata House Partnership and the managing attorney of Legal Services of Northern California to discuss the needs of unhoused older adults. The results of this discussion are included below.

1. Daphne Cortese-Lambert, Executive Director, Del Norte, Mission Possible
   - There is a trend in Del Norte with more older adults becoming or being homeless.

- Of a caseload of 200 people, approximately 60% are older adults. There is a considerable number in their eighties.
- Most older adults are single, retired, unhoused, living on less than $1K per month and often have health issues.
- Many are first time homeless, widowers who lost income due to death of spouse/partner.
- There is no shelter and limited permanent housing options in Del Norte County with long waiting lists for HUD.
- Intervention is needed for rapid re-housing and is part of the strategy for the Continuum of Care in Del Norte.

2. Darlene Spoor, Executive Director, Arcata House Partnership
    - Arcata House is mostly filled with older adults with high health needs.
    - Most are single women in their 70s and 80s.
    - Many are homeless for the first time and have been living in substandard housing. They often start to have difficulty which ends in a crisis.
    - Many sleep in their car.
    - Arcata House-two biggest hurdles, getting qualified IHSS staff and finding adequate housing for people who need help with activities of daily living and who may be non-ambulatory.

3. Gregory Holtz, Managing Attorney, Legal Services of No. California
    - There has been an increase among 65–74-year-olds, more are homeless for the first time.
    - There are more women than men, and about two-thirds are single/unmarried.
    - Half of the older adults have a disability, and most are at or below FPL.
    - There is an increase in the need for low-income/affordable housing but there are limited resources and a lack of affordable housing of all types: shelters, transitional, and long-term.
    - There is a need for case management, i.e., social workers to help people stay in their current housing and avoid eviction, especially older adults with dual diagnoses; to help interact with the landlord, identify emerging needs before they get to crisis-level, and get referral to support services.
    - There is an ongoing problem with unsafe housing due to deterioration and/or criminal activity in the neighborhood.

H. LGBTQ+

The LGBT Disparities Reduction Act of 2016 (AB 959) added the Lesbian, Gay, Bisexual and Transgender population as a target group of greatest economic and social need due to historical systemic discrimination. Findings from several research studies indicate that this group experiences disproportionately higher rates of suicide, isolation, substance abuse, violence, adverse health conditions, and poverty rates and has low rates of health insurance.

i. CASOA Results for LGBTQ+ Respondents

A crosstabs analysis was conducted to compare and identify problem areas that were statistically significant for CASOA respondents who identified as LGBTQ+ when compared to non-LGBTQ respondents. Areas rated significantly lower for LGBTQ+ respondents include:

Employment and Finances

- Building skills for paid or unpaid work.
- Impact of the economy on family income in the next six months.

Health and Wellness

- Finding affordable health care.
- Overall mental health/well-being.
- Overall physical health.
- Availability of affordable, quality food.

Productive Activities

- Caring for someone under age eighteen.
- Feeling Bored.
- Having interesting social events to attend.

G. HIV Status

Older adults living with human Immunodeficiency virus (HIV) status was added to the definition of those with 'greatest social need as defined by Welfare and Institutions Code 9015. A1AA recognizes and supports the effort to reach out and provide support to older adults who are HIV positive. A report from the Centers for Disease Control, National Institute of Health indicates the HIV/AIDS may be different for older adults From CDC in the following ways:

i. HIV/AIDS and Older Adults

A growing number of older people are living with HIV/AIDS. One reason is because improved treatments are helping people with the disease live longer. Half of people living with HIV in the United States are age 50 and older. Many of them were diagnosed with HIV in their younger years. However, thousands of older people get HIV every year.

Older people are less likely than younger people to get tested, so they may not know they have HIV. Signs of HIV/AIDS can be mistaken for the aches and pains of aging. Older adults might be coping with other diseases which can mask the signs of HIV/AIDS.

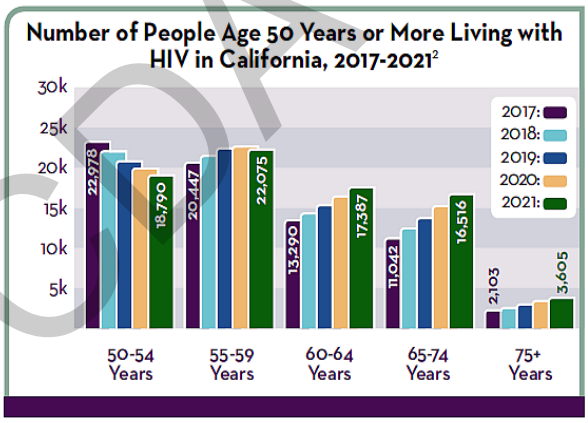
Some older people may feel ashamed or afraid of being tested. Plus, doctors do not always think about testing older people for HIV. Individuals who do not have access to high-quality health facilities and services can limit their treatment options. By the time the older person is diagnosed, the virus may be in the late stages and more likely to progress to AIDS. (For more information: https://www.cdph.ca.gov/programs/cid/doa/pages/hiv-aging.aspx)

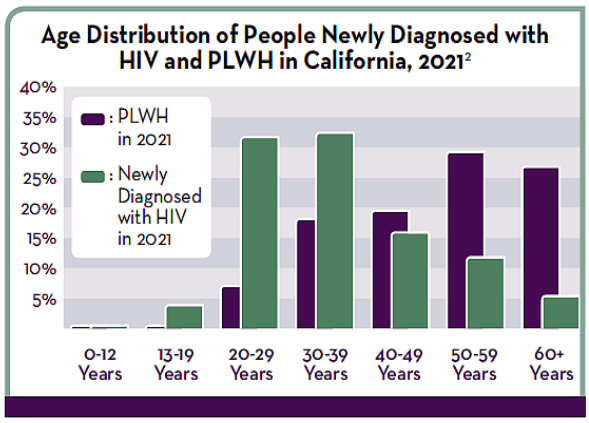
The California Department of Public Health (CDPH), Office of AIDS (OA) works with local health districts to collect, analyze, and disseminate surveillance data on people living with HIV in California. This annual surveillance report summarizes information about people diagnosed with HIV infection for each county in California. The data is provided for the county in total and does not provide a breakdown by age:

ii. PSA 1 HIV Data:

1) Between 2017- 2021, there was a total of thirty-seven individuals in Humboldt and two new cases of newly diagnosed persons with HIV infection. It is estimated that 10 of these individuals were aged 60+ years.
2) In 2021, there were 249 individuals in Humboldt and forty-six individuals in Del Norte living with diagnosed HIV infection. It is estimated that 65 of these individuals in Humboldt and 12 individuals in Del Norte were aged 60+ years.
    a. Of the total Del Norte group, thirty-six were in care and thirty-five were virally suppressed. Of the total Humboldt group, 198 were in care, and 181 were virally suppressed.
3) Between 2017-2021, a total of four individuals in Del Norte and thirty-two individuals in Humboldt diagnosed with HIV infection died.

Long-Term Survivors are people with HIV 50+ (PLWH50+) diagnosed in the early 1980s. They are more likely to have experienced loss of partners and friends. They lived through the fear, stigma, and discrimination that was widespread early in the epidemic. They are likely to have been prescribed HIV medications that had significantly more side-effects and toxicity than those used today. They may have had critical illnesses and AIDS-defining opportunistic infections, causing them to leave the workforce and rely on SSDI, leaving them with less retirement, pensions, and financial savings.





VII. Assessment Summary

a. Constraints, Unmet Needs and Under-Utilized Services

The challenges and constraints outlined in Section 2 impact older adults in PSA 1 and A1AA's provision of services. The primary challenge facing A1AA is inadequate funding and funding constraints. More funding would enable an expansion of services. Fewer funding restrictions would enable A1AA to direct funding where services are most needed. Other constraints include rural isolation, natural disasters, an increasing proportion of older adults (20% vs. 26% from 2010 to 2020,) housing shortages, problems with accessing needed healthcare access, availability of respite caregivers, understanding and navigating services, and understanding the needs of the cultural needs of older adults identified as having greatest social needs. Accessing health care in rural areas, including primary, vision, dental care and medications was a top problem identified by the CASOA. Affordable and accessible housing ranked second.

Sections 7-Goals and Objectives, and Section 8-Service Unit Plan outlines A1AA's service plan for the coming four-year cycle. The objectives outlined will enable the agency to address the needs identified in the assessment process. Where funding is available to directly address an area of need, services can be provided. Additional funding will be sought to fill in the gaps. Areas of need that are not funded will be addressed through agency advocacy with key stakeholder groups to ensure that there is representation and awareness the broader needs of older adults residing in PSA 1.

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an "adequate proportion" of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds[2] listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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

Access:

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

2024-25 40 % 25-26 20 % 26-27 _____ % 27-28 _____ %

In-Home Services:

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

2024-25 3 % 25-26 3 % 26-27 _____ % 27-28 _____ %

Legal Assistance Required Activities:[3]

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

2024-25 10 % 25-26 10 % 26-27 _____ % 27-28 _____ %

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

The Adequate Proportion percentages have been adjusted to better align with CCR 7312 "minimum" allocations in the Access service category. There are no planned decreases in program funding between FY 24-25 and FY 25-26. This adjustment allows A1AA greater capacity to meet any unplanned, arising needs of the service population and to increase the agency's capacity to respond to any potential emergency or urgent need of the client.

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

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

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English?[4] Yes or No	Was hearing held at a Long-Term Care Facility?[5] Yes or No
2024-2025	3/28/24	Del Norte Senior Center, Crescent City, CA	24	No	No
	4/4/24	Humboldt Senior Resource Center, Eureka, CA	26	No	No
2025-2026	3/20/25	Healy Senior Center Redway, CA	25	No	No
2026-2027					
2027-2028					

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

1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.

   Legal notices were published in newspapers in Del Norte and Humboldt Counties. A flyer was distributed to mailing lists, email list serve, social media sites, focal points of older adults, community provider lists, advisory council members, board members and staff to distribute.

2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?

   ☐ Yes. Go to question #3

   ☒ Not applicable, PD and/or C funds are not used. Go to question #4

3. Summarize the comments received concerning proposed expenditures for PD and/or C.

   N/A

4. Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services

☒ Yes. Go to question #5

☐ No, explain:

Staff provided a presentation that included an explanation of adequate proportion, the services provided under Access and In-Home and an explanation for the proposal to lower the adequate proportion percentage for Access from 40% to 20%. While there are no plans to lower funding to the current adequate proportion services (Information and Assistance and Transportation,) lowering the percentage is needed to allow A1AA greater flexibility in providing services to clients to meet needs that may arise (i.e. responding to emergencies.)

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

    - There were no comments specific to adequate proportion.

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

    - There was a question about services provided by Legal Services of Northern California (LSNC). In response, it was clarified that LSNC assists with simple wills, supports individuals in accessing benefits such as Medi-Cal and Social Security, and provides help with housing issues, including matters related to evictions and habitability.

    - Participants expressed interest in launching the Staying Active and Independent for a Lifetime (SAIL) program in Southern Humboldt. Additionally, a potential volunteer, who has prior experience teaching exercise classes, may be interested in contributing to the program.

    - There is a need for transportation to medical appointments and interest in starting the Volunteer Driver Program if volunteers can be found. Participants mentioned the “Quail” a bus provided to Southern Humboldt community by the Humboldt Transit Authority and is no longer in operation. There was not enough usage to justify its continuation. There is no Dial-A-Ride service in Southern Humboldt.

    - There is a shortage of affordable housing in Southern Humboldt, prompting discussions about partnering with the Senior Center to collaborate with housing developers. Staff also introduced the Northcoast Homeshare Program, detailing its matching process.

    - There was discussion about HUD eligibility, long waiting lists and limited access.

    - Participants expressed interest in signing up for the A1AA newsletter email list and were provided with a sign-up sheet.

    - Concerns were raised about funding cuts to Medicaid, Social Security, and other essential programs, and the potential impact these cuts could have on

serving seniors. Participants were encouraged to share stories illustrating the effects of limited services or funding reductions to support advocacy efforts. The discussion also highlighted existing advocacy groups, such as the Advisory Council, California Senior Legislature, and the California Association of Area Agencies on Aging.

- A comment was made regarding CERT (Community Emergency Response Team) training, with questions about whether such training is currently available in the area.

- Participants were interested in the Sr. Driver program offered by AARP and how to access. It is now available online.

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

The main change to the Area Plan is to adequate proportion as discussed in #4. Items raised were provided referrals to services when appropriate and participants received contact information, brochures and handouts about services.

SECTION 7. GOALS & OBJECTIVES

GOAL ONE: Area 1 Agency on Aging's services are easy to access and meet the evolving needs of the community. (CA2030 Goal 3)

Rationale: Older adults want to "age-in-place." Providing services that support them to remain in their homes and maintain their health and independence is vital to meet this need and is the intent of A1AA's mission and the Older Americans Act.

Objectives	Projected Start and End Dates	Type of Activity and Funding Source6	Update Status7
1. Provide accurate and timely Information and Assistance to older adults, their families, caregivers, and people with disabilities, and other services providers, about community-based services and resources. 1.1. Answer and return calls within one working day. 1.2. Maintain current internal digital guide to ensure that the most up-to-date information about services and programs is available to staff. 1.3. Maintain relationships with community partners to ensure that information is accurate. *Social Services Manager/Staff*	7/1/25-6/30/26	Title IIIB Access I & A	Continued
2. Improve access to, and availability of, transportation options through volunteer-provided rides to older adults to obtain necessary non-emergency medical services and food resources. 2.1. Provide rides to clients for medical and/or food services. 2.2. Maintain a minimum of fifteen (15) active volunteers in the Volunteer Driver Program. 2.3. Track number of active volunteers and their hours. *Volunteer Recruitment Manager, Social Services Manager/Staff/Volunteers*	7/1/25-6/30/26	Title IIIB Access Transportation	Revised
3. Provide assistance in locating adequate housing through referral and placement by matching services to older adults seeking renters or housing. 3.1. Match a minimum of twelve (12) matches annually. 3.2. Conduct a client satisfaction survey to gain input and determine the effectiveness of service. 3.3. Maintain a minimum of one (1) volunteer in this program Track number of active volunteers and their hours. *Social Services Manager/Staff, Volunteer Recruitment Manager,*	7/1/25-6/30/26	Title IIIB Housing	Revised

4. Improve in-home safety by providing home modification based on home and safety assessment. 4.1. Conduct home modification assessments and coordinate with local licensed contractors to provide services. 4.2. Provide home modifications, assistive devices, etc. to clients to reduce fall risks. 4.3. Conduct pre and post client surveys to measure sense of security/safety pre-and post-intervention. *Social Services Manager/Staff*	7/1/25-6/30/26	OCAM Funding	Continued
5. Provide Homemaker in-home assistance to assess and address safety issues, discuss emergency readiness, and complete emergency preparedness activities, and help with paperwork and/or light housekeeping to enhance home safety. 5.1. Coordinate with local Fire Departments (providing them information on the program and how to make a referral) to identify older adults at highest risk for falls. 5.2. Conduct risk assessments to identify home safety issues that can be addressed with physical modifications, assistive devices, and/or referral for other services. 5.3. Assess emergency readiness and provide resources as part of in-home assessments. 5.4. Provide up to ten (10) hours in-home services per client. 5.5. Refer to OCAM fall prevention home modification services as appropriate, based on safety assessment. 5.6. Conduct pre-and-post client survey to measure sense of security/safety pre-and post-intervention. *Social Services Manager/Staff*	7/1/25-6/30/26	Title IIIB In-home Homemaker	Continued
6. Prepare older adults for emergencies. 6.1. Provide information about emergency preparedness at all public events. 6.2. Encourage older adults to complete an evacuation checklist. 6.3. Conduct 2 educational events to help attendees be more prepared for emergencies. 6.4. Provide emergency preparation kits and supplies. 6.5. Assess workshop effectiveness through review of client intake forms. *Social Services Manager/Staff*	7/1/25-6/30/26	Title IIIB Access I & A	Revised

7. Reduce the risk of falls among older adults by expanding access to Staying Active and Independent for a Lifetime (SAIL) exercise class throughout PSA 1. 7.1. Secure sites, provide equipment and volunteer instructors to expand classes, (i.e. Trinidad, Fortuna, Mattole, Redway, Klamath and Crescent City.) 7.2. Offer a minimum of 9 weekly classes at multiple sites throughout PSA. In 2024-25 add 1 new site offering 2-3 classes per week - service units 7.3. Offer classes 5 days a week by Zoom remote access for older adults who cannot and/or choose not to attend in person. 7.4. Recruit and train an additional volunteer to provide additional SAIL classes. 7.5. Provide refresher training to SAIL volunteer instructors on an individual basis as needed. 7.6. Conduct annual site visits and provide support and positive feedback to encourage ongoing participation. *IIID Coordinator, Director of Agency Programs*	7/1/25-6/30/26	IIID Health Promotion	Continued
8. Provide older adults with the opportunity to access and learn innovative technologies. 8.1. Offer 2 in-person, quarterly Senior Planet class series to a maximum of 18 people, for a total of 64 people annually, provided by a trained instructor. 8.2. Distribute iPads 8.3. Maintain a minimum of two (2) Senior Planet Volunteers in each county. Track number of active volunteers and their hours. *Social Services Manager/Staff, Volunteer Recruitment Manager*	7/1/25-6/30/26	Non-OAA Funding	Revised
9. Provide legal assistance for older adults, adults with disabilities and their caregivers. Title III B, Access*. *Subcontractor, Planner/Contract Manager, Finance Director*	7/1/25-6/30/26	Title IIIB Legal	Continued
10. Offer comprehensive caregiver information and assistance tailored to the needs of family caregivers in Humboldt and Del Norte Counties. *Subcontractor, Planner/Contract Manager, Finance Director*	7/1/25-6/30/26	Non-OAA Funding Caregiver Access	Continued
11. Provide Caregiver Counseling by appropriately trained and experienced professionals to support caregivers experiencing stress, depression, and loss from their caregiving responsibilities in Humboldt and Del Norte Counties. *Subcontractor, Planner/Contract Manager, Finance Director*	7/1/25-6/30/26	Title IIIE Caregiver Support	Continued
12. Continue to offer individual and group Caregiver Training and Caregiver Support Groups to Caregivers in Humboldt and Del Norte Counties. *Subcontractor, Planner/Contract Manager, Finance Director*	7/1/25-6/30/26	Non-OAA Funding Caregiver Support	Continued

13. Provide In-Home Respite for caregivers to assist them in providing care to care recipients with eating, bathing, toileting, transferring, and related homemaker activities. Service may include day and/or overnight su0pervision and friendly visiting by appropriately trained and skilled provider. *Subcontractor, Planner/Contract Manager, Finance Director*	7/1/25-6/30/26	Title IIIE Caregiver Respite	Continued
14. Promote healthy eating through approved nutrition education programs delivered quarterly to congregate and home delivered meal participants. *Subcontractor*, *Registered Dietitian*, *Planner/Contract Manager*	7/1/25-6/30/26	Title III C-1/ C-2	Continued
15. Provide congregate meals to eligible individuals. *Subcontractor*, *Planner/Contract Manager, Registered Dietitian, Finance Director*	7/1/25-6/30/26	Title IIIC-1	Continued
16. Provide home delivered meals to eligible individuals. *Subcontractor*, *Planner/Contract Manager, Registered Dietitian, Finance Director*	7/1/25-6/30/26	Title IIIC-2	Continued
17. Encourage use of Farmer's Market coupons to promote wellness among vulnerable older adults. 17.1. Partner with North Coast Growers' Association to distribute up to 130 coupon booklets in PSA 1. 17.2. Advocate on behalf of older adults in Del Norte for the Food Council to reinstate a farmer's market in Del Norte County that accepts coupon booklets. *Social Services Manager/Staff*	7/1/25-6/30/26	Sr. Farmer's Market Nutrition Program	Continued
18. Provide support and advocacy to residents of long-term care facilities who have a discharge plan to ensure that they receive appropriate services for a successful transition back into the community. 18.1. Conduct a minimum or two monthly routine access visits by Ombudsman advocates to Skilled Nursing Facilities. 18.2. Provide resident rights tent cards to all new residents of Skilled Nursing Facilities. 18.3. Provide annual training for Ombudsman Advocates regarding discharge planning and community resources. *LTCOP Manager*	7/1/25-6/30/26	Title IIIB OMB	Continued
19. Recruit, train, and maintain a minimum of seven (7) volunteers to provide Long Term Care Ombudsman services. 19.1. Provide a minimum of one (1) volunteer recruitment media and one (1) program outreach activity per month. 19.2. Support volunteers through monthly advocate meetings and regular contact with program staff. 19.3. Conduct an annual volunteer survey to evaluate the effectiveness of the LTCOP volunteer activities and the satisfaction of volunteers with the program. *LTCOP Manger, Volunteer Recruitment Manager*	7/1/25-6/30/26	Title IIIB OMB	Continued

20. Provide information about Ombudsman services to skilled nursing home staff to improve the quality of care and quality of life for residents. 20.1. Offer a minimum of one (1) training session to all 6 skilled nursing facilities and 14 RCFEs regarding Ombudsman role, resident rights, and/or mandated reporting. 20.2. Submit informational material to all facilities for inclusion in newsletters a minimum of two (2) times annually. *LTCOP Manger/Staff/Volunteers*	7/1/25-6/30/26	Title IIIB OMB	Continued
21. Provide Caregiver Assessment by appropriately trained and experienced professionals to support caregivers experiencing stress, depression, and loss from their caregiving responsibilities in Humboldt and Del Norte Counties. *Subcontractor, Planner/Contract Manager, Finance Director*	7/1/25-6/30/26	Title IIIE Caregiver Supplemental Services	Continued
22. Provide assistance to participants in the form of commodities, surplus food distribution, vouchers, or direct payment to vendors that will help meet identified needs associated with the participant.	7/1/25-6/30/26	Title IIIB Cash/ Material Aid	New

GOAL TWO: Community members will become increasingly aware of public and private aging resources (CA2030 Goal 4.)

Rationale: A major challenge is to generate public awareness of resources and services while balancing the need to focus resources on targeting services to people with the greatest economic and social needs.

Objectives	Projected Start and End Dates	Type of Activity and Funding Source6	Update Status7
1. Increase knowledge of the public about A1AA services. 1.1. Participate in ten events, including tabling opportunities hosted by community partners. 1.2. Publish monthly press releases and/or advertisements about services in local media. 1.3. Increase the A1AA email newsletter readership by fifty percent (50%.), targeting individuals and service providers. *Social Services Manager/Staff*	7/1/25-6/30/26	Title IIIB Access I & A	Continued
2. Update and distribute the Aging and Disability Resource Guide, listing available community resources for targeted population. 2.1. Update and input new reference information for staff use on an ongoing basis. 2.2. Distribute public copies digitally, by mail, and at various focal points within PSA 1 biannually. 2.3. Distribute flyers with SCAN code for access to easy downloadable copy. 2.4. Track distribution of all physical copies using Excel spreadsheet. *Social Services Manager/Staff in coordination with ADRC*	7/1/25-6/30/26	ADRC	Revised
3. Ensure enhanced information and assistance and options counseling services are consistent, marketed, and available in the Northcoast ADRC service area. 3.1. Update branding and marketing materials for internal consistency and community recognition. 3.2. Participate in ADRC staff meetings, advisory council meetings, and ADRC management team meetings. *Social Services Manager, Executive Director, ADRC staff*	7/1/25-6/30/26	ADRC CA 2030 3.1, 4.3	Continued
4. Increase knowledge of A1AA programs by-community organizations, health care entities, civic organizations, etc. 4.1. A1AA staff will receive in-services from a minimum of two aging network providers annually. 4.2. A1AA staff will provide a minimum of four in-services to aging network partners, including Public Health Programs serving HIV positive people. 4.3. Reach out to local Tribes, Centro del Pueblo, and Cuna to coordinate inclusion in planned activities. *Executive Director, Director of Agency Programs*	7/1/25-6/30/26	Title IIIB CA2030 4.7	Continued

5. Provide public education on elder abuse to improve the identification of elder abuse, neglect, & exploitation, targeting professionals and community members. 5.1. Sponsor Annual Elder Abuse Awareness Conference in June. 5.2. Session participants will evaluate conference presentations to provide feedback on sessions. *LTCOP Manager*	7/1/25-6/30/26	Title VIIA Elder Abuse Prevention	Continued
6. Provide an important level of caregiver information services including websites, social media and public presentations regarding services and resources that will benefit family caregivers. *Subcontractor, Planner/Contract Manager, Finance Director*	7/1/25-6/30/26	Non-OAA Funding Caregiver Information Services	Continued

GOAL THREE: Area 1 Agency on Aging will leverage its expertise and reputation to draw ongoing attention to the needs of future elders and will implement strategies identified by the California 2030 Plan to build community capacity and advocate at the systems level to increase resources and services for older adults.

Rationale: The number of older adults needing services is increasing as the baby boomer cohort continues to age. Resources and systems have not kept pace with the population's current and future needs.

Objectives	Projected Start and End Dates	Type of Activity and Funding Source6	Update Status7
1. A1AA will engage with individuals and organizations representing marginalized and minority communities as part of the area planning process to better understand needs and deliver services. This includes activities to identify and understand the needs and strengths of older adults, included, but not limited to: 1.1. Conduct key informant interviews with representatives who serve older adults at risk due to greatest economic and social need. 1.2. Hold listening sessions and/or focus groups to facilitate understanding of needs and resources. 1.3. Remain current on aging demographics in PSA 1. *Social Services Manager, Planner/Contract Manager, Executive Director, Director of Agency Programs*	7/1/25-6/30/26	Non-OAA CA 2030, 1.5	Continued
2. A1AA will provide services that recognize and respect the diversity of the populations served. 2.1. Provide staff and volunteers a minimum of 3 annual training courses to enhance understanding and better inclusion in service delivery. Examples of training include SAGE offerings, Indian Country 101, and training from local organizations. *Executive Director, Director of Agency Programs*	7/1/25-6/30/26	Non-OAA CA 2030 8.7	Continued
3. A1AA will advocate for the needs of vulnerable, frail and/or isolated older adults prior to and during emergencies and disasters. 3.1. Serve as a member of the Community Organizations Active in Disasters (COAD) board. 3.2. Work with COAD to improve alignment of emergency response planning and training activities with local Offices of Emergency Services (OES). 3.3. Work with Cal-Poly Humboldt, Family Resource Centers and local tribes to encourage one-on-one support to older adults in preparing for emergencies. 3.4. Provide training for shelter providers to improve shelter accessibility for elder and disabled use. *Executive Director*	7/1/25-6/30/26	Non-OAA CA 2030 1.6, 4.6	Revised

4. The A1AA Advisory Council will assist staff with the needs assessment, public hearings, the development of the area plan, and provide input to A1AA and at the state level about priority needs. The Council will: 4.1. Meet quarterly and as needed to conduct its work. 4.2. Provide input and support to the local representatives of California Senior Legislators (CSL). 4.3. Ensure that Advisory Council members are participating in the AAA Council of California (TACC) *Planner/Contract Manager, Executive Director*	7/1/25-6/30/26	AP Admin CA 2030 9.6	Continued
5. A1AA will evaluate agency structure and whether to reorganize programs to improve functionality, streamline service delivery, and align with CA2030. 5.1. Develop a Healthy Aging Suite of Services consisting of disease prevention, behavioral and physical health promotion programs. 5.2. Develop other strategies as determined by evaluation. *Executive Director, Board of Directors*	7/1/25-6/30/26	Non-OAA CA 2030 3.4	Continued
6. A1AA will adopt and share best practices in confronting ageism and ableism through reframing strategies. 6.1. Conduct reframing aging and disabilities outreach throughout the year. 6.2. Publish quarterly articles related to ageism and links to anti-aging resources on A1AA website. 6.3. Maintain CAFÉ certification and publicize on website and when hiring (as an age-friendly employer.) 6.4. Share ageism issues when making public presentations. *Executive Director, Director of Agency Programs*	7/1/25-6/30/26	Non-OAA CA 2030 4.8	Continued
7. A1AA will work with local Title VI programs per ACL rules to increase coordination of services and emergency preparedness and response activities. 7.1 Continue to arrange key informant interviews with Tribal representatives. 7.2 Continue to reach out to Tribal representatives about opportunities to serve on A1AA board and advisory council. 7.3 Table at public Tribal events to provide information about services. 7.4 Work with Tribes to co-host a service provider meet and greet of all Title III and Title VI providers in 2026. 7.5 Ensure Title VI programs know about Title III funding opportunities and services available to their members. *Advisory Council, Planner/Contract Manager, Social Services Manager/Staff*	7/1/25-6/30/26	AP Admin CA2030	Revised

Section 7 HICAP Work Plan

HICAP Goal 1 and Intended Outcome

Goal	Consistently and confidentially provide accurate, objective, and comprehensive Medicare information and assistance.
Intended Outcome	Provide adequate training to registered counselors to provide accurate up to date person-centered counseling to Medicare beneficiaries.

Objective(s) / Justification	Key Tasks	Responsible Position(s)	Date
Provide monthly trainings for all registered counselors to ensure accurate, objective, and comprehensive Medicare information and assistance.	Utilize SHIP TA Center, CMS, CHA and other resources to develop training in Medicare related topics.	Program Manager Volunteer Coordinator	04/01/2025-3/31/2026
Utilize community partners to assist with yearly training in Medicare related topics/updates.	Request training at least once per year from Social Security and Department of Health and Human Services to share new rules that apply to Medicare beneficiaries.	Program Manager Volunteer Coordinator	04/01/2025-3/31/2026
Use www.medicare.gov, www.ssa.gov and www.benefitscal.com websites to assist beneficiaries with enrollment/applications and benefits explanation.	Provide training to counselors to appropriately use medicare.gov and ssa.gov to provide personalized assistance with enrollments, applications and utilizing the drug plan finder.	Program Manager Volunteer Coordinator	04/01/2025-3/31/2026

HICAP Goal 2 and Intended Outcome

Goal	Promote awareness, knowledge, and visibility of HICAP.
Outcome	Provide education to beneficiaries, their family members and/or caregivers related to Medicare benefits.

Objective(s) / Justification	Key Tasks	Responsible Position(s)	Date
Work with Senior Resource Centers in Humboldt and Del Norte Counties as well as ADRC to develop online workshops/presentations for Medicare beneficiaries	Provide 3 online educational workshops for Medicare beneficiaries emphasizing on coverage and costs, MSP programs, and Preventive Services.	Program Manager Volunteer Coordinator	04/01/2025-3/31/2026
Utilize available social media platforms and A1AA website to promote HICAP visibility.	Quarterly upload flyers with Medicare benefits information to social media. Publish articles in the A1AA newsletter quarterly. Quarterly upload educational information to A1AA website such as	Program Manager	04/01/2025-3/31/2026

	Medicare tips and scheduled HICAP events.		
Increase HICAP visibility with tribal members and low-income beneficiaries.	Attend 5 tribal events throughout the year. Distribute HICAP flyers through Meals on Wheels and the food pantries in both counties.	Program Manager	04/01/2025-3/31/2026

HICAP Goal 3 and Intended Outcome

Goal 3	Recruit, train, and retain a diverse, sufficient, and effective workforce at all levels.		
Intended Outcome	Attract, train and retain counselors, focusing in remote areas, outreach and education.		
Objective(s) / Justification	**Key Tasks**	**Responsible Position(s)**	**Date**
Recruit a minimum of 5 volunteers in Humboldt and Del Norte counties.	Coordinate efforts with volunteers and outreach committee to recruit volunteers. Recruit via newspapers, social media, and other media outlets.	Program Manager Volunteer Coordinator	04/01/2025-3/31/2026
Provide mandatory training to volunteers to become registered utilizing available resources to the HICAP Program.	Plan training schedule for new volunteers to be registered.	Program Manager Volunteer Coordinator	04/01/2025-3/31/2026
Offer registered counselors the opportunity to become Outreach Coordinators and Community Educators.	Provide training to eligible counselors for Outreach/Community Educator opportunities.	Program Manager	04/01/2025-3/31/2026

Goal 4 and Intended Outcome

Goal	Develop and strengthen the program structure and organization, including policies, processes, and procedures, to enable effective and efficient operations.
Intended Outcome	Improve and strengthen program operations and organization to ensure alignment with CDA and ACL.

Objective(s) / Justification	**Key Tasks**	**Responsible Position(s)**	**Date**
Ensure HICAP strengthens its connection to No Wrong Door System partners to support streamlined access to benefits and services.	HICAP will become a member of the Northcoast Care Connection to partner and strengthen access referrals. HICAP will follow up with ADRC referrals. HICAP will continue to attend monthly ADRC meetings.	Program Manager	04/01/2025-3/31/2026
Maintain registration for all counselors per CDA guidelines.	Update training in SHARP data system for counselors to ensure compliance.	Program Manager	04/01/2025-3/31/2026
Ensure SHARP data is collected correctly.	Review intakes regularly to ensure accuracy and appropriate time for corrections. The Program Manager will provide feedback/training to counselors as needed to ensure accurate data collections.	Program Manager	04/01/2025-3/31/2026

HICAP Goal 5 and Intended Outcome

Goal	Promote adaptable and sustainable processes and activities to successfully position HICAP for changes.
Intended Outcome	Increase services to the general Medicare population and populations regarded as hard to reach in our area of service, including tribal members, those with limited English proficiency, veterans, people with disabilities and those with income limitations.

Objective(s) / Justification	**Key Tasks**	**Responsible Position(s)**	**Date**
Expand outreach/education services to hard-to-reach populations to ensure they have the most up to date Medicare information	Coordinate with A1AA outreach committee to ensure participation in a minimum of 5 events focusing on the targeted population.	Program Manager HICAP Staff	04/01/2025-3/31/2026
Increase one-on-one counseling to reach more of our intended populations by 10%.	Increase in person, telephone and/or web-based appointments to provide personalized counseling by recruiting and training volunteers according to demand.	Program Manager HICAP Staff	04/01/2025-3/31/2026
Increase by 3 the number of remote sites to offer counseling in remote areas of demand for in person appointments.	Contact College of the Redwoods, City of Rio Dell and the Yurok Tribe in Klamath to inquire about physical space to provide in person counseling.	Program Manager	04/01/2025-3/31/2026

SECTION 8. SERVICE UNIT PLAN

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

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

For services not defined in OAAPS, refer to the Service Categories and Data Dictionary.

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

Homemaker (In-Home) Unit of Service = 1 hour

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	74	1	5
2025-2026	60	1	5
2026-2027			
2027-2028			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	875	1	2
2025-2026	875	1	2
2026-2027			
2027-2028			

Information and Assistance (Access) Unit of Service = 1 contact

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	2,400	1	1; 6
		2	1
2025-2026	2,000	1	1; 6
		2	1
2026-2027			
2027-2028			

Legal Assistance — Unit of Service = 1 hour

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	1,333	1	9
2025-2026	1,333	1	9
2026-2027			
2027-2028			

Congregate Meals — Unit of Service = 1 meal

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	33,000	1	15
2025-2026	33,000	1	15
2026-2027			
2027-2028			

Home-Delivered Meals — Unit of Service = 1 meal

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	70,000	1	16
2025-2026	70,000	1	16
2026-2027			
2027-2028			

Nutrition Education — Unit of Service = 1 session

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	8	1	14
2025-2026	8	1	14
2026-2027			
2027-2028			

2. OAAPS Service Category – "Other" Title III Services

- Each **Title IIIB** "Other" service must be an approved OAAPS Program service listed on the "Schedule of Supportive Services (III B)" page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.

- Identify **Title IIIB** services to be funded that were <u>not</u> reported in OAAPS categories. (Identify the specific activity under the Other Supportive Service Category on the "Units of Service" line when applicable.)

Title IIIB, Other Priority and Non-Priority Supportive Services

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

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

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

Other Supportive Service Category

Housing — Unit of Service = 1 Hour

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	1,000	1	3
2025-2026	1,000	1	3
2026-2027			
2027-2028			

Cash/Material Aid — Unit of Service = 1 Assistance

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	-	-	-
2025-2026	10	1	22
2026-2027			
2027-2028			

Title IIID/Health Promotion—Evidence-Based

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

Evidence-Based Program Name(s): Staying Active and Independent for Life (SAIL)
Add additional lines if needed.

Unit of Service = 1 contact, (1 class session = 1 contact)

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	3,500	1	7
2025-2026	3,500	1	7
2026-2027			
2027-2028			

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

2024-2028 Four-Year Planning Cycle

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

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

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

Complete all Measures and Targets for Outcomes 1-3.

Outcome 1.
The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. Older Americans Act Reauthorization Act of 2020, Section 712(a)(3), (5)]

Measures and Targets:

A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition). The average California complaint resolution rate for FY 2017-2018 was 73%.

Fiscal Year Baseline Resolution Rate	# Of complaints Resolved	+ # of partially resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	153	76	.4967	50%	__55__ % 2024-2025
2023-2024	80		175	46%	46 % 2025-2026
2024-2025					_____ % 2026-2027
2026-2027					_____ % 2027-2028

Program Goals and Objective Numbers: **Goal 1, Objectives 18, 19**

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended **33** FY 2024-2025 Target: **35**
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended **39** FY 2025-2026 Target: **39**
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: **Goal 1, Objective 18**

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

1. FY 2022-2023 Baseline: Number of Family Council meetings attended **2** FY 2024-2025 Target: **3**
2. FY 2023-2024 Baseline: Number of Family Council meetings attended **1** FY 2025-2026 Target: **1**
3. FY 2024-2025 Baseline: Number of Family Council meetings attended _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Family Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: **Goal 1, Objectives 18, 19**

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

1. FY 2022-2023 Baseline: Number of Instances **12** FY 2024-2025 Target: **15**
2. FY 2023-2024 Baseline: Number of Instances **95** FY 2025-2026 Target: **95**
3. FY 2024-2025 Baseline: Number of Instances_____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances_____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: **Goal 1, Objectives 18, 19, 20**

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

1. FY 2022-2023 Baseline: Number of Instances **756** FY 2024-2025 Target: **600**
2. FY 2023-2024 Baseline: Number of Instances **807** FY 2025-2026 Target: **800**
3. FY 2024-2025 Baseline: Number of Instances_____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances_____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: **Goal 1, Objectives 18, 19, 20**

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

1. FY 2022-2023 Baseline: Number of Sessions **23** FY 2024-2025 Target: **15**
2. FY 2023-2024 Baseline: Number of Sessions **10** FY 2025-2026 Target: **10**
3. FY 2024-2025 Baseline: Number of Sessions _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Sessions _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: **Goal 1, Objective 18**

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

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

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

Enter information in the relevant box below.

FY 2024-2025

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

1. **Join CLTCOA Legislative Committee and submit letters of support and/or opposition to legislative bills.**
2. **Meet with State Assembly District 2 Assemblymember Chris Rogers or a representative of his local office to provide information about the local Ombudsman program during Legislative Advocacy Month April 2025.**

FY 2025-2026

Outcome of FY 2024-2025 Efforts:

1. Joined committee and participated in review of legislative bills and development of Association positions.
2. Meetings will be set up for the Legislative Advocacy Day during the OSLTCO Spring conference in April. Ombudsman Programs within the same district will represent the Ombudsman program. PSA 1 unable to attend but will send information about our county to be included. Will also invite local legislative offices to attend Elder Rights Summit to increase program & Elder Rights issues awareness.

FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

1. The Program Coordinator will participate in quarterly EVAST (Elder & Vulnerable Adults Services Team) meetings. Collaboration with the local EVAST team allows the LTC Ombudsman Program to address issues of abuse, neglect, and exploitation in long-term care facilities with representatives tasked with providing case management and protection. This partnership improves the quality of care and safety for LTC residents by ensuring timely, thorough investigations and amplifying residents' voices in the process.

2. The Program Coordinator will continue to participate in the CLTCOA Legislative Advocacy Committee, which identifies bills impacting resident rights and facility conditions. The committee will establish policy positions and advocate through the following actions:

● Providing direct feedback to legislators and requesting amendments

● Submitting letters of support or opposition for legislative bills

● Testifying at legislative hearings

The PSA 1 Program Coordinator will contribute information on the impact of these bills on long-term care residents in PSA 1 to inform the committee’s policy positions and advocacy efforts.

FY 2026-2027
Outcome of FY 2025-2026 Efforts: **FY 2026-2027 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)
FY 2027-2028
Outcome of 2026-2027 Efforts: **FY 2027-2028 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)

Outcome 2.

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

Measures and Targets:

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

1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint **4** divided by the total number of Nursing Facilities **6** = Baseline **67%** FY 2024-2025 Target: **100%**
2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint **6** divided by the total number of Nursing Facilities **6** = Baseline **100%** FY 2025-2026 Target: **100%**
3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint_____ divided by the total number of Nursing Facilities ____ = Baseline _____% FY 2026-2027 Target: _____

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

FY 2027-2028 Target: _____

Program Goals and Objective Numbers: **Goal 1, Objectives 18,19,20**

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

1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint **7** divided by the total number of RCFEs **14** = Baseline **50** %

   FY 2024-2025 Target: **100** %

2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint **12** divided by the total number of RCFEs **14** = Baseline **80%**

   FY 2025-2026 Target**: 100%**

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

   FY 2026-2027 Target:_____

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

   FY 2027-2028 Target:_____

Program Goals and Objective Numbers: **Goal 1, Objectives 18, 19, 20**

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

a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

1. FY 2022-2023 Baseline: **2.14** FTEs FY 2024-2025 Target: **2.34** FTEs
2. FY 2023-2024 Baseline: **1.8** FTEs FY 2025-2026 Target: **1.8** FTEs
3. FY 2024-2025 Baseline:_____FTEs FY 2026-2027 Target: _____FTEs
4. FY 2025-2026 Baseline: _____FTEs FY 2027-2028 Target: _____FTEs
Program Goals and Objective Numbers: **Goal 1, Objectives 18, 19, 20**

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers **5** FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers **7**
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers **7** FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers **7**
3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: **Goal 1, Objective 19**

Outcome 3.
Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2020, Section 712(c)]

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

Some examples could include:

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

- All paid staff will complete NORS consistency training by the end of 24/25 fiscal year.
- Conduct weekly review of open cases and activities during department meetings to ensure consistency and timely completion.
- Program Coordinator to schedule a minimum of 1 hour of weekly review of ODIN and additional hours as needed.

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

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

☒	Ombudsman Program
☐	Legal Services Provider
☐	Adult Protective Services
☐	Other (explain/list)

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

Units of Service categories include public education sessions, training sessions for professionals, training sessions for caregivers served by a Title IIIE 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 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 IIIE** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title IIIE of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2020, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder

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

- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

- **Number of Individuals Served** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

The agency receiving Title VII Elder Abuse Prevention funding is: Area 1 Agency on Aging

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	70	100		
Public Education Sessions	1	2		
Training Sessions for Professionals	1	2		
Training Sessions for Caregivers served by Title IIIE				
Hours Spent Developing a Coordinated System				

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	300	Elder Abuse Awareness Flyer for Elder Abuse Awareness Month to community partners, skilled nursing facilities, and residential care facilities.
2025-2026	700	Resident Rights Month - Distribution of Flyers with Ombudsman information and resident rights for both SNF and Residential Care Facilities for the Elderly to all residents.
2026-2027		
2027-2028		

TITLE IIIE SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)

2024-2028 Four-Year Planning Period

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

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

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

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

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

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

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

SUB-CATEGORIES (16 total)	1	2	3
Caregivers of Older Adults (COA)	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
COA Caregiver Access Case Management	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025			
2025-2026			
2026-2027			
2027-2028			
COA Caregiver Access Information & Assistance	**Total Contacts**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025			
2025-2026			
2026-2027			
2027-2028			

COA Caregiver Information Services	# Of activities: Total est. audience for above:	*Required* Goal #(s)	*Required* Objective #(s)
2024-2025	# Of activities: Total est. audience for above:		
2025-2026	# Of activities: Total est. audience for above:		
2026-2027	# Of activities: Total est. audience for above:		
2027-2028	# Of activities: Total est. audience for above:		
COA Caregiver Support Training	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025			
2025-2026			
2026-2027			
2027-2028			
COA Caregiver Support Groups	**Total Sessions**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025			
2025-2026			
2026-2027			
2027-2028			
COA Caregiver Support Counseling	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	600	1	11
2025-2026	600	1	11
2026-2027			
2027-2028			
COA Caregiver Respite In-Home	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	1,378	1	13
2025-2026	1,378	1	13
2026-2027			
2027-2028			

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

COA Caregiver Supplemental Services Home Modifications	Total Occurrences	*Required* Goal #(s)	*Required* Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
COA Caregiver Supplemental Services Assistive Technologies	**Total Occurrences**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025			
2025-2026			
2026-2027			
2027-2028			
COA Caregiver Supplemental Services Caregiver Assessment	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	600	1	21
2025-2026	600	1	21
2026-2027			
2027-2028			
COA Caregiver Supplemental Services Caregiver Registry	**Total Occurrences**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025			
2025-2026			
2026-2027			
2027-2028			

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

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

ORC Caregiver Support Groups	Total Sessions	*Required* Goal #(s)	*Required* Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
ORC Caregiver Support Counseling	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025			
2025-2026			
2026-2027			
2027-2028			
ORC Caregiver Respite In-Home	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025			
2025-2026			
2026-2027			
2027-2028			
ORC Caregiver Respite Out-of-Home Day Care	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025			
2025-2026			
2026-2027			
2027-2028			
ORC Caregiver Respite Out-of-Home Overnight Care	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025			
2025-2026			
2026-2027			
2027-2028			

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

ORC Caregiver Supplemental Services Caregiver Assessment	Total Hours	*Required* Goal #(s)	*Required* Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
ORC Caregiver Supplemental Services Caregiver Registry	Total Occurrences	*Required* Goal #(s)	*Required* Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			

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

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

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

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

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

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

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

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

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

SECTION 1: STATE PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	2,544	1
2025-2026	2,685	1
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	**PM 1.2 Public and Media Events (PAM) (Estimated)**	**Goal Numbers**
2024-2025	75	5
2025-2026	42	5
2026-2027		
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	1,027	1
2025-2026	941	1
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	**PM 2.2 PAM Outreach (Interactive)**	**Goal Numbers**
2024-2025	355	2
2025-2026	804	2
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	154	1
2025-2026	133	1
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	1,316	224	975	118	2
2025-2026	1,476	298	1,051	127	2
2026-2027					
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	1,292	1
2025-2026	1,300	1
2026-2027		
2027-2028		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)[10]

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

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

SECTION 9. SENIOR CENTERS & FOCAL POINTS

COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST

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

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

Designated Community Focal Point	Address
Arcata Community Center	321 Martin Luther King Parkway, Arcata 95521
K'ima:w Medical Center	1200 Airport Road, Hoopa 95546

Senior Center	Address
Del Norte Senior Center	1765 Northcrest Drive, Crescent City 95531
Ferndale Senior Resource Agency	100 Main Street, Ferndale 95536
Fortuna Senior Center/Gene Lucas Community Center	3000 Newburg Road, Fortuna 95540
Healy Senior Center	456 Briceland Road, Redway 95560
Hoopa Senior Center	Loop Road, Hoopa, CA 95546
Humboldt Senior Resource Center	1910 California Street, Eureka 95501
Karuk Senior Center/Panaminik Center	459 Asip Road, Orleans 95556
Klamath Senior Center	219 Salmon Avenue, Klamath 95548
McKinleyville Senior Center	1620 Pickett Road, McKinleyville 95519

SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM

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

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

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

Family Caregiver Services

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

Older Relative Caregiver Services

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

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

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

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

Example of Justification:

1. Provider name and address:
   ABC Aging Services
   1234 Helping Hand Drive
   City, CA Zip
2. Description of the service(s) they provide (services should match those in the CDA Service Category and Data Dictionary):

This agency offers Supplemental Services/Home Modifications and Supplemental Services/Assistive Technologies. We can refer family caregivers in need of things such as shower grab bars, shower entry ramp, medication organizer/dispenser, iPad for virtual medical visits, etc.

3. Where are the services provided (entire PSA, certain counties, etc.)? *Entire PSA*
4. How does the AAA ensure that the service continues to be provided in the PSA without the use of Title IIIE funds?
   This agency is listed in our Information and Assistance Resource File as a non OAA community-based organization. The AAA updates the I&A resource file annually. During this process, the AAA calls the agency to confirm information is still accurate and up to date.

Justification for not funding Caregiver Access

A1AA is contracting with North Coast Opportunities Redwood Caregiver Resource Center which will provide Access-Information and Assistance using other funding (see Goal 1, Objective 10.)

Justification for not funding Caregiver Information Services

A1AA is contracting with North Coast Opportunities Redwood Caregiver Resource Center which will provide Caregiver Information Services using other funding (see Goal 2, Objective 6.)

Justification for Non-Provision of Older Relative Caregiver Services:

A1AA conducted a comprehensive needs assessment, including a review of the needs for caregivers of different age groups. The assessment identified that the needs of caregivers of older adult care recipients was impacting caregivers more significantly than caregivers of other age groups. The primary impact identified that caregivers of older adult care recipients were feeling financially, emotionally, and physically over-burdened if their recipient had cognitive impairments.

A1AA will receive just under $90,000 for Title IIIE services for a two-county area consisting of a total of approximately 43,000 adults aged 60 and older. There is not enough funding to provide all the services listed under the FCSP program. A review of the services and resources available in PSA 1 does indicate that there are more resources available to caregivers of children and far fewer resources for caregivers of older adults. To fill this gap in services and resources for caregivers of older adults and to avoid duplication of services that are already provided, A1AA prioritizes Title IIIE funding to meet the needs of caregivers of older care recipients. Experience with FCSP has shown that caregivers are stressed and in need of respite and any additional funding that A1AA receives, for example, One-Time-Only money is always added to respite. The following is a list of the many organizations that provide services for children and families, including older relative caregivers in PSA 1:

Changing Tides
2259 Myrtle Avenue Eureka, CA 95501
Provides resources and referral for childcare entities, provides information, education and support for grandparents or non-relatives raising children. Helps with guardianship and other legal and

family issues. Education and support opportunities to caregivers of children and youth in out-of-home care. In-Home Respite Services: Provides one-on-one respite care to children and adults with disabilities in the client's home.

Foster/Kinship/Adoption education Program-College of the Redwoods
7351 Tompkins Hill Road, Redwood Business Complex B, Eureka, CA 95501
It is the mission of the Foster and Kinship Care Education Program at College of the Redwoods to provide quality education and support opportunities to caregivers of children and youth in out-of-home care so that these providers may meet the educational, emotional, behavioral, and developmental needs of children and youth in the foster care system. Provides Foster Grandparents as tutors and mentors for special needs children. Volunteers must meet income eligibility requirements at no more than 200% poverty, plus medical exemptions. The website lists the following community resources available:

Foster Grandparent Program (Del Norte and Humboldt)
North Coast Opportunities, 850 Lakeport Blvd. Lakeport, CA 95453
The Foster Grandparent Program engages adults aged 55 and over in intensive volunteerism as tutors and mentors for children and youth with exceptional needs. They serve in local elementary school classrooms, providing extra attention for children who need it the most. They also serve in alternative high school settings, ready to help at risk youth learn and be successful. Services are provided throughout PSA1.

Humboldt County Department of Health & Human Services - Child Welfare Services
2446 6th Street, Eureka, CA 95501
Provides emergency response services to investigate reports of child maltreatment, short-term intensive care to stabilize family, family maintenance services and family reunification services. California Children's Services provides medical programs for treating children diagnosed with certain physically disabling conditions.

Del Norte Department of Health & Human Services – Child Support Services
Family Connections, 510 E. Washington Blvd., Crescent City, CA 95531
Provides professional child support services to enhance the well-being of children and to improve the self-sufficiency of families.

TAY (Transition Age Youth)
433 M. Street, Eureka, CA 95501
The Transition-Age Youth program serves youth and young adults ages 16 to 26. Services are tailored, collaborative and based on a young person's strengths. The goal is to create an environment where young people thrive at home, school, work and in their community. TAY Programs include transition-age youth collaboration, peer coachers, independent living skills program, behavioral health, extended foster care, and employment training.

CASA of Humboldt
2356 Myrtle Ave., Eureka, CA 95501 (707) 443-3197
Court Appointed Special Advocates - Volunteers work with legal and child welfare professionals, educators, service providers and family members to ensure the child's voice is heard. Their advocacy enables judges to make the most well-informed decision for each child.

UIHS - United Indian Health Services
Potawat Health Village 1600 Weeot Way, Arcata, CA 95521
Elder Health Services provide individual, family, and couples therapy and provides the well child program, and youth substance abuse treatment.

2 Feathers - Native American Family Services
1560 Betty Court Suite A, McKinleyville, CA 95519
Two Feathers staff can assist families in connecting with their tribally designated ICWA representative. As a representative of the Big Lagoon Rancheria, Two Feathers provides advocacy in local and statewide systems that impact all American Indian children in foster care or at risk of entering foster care. Two Feathers Native American Family Services provides the following services for children who have been abused or neglected: Case Management, Court, school & interagency advocacy, Crisis Intervention, Referral Services; Accompaniment to court, law enforcement, hospital, school and other services, Referrals to victim support services; Trainings/Outreach; Emergency shelter, food and clothing, Client transportation for essential meetings and appointments

California Tribal Families Coalition - To protect the health, safety and welfare of tribal children and families, which are inherent tribal governmental functions and are at the core of tribal sovereignty and tribal governance. Within the training area, resources are focused on: 1) Partnering with CDSS and other state-wide training organizations to develop and deliver comprehensive ICWA and ICWA related training to professionals who work within child welfare systems to increase ICWA compliance and better serve Tribal children and families; 2) Partnering with counties to develop and deliver ICWA and ICWA related training to child welfare professionals; 3) In partnership with tribes, develop and deliver tribally-specific training requests to build capacity for the Tribes to advocate on behalf of the best interests of their children and families who are impacted by state child welfare systems; and 4) In partnership with tribes, develop and deliver tribally-specific training requests to build capacity for the Tribes to administer their own child welfare systems. Website

Healthy Kids, Humboldt
2200 Harrison Avenue, Eureka, CA 95501
Assistance with enrollment in the Children's Health Insurance Programs for children ages 0-19, including Medi-Cal, Healthy Families and Cal Kids.

Humboldt Community Access and Resource Center Respite Services
1707 E Street, Eureka, CA 95501
Respite (home care) services are provided to families of developmentally disabled. We also provide short-term interpreter services to those in need of meeting facilitators.

Humboldt County Office of Education – Foster & Homeless Youth Services
901 Myrtle Avenue, Eureka, CA 95501
Provides foster and homeless youth services to address their educational and community needs to ensure their educational success and access to supportive services.

Redwood Community Action Agency
940 G Street, Eureka, CA 95501
The Assisting Families to Access Change Program is designed to strengthen Humboldt County communities and families through collaborative work with Family Resource Centers and Child Welfare Services. By providing families with basic case management, parenting lessons, and increasing the awareness of local resources members are helping to reduce family isolation, create healthy families, and improve outcomes of children and families who are in need and/or at risk for child abuse. The primary purpose of the program is to help prevent child abuse in Humboldt County.

St. Joseph Hospital and Redwood Memorial Hospital's Network of Family Resource Centers:

Consists of five Community Resource Centers, located in key geographic areas. The centers provide referrals, health information, and support geared toward every member and age group in

the community. Social and economic factors, health behaviors, and the physical environment account for up to 80% of controllable health outcomes. The St. Joseph Health Community Resource Centers focus on these non-clinical determinants of health. The Community Resource Centers are nonprofit community outreach services available to all community residents, regardless of age, sex, religious affiliation, economic status, or cultural background. The five resource centers are in Blue Lake, Eureka, Loleta, Rio Dell, and Willow Creek.

- **Blue Lake Community Resource Center**
  312 South Railroad St. (P.O. Box 458), Blue Lake, CA 95525
  Information & Access to Community Resources, Educational Programs, Food Pantry & Hygiene Supplies Closet, Clothing for adults and children, including diapers, Senior Health Clinics, Access to Medical Resource Library, Computer, copier & fax machine access, Bus Passes, Medical & Dental Referrals, Healthy Families Insurance Applications, Housing Application Assistance, and Employment Information & Assistance with Applications.

- **Eureka Community Resource Center**
  35 West Third St., Eureka, CA 95501 (707) 442-5239

- **Loleta Community Resource Center**- Loleta Elementary School
  700 Loleta Drive, Loleta, CA 95551 (707) 733-5239

- **Rio Dell Community Resource Center** (Website)
  99 Wildwood Street, Rio Dell, CA 95562 (707) 764-5239

- **Willow Creek Community Resource Center**
  38883 Highway 299 (P.O. Box 939) Willow Creek, CA 95573

Additional Family Resource Centers in PSA 1:

- **Arcata Family Resource Center** - Arcata School District
  2400 Baldwin Street, Arcata, CA 95521 (707) 826-1002
  Food Security: The Arcata Family Resource Center can alleviate food insecurity for families through the following programs: CalFresh, Backpacks for Kids, Emergency Food Bags, Holiday Assistance, Clothing Closet, Diaper Program, Parent Support, Resource & Referrals to CalWORKS, Medi-Cal, Mental Health Services, Dental Services, and Housing Assistance.

- **Bridgeville Community Center**
  38717 Kneeland Road (Box 3), Bridgeville, CA 95526
  Adult Education, Computer classes/tutoring, Bridgeville Newsletter, Clothes Closet, Community Room - TV/VCR, Washer/Dryer, Shower available, Computers, Family Support and Referral, Food Bank, Additional food programs are also available for seniors, homebound people, and children aged 0 to 5 years old. Hospice - Two Rivers Community Care Group (TRCCG) An all-volunteer hospice community group, Library, Senior Programs, Senior Lunch and Senior Outings. Teen, Pre-Teen & Pre-School Play,

- **Carlotta Healthy Start Community Center**
  300 Wilder Road (Box 7), Carlotta, CA 95528
  After School program Dental Clinic Services/Van (when available) Free walk-in consultation Food pantry (Emergency & direct Distribution) Family/community events Family support Health Education Home Visits Information & Referral Meeting rooms Mental health individual and group Parenting classes/ res Play groups School to home Student peer groups summer recreation Technology access Transportation assistance, food boxes, meals, toys and clothing for the holiday season.

- **Family Resource Center of the Redwoods**
  494 Pacific Ave, Crescent City, CA 95531
  Provides a welcoming, safe, and nurturing environment to strengthen and support health relationships for children and families in Del Norte County. Provides food pantry, developmental screening, community events, family game night, music and movement, lunch with the law, parent café, professional development trainings, play groups, resource and referral, and a summer meal program.

- **Fortuna Community Services**
  2331 Rohnerville Road, Fortuna, CA 95540
  Provides a community thrift store, food pantry and food bank.

- **Fortuna Elementary & High School Healthy Start**
  2089 Newburg Road (843 L Street), Fortuna, CA 95540
  Serves Fortuna, South Fortuna Elementary and Fortuna High School Healthy Start. Fortuna Healthy Start is a member of the Healthy Start Schools and Communities Partnership, which is a Consortium of resource centers collaborating efforts to strengthen the community.

- **Hupa Family Resource Center**
  8 Holt Street (Box 728), Hoopa, CA 95546 (530) 625-4000
  Provides social, emotional, physical, mental health and informational support to enhance the wellbeing of children and families in the community and improve the effectiveness of community and tribal programs by connecting children and families with the services they need. Services include application assistance, clothing closet, family movie night, food pantry, Multi-Disciplinary Action Team, motivational speakers, positive Indian parenting classes, tax assistance, teen clinics, women's support group, healthy cooking classes, food preservation classes, community and teen fitness, coupon and budgeting classes, computer, phone, and fax services.

- **Jefferson Center & Park** (Website)
  8 Clark Street, Eureka, CA 95501 (707) 497-6280
  Provides free meals for children, one-on-one assistance, and a playground area.

- **McKinleyville Family Resource Center** (Website)
  1459 Hiller Road (P.O. Box 2668) McKinleyville, CA 95519 (707) 840-0905
  A partnership of agencies, organizations and individuals working together for the McKinleyville community, offering programs, services and projects for the youth and families of the community and to provide a link to a variety of community resource: offers a list of area childcare providers, food pantry, food distribution to residents with food bank linkage, WIC Community dinners, events and neighbor-to-neighbor meetings, English/Spanish education and interpretation, home visits, housing assistance, information and referrals, nutrition/fitness education, parenting education classes and support, supervised visit/neutral site, transportation assistance. McKinleyville Community Collaborative is a member of the Healthy Start Schools and Humboldt Network of Family Resource Centers, which is a consortium of resource centers collaborating efforts to strengthen the Humboldt community.

- **Marshall Family Resource Center**
  2100 J. Street, Eureka, CA 95501
  Provides free access to computers, printers, and the internet, a clothing closet, emergency food closet, and hygiene supplies. Offers the Nurturing Parenting Program classes in partnership with Redwood Community Action Agency's AmeriCorps/AFACTRs, and the Parent Project in partnership with Humboldt County Office of Education and Humboldt County Juvenile

Probation Department.

- **Mattole Valley Resource Center**
  203 Old Coast Wagon Rd, Petrolia, CA 95558
  Offers fire-safe planning, mental health referrals, food assistance, signing up for CalFresh, Medi-Cal, Unemployment benefits, etc.). Information and referral services Individual, child, and family support Open Door Clinic Services & Appointment Coordination Counseling Referrals CalFresh/Medi-CAL sign-ups Food Pantry/Emergency Food Substance Abuse Referrals Employment Assistance (Resumes, Internet availability, etc.) Holiday Assistance (Food baskets, Toy baskets.)

- **Southern Humboldt Family Resource Center** (Website)
  344 Humboldt Avenue (Box 369) Redway, CA 95560 (707) 923-1147
  Supporting healthy and happy families, neighborhoods, and communities, started as a Healthy Start initiative and is also home to the Southern Humboldt First Five Playgroup Project. Some of the services at include on-site medical and mental services with RRHC staff, parent education/support workshops, student and family support teams, resource and referral, basic needs assistance, Partner Alternatives to Violence Endeavor classes, after school clubs, and community use of the FRC facilities. Family support and activities. Please call us or stop by for more information. The Redway FRC is a member of the Healthy Start Schools and Communities Partnership, which is a consortium of resource centers collaborating efforts to strengthen the Humboldt community.

- **Head Start – Northcoast Children's Services**
  1266 9th Street, Arcata, CA 95521
  Integrated services include early childhood education, child and adult mental health services, extensive family services including education, social services, provision of basic needs, health, dental and nutritional services, case management, resource and referral, family literacy and parent involvement.

SECTION 11. LEGAL ASSISTANCE

2024-2028 Four-Year Area Planning Cycle

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

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

- A1AA targets a minimum of 10% IIIB baseline funding to meet Adequate Proportion and frequently allocates up to 25% during the fiscal year if/when one-time-only and other funding becomes available.

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

- There has been an increase in requests for housing, public benefits, and wills/estate planning. The most common legal issues for seniors are elder abuse, reasonable accommodations around pets and housing, Medi-Cal coverage, and Covered California health insurance.

- Legal staff are seeing a lot of seniors who are unable to afford rent increases. Local homeless services also have an increased number of older adults who are homeless for the first time. Substandard housing is also a problem for low-income older adults.

- Results of the Community Assessment Survey of Older Adults conducted between May - June 2024 indicate that 24% of Humboldt and 11% of Del Norte respondents rated the availability of financial and/or legal planning services as good or excellent. The survey also found that 59% of Humboldt and 67% of Del Norte respondents said they lacked adequate information or dealing with public programs such as Social Security, Medicare, and Medicaid.

- The level of funding provided for legal services is based on the allocation that A1AA receives for all of Title IIIB programs and services. The OAA baseline funding level has not changed over the past four years. The allocation has not increased and is not adequate to meet the increased costs of providing supportive services, including funding for legal assistance. Legal services received a significant increase in funding from the HCBS OARR funding over the last few years and would have been unable to spend any increased IIIB funding. In 2021-22 A1AA did review the service unit rate and increased the Legal Assistance Provider's service unit rate since no increase had been made for several years. A1AA will monitor the Legal Service Provider's budget and needs as we go back into pre-pandemic funding levels. However, without significant funding increases, A1AA would need to reduce funding and service levels for access and transportation services to

increase legal funding levels.

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

- The requirement to utilize the California Statewide Legal Guidelines is explicitly stated in the Request for Proposal and Contract Continuation Application and the Program Specifications for Legal Assistance. These documents are part of the executed contract.

- Specific components of the guidelines (e.g. targeting and outreach, establishing priority legal areas, staffing, staff training, coordination with A1AA and other aging network providers, ethical standards, grievance procedures, contributions, service delivery, priority areas, emerging needs for legal assistance etc.) are included in the Program Specifications for Legal Assistance and as items to be addressed in the A1AA Request for Proposal (RFP) or Contract Continuation Application (CCA.)

- The LSP is required to provide a report on progress for these items at the time of contract continuation application and to set new goals/targets for program enhancement in the coming year.

- A1AA reviews the progress report and proposed activities and negotiates any changes/updates as needed. The Board of Directors has final approval of the RFP/CCA.

- A1AA conducts an on-site assessment with the Managing Attorney and Regional Council to review compliance with the terms of the contract, including a review of the components included of the California Statewide Guidelines outlined in the contract.

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

- LSNC conducts a yearly needs assessment survey which is sent to different providers, current and former clients to identify priority areas. Attorneys in the community are asked for input. This information is collated and presented to the LSNC Board who makes the final determination of the program priorities. Decisions are based on broad community input in collaboration with A1AA at the time of contracting.

- A1AA conducted an in-person interview with the Managing Attorney and the Regional Council to discuss eight questions specific to legal assistance needs and services. This information was used in preparation of the four-year area plan and legal assistance subcontracting. The questions are listed below:

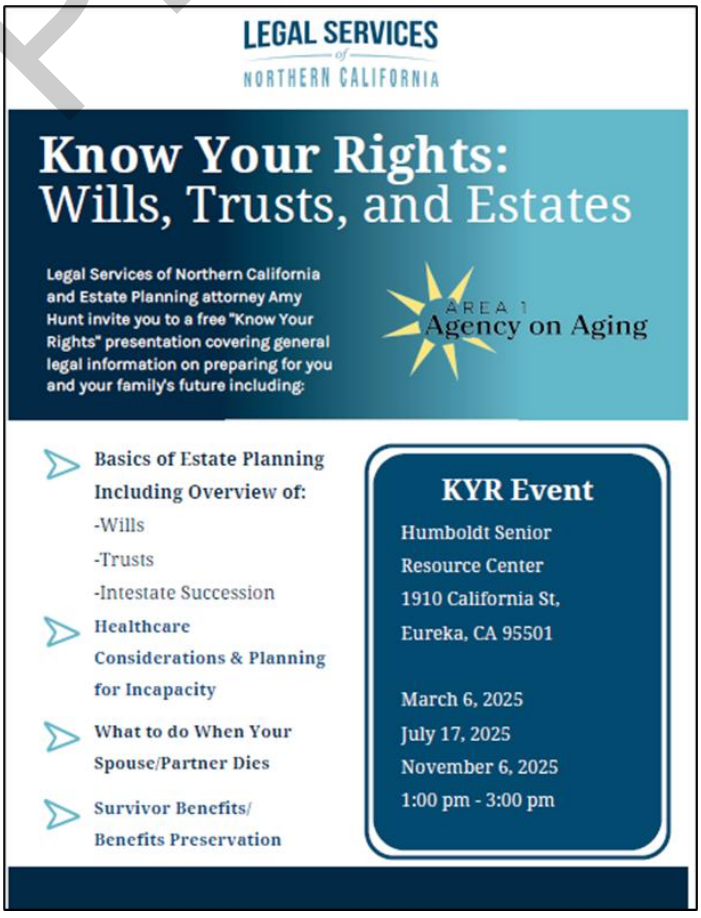
    1. How have your local needs changed in the past year(s)? Please identify any changes (include whether the change affected the level of funding and the difference in funding levels in the past four years).
    2. How do older adults access Legal Services in your PSA and whether they can receive assistance remotely (e.g., virtual legal clinics, phone, U.S. Mail, etc.).
    3. Please identify the major types of legal issues in PSA 1 (include new legal problem trends.)

4. What are the barriers to accessing legal assistance in PSA 1? Include proposed strategies for overcoming such barriers.
5. What other organizations or groups does your legal service provider coordinate services with?
6. How do you establish specific priority issues? Do you collaborate with A1AA programs to determine priority issues?
7. Do you collaborate with other organizations to jointly identify target populations?
8. What is the targeted senior population and mechanism for reaching targeted groups in your PSA?

- The LSP applicant is provided the list of priority legal issues outlined in the California Statewide Guidelines in the A1AA Program Specifications for Legal Assistance as part of the RFP/CCA. A1AA works with the applicant to identify priority legal issues in PSA 1 from this list based on the A1AA needs assessment, the LSNC survey, and the expertise and experience of the LSP in providing legal assistance to older adults.

- A1AA conducts a public hearing each year where older adults in attendance are given an opportunity to provide input about any legal issues and needs of concern. LSNC staff attend these public hearings and are able to respond to some of the questions raised at the hearings. At a public hearing held at the Humboldt Senior Resource Center, participants identified a need for help with wills. LSNC collaborated with A1AA to develop a "Know Your Rights" series of legal educational presentations (see flyer below.)

- Advisory Council Presentation and Discussion
  The Managing Attorney for Legal Services of Northern California in Eureka, provided a detailed overview of the organization's services in Humboldt, Del Norte, and Trinity Counties at the April 7, 2025, Advisory Council Meeting. Legal assistance provided included housing, legal aid, public benefits, civil rights and education access, and health-related legal support. A pre-screening determines eligibility. Referrals are welcomed and encouraged and the LSNC attorneys are available for community education sessions.



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

- As detailed in Section 2 of the A1AA Area Plan, PSA 1 is a rural area encompassing a large geographical area that is remote and rugged with limited transportation options making delivering and accessing services one of the most significant challenges for the area. A1AA and LSNC have discussed the legal assistance needs of older adults living in Del Norte County and the outlying remote areas of Humboldt County are identified and addressed. A particular emphasis has been placed on serving older adults in Del Norte County in the last two years.

- A1AA and LSNC collaborated in contracting to ensure that the populations residing in Del Norte County receive priority attention in the provision of legal assistance. Del Norte County is one of the two counties served by PSA 1. It is very small (older population of 60+ is approximately 5,900) and has limited access to services and resources, particularly for legal assistance. It contains a proportionately higher percentage of older adults living in poverty, mostly concentrated in the Crescent City area. A1AA worked with LSNC to develop goals to ensure that legal assistance is available in this area. This effort resulted in LSNC representation of Del Norte clients living in a mobile home complex that was experiencing discrimination based on age and sexual orientation in the filing of a civil rights complaint on behalf of the residents. Another case In Del Norte County involved the discrimination of older adults based on source of income. Clients were being denied housing based on being eligible for government assistance. LSNC filed a civil rights violation on their behalf.

- In addition to Del Norte County, LSNC and A1AA identified that older adults residing in the outlying, remote areas of Humboldt County needed greater access to legal assistance. Residents who attended the HSRC public hearing also identified the need for wills and estate planning. LSNC negotiated with A1AA to focus on increasing outreach in rural areas by hosting Know Your Rights events and increasing physical presence at outreach events and the network of community resource centers. The topics included estate planning and identifying and preventing elder abuse.

- A1AA negotiates an outreach plan with LSNC each year to ensure that effective methods are provided to reach these remote areas and vulnerable older adults who are most at-risk, e.g. those who are homebound and/or have limited mobility, low-income older adults, age 75+, experiencing chronic health problems, experiencing homelessness, experiencing cultural, social and/or geographical isolation.

- LSNC provides a designated staff member who is highly effective at connecting with providers and potential clients. The approach is to meet seniors where they participate and/or receive services. This staff members is designated to attend community health fairs, Del Norte Homelessness ad hoc committee, True North, Continuum of Care, Renters United Humboldt, Senior Resource Centers, the Blue Lake Senior Luncheon, the monthly Blue Lake Food Distribution events, Eel River Key Leader Meetings, K'ma:w Health Fair, North Coast Stand Down, Yurok Tribal Elder Conferences in Klamath; and the Humboldt Network of Family Resource Centers community service providers roundtable.

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

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

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

Legal services are provided in person, by telephone, by virtual meeting, and by email according to the needs of each client and their case. Cases typically begin with an in-person meeting and are then followed using other methods of contact. All methods follow standard practices, policies, and procedures, regardless of contact method. The designated outreach staff member is highly effective at providing outreach and provides direct public interaction, tabling, and brochures at the Homeless Resource Fair in Del Norte, Hoopa Telehealth Fair, Family Resource Center outreach events, and at roundtable discussions for service providers. Activities include direct client interaction.

Outreach activities consist of quarterly clinics in rurally isolated areas to accommodate older adults who cannot travel in Southern Humboldt County, Klamath, and Willow Creek. Outreach Activities include:

- Targeted outreach to older adults for significant events, including expungement and naturalization clinics.
- Updating printed materials for large print and Spanish.
- Screening all clients to ensure they secure the public benefits and related services for which they are eligible.
- Working with community partners to reach older adults with the greatest social and economic need.
- Legal staff offer workshops on advanced health care directives and criminal record cleaning.

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

Fiscal Year	**Name of Provider**	**Geographic Region covered**
2024-2025	a. Legal Services of Northern California	a. Humboldt and Del Norte Counties
2025-2026	a. Legal Services of Northern California	b. Humboldt and Del Norte Counties

2026-2027	a. b. c.	a. b. c.
2027-2028	a. b. c.	a. b. c.

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

Legal services are provided in person, by telephone, by virtual meeting, and by email according to the needs of each client and their case. Cases typically begin with an in-person meeting and are then followed using other methods of contact. All methods follow standard practices, policies, and procedures, regardless of contact method. The designated outreach staff member is highly effective at providing outreach and provides direct public interaction, tabling, and brochures at the Homeless Resource Fair in Del Norte, Hoopa Telehealth Fair, Family Resource Center outreach events, and at roundtable discussions for service providers. Activities include direct client interaction.

Outreach activities consist of quarterly clinics in rurally isolated areas to accommodate older adults who cannot travel in Southern Humboldt County, Klamath, and Willow Creek. Outreach Activities include:

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- Updating printed materials for large print and Spanish.
- Screening all clients to ensure they secure the public benefits and related services for which they are eligible.
- Working with community partners to reach older adults with the greatest social and economic need.
- Legal staff offer workshops on advanced health care directives and criminal record cleaning.

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

- There are no “new” legal issues or trends arising in PSA 1 so much as identified legal priority areas tending to increase. There is an increase in requests for housing discrimination and other housing-related issues, such as housing rights, eviction, problems with housing habitability, etc. As noted in Question 5, LSNC engaged with housing discrimination problems in Del Norte County by filing civil rights complaints. When surveyed (see Question 4, referencing the survey question #4- Identify the major types of legal issues in PSA a (include new legal problem trends) the LSP response was that the primary legal issues arising in PSA 1 the response was, “Housing-mainly for low-income renters dealing with being late on rent, eviction notices and habitability of housing.” Other issues that were raised at the public hearings included a need for help with wills and estate planning. There is also a need to address the increase the education about financial scams targeting older adults.

The most recent assessment identified that the main legal focus areas included: 1) public benefits, CalFresh, SNAP; 2) housing/utilities; 3) Long term care questions such as moving into an Assisted Living Facility; 4) Healthcare-can utilize their legal healthcare team in Sacramento; 5) Counseling related to APS to support issues around elder abuse and defense against conservatorship; and 6) Consumer rights.

Other legal issues handled by the legal provider include elder abuse, reasonable accommodations related to service animals, housing, Medi-Cal coverage, and Covered California health insurance. Issues impacting low-income seniors include the inability to afford rent increases, evictions, and habitability of substandard housing.

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

The main barrier to reaching rural seniors is the lack of access to Internet technology, including both access, affordability, and use. The provider continues to provide the same quality of service to those they can connect with while developing ways to reach those they cannot (in-person hours/appointments virtually and in person/zoom meetings.)

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

- A1AA currently has a Memorandum of Understanding with Legal Services of Northern California for the Long Term Care Ombudsman Program. This MOU outlines the roles of each program, which includes providing legal counsel, advice and/or representation to older adults who are in greatest economic or social need as well as technical assistance and training on mutually agreed upon legal issues for residents of long-term care facilities.

- A1AA currently has Memorandum of Understanding with Legal Services of Northern California for the Health Insurance Counseling and Advocacy Program. This MOU identifies the referral process and the roles of each program, including an agreement to work closely and cooperatively in matters related to Medicare, Medicare Part D, Medicare Savings Programs, low-income subsidy issues, long-term care insurance, managed care, and related health care coverage plans.

- Legal staff collaborate with local stakeholders as a member on the Del Norte Homelessness ad hoc committee, True North, Continuum of Care, Renters United Humboldt, and Senior Resource Centers in PSA 1. Staff attorneys provide presentations to several organizations throughout the region, such as the Eel River Group of service providers, including an in-service with the Eureka Police Department.

SECTION 12. DISASTER PREPAREDNESS PSA __1__

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

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

Area 1 Agency on Aging (A1AA) is involved in the community disaster preparedness efforts to help ensure the health and safety of older adults and people with disabilities. A1AA is a member of the Community Organizations Active in Disaster (COAD) entities in both Humboldt and Del Norte counties. All A1AA disaster relief efforts will be coordinated through COAD, which works directly with the Office of Emergency Services. A1AA receives and disseminates safety information briefings, advisories, and updates from CDA-AAA Disaster Assistance Coordinator. During pandemics or epidemics, we include information from our local Public Health Department, CDC and CDA and participate in ongoing meetings to share information with other providers and coordinate services to older adults.

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
Ryan Derby	Emergency Services Program Manager, Humboldt Co. Sheriff's Office	**Office: 707.268.2550 Cell:707.445.7251**	rderby@co.humboldt.ca.us
Deborah Otenburg	Emergency Services Program Manager	**Office: 707.464.7225 Cell: 707.951. 2165**	deborah.otenburg@co.del-norte.ca.us

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Maggie Kraft	Executive Director	**707.442.3763, x 201 Cell: 707.362.3223**	mkraft@a1aa.org

4. List critical services the AAA will continue to provide to the participants after a

disaster and describe how these services will be delivered (i.e., Wellness Checks, Information, Nutrition programs):

Critical Services	How Delivered?
A. Communication with Subcontractors	A: A1AA maintains electronic and hard copies of disaster contact information including emergency cell phone contact information..
B. Access to information regarding senior services	B A1AA will communicate with service providers, verify operational status and functioning, and inform OES and/or recipients of availability in operation.
C. Limited Information and Assistance and referral to needed services	C A1AA staff will answer calls and reach out to older adults flagged in our database as most frail, vulnerable, or isolated. A1AA will work with COAD to reach out to older adults who encounter emergency services.
D	D

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

If we have a true circumstance that delays our ability to function normally, either through loss of our server or our office, we will do the most critical work only. Most staff can operate from home, if needed, so we would make getting our server up and running a priority. If our offices are destroyed, we would start the process of finding new office space but would be able to function without it for some time. We would work with senior centers and focal points to arrange time for our direct services staff to meet with clients in those locations.

Critical Services	How Delivered?
A. payroll	A. Handwritten checks
B. reporting	B. Ask for extension
C	C
D	D

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

   - Internet, Access to server, laptops
   - Cell phones and back up batteries
   - Credit cards
   - Staff

7. List any agencies or private/non-government organizations with which the AAA has formal or nonformal emergency preparation or response agreements. (Contractual or MOU)

   We consider our contract agreements with all our subcontractors as agreements

and rationale for working together to provide mutual support, coordination and communication during emergencies and disasters.

A1AA requires that our subcontracting service providers maintain updated and accurate emergency response plans. The plans must ensure provision of critical services to meet the emergency needs of consumers they are charged to serve during all types of disasters or emergency situations. The plans must include assurances that preparations have been made in the following areas: 1) preparation of the facility to withstand and respond to disaster, 2) training for all staff, volunteers, and participants regarding their role in the agency's emergency operations plan, 3) fire safety preparations and 4) planning for response to emergencies impacting their ability to provide contracted services.

A1AA has a formal, cooperative agreement with COAD in Humboldt County. As COAD is in development, how we work within this agreement may change.

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

A1AA has had discussions with tribal groups about bringing more disaster preparedness activities to their remote populations. We offer emergency preparation supplies and information at outreach events and have increased outreach activities at tribal events or training events provided to elders, especially around Medicare. At these events, staff discuss emergency preparedness informally with elders.

The main work at present is with Tolowa De-Ni' Nation and the Yurok Tribe in Del Norte County. The Blue Lake Rancheria in Humboldt County is very active in disaster preparation providing community disaster prep and resilience courses as well as official disaster training for OES and other entities. Major additional tribal entities in Humboldt for planning are the Wiyot and Hoopa Tribes.

The work will continue to be a top priority for the remainder of this four-year plan.

We have begun to work more closely with the Humboldt Network of Family Resource Centers, which exist in over 16 locations (including very remote sites) throughout the county. As a network dedicated to supporting families and individuals through community-centered resources, education, and advocacy, they recognize the critical importance of equipping older adults with the tools and knowledge needed to prepare for emergencies. A1AA work in emergency preparedness aligns with their mission to promote safety, resilience, and well-being across all communities, particularly in remote rural and underserved areas.

Our collaboration with agencies providing housing and other services to people living on low-income provide use with knowledge of where the most vulnerable populations live. Our work with the largest providers of services to the unhoused or at risk of becoming unhoused, keeps us knowledgeable about this population and

in contact with those who are serving them. We actively coordinate with the Tri-County Independent Living Center which is located in both Humboldt and Del Norte Counties.

The Humboldt Senior Resource Center, through its PACE, CBAS, MSSP, and OAA nutrition programs serves a large number of the medically frail older adults who live independently and has plans for how to serve their constituents during a disaster. The Del Norte Senior Center is affiliated with low-income housing and is also closely connected with emergency services in Del Norte County.

While the local OES doesn't want to be involved in collecting information about vulnerable older adults, our work with the tribes and the Family Resource Centers will eventually help us reach many of these people through our coordination with those groups. We will use the form, or other tools to help people gather the information they need in an emergency into one place.

We are exploring the use of a form created by an OES in New York that encourages older adults to put together information related to their needs in the event of an evacuation.

Our work directly with trusted groups in smaller communities will enable us to help vulnerable populations identify their needs and resources prior to an event and help all service providers prioritize who to follow up with after an event. We will be using the "Stay/Go Kit as a ready-made and accessible tool to help people gather the information they need and plan for emergencies.

9. How is disaster preparedness training provided?
   - AAA to participants and caregivers
   - To staff and subcontractors

   We will work with COAD and local older adult services partners to offer general public trainings. We will be working with the tribes and Family Resource Centers to bring information and tools for planning, as well as train volunteers in these communities to provide this service on an ongoing basis.

   We provide quarterly training to staff on various elements of disaster and emergency preparation (fire safety, earthquake preparation, etc.) and we ask our subcontractors to have their staff training, emergency plans, and participant safety documents updated each year.

SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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

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

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

Check applicable direct services	Check **each applicable Fiscal Year**			
Title IIIB	**24-25**	**25-26**	**26-27**	**27-28**
☒ Information and Assistance	☒	☒	☐	☐
☐ Case Management	☐	☐	☐	☐
☐ Outreach	☐`	☐	☐	☐
☐ Program Development	☐	☐	☐	☐
☐ Coordination	☐	☐	☐	☐
☒ Long Term Care Ombudsman	☒	☒	☐	☐
Title IIID	**24-25**	**25-26**	**26-27**	**27-28**
☒ Health Promotion – Evidence-Based	☒	☒	☐	☐
Title IIIE[9]	**24-25**	**25-26**	**26-27**	**27-28**
☐ Information Services	☐	☐	☐	☐
☐ Access Assistance	☐	☐	☐	☐
☐ Support Services	☐	☐	☐	☐
☐ Respite Services	☐	☐	☐	☐
☐ Supplemental Services	☐	☐	☐	☐
Title VII	**24-25**	**25-26**	**26-27**	**27-28**
☒ Long Term Care Ombudsman	☒	☒	☐	☐
Title VII	**24-25**	**25-26**	**26-27**	**27-28**
☒ Prevention of Elder Abuse, Neglect, and Exploitation.	☒	☒	☐	☐

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

- A1AA will use a significant portion of its IIIB budget for Information and Assistance (I & A) services in both counties to respond to questions, provide advocacy and referral to assist in locating resources and benefits, such as affordable housing, transportation, legal resources, and medical care.
- I and A staff will continue to provide safety checks, information, referral, advocacy, and assistance to low-income seniors through the Stay-Put Services Homemaker program.
- Low-income seniors in need of legal assistance will be served through Senior Legal Services.
- Services and outreach to Native American elders will be provided through attendance at events and providing classes and training at Tribal facilities and locations. .

- A1AA has Spanish-speaking staff and/or volunteers in I & A, Ombudsman HICAP and we use a fee-based language translation line when other language translation services are needed.
- A1AA will continue the existing relationships and seek to expand our partnerships with Tribes and other groups serving the BIPOC community.
- Home-delivered meals will continue to be provided to home-bound seniors throughout PSA 1 and contractors will continue to focus efforts on serving targeted groups to the best of their financial ability.
- Transportation to access medical and food resources will be provided via the Volunteer Driver Program in Humboldt County. This program is primarily funded by a Humboldt based Caltrans Grant.
- A1AA will continue to subcontract the Family Caregiver Support Program in this Area Plan cycle.

[6] Older adults residing in institutions are one of the most vulnerable groups and A1AA has an important role through its Long-Term Care Ombudsman Program to continue to ensure that the rights of this group are protected and their needs for quality care addressed.

[7] Refer to CDA Service Categories and Data Dictionary.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: HICAP (HICAP Goals 1-5 and Objectives)

Check applicable funding source:[9]

☐ IIIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☒ HICAP

Request for Approval Justification:

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

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

☒ **FY 24-25** ☒ **FY 25-26** ☐ **FY 26-27** ☐ **FY 27-28**

Provide: documentation below that substantiates this request for direct delivery of the above stated service[10]: A1AA received approval to provide HICAP as a direct service on July 2, 1998. PSA1 is a rural area with a lack of other qualified providers to offer this service. It is more cost-effective to provide HICAP directly and allows A1AA to expand outreach for delivering other OAA services to HICAP clients and the communities we deliver HICAP service to throughout PSA 1. HICAP outreach and advocacy aligns with the A1AA mission and enhances the visibility of our agency as a leading voice in aging issues in the community. A1AA requests to continue this as a direct service.

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

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

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: Transportation (Goal 1, Objective 2)

Check applicable funding source:[9]

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

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

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

☒ **FY 24-25** ☒ **FY 25-26** ☐ **FY 26-27** ☐ **FY 27-28**

Provide: documentation below that substantiates this request for direct delivery of the above stated service[10]: Transportation is essential for vulnerable home-bound older adults to access essential medical services and food resources.

[6] Section 15 does not apply to Title V (SCSEP).

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

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: Homemaker, (Goal 1, Objective 5)

Check applicable funding source:[9]

☒ IIIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

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

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

☒ **FY 24-25** ☒ **FY 25-26** ☐ **FY 26-27** ☐ **FY 27-28**

Provide: documentation below that substantiates this request for direct delivery of the above stated service[10]: Service is being provided to address a top need identified through needs assessment process for in-home help and to meet requirements for adequate proportion.

[6] Section 15 does not apply to Title V (SCSEP).

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

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: Housing (Goal 1, Objective 3)

Check applicable funding source:[9]

☒ IIIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

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

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

☒ **FY 24-25** ☒ **FY 25-26** ☐ **FY 26-27** ☐ **FY 27-28**

Provide: documentation below that substantiates this request for direct delivery of the above stated service[10]: Housing assistance is being provided to address a top need identified through the needs assessment process for seniors who may be homeless and in need of housing.

[6] Section 15 does not apply to Title V (SCSEP).

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

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: Cash/Material Aid (Goal 1, Objective 22)

Check applicable funding source:[9]

☒ IIIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

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

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

☐ **FY 24-25** ☒ **FY 25-26** ☐ **FY 26-27** ☐ **FY 27-28**

Provide: documentation below that substantiates this request for direct delivery of the above stated service[10]: A new objective is added for FY 25-26 for cash/material aid to provide assistance to address emergency and other crucial needs that may arise for older adults who are economically and/or socially disadvantaged.

[6] Section 15 does not apply to Title V (SCSEP).

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

SECTION 15. GOVERNING BOARD

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

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

Total Number of Board Members: 11

Name and Title of Officers:	Office Term Expires:
Nick Vogel, Chair, Chair, Executive Committee, Chair, Bylaws Ad Hoc Committee	11/2026
Kim Perris, Vice-Chair	11/2026
Thomas Hjerpe, Secretary	11/2026
Tom Cochran, Treasurer of BOD, Chair, Finance, Audit & Contract Review Committee	11/2027

Names and Titles of All Members:	Board Term Expires:
Nick Vogel, Chair, Chair, Executive Committee, Chair, Bylaws Ad Hoc Committee, Humboldt	11/2026
Kim Perris, Vice-Chair, Humboldt	11/2026
Thomas Hjerpe, Secretary, Humboldt	11/2026
Tom Cochran, Treasurer, Chair, Finance, Audit & Contract Review Committee, Del Norte	11/2027
Jamie Jensen, Humboldt	11/2025
Barbara Groom, Humboldt	11/2027
Miyosha Aubrey, Humboldt	11/2027
Jessica Osborne-Stafsnes, Humboldt	11/2025
Vacant, Humboldt	Vacant
Vacant, Del Norte	Vacant
Vacant, Del Norte	Vacant

SECTION 16. ADVISORY COUNCIL

ADVISORY COUNCIL MEMBERSHIP
2024-2028 Four-Year Planning Cycle

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

Total Council Membership (include vacancies) 10

Number and Percent of Council Members over age 60* 5 56 % Council 60+

Race/Ethnic Composition	% Of PSA's 60+Population	% on Advisory
White	80.2	100
Hispanic	5.0	
Black	0.8	
Asian/Pacific Islander	1.3	
Native American/Alaskan Native	3.9	
Other	2.0	

Name and Title of Officers:	Office Term Expires:
Valerie Starkey, Del Norte, Advisory Council President	11/2025
Tasha Romo, Humboldt, Advisory Council Vice President	11/2027

Name and Title of other members:	Office Term Expires:
April Joyce, Humboldt	11/2025
Supervisor Steve Madrone, Humboldt	11/2025
Nancy Powers-Stone, Humboldt/Del Norte	11/2025
Dave Zuber, Del Norte	11/2027
Lisa Leon, Humboldt	11/2029
Cynthany Windwalker, Humboldt	11/2029
Patti Rose, Humboldt	11/2029
Vacant, Del Norte	
Jamie Jensen, Board Liaison, Humboldt	BOD Liaison
Kim Perris, Board Liaison, Humboldt	BOD Liaison

*****_Calculated based on current membership not including any vacancies._

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

Yes	No	
☐	☐	Representative with Low Income
☒	☐	Representative with a Disability
☐	☒	Supportive Services Provider
☒	☐	Health Care Provider
☒	☐	Local Elected Officials
☒	☐	Persons with Leadership Experience in Private and Voluntary Sectors

Yes	No	Additional Other (Optional)
☒	☐	Family Caregiver, including older relative caregivers.
☐	☒	Tribal Representative
☒	☐	LQBTQ Identification
☐	☒	Veteran Status
☐	☒	Other_____

Explain any "No" answer(s):

There is improvement in representation for FY 25-26 due to the addition of three new members to the council. A1AA has made numerous efforts to recruit representatives from tribal groups but with little interest at this time. As openings are created, we will continue to fill those positions from under-represented groups.

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

Members may renew their three-year terms up to three times. After members have completed all three terms, they may return after a six-month waiting period if they choose.

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

Potential members complete an application to be on the Advisory Council which is voted on by the council. The result of the vote is presented to the A1AA Board of Directors for a vote of ratification.

SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISTION[11]

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

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

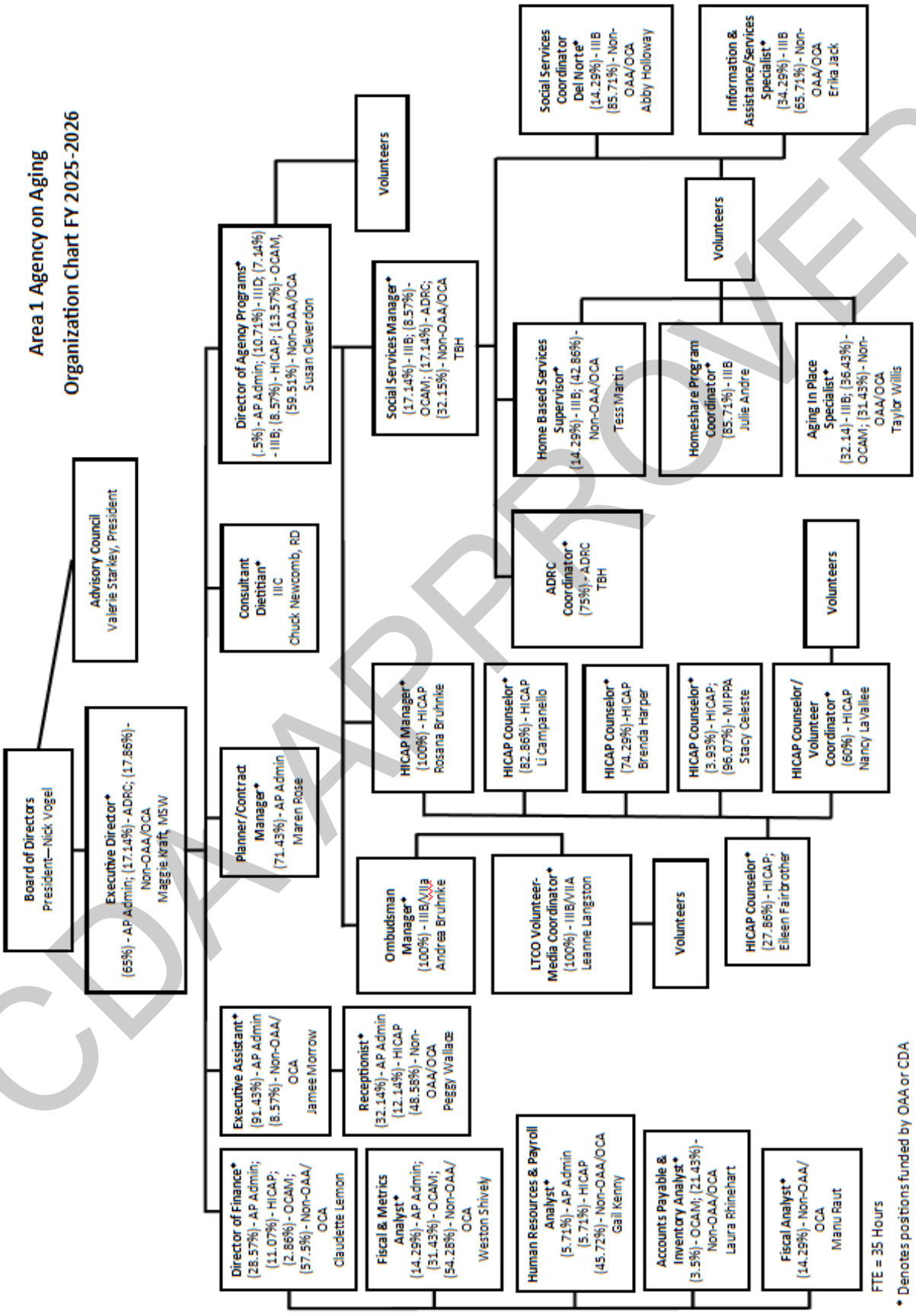
☐ Yes. Title IIIB funds used for Acquisition or Construction.

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

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

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

SECTION 18. ORGANIZATION CHART



SECTION 19. ASSURANCES

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

Sec. 306, AREA PLANS

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

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

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

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

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

(C) legal assistance.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas.

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

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

(IV) older individuals with severe disabilities.

(V) older individuals with limited English proficiency.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

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

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services.

(B) land use.

(C) housing.

(D) transportation.

(E) public safety.

(F) workforce and economic development.

(G) recreation.

(H) education.

(I) civic engagement.

(J) emergency preparedness.

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

(L) assistive technology devices and services; and

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

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

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

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

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

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

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

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

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

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

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

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

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day

period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

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

(1) contracts with health care payers.

(2) consumer private pay programs; or

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